

TRAVEL INSURANCE TERMS AND CONDITIONS No. 4104.01



This is the English translation of insurance terms and conditions and can be used for informational purposes only. In case of conclusion of insurance contract only insurance terms and conditions in Estonian are binding.

TERMS USED IN THESE TERMS AND CONDITIONS

The Insurer or us – the insurance joint stock company BALTA, unified registration number 40003049409, legal address: Raunas St 10/12, Riga, LV-1039.

You or the Client – a physical person indicated in the insurance policy, who has an insurable interest and to the benefit of which the insurance contract is concluded.

You or the Policyholder – a legal entity or a natural person who has concluded an insurance contract for own or another person's benefit.

Insured event – the cause-and-effect event related to the insured risk, upon the occurrence of which the insurance indemnity is liable for payment according to the insurance contract.

Insurance premium – payment for the insurance stipulated in the insurance contract.

Sum insured – the sum of money indicated in the insurance contract for which the insurable interest of you is insured to not incur the loss and within which, upon occurrence of the insurable event, we will pay out the insurance indemnity.

Insurance indemnity – the sum of money to be paid out in relation with the insurable event or payment for services pursuant to the insurance contract.

Losses – your direct material losses.

Medical and repatriation expenses – unforeseen medical, transport and repatriation expenses, incurred by you due to a sudden illness, accident or chronic disease flare-up during the trip.

Sudden illness – unforeseen, unexpected and rapid deterioration in the medical condition, including acute condition of a chronic disease, which started before the commencement of the trip, due to which the emergency medical aid is required. Chronic disease – gradual decline in the internal physiological processes and body functions over a longer period of time. For the purpose of these Terms and Conditions, coronary heart disease, atherosclerosis, hypertension, stroke, osteochondrosis, spondylosis, asthma, thrombosis, etc. are considered chronic diseases.

Chronic disease flare-up – rapid deterioration in a chronic disease, as a result of which emergency medical aid has to be provided to the Client.

Emergency medical aid – a set of medical services to be provided to you in order to avert a threat to your life.

Trip – your trip from your home country that starts by you leaving your home country by crossing its border and ends when you return to your home country.

Country of origin – a country of your citizenship, country of your permanent place of residence and the country that has issued a permanent or temporary residence permit to you.

Physical work – work for the performance of which the active skeleton muscle work is required. For the purpose of these Terms and Conditions it is work in construction, agriculture, printing-house, mechanical engineering industry, metallurgical engineering industry, work in cold, work related to moving and lifting heavy weight, etc.

Professional sports – going in for sports is considered professional if it is your main occupation or one of your main income sources, as well as if you participate in the European or World Championship.

Assistance service – our partner who helps to arrange the assistance upon occurrence of the insurable event and whose contacts are provided in the insurance policy.

GENERAL TERMS AND CONDITIONS

1. Conclusion of an insurance contract, its validity and its territory

- 1.1. The insurance contract is valid in the territory of the Russian Federation or in the territory of the Republic of Belarus depending on what is specified in the insurance policy, except as provided in cl. 10.
- 1.2. Irrespective of the territory specified in the policy the insurance contract is not valid in your home country or in the countries where war is declared.
- 1.3. According to the insurance contract you are insured for the period of time indicated in the insurance policy. If the insurance policy is valid for a period of 1 year and the restriction regarding the duration of one trip or the duration of all foreign trips is indicated in the policy, in case the indicated duration of one trip or the total duration of foreign trips is exceeded, the insurance is not valid starting from the period that exceeds the restriction. For instance, if the policy specifies that the duration of one trip cannot exceed 30 days in sequence, then the insurance does not cover the events, occurring on the 31st day of the trip and later.
- 1.4. The insurance contract takes effect on the commencement date indicated in the insurance policy, at Estonian time, provided the Policyholder has paid the insurance premium by the date indicated in the insurance policy.
- 1.5. If the insured risk has occurred before the conclusion of the insurance contract, then the insurance contract shall not be valid from the moment of its conclusion.

2. Terms and conditions of sports and other activities insurance

- 2.1. Sports or other activities are included in the insurance protection only under the following conditions:
 - 2.1.1. You are insured if you are engaged in (except professional level): aerobics, badminton, bowling, driving a boat or jet ski (inland or coastal waters), dancing, cross-country skiing, fitness, table games, ping-pong, golf, yoga, curling, cricket, flying in a balloon (as a passenger), fishing, gym activities, Nordic Walking, orienteering, hiking in the mountains up to a height of 3000 meters and without special mountaineering equipment, horse riding (except equestrian sports), paintball, swimming, swimming with a mask (snorkeling), beach volleyball, rafting, cycling, running (except marathon, semi-marathon and triathlon), archery, darts, water polo, gymnastics, volleyball, petanque, bodybuilding; the insurance coverage is also valid during competitions in these kinds of sport. Flying in a balloon (as a passenger) and

rafting are included in the insurance coverage under the condition that they take place under the supervision of the instructor within the framework of an entertainment event organized by an official organisation;

- 2.1.2. if the policy contains a note regarding the insurance of the Amateur Sports, then the insurance protection is also valid while you are engaged in the following types of sports (except professional level): rowing, basketball, driving an all-terrain vehicle, scooter, sailing inland or coastal waters, floorball, lacrosse, frisbee, football, handball, mountain biking, sled dog race, field hockey, fencing, roller skating, kayaking, triathlon, track and field athletics, windsurfing; the insurance coverage is also valid during competitions in these kinds of sport.
- 2.2. Sports types or other activities not mentioned in cl. 2.1.-2.1.1. Of these Terms and Conditions are not included in the insurance protection and upon occurrence of the accident while being engaged in them, the insurance indemnity will not be paid.
- 2.3. If the note regarding the insurance of the physical work is made for you in the insurance policy, then the insurance protection is valid while you perform physical works in terms of these Terms and Conditions.

3. Insured risks

- 3.1. According to the insurance contract, only the risks indicated in the insurance policy are insured.

4. Obligations of the policyholder

- 4.1. The policyholder is obliged to inform the Client that he/she is insured and instruct the Client in the terms and conditions of this insurance contract.

5. Your obligations

- 5.1. Upon occurrence of the insured risk, you are obliged immediately, as soon as possible, to notify us or our Assistance service of the occurrence of the insured risk and take all reasonable measures to minimise the losses and to prevent additional expenses.
- 5.2. As soon as possible, but no later than within 30 days of the occurrence of the accident, to submit the insurance claim to us for the losses incurred by you due to the occurrence of the insured risk and within 15 days of the submission of the insurance claim or, if it is not possible due to justified reasons, as soon as possible, to submit the documents that confirm the occurrence of the insured risk, consequences thereof and the amount of the losses.
- 5.3. You are obliged to authorize us to request additional documents and invite the commission of experts, if needed. You are obliged to order the expertise by the doctor expert selected by us to examine your health conditions in relation to the insurable event.
- 5.4. The fulfilment of the above-mentioned obligations is the prerequisite of the insurance indemnity payment.

INSURANCE OF MEDICAL AND REPATRIATION EXPENSES

6. Medical and repatriation expenses

- 6.1. We will pay medical expenses for the outpatient and/or inpatient emergency medical aid.

- 6.2. In-patient emergency medical aid shall be paid until the moment, when the patient repatriation to his/her home country becomes possible, but in any case not longer than within 30 days of the admission to the hospital.
- 6.3. Medical expenses for surgeries are only indemnified when they are emergency surgeries and cannot be performed after the patient repatriation to his/her home country, i.e. when immediate non-performance thereof can endanger life of the Client.
- 6.4. Emergency medical aid expenses related to the pregnancy complications are covered up to 1000 EUR during the insurance period and provided the pregnancy duration does not exceed 32 (thirty-two) weeks.
- 6.5. Medical expenses for the same chronic disease flare-up are indemnified once during the insurance period.
- 6.6. You must use the services of the Assistance service specified in the policy for organisation of the aid, taking into account the recommendations of the Assistance service with regard to the choice of medical authorities. Otherwise the mentioned expenses shall be indemnified only in the amount, which we would indemnify to the medical authority recommended by the Assistance service.

7. Dental services

- 7.1. We will cover the expenses for the first emergency dental treatment in case of an acute toothache or tooth injury, including dentist consultation, dental radiography necessary for precise diagnosis (except the panoramic radiograph), local anaesthesia, opening and cleaning of root canals, temporary dental filling, teeth extraction, pain medications.

8. Medical transport in the home country

- 8.1. We will cover the expenses for the emergency medical aid services, rescue services to the medical institution or taximeter services to the medical institution, if the first emergency medical aid is provided to you there.

9. Patient repatriation

- 9.1. We will indemnify the expenses for the transportation of you from the hospital in a foreign country to your home country for continuation of treatment, if you cannot physically return to your home country on your own.
- 9.2. If this is required based on the conclusion of the attending doctor expert, we will also indemnify the transport and accommodation expenses of the qualified medical specialist who travels together with you to your home country.
- 9.3. If based on the conclusion of the attending doctor expert transportation is necessary, but it can also be performed by your family member (or a friend), who travels together with you, then we will cover his expenses for the previously bought ticket reissuing or acquisition of a new economy-class ticket, if the previously acquired ticket cannot be changed.
- 9.4. If due to the accident, sudden illness or the chronic disease flare-up you cannot return to your home country using the previously purchased ticket, we will cover the expenses for the ticket reissuing or acquisition of a new equivalent economy-class ticket, if the previously purchased ticket cannot be changed.
- 9.5. If transportation specified in cl.10 is organised by you without the use of the services of our Assistance service, then all the expenses must be agreed upon with us in writing in advance. In this case we will indemnify the expenses within the limits of the

sum, for which the patient repatriation could be organised by our Assistance service.

10. Medical transport in the home country

- 10.1. We will cover the expenses of your transportation from your home country airport to the nearest inpatient medical institution that provides medical aid in accordance with your health condition. The expenses are covered provided that the hospitalization in the home country is appointed by the attending doctor of a foreign inpatient medical institution and it follows your repatriation.
If transportation mentioned in this clause is organised by you without the use of the services of our Assistance service, then all the expenses must be agreed upon with us in writing in advance.

11. Travelling expenses for the arrival of close relative

- 11.1. If the Client has to be hospitalized for more than 20 days or his health condition based on the conclusion of the attending doctor is critical, we will cover the expenses (economy-class ticket price in both directions) and the hotel accommodation expenses for one family member (or a friend) of the Client within the limits of the sum insured provided for this risk.
- 11.2. The indemnified expenses for the accommodation services for a family member (or a friend) cannot exceed 50 EUR per day, in total no more than 10 days.
- 11.3. If the tickets and hotel accommodation is organised by you without the use of the services of our Assistance service, then all the expenses must be agreed upon with us in writing in advance.

12. Medical aids

- 12.1. We will indemnify the expenses for the repair of the medical aids damaged due to the accident or acquisition or rent of the medical aids prescribed by the doctor after the accident, if you are not physically capable to return to your home country without them.

13. Repatriation in the event of death

- 13.1. We will indemnify the expenses related to the transportation of the remains of the Client to his or her home country. If the said transportation takes place without the use of the services of our Assistance service, then all the expenses must be agreed upon with us in writing in advance. In this case we will indemnify the expenses within the limit of the sum, for which repatriation could be arranged by our Assistance service.

14. Funeral expenses abroad

- 14.1. We will indemnify the expenses agreed upon with us in writing in advance for the burying of the remains of the Client in the country, where the insured event took place during the trip, including the expenses for the coffin. The expenses for the coffin are indemnified in the amount of 1000 EUR.

15. Exclusions

The following losses are not indemnified and the following cases are not considered to be the insured events:

- 15.1. for the preventive care and planned medical aid, including planned medical aid provided after the acute condition improves;
- 15.2. for self-treatment and self-diagnosis, as well as medicinal products acquired without doctor's appointment and/or doctor's prescription;
- 15.3. for plastic and reconstructive surgeries; heart and blood vessel surgeries, coronography, tissue and organ transplantation, vision correction, rehabilitation, use of unconventional treatment prescribed by the regulatory enactments of the Republic of Estonia, prosthetics and prosthesis;
- 15.4. for sudden illness or the flare-up of a chronic disease, which occurred before the commencement of the insurance policy or before the start of the trip, and also in the cases, if before the commencement of the trip the doctors advised you not to take it;
- 15.5. for the expenses related to the increased comfort services;
- 15.6. for the expenses that are related to the services received in the territory of the Russian Federation in private clinics and private medical centres (including medical centres and clinics and medical joint companies of the USA, Germany and France that are in the territory of the Russian Federation);
- 15.7. for the congenital diseases, sexually transmitted diseases, oncology diseases, diseases or health conditions caused by the HIV, AIDS (acquired immune deficiency syndrome), dialysis, biliary cirrhosis, multiple sclerosis, tuberculosis irrespective of the disease stage and health condition;
- 15.8. for maternity care, childbirth, its complications postnatal care and its complications;
- 15.9. for health problems caused by the Client being under the influence of alcohol, narcotic, psychotropic or other intoxicating substances or the presence of these substances is established in the body of the Client during the first medical examination in relation to the occurrence of sudden illness, accident or flare-up of a chronic disease;
- 15.10. for health conditions, which occurred due to mental health disorders, psychic diseases, acute stress reactions, hysterics, epilepsy and other disorders of consciousness.
- 15.11. Expenses are not indemnified and the cases are not considered to be the insurable events, if:
- 15.11.1. any of the documents mentioned in these Terms and Conditions as mandatory for submission or any of the additional inquiries has not been submitted;
- 15.11.2. If the event does not comply with the risk definitions and description according to these Terms and Conditions;
- 15.12. where the direct or indirect reason is:
- 15.12.1. military operations, invasion, foreign enemy activities (with or without declaration of war), rebellion, civil war, military or usurped authorities, mass riots, strike, revolution, revolt, demonstrations, terrorism or losses directly or indirectly incurred in relation to any measures to prevent all incurred or potential losses caused due to the terrorism;
- 15.12.2. ionising radiation, radioactive contaminations, radioactive pollution;
- 15.12.3. intent, gross negligence or illegal activity of you or another person interested in receiving the insurance indemnity that causes the Insured event;
- 15.12.4. if due to intent or gross negligence you failed to take all required measures to prevent and minimise the losses.
- 15.12.5. suicide, attempt to commit the suicide; exposing him- or herself to extreme danger, except the event of rescuing a human life;

- 15.13. related to:
- 15.13.1. losses/damages caused by natural disasters;
 - 15.13.2. pandemic or epidemic, infection disease caused by unknown agent, swine flu, avian flu and diseases that have not been discovered and known in the world when signing the insurance contract;
- 15.14. if you are:
- 15.14.1. being lawfully arrested or imprisoned
 - 15.14.2. have been using firearms or explosives; have participated in hunting
 - 15.14.3. getting involved or participating in active military service operations or training where the military equipment is used, fulfilling professional and/or voluntary duties in the Police, Border Guard, Fire and Rescue Service, Home Guard or any other paramilitary organisation or formation;
 - 15.14.4. working not on the shore (for instance, any type of platforms in the sea/ocean, including oil extraction platforms), any kind of underground or mountain mines, facilities producing ammunition or explosives; nuclear reactors; decompression cameras; performing stevedoring works, working with toxic substances;
 - 15.14.5. flying with any aircraft or flying devices (including unpowered) otherwise than as a passenger on-board of an aircraft of a licensed airline (registered as the passenger carrier by a certain route)
 - 15.14.6. sailing otherwise than as a passenger on a vessel that is registered as a passenger carrier by a certain route, sailing outside the inland or coastal waters;
- 15.15. The insurance protection is not valid, if at the moment of the insurance contract conclusion you are outside your home country, except the cases:
- 15.15.1. If you have acquired the new policy at the time of the validity of the previous policy and the policy has been renewed without an interruption and provided that total number of the days insured without the interruption does not exceed 90 days;
 - 15.15.2. If the insurance contract has been concluded while you were abroad, provided the insurance contract has been concluded not later than within 12 hours of the departure from the home country and the Insured person can prove it with the supporting documents (transport ticket, boarding pass, etc). In this case the insurance protection starts after 48 hours from the moment of the insurance contract conclusion.
- 15.16. In the event of the Client's death we are entitled to request the autopsy, in case it is not allowed (by the relatives) we are entitled to reduce the amount of the insurance indemnity or to refuse to pay the insurance indemnity.

INSURANCE INDEMNITY

16. Payment of the insurance indemnity

- 16.1. We shall pay out the insurance indemnity to
- 16.1.1. you or another person authorised by you, if they paid for the service themselves;
 - 16.1.2. to the service provider based on the submitted payment document;
 - 16.1.3. to another person who is entitled to receive the insurance indemnity in accordance with the terms and conditions of the insurance contract or the regulatory enactments.

- 16.2. the decision regarding payment of the insurance indemnity or refusal to pay out the insurance indemnity is adopted within 15 days after receipt of all documents requested by the Insurer.
- 16.3. When paying out the insurance indemnity the principle of compensation is applied indemnifying the losses incurred by the Client upon occurrence of the insurable risk.
- 16.4. When paying out the insurance indemnity for one or several events and insured risks during the validity period of the contract, the indemnity cannot exceed the sum insured for the risk and the total sum insured for all insured risks determined in the insurance contract.

17. To receive the Insurance Indemnity you must submit to us:

- 17.1. reference of the medical institutions, confirming the accident or the disease, with the indication of the full diagnosis, applied treatment, tests results, which confirm the diagnosis and other received medical services related to the insured event;
- 17.2. originals or copies of all receipts based on which the medicines or medical products have been acquired;
- 17.3. payment confirming documents issued by the authority/organisation, which provided aid to you (for instance the rescue service or the hospital) that contain information about the service recipient (name, surname, birth date) and the service provider (name, registration number, bank details), exact description of the service and the amount thereof, service provision date or period (in the event of hospitalization);
- 17.4. a written insurance claim regarding the occurred insurable event upon request of the Insurer;
 - 17.4.1. a copy of the child's birth certificate or the passport copy of the Insured person with the records about the children, if the insurance claim for the child is submitted by his or her parents, or the document confirming the guardianship, if the claim is submitted by the child's guardian;
- 17.5. when receiving the insurance claim by phone, we will inform of the required documents to be submitted for the examination of the insurance claim and making a decision regarding the receipt of the indemnity.

18. Termination of the insurance contract

- 18.1. The insurance contract shall expire:
 - 18.1.1. upon expiry of the insurance period;
 - 18.1.2. upon cancellation of the insurance contract;
 - 18.1.3. on other grounds specified in the legislation.
- 18.2. Parties to the insurance contract may cancel the insurance contract pursuant to the procedure and on the grounds provided by the legislation and by agreement of the parties.
- 18.3. The policyholder may cancel the insurance contract by giving at least three months' notice of the cancellation so that the contract terminates at the end of the year. The policyholder may cancel the insurance contract which is entered into for a term of less than one year by giving at least three days' notice of the cancellation.
- 18.4. The insurer has the right to cancel the insurance contract:
 - 18.4.1. if the policyholder has violated the conditions of the insurance contract;
 - 18.4.2. if the policyholder or insured person has deceived or attempted to deceive the insurer about the circumstances of the insurance contract or insured event;
 - 18.4.3. by giving at least three months' notice of the cancellation (ordinary cancellation).

- 18.5. Upon cancellation of the insurance contract, the insurer is required to adhere to the requirements and deadlines set out in the Law of Obligations Act.
- 18.6. The insurer is not entitled to cancel the insurance contract if violating the conditions of the insurance contract does not have an impact on increase of the insurable risk or the insurer's obligation to perform the insurance contract (except for failure to pay periodic premiums).
- 18.7. Insurer and the policyholder may terminate the contract in one month notice after the occurrence of an insured event.

OTHER TERMS AND CONDITIONS

19. Other terms and conditions

- 19.1. By paying out the insurance indemnity we overtake the insured claim rights against the person who is responsible for the inflicted losses paid as the insurance indemnity.
- 19.2. We will examine the complaints or claims of the policyholder or Client submitted in writing and will provide a written answer within 30 days of the receipt of the complaint or the claim.
- 19.3. The policyholder agrees that we as the system manager and personal data operator process and/or will give the Policyholder's or the Client's personal data to the third persons for procession (including sensitive data and personal identification (classification) codes) for the purposes of ensuring the execution of the insurance contract. We are entitled to provide the information about the Client and/or the Policyholder obtained in the course of the insurance with regard to the conclusion and execution of the insurance contract to our mother company ("Powszechny Zakład Ubezpieczeń" SA, entered into the register of entrepreneurs maintained by the District Court in Warsaw, Poland, XII Economic Division under the KRS number 9831).
- 19.4. The Policyholder agrees to his personal data procession, which includes submission of the data to the third persons (data operators) for processing (i.e. to SIA "Lattelecom", registration number in Latvia 40003052786, to SIA "InterAssist", registration number in Latvia 50103836471), with the purpose to provide the information to the policyholder about the Insurer and the services of his cooperation partners. The policyholder is entitled to refuse from the receipt of the commercial notifications and prohibit the use of his personal data in the market and public opinion studies. Our activities in Estonia are supervised by the Estonian Financial Supervision Authority, Sakala 4, Tallinn, 15030, Estonia and the Latvian Financial and Capital Market Commission, Kungu Street 1, Riga, LV-1050, Latvia.
- 19.5. All notifications and applications related to the insurance contract must be submitted by the policyholder in the form and manner, which allows us to identify the notification or the application sender.
- 19.6. We issue our notifications and information to the policyholder by sending to the most recent postal or e-mail address, specified by the policyholder, or sending sms to the policyholder's telephone number. If the policyholder changes his postal address without notifying us thereof, all notifications shall be considered received on the 5 (fifth) day following delivery of the relevant notification to the post office. If the policyholder notified us of his e-mail address and telephone number, we are entitled to send our notifications to the e-mail address and telephone number specified by the policyholder, and with this regard the policyholder understands that the electronic mail is not always considered to be a safe way of the data exchange, and undertakes not to submit any claims to the

Insurer with regard to forwarding of the information (including the policyholder's or the Client's data and other confidential information) by the electronic mail.

- 19.7. The relations arising from the insurance contract are regulated by the laws of the Estonian Republic: the Law of Obligations Act, Insurance Activities Act and other legal acts of the Estonian Republic.
- 19.8. All disputes related to the insurance contract shall be settled by means of negotiations. If the agreement cannot be reached, the Policyholder may refer the complaint or claim to the conciliation body by the Estonian Insurance Association situated at Mustamäe tee 46, Tallinn 10621, Estonia. Any dispute shall be forwarded to the courts of the Republic of Estonia for settlement according to the procedure stipulated in the legal acts of the Republic of Estonia. The courts in Estonia shall have jurisdiction in any dispute related to this insurance contract.