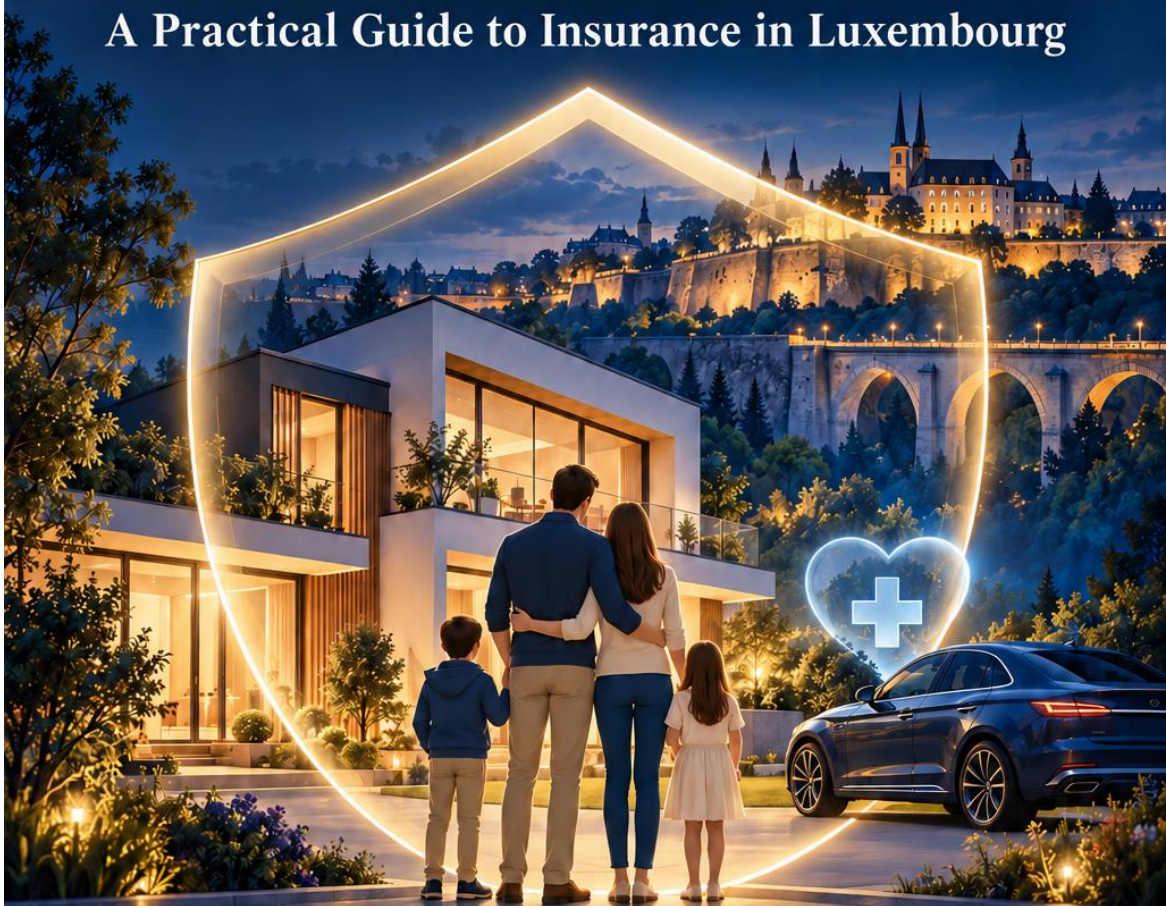


UNDERSTANDING HOW TO GET THE RIGHT INSURANCE

A Practical Guide to Insurance in Luxembourg

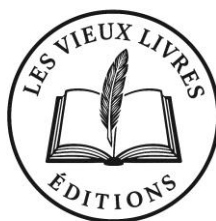


Advice • Case Studies • Frequently Asked Questions

STEVE CIMOLINO

Understanding How to Get the Right Insurance

A Practical Guide to Insurance in Luxembourg



Steve Cimolino

Éditions Les vieux livres • Digital edition • October 2026

Professional Advice • Case Studies • 136 Frequently Asked Questions

About the Author

Steve Cimolino has been in the insurance sector in Luxembourg for more than 20 years. After being an agent at Foyer, then a General Agent at AXA, he is a principal agent for LALUX in his company, Assurances Steve Cimolino S.à r.l. He has had a licence with the Commissariat aux Assurances (CAA) since 2005.

A graduate of ESA — École Supérieure d'Assurances in Paris — he holds the diploma of Insurance Manager, level 7 Master. He has also worked in the financial sector with banks in Luxembourg as a financial advisor.



In the real estate sector, he attended the IFCC training courses that enabled him to obtain professional authorizations to pursue the trades of real estate agent, co-ownership managing agent, property manager and real estate developer.

These complementary experiences feed his approach to protecting individuals: understanding the family situation, taking into account housing and wealth, and assessing the financial consequences of risks. In his practice, he accompanies his clients in analysing their needs, choosing their cover and taking steps related to their claims. He pays particular attention to the clarity of explanations and the adequacy of insurance coverage with the needs and budget of each individual.

With Understanding How to Get the Right Insurance, Steve Cimolino shares his professional experience and advice to make insurance more accessible. His goal is to help the reader understand his protection, identify possible insurance coverage gaps and prepare a constructive exchange with his agent or broker.

His approach is based on conviction:

"I protect for an acceptable price against an unbearable risk."

How to Use This Book

General Principles with a Luxembourg Perspective

This book presents principles for understanding insurance that are useful in many countries: analysing risks, defining needs, comparing cover, reading a contract and preparing a claim notification. Practical advice, examples and legal and fiscal references are based mainly on the Luxembourg context and on my professional experience in Luxembourg. They should not be automatically transposed to another country.

The legal framework varies from country to country. France has an Insurance Code, and in Luxembourg the rules are based on several separate laws and regulations, including the amended law of 27 July 1997 on the insurance contract and the law of 7 December 2015 on the insurance sector. The absence of a single code comparable to the French code does not mean that there is no regulation. [S2, S7, S12]

The tax amounts quoted are also specific to the scheme presented. Thus, the ceiling of €4,500 per year indicated for payments eligible for individual old-age pension applies to Luxembourg taxation from the 2026 tax year, subject to the conditions of eligibility. This is neither a benefit applicable anywhere nor a tax saving of €4,500. A reader residing abroad must check whether he or she has access to the Luxembourg scheme and the rules of his or her country. [S5]

Whatever your place of residence, use this guide to prepare your questions and choices, then check the applicable law, the tax rules and the terms of your contract with a competent professional.

This book helps you to understand your insurance and to make an initial assessment of your coverage. It gives you benchmarks to identify yourself of possible lack of insurance coverage, misunderstood cover or needs that have evolved. You can read it in order to build a global vision of your needs, or consult directly the chapter that corresponds to your situation.

If you have any doubts about your insurance coverage, these benchmarks will allow you to prepare your questions and discuss with your insurance agent or broker. This guide does not in any way replace the personalized advice of a professional insurance agent or broker, based on the analysis of your situation, needs, budget and terms of your contracts. The presence and extent of insurance coverage must be verified against these elements.

Each chapter presents the risks, explains the cover and offers practical advice. Concrete, anonymous cases illustrate the situations encountered in the field. Frequently asked questions, or FAQs, help you find a quick answer and identify the points to check in your own contract. A glossary explains the technical terms and the annexes help you prepare your steps.

The thirteen themes each have at least five FAQs, i.e. 136 questions and answers. They include questions reformulated from accompanied dossiers as well as pedagogical

questions useful for furthering the topics. They do not constitute accurate quotes from clients. The examples do not present as acquired the results that have not been confirmed.

The content builds on my professional experience, the exchanges with my clients and the files I have accompanied, complemented by official references. The tips help you understand your protection, ask the right questions and act when a disaster occurs.

Scope of the Book and Topics Not Covered in Detail

This guide focuses on the current needs of individuals and their homes: housing and property, private vehicles, civil liability, legal protection, health, accidents and income, death and life insurance, personal retirement, travel and assistance. It presents the principles, questions and useful approaches; it does not constitute a comprehensive catalogue of all products. This list describes the editorial limits of the book, not the exclusions of your insurance contract. It is not exhaustive and does not mean that these areas are without solutions.

Occupational and business insurance

The book does not develop contracts specific to companies, self-employed, professional professions or associations: occupational risk, operating, professional or managerial responsibilities, operating losses, fleets and business vehicles, occupational cyber-risks, collective employee insurance and the protection of a key person. These needs are the subject of an analysis of the activity, commitments and responsibilities of the organisation. [S14]

Construction, construction and technical risks

The guide refers to the work, the VEFA and the transition from the yard to the occupation, but does not detail the contracts all the risks of construction, the liability of the builders, the ten-year liability insurance or the specialized cover of machinery and installations. A home insurance does not allow to assume that all these risks are covered. [S15]

Transport, agriculture and major risks

Transported goods insurance, ship's, aircraft's and rail's, and their specific responsibilities, remain outside the scope of the book's development. These families are included in the classification of non-life insurance branches. Complex industrial and environmental risks are not studied. [S7, annexe I]

Specialised agricultural contracts — buildings and farm equipment, responsibilities for activity and risks specific to farm animals — are not detailed, and cover for crops and agricultural hazards must also be examined with a specialist, without assuming their availability or content in Luxembourg.

Commercial credit and specialised financial cover

Commercial credit and security insurance are separate areas of personal loan-related death insurance. Their mechanisms, conditions and claims are not dealt with here. Nor does the guide develop professional fraud insurance or special financial cover. [S7, annexe I]

Specific risks and activities

Specialised contracts for pleasure craft, private aircraft, drones, hunting, competition, risk sports and events are not developed in detail. Insurances for veterinary expenses, mortality or animal value are not studied; liability for pets remains addressed within the framework of the family RCA. Unusual residence situations, long expatriations and professional use of personal property also require further analysis.

Targeted outputs and special needs

Contracts dedicated to an object or service — for example, telephone, household appliances, warranty failure or protection associated with a purchase — are not analysed by product. Nor does the book develop specialized insurance for unpaid rents, funeral contracts or the specific terms of each personal cyberprotection contract. These products may overlap with a need addressed in the guide without being covered by its general explanations.

Retirement, wealth and public benefits

The legal systems of social security, pension and dependency are mentioned in order to situate the supplementary needs; their calculations, opening conditions and procedures are not fully explained. Collective employer schemes are presented as part of the balance sheet, without detailed study of their implementation or management.

The guide does not develop heritage engineering, complex estates, analysis of investment media, specialized life insurance structures or international taxation. Luxembourg tax examples do not replace an individual study.

Assuring technique and dispute resolution

Actuarial methods, technical calculation of rates, reinsurance, specialized co-insurance and prudential regulation of companies are not detailed. Claims procedures are explained, but the book does not provide a litigation strategy, legal consultation or comprehensive analysis of case law.

It does not reproduce all the general conditions, tariffs, medical schedules or cover marketed by each insurer. Therefore, a specific mention of a domain does not mean that it is treated as a whole. For a need outside the scope of the guide, ask the competent professional or agent.

Nature and scope of the guide

This guide is a collection of practical advice and educational information based on my professional experience. It is neither a legislative or regulatory text nor a formal legal

reference nor an individualized legal advice. It has not been validated or approved by the Commissariat aux Assurances (CAA). References to official bodies are used to inform the reader and identify sources.

The cover, exclusions and arrangements for taking over remain those of your contract. The rules and procedures may change: the references given at the end of the book allow you to find the sources used.

This guide aims to make insurance more understandable to individuals and to help them prepare for their exchanges with a professional.

Contents

<i>About the author</i>	3
<i>How to use this book</i>	4
<i>Before paragraph</i>	9
<i>1 Understanding the role of insurance</i>	10
<i>2 Assessing needs at 360 degrees</i>	13
<i>3 Understand your contract and your interlocutors</i>	16
<i>4 Protecting housing and property</i>	34
<i>5 Protecting its vehicles and movements</i>	41
<i>6 Protecting its responsibility and defending its rights</i>	48
<i>7 Protecting his health</i>	51
<i>8 Dealing with accidents and protecting income</i>	54
<i>9 Protecting one's loved ones</i>	59
<i>10 Preparing for retirement</i>	67
<i>11 Travelling and using assistance</i>	70
<i>12 Declare a claim according to its nature</i>	73
<i>13 Adapting your insurances over life</i>	80
<i>Conclusion</i>	82
<i>Thematic Glossary</i>	83
<i>Practical Annexes</i>	91
<i>The bonus–malus table</i>	96
<i>Sources</i>	97
<i>Editorial information</i>	99

Foreword

I protect for an acceptable price against an unbearable risk. This sentence summarizes the way I approach my profession. Insurance must respond to a concrete difficulty: reconstructing a home, repairing the consequences of an accident, preserving the resources of a family or financing the care provided by a cover.

In my consulting activity in Luxembourg, I meet customers at very different times in their lives. Some buy their first car; others rent a dwelling, prepare their retirement or report a damage. Their questions are sometimes similar, but their needs are never entirely the same.

This book helps to understand possible choices and prepare the right questions. It accompanies individuals in reading their contracts and in their approaches. The field situations presented are anonymized. When the result of a file is not established, the example stops with the analysis or the proposed approach.

The insurance is based on rules, but also on contractual definitions. The same cover name does not cover the same content from one offer to another. Reading limits, checking amounts and reporting changes are useful habits.

You can read the book in the order or consult the chapter that suits your needs directly. The glossary brings together the technical words; the fact sheets help you prepare a statement.

1 Understanding the role of insurance

Sharing a Loss That One Person Could Not Bear Alone

A serious fire can cost more than the savings accumulated over a lifetime. Mutualisation allows many people to participate in the financing of covered events that will affect a part of them. The bonus finances this collective protection and the expenses necessary for its operation.

In a voluntarily simplified example, ten thousand households each wish to protect a home of five hundred thousand euros. If five total destructions occur, the charge amounts to two and a half million euros. Divided between these homes, it represents two hundred and fifty euros each. This calculation illustrates the mutualization; it does not constitute a real price, which must take into account many other elements.

Choosing Which Financial Risks to Insure

A small damage can be absorbed by the household budget. A lasting disability or the destruction of housing can upset its future. The first thought is to measure the consequences, then determine what one wants to bear and what one wants to ensure.

The excess takes part in this decision. A high excess can reduce the price of a cover, but it requires a reserve available. A lower premium is not enough to make a suitable offer if the remaining amount becomes impossible to pay.

Prevention Still Matters

Insurance does not address the concern or the human consequences of damage. Maintaining the facilities, securing access, complying with the instructions for use and keeping its proofs reduces some difficulties. Prevention may also be part of the obligations of the contract.

Good protection begins with knowledge of the risk, its consequences and ways to reduce it.

My Advice on Choosing an Excess

Choose a deductible that you could pay tomorrow, without borrowing and without compromising your essential expenses. A high deductible can ease a premium, but it leaves you a larger share of each damage. Encrypt several options and compare the annual savings with the extra effort required in case of a disaster.

An extra €250 to €750 will leave 500 extra at your expense. For savings of €50 per year, it takes ten years without any damage to save this difference. This calculation illuminates the arbitration; it does not predict the frequency of claims or the future cost of the contract.

Keep a reserve available for deductibles and expenses that are not insured. The correct insurance budget therefore includes the premiums and the amount you agree to bear yourself.

Excess: who pays what?

Illustrative example: covered damage of €2,000 and a fixed excess of €500.

Policyholder pays €500	Insurer pays €1,500
Illustrative settlement $€2,000 - €500 = €1,500$	Check your contract The actual payment depends on valuation, limits and policy conditions.

Assumption: €2,000 before the excess, with no additional limit, exclusion or reduction.

Visual benchmark — Excess: simplified example.

Frequently Asked Questions

1.1 Why pay insurance if I never have a loss?

The premium finances the management of uncertain events covered by the contract. The absence of a disaster does not make this protection unnecessary: it means that you did not have to mobilise it. Need is measured to the consequences of an event, not only at its frequency.

My advice: Ask yourself if you could bear a significant loss on your own, and then compare this risk to the cost of protection.

1.2 Should all minor damage be covered?

Not necessarily. Some limited expenses can be absorbed by an available reserve. Events that would permanently threaten your home deserve priority attention. The decision depends on your resources and the possible frequency of losses.

My advice: Set the amount you can pay without borrowing before choosing your cover.

1.3 Which excess should I choose?

The deductible represents the portion of the damage that remains at your expense according to the terms of the contract. A higher deductible may reduce the premium,

but increases your effort in case of a disaster. Check whether it applies per event or according to another rule.

My tip: Compare several options in euros and keep the excess chosen in an accessible reserve.

1.4 Is the cheapest insurance necessarily the best?

A price comparison alone does not reveal exclusions, ceilings or deductibles. Two offers can cover different situations. A premium difference becomes understandable when you compare the same protection and services.

My advice: Encrypt a concrete scenario with each offer and ask what would remain at your expense.

1.5 Is prevention a substitute for insurance?

Prevention reduces certain risks, but does not eliminate all their consequences. Maintaining facilities, protecting access and keeping proofs remains useful even with assurance. Certain protective measures may also be provided for in the contract.

My tip: Check the security requirements and maintain the equipment without waiting for damage.

2 Reviewing Your Insurance Needs at 360 Degrees

Start with the home

Who lives in the home? Who is financially dependent on whom? What income is available to pay the expenses? Does a child of age remain covered by family contracts? These questions avoid reasoning only by products.

The balance sheet continues with the goods: housing, vehicle, furniture, jewellery, collections and appliances carried away from home. There are also credit and projects, as well as the protections of the employer, social protection and contracts already signed.

Prioritizing needs

For each risk, ask three questions: what would be the loss, what resources would be able to cope with it, what part would remain to be financed? This work highlights the priorities. It also makes it clear that the same capital does not meet the needs of all families.

Housing protection is not sufficient if the home can no longer pay its credit after the cessation of an income. An excellent car cover does not respond to the consequences of an accident on foot. The overall examination links the protections between them.

Identify gaps and duplications

Collect contracts and certificates before adding a cover. Assistance may be included in several offers, but their beneficiaries, territories and conditions may differ. Two apparently similar covers may be complementary or not useful together.

Practical case: a client rents her accommodation. The diagnosis must now distinguish between the building, the furniture that it leaves on site and the tenant's property. The change of status triggers a revision of the contract rather than a simple change of address.

To be remembered: to re-examine the situation after a major change and to keep a synthesis of the protections of the home.

My Advice on Managing a Limited Budget

Start with the events that will put your home in lasting difficulty: destruction of housing, liability for serious personal injury, death of a person whose income is indispensable or prolonged incapacity. Then look at the smaller losses that your savings could absorb.

Ask for a comparison with identical cover. A lower premium with a higher deductible, a reduced limit or an additional exclusion does not represent the same protection. Have you explain in euros what would remain at your expense in two or three scenarios adapted to your life.

Note your choices and their reason, so you can review a decision when your reserve, income or expenses change, without having to think again.

Your protection at 360°

Review your household's needs, then decide your priorities.

Home and possessions Building, contents and valuables.	Vehicles Liability, damage and mobility.	Liability Injury to others and legal defence.
Health Healthcare costs and supplementary cover.	YOUR HOUSEHOLD Family situation, budget and existing protection.	Income and independence Accident, incapacity, disability and dependency.
Death and dependants Debts, dependants and beneficiaries.	Retirement Future income and savings.	Travel and assistance Help, repatriation and geographical scope.

An identified risk is not automatically insured: check each section of cover.

Visual Benchmark — The risks to be examined around the home.

Frequently Asked Questions

2.1 Where do I start my insurance balance sheet?

Start with people who depend on you, housing, income and financial commitments. Then identify existing contracts, including employer or payment card protections. This overview identifies priority needs.

My advice: Gather the contracts and prepare a list of your expenses before the appointment.

2.2 What information should I give my advisor?

Describe the actual situation: home composition, housing, vehicles, usages, special goods and planned changes. The necessary information varies according to the risk. An incomplete description may lead to a proposal that does not meet your need.

My advice: Report the peculiarities rather than assume that they are already known.

2.3 How to identify duplicate insurance?

Two contracts may concern the same event while providing different services. Compare beneficiaries, ceilings, territories and conditions of intervention before concluding a duplicate. Several insurances do not automatically mean several repayments of the same damage.

My advice: Do not remove a cover until you have confirmed what will remain covered elsewhere.

2.4 Can I review all my contracts together?

Yes, a global review will make it easier to understand your coverage. It must also take into account contracts that cannot be transferred or modified in the same way, such as certain employer-related coverages. The comparison remains focused on your needs.

My advice: In the files reviewed, the identification of employer health coverage allowed it to be examined separately from the rest of the portfolio.

2.5 How to decide with a limited budget?

Classify the risks according to the consequences for your home. Loss of housing, serious liability or the long-term absence of an income can weigh more than small material damage. Then adjust cover and deductibles to your resources.

My advice: Ask for a prioritized proposal, with reasons for each priority and the risks left to you.

3 Understanding Your Policy and the People Involved

Know who's involved

The insurer carries out the contractual obligations. The agent accompanies his client in the course of his mandate. The broker seeks solutions in the course of his mission. The claims service examines the declaration, while an expert can analyse the damage technically. The role of each must be understood in order to address the right request.

In Luxembourg, the Commissariat aux Assurances (CAA) is the supervisory authority of the sector. Its role should not be confused with that of the manager who decides to take over an individual file [S1].

The mission of the insurance agent

The insurance agent accompanies you to understand your risks and choose insurance coverage tailored to your situation. His mission begins with listening: your family, your housing, your activities, your property, your projects and your budget are the starting points of his analysis.

With you, it looks at the protections already in place, identifies any gaps in insurance coverage and identifies any cover that might duplicate them. It helps you distinguish the risks that you can bear financially from those that have the consequences of protecting.

The agent then prepares an insurance quotation and explains the proposed cover, their exclusions, limits and deductibles. It must allow you to understand the consequences of your choices. A lower contribution may, for example, correspond to a smaller coverage or a larger amount remaining at your expense in the event of a loss.

You are involved in this process by sincerely describing your situation, providing the information requested, and expressing your expectations. This allows the project to be tailored to your needs and means. The goal is to seek consistent protection that you understand and that you can bear the cost.

The agent also accompanies the subscription and verification of the contract. He helps you to control the insured persons and property, the cover withheld and the effective date. He intervenes within the framework of the mandate entrusted by the company: his powers, in particular to engage a coverage, depend on this mandate.

His support continues during the life of the contract. A move, marriage, birth, work, vehicle change or retirement may require a review of your insurance coverage.

In the event of a claim, the agent can guide you in the declaration, help you to assemble the documents and facilitate the exchanges with the company. However, his intervention does not cover compensation: the management depends on the facts, the cover subscribed and the terms of the contract. Decisions are the responsibility of the company or the persons entitled to take them.

My advice: Prepare your contracts, recent changes and questions before the appointment. Ask for an explanation of the risks that remain with you and a written confirmation of the essential points.

Staff Regulations and Remuneration

The independent insurance agent is not an employee of the company that he or she represents. He or she carries out his or her business on his or her own behalf, either personally or within his or her company, within the framework of a mandate entrusted by the company. His or her remuneration generally includes commissions related to contracts contracted through him or, according to the agreements provided for, their follow-up. The mere transmission of a proposal does not therefore mean that a commission is acquired.

This independence in the organization of its business does not mean that the agent necessarily compares all the offers of the market: it intervenes for the company or companies it represents. Before subscription, ask it to specify its links with the companies and the nature of its remuneration. [S7, articles 295-8 et 295-9]

A regulated profession and verifiable accreditation

In Luxembourg, the agent must be approved by the CAA and entered in the register of distributors. Access implies demonstrated initial skills, notably through the aptitude test or a planned exemption. Exercise as an agent without the required authorisation is prohibited; other authorised categories and authorised European stakeholders are subject to their own regime. [S7, articles 280, 284-1 et 286]

Before confining your file, check the identity and registration in the Operators section and then the distribution of the site caa.lu. Check the Insurance Agents entries and, if necessary, Insurance Agencies. A trade title or business card is not enough to prove the authorization. [S18]

Continuing training and prevention of financial crime

The Directive on the distribution of insurance, known as the DDA or DDD, requires at least 15 hours a year. In Luxembourg, three pillars organise training: legislation, products, commercial techniques and personal development. Specific requirements concern money laundering, terrorist financing, proliferation and financial sanctions, depending on the branches distributed. [S7, article 288 ; S17, articles 39 et 40]

These trainings enable the advisor to update his/her knowledge and identify situations that require special attention, and contribute to the quality of the explanations provided to the client. The prevention obligations may also explain certain requests for proof of identity, origin of funds or the subject of a transaction, where the framework applicable to the file so requires.

Good repute and continued approval

The proofs, including the criminal record, are renewed with the applicant company at the beginning of each three-year period, outside the first period. Any relevant change must be reported without delay. The CAA may withdraw the authorisation if the conditions are no longer met or as a sanction, according to the legal procedure. Any conviction does not automatically result in such withdrawal. [S7, articles 285-3 et 287 ; S17, articles 12 et 49]

My advice: Check your contact person's approval and ask him or her to clarify his or her role. Accreditation authorizes the exercise within a defined framework; it does not constitute an approval of each board or contract by the CAA.

The ethics of the insurance agent

The trust between the customer and the agent is based on honest, attentive and transparent professional conduct. The principles presented here are benchmarks for understanding this relationship; they do not replace the applicable legal and professional obligations. In Luxembourg, the rules of conduct require in particular to act in the best interests of the customer and to provide clear information. [S7, articles 295-7 à 295-10]

Listen and advise seriously. The agent must take the time to understand the client's needs and offer insurance coverage consistent with his/her situation. He/she explains the reasons for his/her proposal and the limitations of the solutions envisaged.

Inform with clarity. The advantages of a contract must be presented with its exclusions, restrictions, deductibles and ceilings. A cover must not be described as certain when it remains subject to a particular acceptance or conditions. In case of uncertainty, the agent checks the information before entering into a contract.

Respect freedom of decision. The client must be able to examine the project, ask questions and understand the consequences of a modification or refusal of a cover. The board helps to decide, without undue pressure or to exploit a personal difficulty.

To be transparent about his role. The agent explains for which company he is involved and in what framework. He distinguishes what he can confirm himself from what requires the agreement of the company. He avoids promising a coverage or compensation that he is not entitled to grant.

Avoid conflicts of interest. The compensation method must not compromise the quality of the board. The agent must offer insurance coverage tailored to the client's requirements and needs, without giving priority to his commercial interest. Situations that may influence the board must be dealt with transparently. [S7, articles 295-7 et 295-9]

Protecting the client's information. Family, financial or medical information requires special attention. It must be collected and transmitted within an appropriate framework, for the purposes of the file and to the authorized interlocutors. Sensitive documents must follow the channels provided for this purpose.

Maintaining your skills and following up. Products, rules and customer situations are evolving. The agent updates your knowledge, keeps track of important exchanges and recognizes the limitations of your expertise. When a matter goes beyond your jurisdiction, you ask the appropriate department or refer the client to an appropriate professional.

My advice: a good exchange allows you to understand what is covered, what is not covered and what remains to be verified. If a response remains vague, ask for an explanation and the contractual document confirming it.

The CAA and the Supervision of Insurance Contracts

Supervision of the sector does not mean that each contract and each of its clauses receive prior approval from the CAA. Articles 174 and 175 of the amended Insurance Act of 7 December 2015 exclude, in principle, prior approval or systematic notification of general and particular terms and conditions [S7] .

For compulsory insurance in the Grand Duchy of Luxembourg, Article 174 provides for the communication to the CAA of general and special conditions before they are issued, which should not be presented as a general validation of all contracts. The CAA has supervisory powers within the applicable framework [S7] .

Understanding Cover and Its Scope

A cover is the insurer's undertaking in respect of a specified event or consequence, for the persons or property defined in the contract. The trade name of a formula is not sufficient: it is necessary to read what it covers, under what circumstances and with what limits.

Primary, secondary and accessory cover

These terms may help to present an offer, but they do not constitute a universal classification. A company may refer to basic, complementary, optional, extensions or ancillary warranties. The exact meaning must be sought in its documents.

A primary or basic cover meets the central need of the product: for example, civil liability for an automobile contract or the death cover for temporary death insurance. A mandatory cover under the law is not necessarily synonymous with a basic cover of a commercial formula.

A secondary or supplementary cover extends the protection: for example, damage to the vehicle added to its civil liability, or disability benefit added to death insurance. It may be included in a formula or require an option and an additional premium.

An ancillary cover is a primary protection: depending on the contract, it may be ancillary costs, relocation, troubleshooting or service provision. The term accessory does not mean unnecessary or low value. Legal assistance or protection may also be an autonomous contract: its place depends on the product subscribed.

For each cover, check whether it is actually subscribed, its possible price, its ceiling and its dependence on a main cover. The presence of a description in the general conditions does not prove that the option is included in your particular conditions.

Exclusions, restrictions, ceilings and deductibles

An exclusion from the scope of the cover removes an event, cause, property or situation defined in the contract, subject to the applicable legal rules. There may be exclusions common to several warranties and others unique to one. Ask for a concrete example of their scope rather than reading them in isolation.

A limitation limits the circumstances of the coverage; a ceiling limits the amount or duration of the benefit; a deductible leaves a part of the damage or a period of time at your expense. A waiting period may delay access to certain benefits. These mechanisms should not all be called exclusions, because their effects are different.

Educational examples to be checked in each contract: an item in an addiction may have a subceiling; an activity may be outside the declared scope; certain costs may require prior agreement of assistance. An unfulfilled obligation does not automatically lead to a total refusal: its consequences depend on the contract and the applicable rules.

What does the scope of the cover mean?

The scope of the coverage describes the limits of the insurer's commitment. Examine together: insured persons; the property, interest or activities concerned; the events and consequences covered; the territory; the dates and duration; the capital, ceilings and subceilings; the deductibles; exclusions; the conditions for triggering and the formalities required.

This means that coverage announced worldwide can only cover certain services, with a maximum duration of stay or limitations specific to care, assistance or liability. A cover in the contract does not necessarily apply to all family members, objects or places.

My advice: ask "Who is insured, for what, where, when, how much and with what conditions?" Have a situation that concerns you checked: a student child abroad, an object in the garage, a loaned vehicle or an extended trip. Finally, ask what would remain at your expense.

Read documents together

The specific conditions identify the chosen cover, capital, persons and property. The general conditions specify the definitions, exclusions and modalities. The amendments allow for the following modifications. A serious comparison examines these documents together.

For a cover, look for the trigger event, the property or protected persons, territory, exclusions, deductible, cap and obligations. Ask for a written explanation when the answer is unclear. A commercial brochure facilitates the discovery of the product, but it is not enough to understand all of its commitments.

Understand IPID form

IPID stands for Insurance Product Information Document, which is the information document on the insurance product. This standardized sheet covers non-life insurance products. It summarizes the essential information to facilitate understanding and comparison before subscription. Its format is framed by Implementing Regulation (EU) 2017/1469: two A4 pages in principle, three at the most in the cases foreseen [S10] .

It presents the type of insurance, the main risks covered and not covered, the main exclusions or restrictions, the territory, the obligations, the payments, the period of coverage and the terms of termination. It specifies that the complete information is provided in other documents [S10] .

The IPID sheet is therefore not the complete contract and does not alone prove which options you have personally subscribed to. Read it with your proposal, the specific conditions, the general terms and conditions and the amendments. A cover described in a product sheet may be optional: ask if it is actually included in your offer.

Life insurance should not be presented as part of the same non-life document. For certain insurance-based investment products, a key information document, called Chione or KID, falls within the PRIIPs framework. It deals with the risks and costs of the product. However, not all life contracts fall under the PRIIPs [S11] .

My Advice on Comparing Product Information Documents

Ask for the exact product description and keep the version with the subscription documents. Compare the same uses and needs: a basic car formula and a vehicle damage formula cannot be judged solely from their price.

Read the limits with as much attention as the cover. For each major risk, ask three questions: is it included in my offer, under what conditions and with what amount remaining at my expense? Have the terms that you do not understand specified.

Two home offers may refer to water-related damage. To separate them, ask how each treats a leak, the search for its origin, the repair of the cause and damaged property. The presence of the word "water" does not mean that the same protection can be found.

The standard presentation of a sheet does not amount to a quality label or a product validation by the CAA. It facilitates your reading; it does not replace the analysis of your needs or the explanations of the advisor.

Describe the situation correctly

The usual driver, the use of the dwelling and the characteristics of the property are important information. Do not declare a more favourable situation on the sole ground of reducing the price. Then report the changes that may affect the risk and ask if an amendment is necessary.

A proposal should not be confused with a confirmation of coverage. Before taking possession of a vehicle or entering into a new situation, check the date and conditions of taking effect.

Preparing for an Appointment to Obtain an Insurance Quotation

A suitable insurance quotation starts with a good knowledge of your situation. The agent listens to you, analyzes the risks and offers you cover according to your needs and budget. To help him, prepare the information and documents that describe what you want to ensure.

You do not need to master all technical terms or to know all the answers immediately. The role of the agent is also to guide you and clarify with you the missing elements. Some information will be necessary from the first exchange; others will be requested at the time of the insurance proposal.

To ensure a car

The grey card, or vehicle characteristics if you have not yet received it, is a good starting point. Prepare the following elements, among other things.

- **The vehicle:** vehicle type (car, van, motorcycle or motorbike, truck, tractor), make, model, exact version, engine cylinder capacity in cubic centimetres (cm³) for the engines concerned, power in kilowatts (kW), type of fuel or engine — petrol, diesel, hybrid or electric — date of first entry into service and chassis number, when available.
- **Its value and its options:** purchase price, invoice or purchase order, value of additional options according to the manufacturer's catalog, accessories added and possible transformations. Distinguish the standard equipment from the paid options so that the agent can correctly determine the value to be assured.
- **Its financing:** cash purchase, credit or leasing, as well as the insurance requirements provided by the financing.
- **Drivers:** identity, date of birth and date of obtaining the licence of the principal driver and other usual drivers.
- **Its use:** private trips, home-to-work trips, possible professional use, estimated annual mileage and regular trips abroad.
- **Parking:** usual address and parking on the street, on a private site or in a garage.
- **The driver's insurance history:** submit a Bonus/Malus certificate issued by your previous insurance company, as well as the claim history certificate when it is a separate document. These documents allow the agent to verify your insurance history and the elements necessary to establish the rate. If more than one usual driver is declared, ask what evidence is required for each.
- **The desired start date:** delivery, registration or pick-up of the vehicle.

Also explain your expectations: civil liability alone, protection against theft and fire, broken ice, damage to the vehicle, protection of the driver, assistance or replacement vehicle. Specify the amount of deductible you could bear.

Practical advice: state the actual principal driver. If your child uses the car on a daily basis, this information must be provided even if the vehicle is registered in your name. Ask your former company for any supporting evidence before the appointment. If you

have never been insured in your name or if your previous contract was established abroad, report it to the agent.

For an electric car, also report the presence of a charging station and your needs for battery, cable and assistance in case of immobilization. The agent will be able to check what is covered by the car contract or home insurance.

The registration number in Luxembourg

Contact your agent with the registration number for the vehicle. If you do not have a number yet, you can apply to the National Automobile Traffic Company (SNCA).

- Online on MyGuichet.lu, using the booking procedure of a registration number.
- By e-mail to nplaques@snca.lu , by sending the completed and signed form "Application for the assignment of a registration number".

Once the number has been assigned, send the confirmation to your agent to complete your insurance file. [S18]

Practical advice: booking the number, making the plates and registering the vehicle are separate steps. Reservation of a number is therefore not enough to allow the vehicle to move. Coordinate the procedures with your agent and, if necessary, your garage, so that the insurance coverage takes effect on the agreed date.

To ensure a house or apartment

The agent must include both the dwelling, its occupation and the property to be protected.

- **Your situation:** occupant owner, landlord, tenant or co-owner.
- **The accommodation:** address, house or apartment, main or secondary residence, permanent occupation, rental or period of occupation.
- **The characteristics of the building:** year of construction, surfaces, number of levels, basement, garage and outbuildings. The plans can help to specify the surfaces according to the method chosen by the insurer.
- **State and works:** major renovations, roofing, electrical installations, heating, work in progress or planned.
- **Special equipment:** solar panels, heat pump, swimming pool, elevator, veranda, charging station or other facilities.
- **Means of protection:** locks, alarms and other existing devices.
- **Furniture and content:** estimate of the value of furniture, clothing, appliances, equipment and other property in the dwelling.
- **Special objects:** jewellery, works of art, collections, musical instruments or valuable material.
- **Existing contracts and previous claims:** home insurance, condominium coverage and information requested on damage already occurred.
- **The desired start date:** acquisition, key delivery, move in or change of insurer.

Also report any work done at home, any rental of part of the dwelling or any change in occupation, which may change the need for insurance coverage.

Practical advice: make an inventory, even an approximate, piece by piece. Some photographs, available invoices and an estimate of values give the agent a more reliable basis than a randomly chosen amount. Distinguish the property belonging to you from those belonging to the owner or tenant, especially for a kitchen.

The value of the building to be insured does not necessarily correspond to its selling price: this includes the value of the land. The agent will help you determine the valuation basis adapted to the contract.

To prepare supplementary health insurance

The project must take into account your current coverage and the expenses you wish to cover better.

- **The persons to be insured:** dates of birth, family ties and composition of the home.
- **Your situation:** country of residence, professional activity and social security scheme to which each person is affiliated.
- **Existing coverages:** individual supplementary insurance, family contract or insurance offered by an employer.
- Your priorities include hospitalization, consultations, dental care, glasses and lenses, treatments or other services.
- **Your care habits:** consultations in Luxembourg or abroad, institutions used and international care needs.
- **Your expectations in hospital:** desired room type and additional costs you want to cover.
- **Your budget:** amount you can spend on the bonus and share of the expenses you agree to keep at your expense.
- **The desired start date:** taking into account the current coverage and possible waiting times of the new contract.

Depending on the product, the company may request a medical questionnaire or additional documents. The answers must be accurate and complete, in accordance with the questions asked.

Practical advice: medical information is sensitive. Ask the agent how to transmit it via the company's planned channel, especially to the company's medical service. To begin to define your needs, you can explain the categories of care that concern you without spontaneously transmitting your entire medical file.

Before replacing an existing health insurance, have the acceptance conditions, possible exclusions, ceilings, waiting times and the actual date of the new coverage checked.

For all projects express priorities

Tell the agent what you want to protect as a priority, the financial consequences you could hardly bear and the available budget. Your current contract is a useful document to compare cover and identify gaps or double covers.

If information is uncertain, say it: a clearly reported estimate can be refined. Incorrect information presented as certain can lead to a poorly adapted project.

A good insurance quotation is based on an exchange. You bring your knowledge of your situation; the agent brings his expertise to help you choose your insurance coverage.

From Your First Meeting to the Start of Your Cover

Subscribing insurance is an exchange: the agent analyzes your situation, helps you choose suitable protection and transmits the risk to the company. The agreement on a project does not necessarily mean that the cover has already begun.

1. Listening and needs analysis

The agent collects information about your family situation, property, activities, existing protections, expectations and budget. You sincerely describe the risk and provide the required documentation. This analysis identifies significant risks, gaps and potential duplication.

2. The project and adjustments

The agent prepares an insurance quotation and explains the cover, exclusions, deductibles, ceilings and contributions. He provides useful information before the subscription, including the IPID sheet when it applies. You examine the project and can request modifications according to your needs, means and preferences. The agent explains the consequences of each choice: a lower premium can, for example, accompany a higher deductible or less extensive cover.

3. The proposal addressed to the company

When the project meets your expectations, an insurance proposal can be completed and signed, and then forwarded to the company by the agent. It describes the risk and the circumstances relevant to its assessment. The proposal does not require the prospective lessee or the insurer to conclude the contract; its signature does not cause the cover to run. Keep a copy and have its receipt confirmed.

4. Provisional coverage if necessary

If protection is required before the contract is finalized, ask the agent if a cover note can be issued. This document is issued by the insurer; the agent intervenes within the limits of his mandate. The note specifies in particular the risks covered, the beginning and duration of the cover and the pricing bases. It is separate from the proposal. Unless otherwise specified, the cover starts the day after its issue at zero hour. An immediate effect must therefore be expressly provided: the customer's mere request is not sufficient.

5. The company's response

According to Article 9 of the Luxembourg Insurance Contract Act, the insurer must notify, within 30 days of receipt of the proposal, either an offer of insurance, the subordination of insurance to an inquiry or a refusal. This time limit requires a response; it does not cover acceptance and silence should not be considered as confirmation of coverage. An investigation may, in particular, require additional information or documents. [S2]

6. Acceptance and verification of the contract

If the company proposes the contract, the agent presents it to you for verification: insured persons and goods, cover, deductibles, limits, exclusions, premium and effective date. Also check any difference with the original project. Your acceptance is formalized according to the applicable process, notably by signature. For a policy presigned by the insurer, the contract is formed as soon as you sign; unless otherwise agreed, the cover starts the next day at zero hour of its receipt by the insurer. Other terms and conditions of acceptance depend on the applicable record and conditions. Payment of the premium never exempts from verifying the confirmation of coverage and its effective date. [S2]

My advice before relying on the cover

Before taking possession of a vehicle, occupying a dwelling or starting an activity to cover, ask for a written confirmation indicating exactly what is insured and from what date and time. Keep the project, proposal, possible cover note, contract and proof of payment. If a cover note expires before the contract is finalized, contact the agent to check the continuity of your coverage.

When does your cover start and how long does your contract last?

Signing, beginning of coverage, duration of contract and payment dates do not mean the same. To know from when you are protected and until when your commitment continues, read together the specific terms, terms and conditions and any amendments.

The date on which the coverage takes effect

The effective date indicates the date and, where specified, the time from which the cover begin. It may differ from the date of the first interview, proposal, signature or payment. Therefore, a claim for insurance under review does not constitute a confirmation of coverage alone.

Check the conditions for the entry into force: agreement of the company, necessary documents or payment when required. In Luxembourg, the law makes it possible to make the taking effect conditional upon payment of the first premium; the policy must then expressly mention it. The special rules of the cover note and the presigned policy are explained in the previous section. [S2, art. 9 et 37]

Practical advice: Before vehicle delivery or key delivery, ask for written confirmation indicating the risk insured, the cover and the start date and time. An immediate take-off must be confirmed.

The duration of the coverage and the duration of the contract

The duration of the contract corresponds to the agreed commitment period. It can be determined, linked to a specific period or organised with a renewal. The initial duration is not necessarily one year. Consult your contract to identify its term and its extension mechanism. [S2, art. 38]

The term of coverage refers to the period during which a cover applies, subject to its conditions. It may be shorter than the term of the contract: a cover note is limited in time, a travel insurance may concern a specific stay and a cover may include a waiting period. A cover suspension may also interrupt coverage when the contract is not yet completed.

The waiting period, also referred to as the default period under the contract, is a period during which certain benefits are not yet available. It does not necessarily concern all cover. Check its duration, its starting point and any exceptions, including health insurance.

Annual maturity and payment maturities

The annual maturity is a reference date of the contract, often used for the appeal of the annual premium and, according to the clauses, its renewal. It does not necessarily correspond to the anniversary of the beginning of coverage.

Payment maturities are the dates on which premiums or fractions of premiums are to be paid. A monthly levy can simply allocate an annual premium into several payments. It does not automatically transform the contract into a one-month contract and does not give a monthly termination right alone.

Practical advice: Note separately the effective date, the end of the initial period, the annual deadline, the payment dates and the deadline for notifying termination.

The automatic renewal

Where a automatic renewal clause is provided for, the contract shall automatically be renewed at its end for the period provided for, without the need to sign a new contract at each renewal, if no valid action is taken against it. Check the duration of this new period and the applicable rules to refuse the renewal. In Luxembourg, Article 38 provides that the automatic renewal period may not exceed one year. [S2]

Do not assume that all contracts work in this way: temporary insurance can end at the agreed term and life and health insurance is governed by specific rules. The time limits and forms of termination in Luxembourg are detailed in the following section. [S2, art. 38–39]

The renewal does not necessarily mean that the amount of the premium remains the same. An indexation or modification may occur according to the applicable contract and rules. Read the notice of expiry and ask for explanations in case of a change.

An example to distinguish dates

Teaching example: you sign a home contract on October 10, 2026. The company confirms an effective date on October 15, 2026 at zero hours. The special conditions provide for a first period until January 1, 2027 at zero hours, and then an annual renewal on January 1st. The premium is paid by monthly levies.

In this example, the signature takes place on October 10, the coverage begins on October 15 and the first period is shorter than a year. January 1st is the scheduled renewal date; monthly levies do not change this schedule. This organization is illustrative: only the dates and conditions of your own contract determine your situation.

My advice: Don't just ask for "Am I insured?" Also ask "from when, for what cover, until when and under what conditions of renewal?" In case of a change of company, coordinate the end of the old cover and the beginning of the new one.

Payment and termination of contract

The monthly payment can be a fractionation of an annual premium. Check the total cost, fees and dates. An unpaid payment can have consequences on the coverage; you must contact the service concerned quickly and keep the communications.

To terminate, identify the applicable reason, time and form. Get confirmation of the end date. Do not assume that subscription to a new company automatically closes the old contract. Luxembourg's law on the insurance contract provides the framework; special situations must be examined in their context [S2] .

To be retained: obtain a record of the cover, their effective date and the modifications requested.

How to terminate insurance in Luxembourg

A termination terminates the contract on a specified date. It differs from a modification of the cover, a suspension and, in life insurance, a surrender or a reduction. First, identify the contract, the reason and the applicable rules; monthly payment does not necessarily mean that you can leave every month.

Timeliness and forms to be known

Annual termination: out of life and sickness, the policyholder may notify the termination 30 days before the renewal. The insurer has 60 days' notice. The initial period is fixed by the parties; it is not necessarily limited to one year. [S2, art. 38]

Notice of expiry: for an annual premium, at least 30 days have been granted since the date of dispatch. If the deadline is not explicitly communicated, the lessee may terminate without penalty of expiry until 60 days after. [S2, art. 38]

Rate increase: the minimum time allowed since the notice was sent is increased to 60 days. Do not confuse rate increase, indexation and risk modification; identify the basis of the increase. [S2, art. 42]

Legal forms: registered letter, bailiff's exploit or delivery against receipt. Except as otherwise provided, the termination shall be effective after at least one month, counted on the day following the notification according to the form used. For cases related to the notice of expiry, the effect shall be the second working day after dispatch, at the earliest at the time of renewal. [S2, art. 38–39]

After loss: if the insurer uses the contractual right of termination provided for in Article 41, the policyholder may notify, within one month of such notification, the termination of his other contracts with that insurer. [S2]

Life, health and change

The general annual fee described above should not be automatically applied to life and illness insurance. For life, consider the surrender, reduction or cessation of payments in Chapter 9. For health, read the duration, starting conditions and modalities of the new coverage. Do not leave a supplement without examining the consequences of a new health condition, exclusions, medical selection or any waiting periods.

The sale of a vehicle, a move, a death or the disappearance of a need must be reported with the appropriate evidence. They may lead to a change, transfer, suspension or termination of contract, as the case may be. A change in circumstances does not automatically grant the right to terminate all contracts. Ask what provision applies and when.

The six-step approach

1. Collect the general and specific terms and conditions, the amendments and the last notice of expiry. Take the insurer, the contract number, the risk and the date of renewal. Keep the envelope or proof of the date of dispatch of the notice.
2. Identify the reason: start on due date, rate increase, change of situation or other applicable case. Ask the agent for the time, form and supporting documentation. Make a distinction between the deadline and the effective end date.
3. If you change your insurer, get acceptance of the new risk and confirmation of taking effect. Compare cover, deductibles and exclusions. For mandatory insurance, preserve continuity of coverage.
4. Write a clear and signed request. Indicate the contract concerned, the reason when necessary and the date requested. Use the applicable form and the appropriate recipient. The delivery to the agent must give rise to an appropriate receipt; do not just make an oral promise.
5. Keep the application, attachments and proof of notification. Request a written confirmation of the end date and bonus count. An email or online process may be used for tracking, but should not be considered as an automatic substitute for the required forms.

6. Check closure and withdrawals. An amount deducted before the end date may require a statement; an annual premium paid does not mean that any future period will remain due. Check the balance and any refund without assuming an amount.

My advice to avoid interruption of protection

Don't stop paying to cause termination. The amount paid may result in suspension, fees or amounts remaining due, without properly arranging your departure. Similarly, signing a new contract does not automatically close the old one. If the company has not confirmed the end date, re-start in writing and keep track of it.

Before you leave, ask yourself if the problem concerns the price, warranty or service. An adaptation can sometimes meet the need. If you choose to change, first prepare the conditions of the new protection and then coordinate the two dates.

Questions to ask before signing

Ask what events are covered, who is covered by the cover, where it applies, and what limitations apply to your situation. Also ask what evidence will be required and what expenses require prior agreement. Specify the exclusions that may affect your activity, housing or leisure activities.

A general answer like "you are well covered" deserves an illustration. Ask: "If this event happens to me, what would the contract take care of and what would remain to be paid for?" A concrete explanation will help you more than just a list of trade names.

Keep the proposal, terms and written answers that are useful, and then check that the contract received corresponds to what has been agreed, including for individuals, capital and the start date. If a point remains ambiguous, make it clear before relying on this protection.

From advice to insurance cover

Six steps: check acceptance and the effective date at each stage.

1 Listen and assess

Situation, needs, risks and budget.

2 Prepare the quotation

Cover, limits, excesses and price.

3 Adjust your choices

The client reviews; the agent explains the consequences.

4 Submit the proposal

Signing alone does not necessarily activate cover.

5 Receive a response

Within the applicable 30-day period: offer, enquiry or refusal.

6 Finalise and confirm

Acceptance and effective date; provisional cover if granted.

Immediate cover must be expressly confirmed. A response deadline does not imply automatic acceptance.

Visual Benchmark — The steps from counsel to cover.

Frequently Asked Questions

3.1 What is the difference between the insured and the beneficiary?

The policyholder enters into the contract and assumes the obligations incumbent upon him. The policyholder is the person whose risk is covered. The beneficiary receives the expected benefit. These roles may concern only one person or several different persons.

My tip: Check names and roles, especially for contracts protecting family or relatives.

3.2 Does a proposal mean that I am already covered?

A proposal must not be confused with a confirmation of coverage. The taking effect depends on the agreement and the applicable conditions. An action taken or a request transmitted does not alone prove that the cover is active.

My advice: Obtain confirmation of the effective date before using the property or relying on the benefit.

3.3 What documents should be read in a contract?

Read the specific conditions, terms and conditions and the amendments concerned. The documents together describe the cover, the people, the capital and the limits. A brochure or a summary can facilitate reading, but not enough to solve all the questions.

My advice: Start with your situation and find the clauses that concern it.

3.4 What if I do not understand an exclusion?

Ask for an explanation applied to a real example: what would trigger the cover and what would prevent compensation. An exclusion may be central to your need, even if it occupies little space in the document.

My advice: Have your choice clarified in writing.

3.5 Why do you have to report a change of situation?

Housing, vehicle use or home composition may change the risk or the people covered. Changes in the applicable obligations must be examined. The old contract may require an amendment or a new solution.

My advice: Notify your contact person before a major change and keep his/her response.

3.6 Can I pay my premiums monthly?

This depends on the proposed terms and conditions. The split payment allocates the expenditure, but does not necessarily transform an annual contract into a contract that can be terminated each month.

My advice: Compare the total annual cost and check the operation of the deadlines.

3.7 What happens if a premium remains unpaid?

An unpaid claim may result in recovery and may affect the coverage according to the applicable rules. Do not consider the absence of a levy as an automatic cancellation of the contract. The situation must be clarified quickly.

My advice: Contact the insurer, ask for the amount owing and have the terms and conditions confirmed.

3.8 How to change insurer without interruption?

Coordinate the end of the old contract with the acceptance and taking effect of the new one. Also check the terms of termination and the cover that change. An offer accepted verbally or under review is not enough to secure the transition.

My advice: In change files, dates and written confirmations are as important as the price.

3.9 Is the IPID card sufficient to know all my coverage?

No. It provides a summary of the non-life product. Your options, amounts and personal terms and conditions must be reconciled with other documents. Use it to identify points to deepen before signing, then consult the contract for the full terms and conditions [S10].

My advice: have the selected warranties confirmed and keep the card with your proposal and your contract.

3.10 Can I cancel every month if I pay monthly?

Not necessarily. The monthly levy can split an annual premium. The duration of the contract, its maturity and the rules for termination remain to be verified.

My advice: Check the terms and the last notice of termination.

3.11 Do 30 days of notice apply to all insurances?

No. The general annual fee includes an exception for life and illness. The notice of expiry and a tariff increase may also open specific time limits.

My advice: Confirm the basis and deadline for your application.

3.12 Is an email sufficient to terminate?

Do not assume it. The channel used must satisfy the applicable forms and allow to prove the notification. A message to the agent can prepare the procedure without constituting a regular termination alone.

My advice: Use a recognized form and keep its justification.

3.13 Do I have to stop sampling to leave?

No. Discontinuation of payment does not replace termination and may compromise coverage while leaving amounts due.

My advice: Organize the end of the contract, then check the count and the drawdown.

3.14 Does selling my car or moving cancel all my insurance?

No. Report the change and request the appropriate treatment for each contract. Some risks evolve while other protections remain useful.

My advice: Submit the supporting documents and get the confirmed dates.

3.15 Is a cover described in the general terms and conditions necessarily accepted?

No. The document may contain options that are not included in your form. See the specific terms and conditions and the amendments.

My advice: Have the real active cover confirmed.

3.16 Is an accessory cover not important?

Not necessarily. Rehousing or assistance can be decisive at the time of the disaster. The term describes a relationship with a primary cover, not necessarily its usefulness.

My advice: Compare concrete services and their limitations.

3.17 What is the difference between exclusion and openness?

An exclusion removes a defined situation from the covered field; the deductible leaves a part to your burden in a covered damage. A ceiling still limits the benefit.

My advice: Ask for a numerical example and an example of an excluded situation.

3.18 Does the whole world mean that everything is covered everywhere?

No. The territory appreciates covered by cover, with the persons, activities, durations and restrictions applicable.

My advice: Check countries, length of stay and benefits before leaving.

3.19 How can I verify the extent of my coverage?

Examine people, property, events, places, dates, amounts and conditions. The name of a formula or the word all risks does not replace this reading.

My advice: Have a realistic scenario analyzed with your agent.

4 Protecting housing and property

Identify housing and its use

The need varies between tenants, landlords and landlords. An apartment, house, secondary residence and vacant housing do not present the same situation. A furnished rental requires that the property be identified to whom it belongs. Work, extension or modification of use may require adaptation.

The insurance of the building and the content cover different losses. Also check out dependencies, outdoor equipment, technical installations and any exclusions related to the lack of tenure.

Choosing coherent amounts

The reconstruction value is not the sale price of the dwelling. The sale price depends in particular on the location and the land; the reconstruction depends on the necessary work and the characteristics of the building. An estimate must take into account the contractual method chosen.

For the content, proceed piece by piece. Add furniture, clothing, appliances and other goods according to their valuation basis. Purchases accumulated for several years are easy to underestimate. Indexing does not declare in your place a recently acquired collection or a new kitchen.

Practical case: for a house with special equipment, the analysis used the plans and examined separately the elevator and the pool. A visit was planned to refine the risks. The teaching is the method of assessment; the file does not allow to conclude here a compensation.

Furniture and Content: Counting Everything to Protect

The insured furniture is not limited to furniture. According to the contract definition, the content can include clothing, shoes, linen, dishes, household appliances, computers, tools, sports equipment, instruments and collections. An accumulation of small purchases can be a significant sum when it is necessary to replace everything after a fire.

Distinguish what belongs to the lessor, the lessee or a third party. Please specify the classification of the elements attached to the building: a kitchen, closets or certain equipment may fall under different definitions according to the contract. Cellars, garages, outbuildings, property outside the dwelling and any professional objects also require specific verification.

Inventory helps to choose capital and prove losses

Make a piece by piece, then by category. Note the main objects individually and group the common goods, e.g. linen or dishes. For each line, indicate the quantity, an estimated value, its basis and the proofs available. A reasonable estimate is a starting point for interviewing the agent; it must be refined for the valuables and particular categories.

Use the contract basis: replacement cost at nine, current value with outdated or specific value for a collection. Do not automatically take the used price or historical purchase price. Distinguish the amount to be reported of the amount actually payable after a claim, which also depends on the compensation rules.

Send the inventory to the agent to verify the total capital, the limits by object or category and any individual declarations. The inventory is not sufficient to cover a lack of proportionate rules: have the method of valuation and any planned exemptions confirmed in writing. Refresh it after a major purchase, move, change of furniture or build a collection.

My advice: photograph each room and important objects; keep invoices, references, serial numbers and estimates in a copy accessible outside the dwelling. A photo helps to prove the existence and condition of the property; it does not necessarily prove its value alone.

Underinsurance and the Proportional Rule

If the insured amount is insufficient in relation to the value to be insured, a reduction may involve partial damage, even if the damage is less than the capital of the contract. In Luxembourg, Article 56 provides, unless otherwise agreed, a benefit proportional to the ratio between the insured amount and the value of the determinable insurable interest. It provides for an exception where that value has been fixed by the insurer or his agent, except under-insurance resulting from subsequent circumstances which he proves. [S2]

Teaching example: less than capital damage can be reduced

Content to be insured: 100 000 €. Insured capital: 50 000 €. Damage covered estimated: 20 000 €. If the proportional rule applies, the simplified calculation is: $20\,000\text{ €} \times (50\,000\text{ €} \div 100\,000\text{ €}) = 10\,000\text{ €}$. The deductible, the ceilings, the outdated or other provisions may still change the amount. This example does not reproduce a particular contract.

The capital ratio refers to the ratio between values and capital, and should not be confused with a reduction linked to an inaccurate statement of risk. A proper description of the situation and an appropriate amount are two complementary checks.

First-Risk Cover

When a cover is expressly subscribed to the first risk with waiver of the capital proportion rule, the damage covered shall be compensated up to the agreed ceiling, without this reduction for capital insufficiency. The exact conditions must be checked: the formula does not render all the goods or all the insured events and does not remove the deductibles, exclusions or sub-ceilings. [S13]

An educational example: for a ceiling at the first risk of €15,000, a covered damage of €8,000 can be compensated up to €8,000, and covered damage of €25,000 remains

limited to €15,000, before deductible and other adjustments. No amount is paid beyond the compensable loss.

This formula may apply to a specific warranty or category, without extending to the entire home contract. Check whether the ceiling is per claim, per year or subject to another limit. If the actual loss may exceed the limit, the difference remains at your expense: keeping an inventory is therefore useful even at the first risk.

My advice: Ask the agent: "Does the capital correspond to the total value of the content or to a ceiling on the first risk? What proportion rule is ruled out, for what cover and under what conditions?" Do not choose a small ceiling only because a proportional reduction is removed.

Point to compare	Capital with applicable proportional rule	First risk expressly foreseen
Amount reported	Must match the value to be insured under the contract	Ceiling of the security concerned, according to its conditions
Partial damage	Can be reduced by the capital/value ratio	Not this capital reduction; limit of the ceiling
Significant damage	Capital and compensation rules to be audited	Share beyond the ceiling at the expense of the insured
In both cases	Excesss, exclusions, sub-ceilings and evidence still to be verified	The inventory and an exact description remain useful

Understanding cover

Fire, water damage, theft, electrical damage, broken glazing and natural events cover defined circumstances. A leak can cause damage while repairing it is treated separately. Gradual deterioration must not be automatically assimilated to a covered accident.

For the flight, examine the conditions of access, the protective measures, the limits per object and the coverage out of the home. For natural phenomena, check the defined events and the procedure of proof. The costs of rehousing or intervention may be useful but have their own limitations.

Preparing Evidence Before a Loss

Keep invoices, photos and inventory in an accessible place even if the dwelling is affected. Photographing an object proves its existence, but its value may require other elements. For jewellery and works, ask if a specific estimate or declaration is required.

To remember: describe the actual use, distinguish building and furniture and verify the amounts after each major change.

Collections and Unusual Valuables

A collection of video games, comic books, instruments or ancient objects may represent an important value without being immediately visible. Make an inventory with photographs, references, status, available invoices and elements to justify the value. Keep a copy out of the dwelling.

Ask how the contract classifies these goods, whether it provides a limit per object or per set and how the compensation would be calculated. A collection estimate is not automatically an amount accepted by the insurer. Have the solution confirmed, especially for a rare piece or a collection whose value increases.

Also consider transportation and exposures. A valid home cover is not necessarily sufficient when the goods are loaned or presented elsewhere. Report these uses before the trip.

Special work and equipment

Before major work, tell your contact person: a work site, an unoccupied dwelling or a change of use can change the risk. Have the solar panels, the pool, the technical equipment and the exterior fittings examined. Ask who insures each equipment and what damage is actually covered.

If you create an independent dwelling or host a tenant, review the building, contents, responsibilities and declared use. Do not assume that an old description of a family home still corresponds to the new situation.

My advice: spend a few minutes photographing each room and keeping important invoices. After a fire or burglary, reconstructing all the property from memory is much more difficult.

Frequently Asked Questions

4.1 Does my insured building also cover my furniture?

Not automatically. The building and the contents are separate positions to check. An old record included protection of the building without the expected content: the title of the contract did not allow it alone to know this difference.

My advice: Look for the furniture capital and the corresponding cover in your documents.

4.2 Do I have to insure my house at the price I bought it for?

The purchase price and the cost of reconstruction correspond to different logics. Localization and land influence the market price, while reconstruction depends in particular on the characteristics of the building. The method chosen must be adapted to the contract.

My advice: Have special surfaces, plans and equipment examined rather than simply resuming the sale price.

4.3 I rent my accommodation what should I change?

The change from owner-occupied to lessor changes the situation to be described. The building, the property left in the dwelling, and the responsibilities must be examined. In a lease file, these positions were reviewed separately.

My advice: Notify the tenant before entering and ask for a proposal corresponding to the new use.

4.4 Who provides the kitchen and furniture left to the tenant?

Identify first who owns the property and how the contract classes it. The tenant's insurance should not be assumed to replace the owner's property protection. The lease and insurance documents help clarify the distribution.

My advice: Make an inventory of the assets left behind and have their insured amount confirmed.

4.5 Are my properties in the cellar or garage covered?

Dependencies and related premises may be subject to special conditions. Limitations may also vary depending on the nature of the damage and the objects stored. A cellar included in the dwelling does not prove that all property is protected in the same way.

My advice: Report the storage of expensive goods and check the conditions of theft and damage to the water.

4.6 Are my valuables covered in full?

Ceilings may apply by object, category or combination. The total insured sum for furniture does not necessarily remove these limits. The files examined show the value of checking objects separately.

My advice: Keep invoices and estimates and ask if a specific statement is required.

4.7 How to ensure a collection?

Invent the pieces, their condition and the elements to justify their value. Have the contractual definition, the ceilings and the method of compensation verified. Transport, loan and exhibition deserve a separate examination.

My advice: Refresh the inventory after major acquisitions and keep a copy out of the housing.

4.8 What to do before living in an insured house during the construction site?

The transition from the site to the occupation must be prepared. In a VEFA file, the dates and cover of housing, content, responsibility and assistance had to be reviewed. The free of charge of a phase does not describe all the following protection.

My advice: Have the transition conditions confirmed before moving in.

4.9 Do I need to notify my insurer before work is done?

Significant work, a change in surface areas or a new housing unit may change the risk. The construction site and the completed building do not pose the same questions. The added goods and equipment must also be identified.

My advice: Describe the project before it starts and have the protection reviewed when it is completed.

4.10 Are solar panels and the pool included?

Their presence must be taken into account in the description and estimation. The coverage depends on the cover and the way in which the equipment is integrated into

the contract. A cover of the building does not allow to deduce all the causes of damage covered.

My advice: Ask for confirmation for equipment and events that concern you.

4.11 Is a work plan crack ensured?

The answer depends on the cause, the material and the cover. In the case studied near a sink, the analysis could not be limited to the finding of the crack. A possible commercial demand remains different from a contractual right.

My advice: Photograph the damage and have its cause reviewed before promising or waiting for compensation.

4.12 What costs should I charge if the dwelling becomes uninhabitable?

Review the relocation, the additional expenses and, for a landlord, the consequences for rents. These items require adequate cover and conditions. Reimbursement of the building does not meet all the immediate needs of the home.

My advice: Ask what fees require prior agreement and what amount or duration limits apply.

4.13 Does the content include only furniture?

No. The contractual definition may include many everyday assets. Check fixed equipment, dependencies and third party assets.

My advice: Go around the rooms and categories with your agent.

4.14 Is an approximate estimate of my property sufficient?

It allows the analysis to begin, but the values must be consistent with the contractual basis. Value objects may require a specific estimate.

My advice: Identify assumptions and refine important positions.

4.15 Can a small disaster suffer a proportional rule?

Yes, if this rule applies: insufficient capital may reduce partial damage compensation. Damage less than capital is not enough to rule out the reduction.

My advice: Ask for a numerical example and check for exemptions.

4.16 Does the first risk mean that everything is reimbursed?

No. It removes the reduction of capital within the agreed scope, but the other conditions and ceiling remain applicable.

My advice: Identify the cover and its ceiling.

4.17 Is an inventory still useful at first risk?

Yes. It helps to select the ceiling, identify specific limits and justify losses. The removal of the proportional rule does not replace the evidence.

My tip: Keep an updated copy out of the housing.

5 Protecting Your Vehicles and Mobility

Distinguish people and vehicle

Car liability deals with certain damage to injured persons. Damage to your own vehicle requires appropriate cover. The driver's protection must be examined separately: the vehicle's only insurance does not meet all its physical consequences.

Declare drivers according to actual use. A young driver using the car daily should not be presented as an exceptional user if this is not the case. The car, motorcycle and other means of travel require a check of their regime and cover.

Choosing Cover for Vehicle Damage

The name of the vehicle, theft, fire, ice breakage and natural events must not be compared only by name. Examine the deductibles, accessories, values retained and exclusions. For a funded or leasing vehicle, also check the financing requirements and the possible difference between the debt and the compensation.

A replacement vehicle meets a need for mobility. Ask in which situations it is granted, for how long and under what conditions. Its presence in an offer does not mean that it is available for any immobilization.

Understanding the Bonus–Malus System

The official car RC framework consulted distinguishes the degree and the basic premium. The scale includes the degree 11 to 100%, the degree 22 to 250% and the negative degrees up to -3 to 45%. A disaster-free period leads to a descent; a recorded disaster leads to a three-degree increase. The text also provides the limit applicable after four consecutive years without a disaster [S3].

The percentages apply to the component concerned. With a fictitious reference premium of 600 €, 100% corresponds to 600 € and 115 % to 690 €. This does not necessarily represent the full price of the contract. The degree 10 remaining at 100%, a first descent does not always produce an immediate decrease.

The bonus-malus casco falls under the company's provisions. Check separately its effects and any protection of the bonus. For a foreign history, ask for the proofs and written evaluation instead of automatically assigning two percentages.

Change of vehicle

Coordinate the sale, purchase, garage documents and cover dates. Keep a confirmation for the incoming vehicle and check what happens to the contract of the outgoing vehicle. A history of claims history must be reviewed before calculating a final offer.

To remember: compare cover, excesss, values and mobility services, and then check the declared use.

My advice to choose the casco

Compare the current value of the vehicle, the cost of the cover and your ability to finance a replacement. An old car can remain indispensable to work or family.

Therefore, its age alone does not allow you to decide whether damage coverage is useful.

For a funded or leased vehicle, read the financing obligations and the compensation method. Ask what would happen if the compensation after a total loss was not sufficient to pay the financial commitment. A cover bearing a reassuring name must be examined under its exact conditions.

Also check the replacement vehicle: trigger event, duration, category and availability. A help desk and a mobility solution during repairs do not necessarily meet the same need.

What happens when your car is declared a total loss?

After an accident or other major accident, your vehicle can be declared a total loss. This does not necessarily mean that it is completely destroyed: a car may seem repairable, but the cost of its restoration can make the repair economically unjustified.

The total technical loss is damages that do not allow for technically acceptable and safe repair. The total economic loss is a possible repair that exceeds the threshold for the record. According to the contract, the comparison may relate to the difference between the pre-claim or replacement value and the recovery value. No single percentage should be assumed to be applicable to all contracts. [S13, dispositions automobile]

Who mandates the expert and who evaluates the vehicle?

The expertise can be entrusted to an external professional commissioned by the insurance company. He then exercises in a firm or on his own account, without being employed by the company. Some companies also have internal experts. The independent term described here as the professional status of the external expert; it does not mean that he was chosen jointly by the insured and the insurer.

The fact that the company appoints and pays the expert does not mean that its assessment is indisputable. You can ask for the elements justifying it and present your observations. The expert provides a technical assessment; the company decides to take over according to the applicable cover and conditions.

The expert examines the damage, estimates the repairs, and assesses the value of the file. For the disaster forward value, the vehicle's characteristics, condition, mileage, equipment and comparable market are to be examined.

My advice is to provide maintenance invoices, equipment proofs and useful information on the condition of the vehicle, which help to assess its value, without ensuring that each expense will be fully added to the allowance.

How does the expert determine the value of the wreckage?

Even if declared as a total loss, a vehicle can retain a residual value: some parts remain usable, materials can be recovered or the vehicle may be of interest to a professional for repair, when authorized.

The expert examines, inter alia, the model, age, mileage, damage and condition of recoverable items. The value also depends on demand: two vehicles of comparable value before the accident may have very different wreck values.

Depending on the procedure followed, the expert or the company can ask for offers from specialised professionals, sometimes through a consultation platform. These offers allow to assess the price a buyer is willing to pay. Check their conditions: validity period, removal and possible fees. A Luxembourg firm describes in particular the submission of the accident vehicle to professional buyers and the management of its sale to the best bidder. [S19]

The value of the wreckage is not necessarily a fixed percentage of the value of the vehicle before the accident. Nor is it simply the addition of the theoretical selling price of the parts: their dismantling, storage and marketing involve costs.

My advice: if you keep the wreckage and its value is deducted from the allowance, ask on what estimate or offer this deduction is based. Please indicate whether a professional actually agrees to take it back at that price, within what time and with what costs.

How is the allowance calculated?

The amount depends first on the basis of the compensation: your own damage cover or recourse against a responsible third party. These two situations must not be confused. Your contract may provide for a pre-claim value, a value of nine for a specified period or other contractual value. Limits, deductibles or special conditions may apply. [S13]

The purchase price and the amount remaining to be reimbursed are not automatically the amount of the compensation. If you keep the wreckage, its value can be deducted. If it is sold or disposed of, ask who receives its price and how it is linked with the insurer's payment.

An example to understand

Suppose the conditions of the file provide for a pre-claim value of €15,000, a wreck retained by the owner valued at €3,000 and a deductible of €500. The compensation paid in this example is €1,500: €15,000 - €3,000 - €500.

The owner here receives €11,500 and keeps the wreckage valued at €3,000. This example illustrates only a calculation mechanism; it does not constitute a formula valid for all contracts or remedies.

Can I keep the wreck?

Ask for the options before accepting a sale or organizing a sale. Check the costs of guarding, transportation and necessary documents. Keeping the wreck does not mean that you can continue to travel with the vehicle. Repairing and re-circulating the vehicle may require steps and controls. Have the applicable requirements confirmed before using it.

What if I challenge the evaluation?

Ask for details of the proposal: value chosen, vehicle characteristics, wreck value, deductible and other deductions. Present your proofs of mileage, finishing, options or maintenance and actually comparable vehicle advertisements. The prices displayed are indications; they do not alone prove the price at which the vehicles sell.

Ask how to organize a counter-expertise, which will bear the costs and whether your contract or legal protection provides for an intervention. Please specify the scope of any acceptance document before signing it, including whether it provides for a final settlement of the case.

What if the car is financed or leasing?

The total loss does not automatically remove the debt. The compensation may be less than the balance of the financing, and the lender or lessor may have rights to its payment. A cover of financial loss may be made, depending on its conditions. Check the amounts remaining at your expense.

What happens to my insurance and my mobility?

Notify your agent and request a written confirmation of the contract's future: termination, adaptation, suspension or transfer, as applicable. Do not assume that the claim automatically closes all warranties or payments.

The replacement vehicle may be subject to a limited period of time, including when a total loss is found. Ask for the date on which you can benefit from it. Before taking possession of another car, confirm its insurance coverage, effective date and the cover withheld.

My advice: before accepting the settlement, check together the value of the vehicle, the fate of the wreck, the remaining financing and your mobility solution. The allowance must be understood as a whole, with the sums and steps that remain at your expense.

Electric Vehicles, Motorcycles and Actual Use

For an electric vehicle, specify the coverage of the battery, charging cable and damage during charging. Distinguish accidental damage, breakdown and wear. For a home terminal, check with the home insurer and the auto insurer what protection applies to the equipment and the consequences of an incident.

For a motorcycle, look at the driver's protection, equipment worn, the flight, accessories and assistance during your journeys. Please specify the transport of the motorcycle and the continuation of the journey if it is immobilized away from home.

Declare the main driver and actual use. Occasionally lending the vehicle, leaving it regularly to a young driver and changing its use are situations to explain before an accident.

Bonus–malus: reading the coefficient

Illustrative calculations using a hypothetical base premium of €600.

Degree 11: 100%

$$€600 \times 100\% = €600$$

Degree 4: 65%

$$€600 \times 65\% = €390$$

Degree -3: 45%

$$€600 \times 45\% = €270$$

What this does not show

The coefficient applies to the relevant base. Other cover and rating factors must also be considered.

Motor liability scale: see the table and source S3. No progression between degrees is simulated.

Visual Benchmark — Coefficients and examples of RC auto calculation.

Frequently Asked Questions

5.1 What is the difference between RC car and casco?

The motor vehicle RC is about the consequences of your liability to others. The casco contains cover of damage to the vehicle according to the contract. The protection of the driver and the mobility services must be examined in addition.

My advice: Compare covered events, not just the name of the formula.

5.2 Is the driver protected like the passengers?

It is necessary to examine the situation of the driver and the cover which could compensate his injuries. The protection of the vehicle is not sufficient to answer this question. Benefits may depend on the liability and cover entered into.

My advice: Ask what would happen to you after an accident for which you would be responsible.

5.3 Is a casco useful for an old car?

Age does not decide alone. Compare current value, cost of cover, deductibles and replacement capacity. A car of limited value may remain essential to work or family organization.

My advice: Encrypt multiple formulas and also assess your need for mobility.

5.4 How to ensure a leasing vehicle?

Check the obligations of the financing and cover already included. Damage, deductibles, financial losses and services may be subject to different protections. A total loss compensation should not be presumed to pay all liabilities.

My advice: Ask how the financial balance and the restitution after significant damage would be treated.

5.5 Who should be declared as the main driver?

The actual principal user should be described according to the information requested. The contract holder or owner is not necessarily the one who drives the most. Regular use by a young driver should be explained.

My advice: Report user changes before an accident and have the applicable conditions checked.

5.6 Does my bonus–malus concern the entire contract?

The RC mechanism and the rules applicable to damages cover must be distinguished. The coefficient does not necessarily describe the evolution of all price components. The table in the annex refers to the scale presented for the RC [S3] .

My advice: Ask for a breakdown of the rate and the effect of the loss on each component.

5.7 Does a small claim still have to be compensated by insurance?

Comparing the cost of damage, deductible and possible tariff effect. Reporting obligations remain to be considered independently of the decision to claim compensation. A financial calculation does not justify hiding an event to be reported.

My advice: Ask for the consequences before choosing, including the options for reimbursement of compensation.

5.8 After a total loss can I immediately insure another car?

The new coverage must be confirmed for the vehicle and the driver concerned. In a young driver's file, the cover and consequences of the previous accident had to be examined before a decision was taken. The old vehicle's file is not automatically valid for the new vehicle.

My advice: Prepare the documents before delivery and check the effective date.

5.9 When do I transfer my insurance if I change vehicle?

Arrange the transition with the dates of delivery, pick-up and use of vehicles. Requirements may overlap. In the accompanying changes, the garage documents were used to coordinate the demand.

My tip: Don't wait until you're driving to ask for confirmation of coverage.

5.10 What documentation is required for a foreign vehicle?

The registration documents and the elements on its first entry into service allow identification of the vehicle. Further steps may be required depending on the situation. In a file reviewed, a foreign grey card and proof of entry into service were requested.

My advice: Send legible copies and check the steps before circulating.

5.11 Are the battery and charging of my electric car covered?

Distinguish accidental damage, breakdown and loss of capacity due to use. Also check cable and terminal: they do not necessarily fall under the same warranty. The location of the equipment can count.

My advice: Specify the coverage of each element and the exclusions of wear or failure.

5.12 What should be checked for a motorcycle?

Examine driver's injuries, flight, accessories, equipment worn and assistance. A trip can make transportation of the motorcycle and continued travel particularly important. The territorial boundaries must correspond to your destinations.

My advice: Before a remote exit, check the assistance contact details and how the vehicle will be repatriated.

6 Covering Your Liability and Defending Your Rights

Damage to others

Civil liability concerns the consequences of damage when the conditions of liability are met. Contracts define the insured persons and their activities. Check the place of children, animals, leisure and persons living in the home.

The fact that a child is an adult can change his or her contractual situation. Family coverage should not be assumed to be permanent. Ask how the different home, studies and extended stays are treated.

The RCA for a building deserves a separate examination: a component of the building may damage a neighbouring property or injure a person. The building warranty does not automatically replace this liability.

Legal protection

A dispute with a seller, neighbour or intervener may involve steps and costs. Legal protection specifies the areas covered, exclusions, thresholds and procedures for intervention. A dispute already known at the time of subscription may be excluded.

Before you incur expenses, inform the service and ask for the conditions of their taking over. The presence of a cover does not mean that all procedures or fees are refunded. Keep contracts, messages, notices and other evidence.

Practical case: After an injury in the vicinity of work, the first step was to collect photos, circumstances, reports and invoices, and then identify the stakeholders. The collection of evidence must precede a conclusion on liability.

To remember: report the facts and transmit the claims without promising to a third party a cover that the insurer has not confirmed.

Children, Animals and Leisure Activities

Have the persons included in the family liability checked, including children who are studying or living elsewhere. A family situation is not limited to the name on the first page of the contract.

Report animals and leisure activities that can create a particular exhibition. For a drone, boat or sporting activity, ask if a specific cover is necessary. Membership of a club does not alone prove that all your personal responsibilities are covered.

For legal protection, find out about the areas covered and when to apply to the insurer. Before making any significant costs, have the conditions of coverage confirmed.

Frequently Asked Questions

6.1 Does the Family RCA cover all the damage I cause?

No, you need an event in the warranty and a liability considered in its context. The exclusions and activities involved matter. A property belonging to you is not merely a damage to others.

My advice: Present examples of your daily life and ask what cover would be involved.

6.2 Are my children living elsewhere still covered?

The definition of insured persons may depend on the home, family status or education. The rule of one contract should not be automatically applied to another. A child of age therefore deserves special verification.

My advice: Report studies abroad and address changes.

6.3 Is my animal included in the RC?

Check the animals covered and the permitted uses. The holding of an animal and certain activities may be subject to special conditions. The existence of a family RCN does not allow to conclude for all situations.

My advice: Describe the animal and ask how an injury or degradation caused to a third party would be treated.

6.4 Is an object lent or entrusted covered if I damage it?

The property entrusted may be excluded or subject to specific limits. Your liability and warranty are two distinct issues. The fact that you have to repair damage does not mean that the insurance will take care of it.

My advice: Check before borrowing expensive equipment and keep information about its owner and value.

6.5 Why does an owner need to consider his or her liability for the building?

A building may cause damage to another person or property. This exhibition must be examined in addition to the reconstruction of the building. Rental and equipment may change the questions to be asked.

My advice: Make a distinction between damage to your home and the consequences of your liability to others.

6.6 Does legal protection pay for all trials?

The cover defines the areas, conditions and limits of intervention. An existing dispute, certain costs or an uncovered area may be difficult. Consultation and costing procedures must be verified.

My advice: Contact the service before a significant expense and ask for the applicable agreement.

6.7 Can I choose a lawyer and have my insurance involved?

The applicable rights and terms must be examined in the context of the file. Freedom of choice does not mean that all fees are reimbursed without limitation. The procedure and the limits must be known before entering into a contract.

My advice: Ask for a written explanation of the costs and conditions of legal recourse.

6.8 Who is responsible if my child gets hurt near work?

Responsibility depends on the facts and should not be announced before examination. In a personal injury file, photos, medical documents and company identification were used to prepare this analysis. Several interlocutors may be involved.

My advice: Keep the evidence and have the remedies reviewed without waiting for a personal conclusion on the fault.

7 Protecting Your Health

Starting with Statutory Health Cover

Your affiliation, your situation and care determine the first level of protection. The health supplement comes under its own contract. It does not automatically reimburse everything that the basic plan refuses. A position may be limited, excluded or subject to prior agreement.

Assess your needs: hospitalization, consultations, examinations, dental care, optics and care abroad. Ask what percentages apply and what basis of calculation. A 100% refund does not necessarily mean 100% of the actual bill.

Hospitalization and expensive care

For a scheduled stay, ask the service before entering the hospital. Specify the establishment, the dates, the type of room and the care provided. Check whether direct care is possible and what supplements remain to be paid.

For dental treatment or other major expenses, submit a quote if the procedure so requires. Compare the agreement received to the treatment finally completed. A modification of the estimate may require further confirmation.

Optics and Routine Care

For glasses and lenses, check the ceiling, periodicity, property categories and proofs. An annual ceiling and a renewable ceiling after several years produce different results. Consultations and medicines also follow their rules.

The medical questionnaire must be provided exactly. If a question is ambiguous, ask the authorized department how to answer it. Sensitive medical information must be sent to the competent recipient via the appropriate channel.

Preparing a Reimbursement Claim

In the NSC postal approach consulted, the originals and proof of payment are required; the announced delay is two years from the payment. Keep a copy and check the procedure adapted to the care and channel used [S4].

For the supplement, submit the requested documents and the basic plan statement when required. Clearly identify each invoice and check the remaining amount. In case of disagreement, ask for the reason, the provision applied and any missing documents.

Practical case: a customer challenged a refund of lentils. It had been directed to the competent DKV service, with limited access by the intermediary to medical information. The method consists of helping the customer to formulate the request without circumventing confidentiality.

To be remembered: knowing the ceilings, the bases of calculation and the pre-departure procedures before a significant expenditure.

My advice to compare two health coverages

Compare specific needs: hospitalization, important dental care, glasses, consultations and treatments. Identify the ceilings, waiting times, admission conditions and

exclusions. A percentage of reimbursement only makes sense if you know the basis on which it is calculated.

Before replacing existing coverage, check the acceptance of the new contract and its effective date. A state of health that has evolved may influence the proposed conditions. Avoid creating a protection break without having measured the consequences.

For a scheduled expensive treatment, ask for a detailed estimate and a written estimate of the refund. Distinguish the estimate, the prior agreement, if any, and the final refund. Keep the medical documents intended for the competent service and only send the necessary information to each contact person.

Frequently Asked Questions

7.1 Does a health supplement replace social protection?

It is based on defined cover which are linked with basic protection, and should not be considered as a substitute for all forms of action taken by the social body, and its intervention depends in particular on benefits and contracts.

My advice: Identify your plan first and ask how the refunds coordinate.

7.2 Why is there still an amount to be paid despite two blankets?

Expenses may exceed a reimbursement base, ceiling or not enter into a cover. Therefore, a high rate does not always ensure that the entire invoice is covered. The count shows how the calculation was made.

My advice: For a planned expense, ask for an estimate based on the actual estimate.

7.3 How to compare two health supplements?

Compare hospitalisation, dental care, optics and routine care according to your needs. Examine ceilings, exclusions, admission conditions and possible waiting times. The bonus does not alone show the differences in reimbursement.

My advice: Use the same expenses examples to compare the two contracts.

7.4 Is a single room always reimbursed?

Reimbursement depends on cover and billing. The choice of room may also have consequences for other costs. A distinction must be made between accommodation, fees and incidental expenses.

My tip: Before a scheduled hospitalisation, ask for a quote and confirmation of the costs covered.

7.5 Should I seek agreement before expensive treatment?

Some care or benefits may require prior authorization or specific documents. An estimate may not necessarily be acceptable for all positions. The response must take into account the salary and contract.

My advice: Send the estimate early enough to the appropriate department and keep the confirmation received.

7.6 How do I transmit my care bills?

Follow the channel of your organization and the required documents. For the postal procedure described by the CNS, the originals and proof of payment are required [S4] . For the additional, check the expected invoices and statements.

My tip: Keep a copy and follow the shipments to avoid losing track of an expense.

7.7 Why aren't my glasses or lenses reimbursed as intended?

Examine the warranty, ceilings, reference period and supporting documents. In a case involving lenses, a request for explanation was directed to the competent service. The intermediary must not announce a correction before it is confirmed.

My tip: Ask for the calculation details and attach the missing parts to the right recipient.

7.8 Can I replace a supplement if my health has changed?

The admission and conditions of the new contract must be checked before the old one is terminated. A different state of health may influence the proposed conditions. A price comparison does not solve this question.

My advice: Wait for written confirmation of the new coverage and its effective date.

7.9 Is my employer health coverage sufficient?

It may be important, but it is necessary to know the beneficiaries, cover and conditions of retention. The change of employer or retirement deserves an examination. In a global review, this coverage has been identified separately from personal contracts.

My advice: Ask for the documents and check the possibilities before a professional change.

7.10 Who can transmit sensitive medical information?

Use the intended circuit to the competent professionals or services. Administrative and medical needs are not identical. For a complaint, it may be possible to deal with certain points without spreading the entire medical file to all the interlocutors.

My advice: Ask for the secure channel and limit the sending to the necessary information.

8 Dealing with accidents and protecting income

Accident and illness

An accident insurance scheme meets the definition of an accident under its contract. An accident does not become an accident because it occurs suddenly. Benefits can cover different effects: costs, disability or death depending on the offer.

Look at the activities, territories, age limits and insured persons. For children of age, check the maintenance of family protection. In a file worked together, the education and home had to be confirmed before adjusting the coverage.

Measuring impact on resources

Incapacity to work can reduce resources while credit and expenses continue. Take stock of available replacement income and its duration. Also, rate new expenses such as home help or additional travel.

A daily allowance, disability capital and an annuity do not meet the same need. The criteria for assessment, the time before payment and the ceilings require careful reading. A disability recognized by one organization does not necessarily trigger an identical benefit in another contract.

Disability: understand rate and benefit

Incapacity for work concerns the ability to engage in a professional activity; permanent invalidity may involve lasting physical or psychological sequelae; loss of autonomy concerns the need for assistance in daily life. The contract defines the insured criterion: these concepts must not be used as synonyms.

In an accident insurance with disability capital, the doctor evaluates the sequelae according to the schedule provided for or designated by the general conditions, after stabilization of the state where the contract provides for it. The rate chosen may depend on the infringements found, the rules of cumulation and the provisions concerning the previous states. A decision of the social security does not automatically fix the performance of the private contract.

Read separately the insured capital, the scale that determines the rate, and then the formula that turns this rate into an allowance. Check the intervention threshold, the deductibles, a possible progression, the limit and the terms of expertise or challenge. A 20% rate does not always mean the payment of 20% of the capital.

Educational example of calculation

Suppose a capital of €100,000, a disability rate of 20% and a strictly proportional compensation, without any threshold, deductible or increase: the paid-up capital would be €20 000. With another contractual formula, the result could be different. These figures illustrate a calculation; they do not reproduce any LALUX scale or cover.

My advice: ask the agent for an example of low, medium and high disability, calculated according to the general conditions of your contract. To report the claim, submit the circumstances, the evidence requested and the medical documents via the confidential channel indicated; keep the file reference and ask for the steps of the assessment.

Independence and Dependency

The loss of autonomy may require prolonged support. Examine applicable public schemes and any private cover. Definitions and criteria must be verified; funding for care and daily assistance are two complementary issues.

To remember: reasoning about the budget after the event, and not just about the amount of capital announced.

My advice to measure income shortfall

Make a monthly budget with the expenses that would continue during a prolonged stoppage: housing, credits, food, children and recurrent expenses. Compare this budget to the replacement resources you could actually benefit from, depending on your situation.

Have an accident and illness examined separately. Accident coverage does not necessarily respond to a disability caused by an illness. Also check the definition of disability, the period before benefit and the length of the payment.

Do not choose a capital only because the amount appears high. Ask what it would be used for: accommodation adjustment, debt repayment, additional expenses or compensation for a drop in income. The amount must meet the identified need.

Disability: from assessment to payment

The medical percentage and the percentage of capital paid are not always identical.

1 Check the cover

Covered accident, definition of disability and insured capital.

2 Assess the percentage

Assess lasting impairment using the scale named in the contract.

3 Apply the formula

Thresholds, excesses, possible progression and maximum payment.

Proportional example

$€100,000 \times 20\% = €20,000$, only without a threshold, excess or progression.

Illustrative example: a medical impairment percentage is not a company-specific benefits scale.

Visual benchmark — Disability rate and benefit formula.

Frequently Asked Questions

8.1 Does accident insurance also cover diseases?

An accident cover is based on the definition of the accident in the contract. A disease must not be presumed to be covered by the same cover. To protect an income, one must examine the two possible origins of a disability.

My advice: Ask for two separate examples: stop after accident and stop for illness.

8.2 What is the difference between disability and disability?

The terms correspond to situations and benefits that can be defined differently. Temporary incapacity and long-term incapacity do not necessarily trigger the same cover. Recognition by an organization is not always sufficient to establish all contractual rights.

My advice: Read the definitions and clarify the pieces and criteria used.

8.3 How do I calculate my replacement income requirement?

Compare the expenses that would continue with the resources you might actually be able to claim. The monthly shortfall and its possible duration make it possible to assess the need. It is also necessary to consider the additional expenses.

My advice: Prepare a budget and avoid choosing a service without knowing your existing protections.

8.4 Does a benefit start on the first day of cessation?

The contract may provide for a period before compensation and the conditions for triggering the contract. A distinction must be made between the date of the judgment, the date of the declaration and the date from which a performance would be due.

My advice: Keep a reserve for the first expenses and clarify the applicable deadlines.

8.5 Which capital accident choose?

The capital must meet the consequences to be financed: adjustment, assistance, expenditure or loss of resources. Benefits also depend on how the contract evaluates the damage. A displayed amount is not automatically paid in full for any injury.

My advice: Ask for simulations based on several concrete situations.

8.6 Does my child still benefit from family accident insurance?

The eligibility must be verified according to the contract, in particular for home and studies. A file examined these conditions precisely. The limits provided for in this contract cannot be presented as a general rule of the contract.

My advice: Have coverage confirmed when you change your residence or school.

8.7 Is accident insurance useful at retirement?

Even without a job income to replace, an accident can result in expenses or need for help. A retired person's file dealt with this type of protection. Interest depends on the cover, age and resources available.

My advice: Connect the amount you want to meet specific needs rather than an attractive premium.

8.8 How to prepare for the risk of addiction?

Examine the existing support and possible financial consequences for the home. Needs may relate to the accompaniment and adaptation of the home. Possible insurance must be investigated according to its trigger criteria and benefits.

My advice: Match loved ones with reflection and distinguish practical help from funding.

8.9 Does a disability rate always give the same capital?

No. The insured capital, scale, thresholds and possible progression together determine the result. Compare the complete formula and not just the medical rate.

My advice: Ask for a simulation with your contract schedule.

8.10 Is recognition of invalidity by social security sufficient?

It may be a useful piece of work, but the private contract applies its own definitions and procedure. Accident insurance may also require an accidental origin covered.

My advice: Specify the specific documents and criteria for each warranty.

8.11 Does my disability cover repay the credit?

Only if the cover provided for this benefit and if its conditions are met. An accident capital, an income annuity and a credit cover meet different needs.

My advice: Check the beneficiary and the method of payment.

9 Protecting your loved ones

Assessing the Need for Death Cover

The need depends on the income, dependants, credit and resources already available. Remove the immediate expenses and then the expenses that would continue. A capital must meet an explicit objective: to repay a debt, to ensure a transition or to support the loved ones.

The term of protection must be consistent with this objective. The need evolves when the credit declines or children become self-sufficient. Review the amounts and beneficiaries after life changes.

Treating the beneficiary clause

The clause refers to the persons who will receive the benefit in the manner provided. An imprecise or outdated wording may create a difficulty. Ask what consequences would have a separation, a prior death of the beneficiary or a new family situation.

The contractual designation should not be confused with a general rule of succession. When the heritage situation is complex, have coordination reviewed with the appropriate councils.

The main types of life and death insurance

The name life insurance covers several mechanisms. First identify the event that triggers the payment: death for a period, survival at a time or combination of both. A disability cover may add to it, but it is not automatic.

The balance outstanding

This insurance protects a credit commitment in the event of a covered death. The insured capital usually follows a decreasing schedule provided for in the contract. Check that it corresponds to the actual loan: amount, duration, rate and amount insured for each borrower. A change in the loan does not automatically alter the insurance. The bank may be a beneficiary or have rights to the contract. This protection does not necessarily replace a capital intended for family expenses.

Total death insurance

A pure temporary death insurance pays the agreed capital if the insured dies during the insured period and under the conditions provided for. If he is alive at maturity, it generally does not provide for any survival capital: the premiums have financed the protection. An entire death contract is governed by another duration and may have a different structure; check his possible values instead of generalizing the rules of temporary death.

Pure life insurance and mixed insurance

A pure life insurance scheme provides for a benefit if the insured is alive at the agreed maturity. In its pure form, it does not provide for death capital; a counter-insurance

or additional cover may change this result. A mixed insurance scheme combines a payment in the event of death during the insured period and a payment in the event of death at maturity. Capital, its proportions and costs depend on the formula chosen.

Life insurance and savings

The term life insurance covers very different products. Ask for what is covered, by whom, at what date and after what costs. For variable supports, consider the risk of loss and the horizon of the investment. The possibility of surrender does not mean the absence of cost or tax consequences.

To remember: from the family objective, then choose the amounts, duration and beneficiaries.

Type	Objective	Point to be checked
Balance outstanding	Protect credit against death covered	Timeline, Quotity and Bank Rights
Pure temporary death	Pay capital in case of death covered for the duration	No survival capital in pure form
Pure life	Paying a benefit in the event of a survivor's death	Out of contract in case of death before term
Mixed	Combining death over time and survival over time	Separate amounts, charges and additional cover

Life and death: which event is insured?

Distinguish four mechanisms before comparing premiums.

Outstanding loan balance

Death covered: loan protection according to the capital, duration and percentage insured.

Pure term death insurance

Death during the period: agreed capital. Generally no survival payment at expiry.

Pure survival insurance

Survival at maturity: agreed benefit. No death capital in the pure form.

Endowment or mixed insurance

Death during the term or survival at maturity: separately defined benefits.

Additional benefits and product conditions may modify this outline.

Visual benchmark — Events covered by the various contracts.

The value of the contract at the beginning, middle and end

Do not confuse the sum of premiums paid, the death capital, the value available in the event of a surrender and the benefit provided at maturity. These amounts answer different questions. A risk contract can protect a large capital without constituting a recoverable saving.

At the beginning of a contract with savings, the costs and cost of cover may lower the value of the surrender than the premiums paid. During the contract, its value depends on payments, fees, cover, withdrawals and support. For units of account, it fluctuates with the markets; it does not necessarily increase over time.

At maturity, the benefit depends on the type of contract and the event insured: survival, death or term of the temporary cover. A share in future profits or a commercial projection is not a cover. Ask for a table of covered values, projection assumptions and net values in case of exit on several dates.

Surrender, Premium Breaks and Paid-Up Policies

Total or partial surrender

When the contract has a right and a surrender value, the total surrender allows the value calculated according to its rules to be recovered and terminates the contract. The partial surrender, if allowed, withdraws part of that value and can modify the remaining cover. Therefore, you must not call any termination a surrender: a temporary death cover can end without saving to recover.

Before claiming a surrender, get the net amount, any costs, tax consequences and the valuation date. Check the restrictions specific to pension products or a credit contract. According to section 114 of the Insurance Contract Act, in the event of acceptance of the profit, the surrender requires the consent of the beneficiary. [S2]

Temporary Discontinuation of Payments

A break can be considered if the contract and the terms of the insurer permit it. It must be formalized: duration, resumption of premiums, fees, changes in value and exit from each cover. Suspending payments does not imply that all cover are maintained or the value is frozen. Protection costs or costs may continue to be levied, and supports may fluctuate.

Don't just cancel a levy. Ask for a written confirmation of the chosen solution and the conditions for recovery, including any medical formalities. The negotiated break differs from the simple default.

Reduction

Where the reduction is possible, the contract may be maintained without payment of the future premiums provided for, with benefits recalculated on the basis of the rights already established. The expected capital or annuity is generally reduced; some

additional cover may cease. The reduction is neither an immediate surrender nor a simple break with automatic resumption.

My advice is to compare the maintenance of the contract, the break, the reduction and the surrender in writing: amounts to be paid, the net available value, the remaining cover, the future benefit and the conditions for recovery. If the budget problem is temporary, look at the solutions before removing any protection that is still useful.

Operation	Main effect	Vigilance
total surrender	Value paid; end of contract	Costs, taxation, loss of cover and third-party rights
partial surrender	Withdrawal of part of the value if permitted	Cover and value remaining
Payment break	Temporary interruption in accordance with agreed procedures	Costs, cover, duration and recovery
Reduction	Maintenance of recalculated duties without anticipated future premiums	Reduced benefits and ancillary cover

Surrender, premium break or paid-up policy?

Compare the available value and remaining protection before deciding.

Full surrender

Payment of the net surrender value and termination, where available.

Partial surrender

Withdrawal of part of the value; effects on remaining benefits.

Premium break

Temporary pause if permitted. Value and costs are not necessarily frozen.

Paid-up policy

Future planned premiums cease; recalculated benefits remain.

Check policy conditions, charges, tax treatment and third-party rights before any change.

Visual benchmark — Compare possible operations on a life contract.

Beneficiaries nominated or designated by their status

The policyholder enters into the contract, the insured person is the person on whom the risk is based, and the beneficiary receives the expected benefit. These roles can be

exercised by different persons. Distinguish the beneficiary in case of life from that in case of death.

A nominative designation identifies the person, e.g. by name, surname and date of birth. A descriptive designation identifies a qualification, e.g. the children of the insured, born or unborn. It is necessary to specify who the person is, the distribution and the beneficiaries of the replacement, and to validate the wording adapted to the contract and the family situation.

The law requires that the beneficiary be identifiable when the benefit becomes payable. For unnamed children, it applies to those who have that status at that time and provides for representation by the descendants of the pre-decided child. Do not assume that a separation changes a name designation. [S2]

A formulation concerning children born or to be born is an example of designation, not a complete clause ready to sign. Discuss the prior death of a beneficiary, recomposed families, minors and allocated shares. Including a person in the clause does not necessarily mean that he or she has formally accepted the benefit. This acceptance has effects on the rights of the lessee: ask for advice before formalizing it.

My Advice on Choosing the Death Benefit

Add the debts to be dealt with, the immediate expenses and the resources necessary for your loved ones during a transition period. Deduce the means already available and the existing protections that the beneficiaries might actually have.

Resuming this calculation after birth, separation, new credit or income change. Adequate protection several years ago may no longer correspond to the situation of the home.

For life insurance with savings, distinguish between death protection and the financial objective. Ask for costs, withdrawal options and risks. Do not confuse an example of return with a covered result.

Frequently Asked Questions

9.1 How much would my loved ones need after my death?

Evaluate debts, immediate expenses and lack of income for a chosen period. Deduct the resources and protections they might actually have. The useful amount varies with the age of the children and the autonomy of the home.

My advice: Recalculate after a birth, new loan or a significant change in income.

9.2 Is the loan's death insurance sufficient to protect my family?

It can meet the repayment of a specified commitment without financing all living expenses. It is necessary to examine the share of debt covered, the persons and benefits. The home may retain a need even if the credit is repaid.

My advice: Make a budget of the relatives after repayment of the loan to see what is missing.

9.3 Why should the beneficiary clause be treated?

It indicates to whom the benefit is to be awarded within the framework provided. Ambiguous or inappropriate designation may complicate implementation. The family situation and legal effects merit individualized consideration.

My advice: Reread the clause after the major changes and have it explained to you.

9.4 Should beneficiaries be reviewed after separation?

Yes, it is prudent to check all the designations concerned. A separation should not be presumed to automatically modify each contract. The possibilities for change depend in particular on the situation of the contract.

My advice: Ask for the procedure and keep the confirmation of the accepted amendment.

9.5 What is the difference between life insurance and life insurance with savings?

The first one responds to a defined foresight event. A life insurance can include savings, transmission and protection objectives, depending on its structure. The main need must be identified before comparing the products.

My advice: Ask for a separate explanation of the death cover and savings.

9.6 Is my life insurance savings covered?

This depends on the carriers and commitments of the contract. Units of account are subject to a risk of change in value. A business illustration should not be confused with a contractual cover of capital or return.

My advice: Identify precisely what is covered, by whom and by what deadline.

9.7 Can I get my money back whenever I want?

The possibilities for withdrawal and their consequences depend on the contract and the applicable framework. Costs, taxes and loss of cover may affect the decision. Long-term savings do not necessarily replace an immediately available reserve.

My tip: Ask for a clean simulation before a withdrawal or a fence.

9.8 What must my relatives do to claim the benefit?

They must identify the contract, contact the organization and provide the requested documents. The status of beneficiary and the circumstances must be examined. The existence of a contract does not allow a payment to be announced before verification.

My advice: Leave useful references to a trusted relative without unnecessarily disseminating sensitive data.

9.9 What is the difference between pure death, pure and mixed life?

Pure death covers the death provided for in the contract; pure life covers survival at a time; mixed life combines both. Additional cover may change this presentation.

My advice: Identify insured events and amounts before comparing premiums.

9.10 Does the Surrender give me all the premiums paid?

Not necessarily. It relates to the value calculated according to the contract, after the applicable fees or deductions, and assumes that the contract offers this possibility.

My advice: Ask for a net value of dated surrender.

9.11 Can I freeze my contract for a few months?

A break in payments depends on the terms of the contract and must be confirmed. The value and costs are not necessarily frozen, and cover can change.

My advice: Get in writing the duration, the fate of the cover and the conditions of recovery.

9.12 Does the reduction retain the initial capital?

Generally not: it allows, where possible, to maintain recalculated duties without the planned future premiums. Auxiliary cover can be removed.

My advice: Ask for the new capital, the futures delivery and the cover maintained.

9.13 Should I appoint every one of my children?

A name designation and a designation by quality meet different needs. The second may take into account the evolution of the family, provided that it is sufficiently precise.

My advice: Have the distribution checked and the replacement beneficiaries.

10 Preparing for retirement

Future resources

The first pillar corresponds to the legal regime; the second to an employer-related complementary scheme; the third to an individual approach. Take stock of your rights and estimate your future expenses before choosing an amount to save [S5] .

For business pensions, ask for information on the acquired rights, contributions and consequences of a departure. The book discusses this protection from the employee's point of view, without dealing with the establishment of a scheme for a business.

Examine an individual solution

Compare fees, cover, supports, remittance options and exit terms. A tax advantage is not enough to determine the interest of a contract. Check if your budget allows you to maintain payments without sacrificing the reserve for unforeseen expenses.

According to the CDA, the annual ceiling for deduction of payments eligible for individual old-age pension is €4,500 from the 2026 tax year, compared with €3,200 from 2017 to 2025. The conditions indicated include a minimum period of ten years and a benefit normally payable between 60 and 75 years. The ceiling applies to all contracts of the same taxpayer [S5]. This ceiling falls under the Luxembourg tax system and does not constitute a tax reduction of €4,500. The real economy depends on the taxpayer's tax situation; for a non-resident, access to the deduction must be verified according to the applicable rules.

A deduction reduces taxable income under conditions and does not represent a full refund of the savings paid. The treatment of exit and the rules of old contracts must be examined separately.

Lump Sum or Annuity

A capital leaves an amount to be managed; a lifetime annuity makes payments according to its terms. Ask what happens to the death and if a reversal or cover exists. Also consider taxation and expenses in a net projection.

To remember: prepare for retirement from income need and read the availability constraints before signing.

My advice to prepare a sustainable decision

First define the desired additional income and the amount you can pay regularly without weakening your reserve. A long-term solution must remain compatible with the contingencies of life.

Compare costs, possible cover, media risks and conditions of access to savings. The tax advantage is an element of comparison; it is not enough to determine whether a contract is suitable for your situation.

Before you choose between capital and annuities, plan your expenses: housing, health, leisure and spouse's needs. Explain the spouse's protection options and their effects on the benefit. For an employer-related device, ask for a statement and the consequences of leaving the company.

Frequently Asked Questions

10.1 Where do I start to prepare for my retirement?

Identify the rights and arrangements you have, and then estimate your future spending. Identify the gap between the expected resources and the desired standard of living. An estimate must be revised when the situation changes.

My advice: Ask for your statements before choosing a new payment.

10.2 What is the difference between statutory and supplementary pensions?

The statutory pension is covered by the applicable scheme. The employer-related complementary schemes and individual solutions are covered by separate frameworks and arrangements, and must be identified together to understand your future income.

My advice: Do not only compare an individual contract with an employer arrangement without examining their terms.

10.3 How much can I pay each month?

The payment must be compatible with your budget and a reserve for unforeseen events. On the horizon, other commitments and adjustment possibilities count. Too much effort can make the solution difficult to maintain.

My advice: Choose a sustainable amount and review it when your savings capacity changes.

10.4 Is the tax advantage sufficient to choose a contract?

No, you also need to examine fees, risks, exit conditions and fit as needed. Tax rules and your situation influence the real benefit [S5]. A deductible payment does not mean that all aspects of the contract are favorable.

My advice: Compare the expected cost and benefit before and after taxation.

10.5 How to compare the costs of two solutions?

Ask for fees on payments, management, media and relevant transactions. They can act at different times and reduce the savings available. A projection also depends on the assumptions used.

My advice: Compare the same amounts, the same duration and explicit assumptions.

10.6 Is capital preferable to rent?

Capital provides availability according to the exit modalities; the pension meets a need for regular income. Choices depend on the home, the horizon and the options available. The protection of the spouse deserves special attention.

My advice: Explain the effects of each option before a decision that could be sustainable.

10.7 What happens to my supplementary pension if I leave my employer?

The rules of the scheme and your individual situation must be consulted. The rights acquired, the conditions and the possibilities offered are not deduced from the simple

beginning. This question concerns the employee here, not the conception of the company's scheme.

My advice: Ask for a statement and explanation before leaving the employer.

10.8 How can I avoid overestimating my future retirement?

Separate amounts acquired, estimates and performance assumptions. Think about future spending and purchasing power. An optimistic scenario is not a promise of income.

My advice: Prepare several scenarios and update the figures periodically.

11 Travelling and Using Assistance Services

Distinguish insurance and organization of services

Insurance can reimburse a loss; assistance organizes a benefit. Depending on the contract, the plant chooses or authorizes troubleshooting, repatriation or accommodation. An expense decided alone may not be reimbursed if it does not comply with the terms and conditions.

Record the contact information before departure, check the persons covered, the countries and the maximum length of stay. For a vehicle, examine the breakdown, the accident, the distance to the home and the replacement category.

Housing assistance

A blocked door or a leak may require an emergency responder. Describe the problem and request the authorized service. Displacement, labour, supplies and definitive repair may have different limits. Assistance does not replace the cover of damage to the housing.

Travel and medical emergency

Cancellations, interruptions and baggage warranties respond to defined events. A change of notice is not automatically a covered reason. Keep the booking confirmations and check when the cover must be subscribed.

In the event of an emergency, contact the local relief services without delay. Then inform the assistance as soon as possible in order to coordinate the services. Medical repatriation is decided with the competent stakeholders and the terms of the contract, not only according to the traveller's preference.

To be retained: contact the plant prior to non-emergency benefits and retain authorization and proof.

My advice before the departure

Collect the assistance contact details, contract references and the protections of your payment card. Check the persons covered, the territory, the length of stay and the conditions of activation. Do not assume that two services bearing the same name offer the same services.

For cancellation, check the eligible events, the persons concerned and the required proofs. An impossibility of leaving does not automatically result in compensation. For activities planned during the stay, have the possible exclusions examined before booking.

Save the helpline in your phone and leave a copy to a loved one. When the situation permits, contact the power station before organizing an expensive service yourself.

Frequently Asked Questions

11.1 Is my credit card enough to travel?

This depends on its cover, the persons covered and the conditions of activation. Certain benefits may depend on the payment of the trip or other conditions. A card held does not prove a cover adapted to the stay.

My advice: Read the insurance and assistance documents before booking.

11.2 What is the difference between assistance and reimbursement?

The assistance arranges services under the conditions provided. An expense insurance can compensate an eligible expense. Both approaches may be complementary, but an organized service does not mean that any personal expenses will be reimbursed.

My advice: Call the appropriate department before you incur costs when the situation permits.

11.3 Can I call my own convenience store?

In the event of an emergency, safety is paramount. For care, conditions may require contacting the plant and following its organization. A single intervention can be treated differently.

My advice: Keep the number accessible and ask for agreement before a costly service.

11.4 Does Home Assistance Pay for All Repairs?

It can organize an intervention and cover certain costs within defined limits. Complete repair or replacement of the equipment may be covered by another warranty or may remain at your expense.

My advice: Ask separately what is organized and what is paid.

11.5 Is a medical repatriation decided by me?

The organisation depends on the service and the assessment of the situation within its framework. The personal request for a return is not sufficient to establish the care of a medical repatriation. In urgent cases, first contact the local relief services.

My advice: Then notify the assistance and provide the contact details of the care facility.

11.6 Can I cancel my trip for any reason?

The cancellation insurance covers defined events and specific conditions. Changing the notice must not be assumed to be covered. The persons concerned, the dates and the supporting documents influence the examination.

My tip: Check the warranty before the purchase and quickly declare the event that prevents the departure.

11.7 Are my leisure activities covered during the trip?

Sports or special activities may be subject to exclusions or conditions. Travel insurance, RC and accident insurance may meet different needs. The destination alone does not describe the exposure.

My advice: Indicate the planned activities, including unusual sports, prior to your stay.

11.8 How can I protect my luggage and items taken away?

Examine covered events, limits and evidentiary requirements. Valuable objects and assets left unattended may have specific conditions. The home cover must not be presumed to be the same during the trip.

My advice: Photograph important items and check custody instructions.

12 Reporting Different Types of Claims

A common method

The first step is security. Protect people, contact help if necessary and do not expose yourself to take pictures. Then limit damage when it can be done safely. Keep proof of urgent expenses.

Note date, time, place and circumstances. Describe what you have personally observed and distinguish it from what a third party reports. Do not transform a hypothesis about the cause into certainty. Collect the available contact information, photos and documents.

Notify the competent department within the applicable time limit. A declaration can be completed: indicate the documents still expected instead of delaying the entire file. Ask for a reference, an interlocutor and the next step.

Before final non-emergency repairs, ask if a quote, visit or agreement is required. Keep damaged property when it is reasonable and safe. Do not eliminate it without documenting its condition and checking for expertise requirements.

Motor vehicle accident

Secure the premises and ask for help or the police when the situation requires it. Collect vehicle and driver data, witnesses and circumstances. Complete the statement accurately; reread the sketch and the boxes before signing. Do not sign a description that you consider incorrect without having the disagreement noted.

Transmit findings, photos and parts available. Describe the damage and indicate where the vehicle can be examined. Check towing, expertise, garage and replacement vehicle before hiring non-emergency services.

If the other driver is leaked, keep the identification information, the testimonies and the police reference. In the case of a customer, the follow-up also included the report, the appointment at the garage and the mobility. No compensation results are added here.

Glass Breakage and Vehicle Damage

Indicate which part is affected, when the damage has been discovered and what circumstances are known. Submit photos and ask the repairer's procedure. For hail, animal strike or material damage, describe the event without assuming that the warranty applies.

For a theft, contact the policy and then the insurer and send the requested documents. Ask how keys, accessories, documents and possible replacement vehicles are processed. Do not assume that a single period of compensation is valid in all contracts.

Water damage

If possible and safe, stop the arrival of water or involve a professional. Photograph the traces, parts and property affected. Note the presumed origin and ask for a diagnosis when it is not established.

Distinguish the search for leaks, the repair of their cause, the resulting damage and the restoration. Send the requested quotes and reports. If a neighbour or condominium is concerned, send their contact information and keep the exchanges.

Fire and natural events

Access to the premises must comply with the safety instructions. Once authorized, make up the inventory and gather photos, supporting documents, available reports and contact information from the stakeholders. Consider the need for relocation with the service.

For storm or flood, describe date, place and circumstances. Document the condition of the property and the protections put in place. The insurer examines the definitions of the cover; the finding of damage in the neighbourhood is an element of context, not a promise of cover.

Electrical damage and equipment breakdown

Take the method applied to the cracked work plan: cause, warranty, material or otherwise involved. A failure, a failure of maintenance and an accidental event do not necessarily treat themselves in the same way.

Request a report specifying the nature of the device, its condition and diagnosis. Keep purchase invoice, photos and quotations. A possible commercial request is submitted separately from the warranty application.

Burglary and Theft of Possessions

Contact the police and secure the premises. Photograph the traces before they disappear when possible. List the properties with their description, purchase date, value and proof available.

Do not inflate an estimate and indicate what remains uncertain. If documents are missing, search for records, duplicates or photographs. Ask for the limits applicable to valuables and goods taken out of the dwelling.

Damage to others

Forward the claim with the circumstances and documents. Describe the relationship between the person and the activity at the time of the damage. Do not confuse the recognition of a fact with a decision on liability or coverage.

If the injured person is injured, keep the exchanges and refer the file to the appropriate department. Medical reports should be taken through the appropriate channels. The example of injury near work shows the need to document the site and the stakeholders before any conclusion is made.

Bodily Injury, Incapacity and Disability

Identify the required warranty and request the form and supporting documents. Please note the circumstances of the accident and the important dates. Medical or administrative certificates are sent to the authorized recipient.

A first statement can be followed by information on the evolution of health status. Ask what elements trigger a benefit and what evaluation is required. An open file does not mean that all the payment criteria are met.

Current care and health reimbursements

First check the applicable basic scheme procedure. Keep a copy of the invoices transmitted and proof of payment. When a statement is received, bring each line closer to the corresponding invoice.

Then send to the supplement the documents that it requires. Clearly indicate the beneficiary, the date and nature of the care. A legible and correctly identified piece facilitates the treatment. In case of a refund different from the waiting, ask for the calculation basis and the limit applied.

Hospitalization and scheduled treatment

Before a planned stay or expensive treatment, submit the requested information and quotations. Wait for a written confirmation when a prior agreement is required. Check if fees and supplements are included in this confirmation.

As a matter of urgency, priority care takes precedence over formalities; notify the service as soon as the situation permits. Upon exit, collect the documents necessary for reimbursement and verify the unliquidated costs directly.

Assistance

Contact the power station and give your location, a contactable number, the contract and the problem. Ask for the reference and instructions. If a service is authorized, please specify its scope and the remaining costs.

For a breakdown, indicate whether the vehicle can be driven and whether the passengers are safe. For a residential emergency, explain the measures taken. For a hospitalisation abroad, provide the contact details of the facility to allow for medical coordination.

Death Claims and Protection Benefits

The close relative or beneficiary contacts the service to identify the contract and obtain the list of documents. The processing may request documents establishing the death and the quality of the beneficiary, as well as the elements adapted to the cover.

Keep copies, references and requests of the service. Avoid sending sensitive documents to multiple recipients without any need. The advisor can help organize the process while respecting the role of the authorized services.

Follow the steps and challenge if necessary

A file can be declared, under review, accepted on principle, evaluated, and then paid. Ask what stage is reached and what is missing. A precise answer is more useful than a repeated restart without new room.

In case of disagreement, ask for the reasons and the clause applied. Submit a structured complaint to the designated service. The CAA proposes a free out-of-court

resolution route for applications that meet its conditions; review its formal procedure after the proceedings with the professional [S6].

Safety, facts, evidence, competent contact, instructions and follow-up are the driving thread.

Who to Contact in a Dispute

Start with a written complaint addressed to the professional concerned. Present the facts, references to the contract and file, disputed issues, supporting documents and the solution requested. Keep proof of dispatch and answer. A specific request facilitates the examination of the disagreement.

The Luxembourg Consumer Union (ULC) informs and defends consumers. You can contact them to find out the information or assistance possibilities adapted to your situation and the conditions of its services [S8] .

The Insurance Ombudsman operates under a joint arrangement between the ULC and the Association of Insurance and Reinsurance Companies (ACA), seeking an out-of-court solution to disputes within its jurisdiction. L 的 ACA is a representative association of the sector; it should not be confused with a supervisory authority or a [S9] court.

The CAA also proposes a free out-of-court procedure for resolving disputes within its jurisdiction. The complaint must first have been addressed in writing to the professional. The procedure provides, inter alia, for the lack of a satisfactory response within 90 days of its dispatch and for a period of one year to file a complaint with the CAA from the initial claim, subject to the other admissibility conditions [S6].

The CAA and the Insurance Ombudsman are two separate channels. Check their conditions before choosing: the examination of the same dispute by another body or a court may prevent admissibility. Amicable conclusions are not binding as a judgment. If no agreement is reached, a judicial procedure may be considered with a suitable counsel [S6, S9].

My advice: Check the updated procedures on official websites before filing an application. Do not assume that an amicable process automatically preserves all other deadlines applicable to your file.

Advice that avoids complicating the file

Describe the facts observed and distinguish what you know from what you assume. If the cause of damage remains uncertain, say it. A clear statement can be completed when new elements arrive.

Do not throw away a damaged object and do not launch a definitive repair without checking the need for observation or expertise, unless there is a need for safety or damage limitation. Photograph the situation, keep the supporting documents and explain the urgent measures taken.

Ask what is missing on the file and what is the next step. Group the coins together with a simple list to facilitate their examination. When a compensation offer arrives,

explain the calculation: base retained, possible outdated, deductible, ceiling and amounts already paid.

A request for a commercial gesture must remain separate from a claim based on a cover. It may be made with arguments, but its acceptance must not be announced as acquired.

After a loss: your first steps

A common approach to adapt to the type of incident.

1 Make people safe

Protect people and call emergency services if necessary.

2 Limit the damage

Act safely and retain evidence of urgent measures.

3 Record the facts

Photos, circumstances, witnesses and supporting documents.

4 Notify the claim

Contact the agent or insurer within the policy deadlines.

5 Follow instructions

Assistance, assessment, documents and repairs.

6 Keep a record

Claim reference, exchanges and the next follow-up.

Preserve evidence; check cover before non-urgent expenditure.

Visual benchmark — The first reflexes after a disaster.

Frequently Asked Questions

12.1 What is the first thing to do after a disaster?

Protect people, contact relief if necessary and limit damage without exposing you. The statement comes with the facts available and the measures taken. Security must not be delayed to produce evidence.

My tip: Then take a picture of the situation and note the contact information.

12.2 Do I have to wait for all documents before declaring?

You can report the event with the known information and announce the upcoming documents. The applicable deadlines must be checked according to the nature of the file. Waiting for a perfect file can delay the instruction.

My advice: Ask for the file reference and list of missing items.

12.3 What if the other driver has fled?

In the file reviewed, police, documents and garage appointments were used to support the declaration. Compensation depends on the cover and analysis.

My advice: Forward the minutes references and specify the need for mobility.

12.4 How do I complete a finding if I am uncertain?

Describe the circumstances observed and reread the statements before signing. Do not transform a pre-determined assumption. If there is still a disagreement, use the spaces provided and ask for advice on the transmission.

My advice: Keep a legible copy and photographs of the scene.

12.5 Can I ask for a replacement car?

Yes, express the need, but the service depends on the warranty and its conditions. Duration, category and trigger event may be limited. In a follow-up file, the request for mobility was separate from the repairs.

My advice: Have the support confirmed before renting a vehicle yourself.

12.6 What to do when a water damage occurs?

If you can do so safely, stop the leak and protect the property. Identify the premises concerned, photograph and notify the relevant interlocutors. Search and repair of the cause must be distinguished from the consecutive damage.

My advice: Keep urgent action invoices and check the check requirements before final repairs.

12.7 Can I clean after a fire or storm?

Wait for professional safety instructions and protect the premises where possible. Cleaning must not remove useful evidence before it is collected. Urgent measures must be explained.

My advice: Photograph before intervention and ask what should be kept for the expertise.

12.8 Do I need to keep an electrical device damaged?

Yes, to the extent that its retention is safe and useful for the examination. A quote, reference and cause analysis may be required. Do not assume that any breakdown is an insured electrical damage.

My advice: Ask for the deal before throwing the device away and keep the proof of purchase.

12.9 What evidence is required after a burglary?

Collect the references of the deposit with the authorities, the signs of break-in and the list of missing property. Invoices, photographs and inventories can help to establish the losses. Specific requirements depend on the file.

My advice: Do not inflate an estimate and specify the supporting documents that are still being sought.

12.10 How do I report personal injury?

Identify the circumstances, the people and the first medical consequences. The situation can change: the declaration can be supplemented by the necessary elements. In the case of a child injured near work, the photos and medical documents were essential.

My advice: Keep a timeline and transmit the medical information to the appropriate recipient.

12.11 How do I claim a supplementary health refund?

Follow the required documents and channel: invoice, proof and basic plan statement when required. Having sent an invoice to one organization does not cover its transmission to another. Each one's procedures must be verified.

My advice: Keep a list of expenses sent and bring it closer to the accounts received.

12.12 How to prepare for scheduled hospitalization?

Ask for information on the necessary fees and agreements before admission. Distinguish room, fees and other services. Partial confirmation should not be extended to unexamined posts.

My advice: Send the quote and ask the question of the rest at estimated cost.

12.13 What information should be given to the assistance?

Indicate identity, contract reference, precise location, nature of the problem and means of contacting you. For a medical emergency, also provide the contact details of the professional or establishment. Follow the instructions received.

My advice: Note the file number, authorities and accepted expenses.

12.14 How to verify a compensation proposal?

Ask for the basis of the calculation, the proofs used, the deductible, the limits and the possible age. Also check the amounts already paid. A deviation with your estimate deserves a precise explanation.

My advice: Present the disputed positions and the corresponding evidence before deciding on acceptance.

12.15 What if I am not satisfied with the answer?

Start with a written complaint to the professional. Depending on your situation and the conditions of admissibility, you can seek assistance from the ULC and choose between the ULC/ACA Insurance Ombudsman and the CAA procedure. These amicable channels are not courts and their conclusions are not binding. The steps and conditions are presented in this chapter [S6, S8, S9] .

My advice: Consult the conditions of admissibility and the time limits of the CAA; an amicable approach should not make you ignore the other applicable time limits.

13 Adapting your insurances throughout life

Events that trigger a review

A move changes property, surfaces and sometimes occupation status. A birth changes the people to be protected. A separation can affect contracts, home and beneficiaries. A departure to study raises the question of family cover and student housing.

The purchase of a collection or equipment sometimes increases the wealth beyond the limits foreseen. The work requires an examination of the site and the situation after completion. The retirement changes the income and may remove certain employer-related protections.

A regular review

Make an appointment with up-to-date documents. Review persons, property, capital, cover, exclusions and contact information. Also check the reporting procedures and assistance numbers.

Keep a summary accessible to family members. It can indicate the contracts, contacts and location of the parts, without unnecessarily exposing sensitive data. For changes, ask for confirmation and check if received.

The Role of Professional Advice

An advisor can explain the choices, prepare the steps and follow the exchanges. Decisions are better documented: identified need, options studied, covered and points left to check. It is this continuity that gives meaning to the 360 degree balance sheet.

To be remembered: protection must evolve with the life of the home and remain understandable to the people who depend on it.

My advice for a useful appointment

Prepare your contracts, recent changes and three priority issues. Ask that each proposed amendment be linked to a specific need and that you be explained its cost and limitations.

Complete the review with written decisions: what you keep, what you change, what you still expect and what dates are important. Some cover can be strengthened; others may become unnecessary. A review is used to adjust the protection, not just to add contracts.

Repeat the point after a major change rather than waiting for a disaster. The quality of the advice also depends on the quality of the information you share about your situation.

Frequently Asked Questions

13.1 When should his assurances be reviewed?

A move, birth, separation, major purchase or change of income can justify a review. Regular verification is useful even without a major event. Contracts must correspond to current life.

My tip: Keep a list of changes to report on the next appointment.

13.2 What to check after separation or marriage?

Examine insured persons, housing, vehicles, financial commitments and beneficiaries. Changes are not necessarily automatic. Each contract must be treated according to its situation.

My advice: Prepare a common list of contracts and have the changes confirmed.

13.3 How to stop insurance of a student dwelling left?

Check the terms and conditions of the contract and the documents requested. In a file accompanied, the application and the electronic signature were one of the steps to be taken. An application in progress does not yet set the final date of termination.

My advice: Ask for confirmation and keep proof of departure.

13.4 What should be checked when approaching retirement?

Examine income, employer's coverage, health, accidents and remaining liabilities. The need for certain cover may decrease while other expenses become more important. The review should focus on future needs.

My advice: Anticipate before the end of employment-related protections.

13.5 How do I know if the journal has actually been successful?

A review must end with decisions and follow-up: contracts retained, accepted amendments, expected documents and dates. A recommendation is not a validated amendment. Confirmations allow us to know what is actually in place.

My advice: Sort out the balance sheet and new documents and then check the points that are still open.

Conclusion

The first step is to ensure that we understand the financial consequences that we want to face, and then we need to know our existing protections, examine the contracts and choose the appropriate amounts.

At the time of a claim, clear and documented reporting helps stakeholders process the claim. Understanding the steps of the claim allows them to track their progress and ask the right questions.

Your situation will change. Maintaining the proofs, reporting changes and reviewing cover helps to maintain consistent protection. The goal is that insurance fulfills its role when the home needs it.

Thematic Glossary

Understanding your needs

Risk — Uncertain event that may result in financial loss.

360-degree analysis — A global review of people, property, income, commitments, projects and home protections.

Need for protection — The financial consequences that one wishes to bear through insurance.

Mutualisation — Pooling of premiums to finance benefits due to insured persons affected by an event covered.

Prevention — Measures that reduce the likelihood or severity of damage.

Double coverage — Several contracts covering the same need without necessarily providing additional useful protection.

Deficiency of coverage — Significant risk not insured or insufficiently protected.

Insurance balance sheet — Regular verification of contracts and their adequacy to the situation of the home.

Stakeholders and the contract

Insurer — Undertaking providing the services provided when the conditions of coverage are met.

Insurance agent — Intermediary representing a company in its mandate and accompanying its clients.

Insurance Broker — Intermediate seeking solutions for his client from companies in the course of his mission.

Presiding or subscribing person — A person who concludes the contract and assumes the obligations incumbent upon him or her.

Insured — A person whose property, liability or person is protected.

Beneficiary — Person who is required to receive a contract service.

Insurance policy — Document formalizing the contract.

General conditions — Rules common to the product, including cover, exclusions and obligations.

Special conditions — Customer, property, amounts, cover and dates.

IPID — Standardized information document on a non-life insurance product, intended to facilitate its understanding and comparison; it does not replace the complete documents.

Chione or KID — Key information document for, inter alia, insurance-based investment products under the PRIIPs framework; it is separate from IPID.

Insurance Proposal — Risk Application and Description Document; it is necessary to check separately whether coverage is granted.

cover note — Certificate of provisional coverage specifying its duration and limits.

Cover — Protection provided for an event or category of damage.

Exclusion — Status or damage excluded from coverage.

Ceiling — Maximum amount for benefit, sometimes by object, claim or year.

Excess — Share of the damage remaining payable according to the contract. For 2,500 € covered damage and 300 € deductible, the simplified compensation is 2,200 €.

Premium — Insurance price for the period foreseen.

Severance — Payment in several maturities, which may include an increase.

Effective date — Effective date of commencement of the contract or of its amendment, subject to the conditions provided for.

Maturity — Date for payment or end of contractual period.

Deficiency period — Period during which a cover cannot yet be granted.

Amendment — Document amending an existing contract.

Risk declaration — Information enabling the insurer to assess the situation to be covered.

Risk Aggravation—A change that increases risk and may require adaptation.

tacit extension — Automatic renewal according to the terms of the contract.

Termination — Termination of the contract in the manner applicable.

Formal request to fulfil an obligation, including payment of a premium.

Cover suspension — Interruption of hedging which does not necessarily mean the termination of the contract or debt.

Scope of coverage — Coverage period: persons, property, events, territory, dates, amounts and conditions.

Basic or primary cover — Central protection of a product; terminology to be checked with the insurer.

Additional or secondary warranty — Protection added to the product base, included or optional according to the formula.

Additional cover — Benefit linked to a main protection; its usefulness may be important.

Option — Cover or method to be chosen expressly when it is not included in the formula.

Limitation of cover — Limitation of the circumstances in which a cover occurs.

Subceiling — Special limit for an object, category or benefit within a cover.

Notice — Time limit for notifying a contract termination; do not confuse the deadline with the actual date.

Receipt — Proof of delivery of a document, including its receipt.

Rate increase — Increase in the rate to be distinguished from an indexation or a change in risk.

Housing and property

Building — Construction and immovables included in the contractual definition.

Furniture or contents — Property in the dwelling according to the contract; distinguish between the lessor and the lessee.

Insured capital — Amount withheld to protect property or provide a benefit.

Reconstruction value — Reconstruction cost based on the base chosen, separate from the sale price and the land.

New value — Replacement base with a new equivalent property, subject to conditions.

Vetusty — Depreciation related to age, use or condition of property.

Indexation — Adjustment of amounts to an index provided for in the contract.

Sub-insurance — Inadequate insured amount in relation to the value to be protected.

Proportional rule of capital — Possible reduction of the benefit in the case of under-insurance, where applicable.

Value Object — Property that may require a specific declaration, limitation or cover.

Non-occupant owner — Owner who does not live in the insured dwelling.

Rental risk — The tenant's liability for certain damage to the rented accommodation.

Vacant housing — Unoccupied housing whose situation may change coverage.

Water damage — Water damage in the circumstances covered; any infiltration is not automatically covered.

Natural Event — A phenomenon such as a storm, hail or flood, as defined in the contract.

VEFA — Sale in the future state of completion; protection must be examined during the construction site and then during installation.

Content inventory — An organized list of goods with quantities, estimates and supporting documents to be updated.

Assessment basis — Method used to determine values, e.g. replacement at nine or present value.

First risk — Specific coverage up to the agreed ceiling, with a spread of the capital ratio within the scope and under defined conditions.

Vehicles

Motor vehicle liability — Cover concerning the consequences of the liability of the vehicle to the injured persons.

Casco — Cover covering certain damage to the insured vehicle.

Primary or regular driver — Primary or regular user as defined by the insurer.

Protected driver — Cover of benefits for the driver's personal injury according to the contract.

Bonus-malus RC — Rate evolution mechanism related to claims history of civil liability.

Bonus-malus casco — Vehicle damage tariff mechanism, separate from RC.

Basic level — Reference position of the bonus-malus scale; the sheet provided for 2019 indicates the degree 11 to 100%.

Observation period — Reference period used to determine degree evolution.

Certificate of claims history — Document tracing the insurance history and claims concerned.

Protection of the bonus — Contractual arrangement limiting certain tariff effects of a loss.

Pre-claim value — Value of vehicle immediately before damage.

Total loss — Economically unjustified destruction or repair according to the criteria used.

Replacement vehicle — Vehicle available in certain situations with duration and category limits.

Responsibility and rights

Civil liability — Obligation to make reparation for damage caused to others when the conditions of liability are met.

RC privacy — Cover of certain financial consequences of damage to privacy.

Real property allowance — Cover for certain damages caused to others by a building.

Third party — Person outside the relationship considered according to the definition of the cover.

Aggrieved person — Person who suffered damage.

Legal protection — Assistance and support for certain costs related to covered disputes.

Remedies — A procedure for obtaining redress from a person in charge or his insurer.

Health and income

Social protection — Benefits of contributory schemes to be examined before supplementary coverage.

Health supplement — Insurance supplementing certain benefits according to its cover.

Outpatient care — Care usually performed without hospitalization with stay.

Hospitalization — Care in an institution according to the definitions and modalities of coverage.

Prior agreement — Decision requested prior to certain care or expenses, with its limitations and conditions.

Reimbursement Account — A document showing the expenditures reviewed and the amounts reimbursed.

Remaining at the expense of — Amount to be paid after the various interventions.

Medical Questionnaire — Health information requested to assess the risk and to provide accurate information.

Accident insurance — Protection against certain consequences of an accident defined in the contract.

Incapacity for work — Inability to work assessed according to the scheme or contract concerned.

Invalidity — Long-term impairment of capacity assessed according to criteria which may vary.

Daily allowance — Benefit for each day that meets the conditions of the cover.

Dependence — Loss of autonomy that may require assistance in daily life.

Invalidity scale — A reference provided for or designated by the contract to assess the sequelae; it does not fix the amount payable by itself.

Disability rate — Percentage retained according to the cover criteria, to be distinguished from the percentage of capital actually paid.

Indemnification — Contractual mechanism which may increase the benefit at certain disability rates.

Intervention threshold — The level from which a cover may be used, according to the formula provided for.

Family members and retirement

Death insurance — Death benefit covered.

Insurance related to a loan — Protection against certain financial consequences affecting the repayment of the credit.

Beneficiary clause — Provision designating recipients of a benefit.

Life insurance — Family of protection, savings or transmission contracts.

Individual old age provision — A solution for preparing retirement resources.

Supplementary business pension — scheme linked to the employer, studied here from the point of view of the employee's rights.

Capital — Amount constituted or paid in one instalment in accordance with the terms and conditions laid down.

Life annuity — Periodic payments planned during the life of the beneficiary.

Surrender — Depreciation of value where possible, with possible charges and tax consequences.

Units of account — Supports whose value fluctuates; risk depends on contractual commitments.

Tax deduction — Allowable reduction of taxable income under conditions, separate from a refund of premium.

Balance outstanding — Credit coverage, usually in the event of death covered, according to the schedule and quotient provided.

Insured allowance — Share of the commitment covered for one person, including a loan to several borrowers.

Pure temporary death — Protection of the death covered for a given period, usually without life-saving capital at the end of the term.

Insurance in the event of a pure life — Benefit provided if the insured is alive at maturity; cover of possible death to be verified separately.

Mixed insurance — Combination of benefits in the event of death for the duration and in the case of life at maturity.

Surrender value — The value calculated for an authorized exit, separate from premiums paid and death capital.

Total Surrender — Recovery of Surrender Value and End of Contract, when conditions are met.

partial surrender — Withdrawal of part of the value when permitted, with effects on the remaining duties.

Payment break — Temporary interruption of premiums in accordance with permitted terms; it does not necessarily freeze costs or value.

Reduction — Maintenance of recalculated benefits without the planned future premiums, where possible.

Nominal beneficiary — Person identified by his or her name and the elements necessary to avoid ambiguity.

Beneficiary designated by quality — Person identifiable through a defined quality, e.g. the insured's child; drafting and distribution to be specified.

Alternative beneficiary — intended recipient if the first beneficiary cannot receive the benefit, according to the clause.

Acceptance of profit — Formalisation by the beneficiary having effects on certain rights of the lessee; to be examined before organising it.

Travel and assistance

Assistance — Organization of services in the situations foreseen.

Assistance centre — Service receiving applications and coordinating authorized benefits.

Troubleshooting and towing — On-site intervention or transport of the vehicle according to the cover.

Repatriation — Return organised under conditions of assistance, including medical assistance.

Cancellation of travel — Coverage of certain costs for cancellation based on a covered event.

Interruption of travel — Coverage of certain consequences of a short stay for a covered reason.

Baggage — Goods carried on a trip whose protection depends on the circumstances and limitations provided.

Territoriality — Country or areas where the cover is provided.

Authorization for intervention — Agreement of the service competent to organise or undertake a service.

Reporting and tracking of claims

Snister — Event likely to involve a cover.

Claim Statement — Transmission of circumstances, damages and exhibits to review the file.

Provisional measures — Actions limiting the aggravation of damage without endangering itself.

Finding friendly — A document describing the circumstances of an accident.

Supporting — Photos, invoices, estimates and reports to establish facts and amounts.

Expertise — Technical examination of the causes, extent or value of the damage.

Support — Intervention agreement within specified limits.

Indemnity — Amount paid for damage covered.

Lump sum benefit — amount determined by contract without necessarily corresponding to actual expenditures.

Indemnity benefit — Benefit related to the injury or expenses covered.

Claim — Formal request for review or expression of disagreement.

Commercial management — Exceptional intervention distinct from a contractually due benefit.

Practical annexes

The 360-Degree Household Review

Persons to be protected and family status:

Alternative income and resources:

Housing and occupancy status:

Vehicles and actual uses:

Furniture valuables and leisure:

Financial appropriations and commitments:

Health Accidents and Autonomy:

Retirement and protection of relatives:

Existing travel assistance and protections:

Lack of duplication of priorities and next steps:

Inventory of furniture and content

Housing / Address: _____ Date of
 Inventory: _____ Date of Review: _____ Value Base
 with Agent: _____ Copy and proof kept at:

Complete the main objects individually; group the current goods. Amounts are estimates to be discussed with the agent, not the covered compensation values.

Exhibit/category	Good or set / quantity	Estimated value (€)	Evidence / remark
Stay	Furniture, TV, audio equipment	_____	_____
Kitchen	Apparatus, dishes; classification of fixed elements	_____	_____
Chambers	Furniture, clothing, linen	_____	_____
Office	Computers, accessories, books	_____	_____
Cellar / garage	Tools, equipment, stored goods	_____	_____
Leisure / collections	Games, comics, instruments, sports; detailed list	_____	_____
Value objects	Jewellery, works; estimate if necessary	_____	_____
Other/third party assets	To be specified with the agent	_____	_____
Estimated total	Avoiding double counting	_____	Basis to be confirmed

Capital retained: _____ Date of confirmation: _____ First risk cover
 and limits: _____ Subceilings / Specific declarations:
 _____ Processed confirmed proportionality rule:
 _____ Next update:

Read an IPID sheet before signing up

This reading sheet helps you prepare your questions; it does not constitute an official IPID sheet or a model contract.

Identify the product: Note the insurer, the product and the version of the document. Check that it matches the offer received.

Find the cover: Surround the important protections for you and distinguish those that are included from those that require an option.

Read the limits: Remove non-insured risks, exclusions, restrictions and limits. Search for deductibles in related documents.

Check the territory: Compare the area announced with your travel, residence and use of the property.

Understand the obligations: Identify the information to be given, the changes to be reported and the steps to be taken in the event of a disaster.

Verify payments: Ask for the total annual cost and terms and conditions for splitting your proposal.

Confirm dates: Specify the actual effect of your coverage and the end conditions.

Preparing for termination: Remove the applicable procedure and request an explanation of the time limits for your contract.

Have the choice confirmed: Bring the terms and conditions together and answer the still uncertain points before signing.

Points to be clarified:

The Claim Notification Form

Contract and Reporting:

Time and place:

Factual Circumstances:

Persons and property concerned:

Damages noted:

Action taken and urgent expenditures:

Expected attachments and attachments:

Immediate need:

Reference and contact person:

Next step and recovery date:

Model letter of termination

This model should be adapted to the applicable reason, date and form and does not replace the verification of the terms of the contract.

Name and first name of the lessee: _____ Address: _____
_____ Insurer and address of the
consignee: _____ Place and date: _____
_____ Contract Number: _____
_____ Risk concerned: _____

Subject matter: Request for termination of the above-mentioned contract

Madam, Sir, I hereby notify you of my willingness to terminate the above-mentioned contract on the date of _____, in respect of _____ [annual or other applicable basis to be specified]. You shall find the necessary proofs in the attachment, if any. I thank you for confirming in writing the effective date of the termination and for transmitting to me the statement of premiums and any terms and conditions of repayment.

Attachments: _____ Mode and
proof of notification: _____ End date confirmed: _____
_____ New coverage, if required: _____

The Bonus–Malus Table

Coefficients of the 2019 supplied sheet, close to the official scale consulted in the coordinated version as of 6 April 2024 [S3] . The precise modalities of calculation and degree change must be examined in the applicable text. The casco is governed by separate provisions.

Degree	Percentage of basic premium
22	250 %
21	225 %
20	200 %
19	180 %
18	160%
17	140 %
16	130 %
15	120 %
14	115 %
13	110 %
12	105 %
11	100 %
10	100 %
9	90 %
8	85 %
7	80 %
6	75 %
5	70 %
4	65%
3	60 %
2	55 %
1	50 %
0	47.5%
-1	45 per cent
-2	45 per cent
-3	45 per cent

Examples of Reading

Fictive reference premium of 600 €: degree 11 = 600 €; degree 14 to 115 % = 690 €; degree 9 to 90 % = 540 €. The full cost of the contract may include other cover and tariff elements.

Sources

[S1] Commissariat aux Assurances (CAA), presentation of the authority. Consultation October 3, 2026.

<https://www.caa.lu/fr/le-caa>

[S2] Commissariat aux Assurances (CAA), amended law of 27 July 1997 on the insurance contract, catalogue of laws with coordinated version on 25 November 2025. Consultation on 3 October 2026.

<https://www.caa.lu/fr/documentation/lois>

[S3] Grand-Ducal Regulation of November 11, 2003 relating to the RC automobile, coordinated version as of April 6, 2024, chapter Bonus Malus. Consultation on October 3, 2026.

https://www.caa.lu/uploads/documents/files/Reglm_RCVTA_2003-11-11_coord_2024-04-06.pdf

[S4] CNS, Reimbursement in Practice. Consultation on October 3, 2026.

<https://cns.public.lu/fr/assure/remboursements/demarches-frequentes/remboursement-en-pratique.html>

[S5] Administration des contributions directes, Prévoyance âgeage, updated January 27, 2026. Consultation October 3, 2026.

https://impotsdirects.public.lu/fr/az/p/prevoyance_vieillesse.html

[S6] CAA, Alternative Dispute Resolution. Consultation October 3, 2026.

<https://www.caa.lu/fr/consommateurs/resolution-extrajudiciaire-des-litiges>

[S7] Commissariat aux Assurances (CAA), amended Act of 7 December 2015 on the insurance sector, coordinated version on 3 April 2026, sections 174 and 175. Consultation on 3 October 2026.

https://www.caa.lu/uploads/documents/files/Loi_SecteurAssurances_2015-12-07_coord_2026-04-03_ESAP_.pdf

[S8] Luxembourg Consumer Union, presentation and information on the Insurance Ombudsman. Consultation 3 October 2026.

<https://www.ulc.lu/fr/>; <https://www.ulc.lu/fr/se-defendre/mediateur-en-assurances/>

[S9] ACA, Why mediation, role and conditions of the Ombudsman in insurance ULC/ACA. Consultation on 3 October 2026.

<https://www.aca.lu/fr/mediation/pourquoi-la-meditation/>

[S10] Implementing Regulation (EU) 2017/1469 of 11 August 2017, format of the information document on the insurance product. Text published on the CAA website. Consultation on 3 October 2026.

https://www.caa.lu/uploads/documents/files/Reglement_d_execution_UE_2017-1469_-_IPID.pdf

[S11] CAA, circular letter 20/2 on the key information document required by the PRIIPs Regulation. Consultation on 3 October 2026.

<https://www.caa.lu/fr/documentation/circulaires/assurances-vie>

[S12] Legislation, Insurance Code (France), consulted on 3 October 2026:

https://www.legifrance.gouv.fr/codes/texte_lc/LEGITEXT000006073984/. Comparative reference; French rules are not transposed in Luxembourg.

[S13] LALUX, EASYPROTECT General Provisions, document published under the reference

FRA_DG_EASYPROTECT_2022_FR, definition of insurance at first risk:

https://www.lalux.lu/fileadmin/mediatheque/terms_and_conditions/X9E/FRA_DG_EASYPROTECT_2022_

FR.pdf . Example of contractual wording, consulted on 3 October 2026; check the version applicable to your contract.

[S14] LALUX, solutions for professionals and easyPROTECT PRO: <https://www.lalux.lu/fr/professionnels>; <https://www.lalux.lu/fr/professionnels/easyprotect-pro> . Professional families consulted on October 3, 2026.

[S15] LALUX, construction insurance APROBAT: <https://www.lalux.lu/fr/professionnels/assurances-constructions-pour-professionnels>; AXA Luxembourg, construction and construction: <https://axa.lu/fr/blog-habitation-assurance-construction-maison> . Consulted on 3 October 2026; examples of specialized fields.

[S16] CAA, Regulation No 19/01 on the distribution of insurance and reinsurance, coordinated version of 9 January 2025, in particular Articles 12, 39, 40 and 49.

https://www.caa.lu/uploads/documents/files/RCAA_19-01_consolide_24-01_FR.pdf — consulted on 4 October 2026.

[S17] CAA, Distributor Register, Operators / Distribution section.

<https://www.caa.lu/fr/operateurs/distribution> — accessed October 4, 2026.

[S18] — SNCA, Get a Registration Number: <https://snca.public.lu/fr/plaques/obtenir-numero.html> (accessed October 4, 2006).

Editorial information

Understanding How to Get the Right Insurance

A Practical Guide to Insurance in Luxembourg

Steve Cimolino



Éditions Les vieux livres

7 Grondwee L-9045 Ettelbruck Luxembourg

Digital edition • Version 1.0 • 04/10/2026

© Steve Cimolino, 2026

All rights reserved for the author's original contributions and editorial composition, subject to the rights of third parties and exceptions provided by law.

The provision of this book does not constitute a general authorization for reproduction or modification.

The marks and organizations mentioned belong to their respective owners, and their mention does not constitute the approval of the book by these bodies.

This book is a collection of practical advice and educational information based on the author's professional experience. It does not constitute a legislative or regulatory text, nor a formal legal reference, nor an individual legal advice. It does not replace the applicable texts or the general, particular and amending terms of your contract. The advice must be adapted to your situation. It does not in any case replace the personalized advice of a professional insurance agent or broker. The examples presented are pedagogical and must be adapted to each individual situation.

This book has not been validated or approved by the Commissariat aux Assurances (CAA). References to CAA and other organizations are only used to inform the reader and identify sources; they do not constitute content approval.

The cover was carried out with the assistance of ChatGPT. This tool was also used by the author for his research, structuring and writing of the manuscript. The content and editorial decisions are the responsibility of the author.

Author's website: <https://cimolino.lu>