



ACTIVE LEISURE EQUIPMENT INSURANCE

Terms and Conditions No. 0801.AL01
Valid from 26.05.2025

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bta
VIENNA INSURANCE GROUP

According to these terms and conditions, BTA concludes insurance contracts with policyholders for Property, Personal Civil Liability, and Accident insurance.

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1. DEFINITIONS USED IN THE INSURANCE TERMS AND CONDITIONS

GENERAL DEFINITIONS OF INSURANCE

Insurer – AAS BTA Baltic Insurance Company, represented by a branch in Lithuania, hereinafter referred to as the Insurer.

Policyholder – a person who came to the Insurer for the conclusion of an Insurance agreement or to whom the Insurer offered to conclude Insurance agreement, or who concluded an Insurance agreement with the Insurer.

Insured – a person whose property interests are insured:

- a) in the case of property insurance – according to the Insurance agreement, the owner of the insured property or the person indicated in writing in the agreement;
- b) in the case of personal civil liability insurance – a person whose property interests, arising from civil liability, are insured;
- c) in the case of accident insurance – a natural person specified in the Insurance agreement, whose health, life, or physical condition is covered by the Insurance agreement.

Persons related to the Policyholder and/or the Insured, as well as those obliged to perform the duties established for the Policyholder:

- a) persons who live together with the Policyholder or the Insured;
- b) persons who are responsible for the Insurance object under an agreement with the Policyholder or the Insured;
- c) persons who have an insurance interest together with the Policyholder or the Insured, or other persons specified in the Insurance agreement.
- d) persons related to the Policyholder or the Insured through work, provision of services or other legal relations, and have an obligation to act in accordance with safety requirements.

Family members – the spouse of the Policyholder or the Insured or unmarried persons living together in a common household, minor children/adopted children of the Policyholder or the Insured under the age of 18, parents of the Policyholder or the Insured.

Insurance benefit – the amount of money paid out after the occurrence of the insured event or provision of service, if this is provided for in the insurance agreement.

Insurance agreement – an agreement between the Insurer and the Policyholder, under which the Policyholder undertakes to pay the Insurance premium of the agreed amount within the terms established in the Insurance agreement and perform other obligations established in the Insurance agreement, and the Insurer undertakes to pay the Insurance benefit to the person specified in the Insurance agreement upon the occurrence of an insured event, in accordance with the provisions of the Insurance agreement.

Insured event is an event specified in the Insurance agreement, upon the occurrence of which the Insurer undertakes to pay an insurance benefit.

Non-insured event – a case where the Insurance benefit is not paid.

Insurance period – the period established in the Insurance agreement during which the insurance is valid.

Insurance contract certificate (policy) – a document confirming the conclusion of the Insurance agreement and including the terms of the Insurance agreement agreed upon by the Policyholder and the Insurer.

Insurance premium – the amount of money specified in the Insurance agreement, which the Policyholder undertakes to pay to the Insurer for insurance coverage under the terms of the insurance agreement.

Insurance territory – the geographical territory specified in the Insurance agreement, in which insurance coverage is valid due to the occurrence of Insured events.

Insurance amount – the amount of money specified in the Insurance agreement or calculated in accordance with the procedure established by the Insurance agreement, which the Insurance benefit may not exceed.

Insurance amount limit – the maximum possible Insurance benefit paid for an Insured event during the Coverage period, established in the Insurance agreement for compensation for certain losses.

Active leisure activities – active recreational activities, hobbies, holidays, games, sports and other similar activities, except for activities classified as Participation in competitions and training organized by a Sports organization.

Beneficiary – the Policyholder or the person specified in the Insurance agreement or the person appointed by the Policyholder, and in the cases specified in the Insurance agreement, also by the Insured, who has the right to receive an Insurance benefit.

DEFINITIONS USED IN PROPERTY INSURANCE

Insurance object – the object specified in the Insurance agreement:

- ✓ **Mechanical vehicle** – bicycle, scooter;
- ✓ **Electric vehicle** – electric bicycle, electric scooter, segway, and other electric vehicles, which according to the Law on Compulsory Civil Liability Insurance of Vehicle Operators of the Republic of Lithuania are not classified as Vehicles.
- ✓ **Active leisure equipment** – skis, snowboard, ice skates, paddle board, windsurfing board, wakeboard, kayak, canoe.

DEFINITIONS USED IN PERSONAL CIVIL LIABILITY INSURANCE

Third parties – persons who have suffered losses due to the actions or inaction of the Policyholder and/or the Insured, and who are entitled to an Insurance benefit in accordance with the terms and conditions of the Insurance agreement.

Insured event – a claim made by Third parties to the Insured for compensation for damage resulting from the destruction of or damage to Third parties' property or bodily injury (including death of) to Third parties and the expenses incurred as a result, if the losses occurred while the Insured was operating a Mechanical or Electric Vehicle, or Active Leisure Equipment.

DEFINITIONS USED IN ACCIDENT INSURANCE

Accident – a sudden and unexpected event beyond the control of the Insured that occurred during the Coverage period while the Insured was operating a Mechanical or Electric Vehicle, or Active Leisure Equipment in the Insurance territory, causing Injury, Loss of Working Capacity, Death or Medical Expenses to the Insured.

I PROPERTY INSURANCE

The terms of this section apply only to the Property insurance.

2. INSURANCE OBJECT

2.1. Insurance object specified in the Insurance agreement:

- 2.1.1.** Mechanical vehicle;
- 2.1.2.** Electric vehicle;
- 2.1.3.** Equipment of active leisure activities.

3. INSURED RISKS

3.1. Property may be insured against the following risks:

3.1.1. Damage – damage caused to the Insurance object due to any sudden and unforeseen external influences, except for the cases specified in Section 4 of these Terms and conditions.

3.1.2. Destruction or theft:

3.1.2.1. damage caused to the Insurance object due to any sudden and unexpected events, except for the cases specified in Section 4 of these Terms and conditions, due to which the Insurance object is destroyed and can no longer be restored for use for its original purpose, or the estimated repair costs are not justified economically;

3.1.2.2. Theft of the Insurance object or its parts, if it was committed:

- a)** by damaging the locks with which the Insurance object was locked to other stationary objects (including a car);
- b)** when the Insurance object was in a car (the risk of theft applies only if the car was with a roof, locked and with an activated alarm (if installed)) or in a locked room and Third parties enter the premises illegally using stolen keys and/or break into a locked building, damaging its enclosing structures (doors, windows, roof, etc.). Burglary using stolen keys is considered a Insured event only in cases where the disappearance of the keys has been reported to the law enforcement authorities and an investigation has been initiated regarding this event and there was no real possibility to change the door lock;
- c)** through robbery – when physical or psychological coercion is threatened or used against the Policyholder, the Insured, a person related to the Policyholder, and/or the Insured, who resists the taking of the Insurance object; the Insurance object is taken from the Policyholder, the Insured, a person related to the Policyholder and/or the Insured, who is in a helpless state due to an accident or another reason not caused by his/her fault and is unable to resist. The fact of robbery must be confirmed by the police.

4. NOT INSURED EVENTS

4.1. Insurance benefits are not paid if the losses are caused by:

- 4.1.1.** Non-insured events specified in Section 22 of the General Part of these Terms and conditions;
- 4.1.2.** long-term gradual processes (for example, natural wear and tear, corrosion, rust, oxidation, rot, mold, fungus, natural exposure to moisture or light, discoloration, odour change, dust, waste, soot, smoke, changes in air temperature or humidity, exposure to weather conditions, chemical exposure, changes in the structure or finish of the material);
- 4.1.3.** activities caused by wild and domestic animals, insects, rodents, or pests;
- 4.1.4.** failure to comply with the operating requirements of the Insurance object, use for purposes other than those intended or under inappropriate conditions, including incorrect connection of devices, insulation defects, or mechanical damage;
- 4.1.5.** Failure to comply with the transportation requirements of the Insurance object, losses incurred during transportation by car, bus, or train, when the Insurance object is not secured with special brackets intended for transportation;
- 4.1.6.** Electrical voltage fluctuations – sudden and unexpected fluctuations in the supplied electrical voltage, including damage caused by overvoltage, overload, short circuit, damage to measuring devices, regulation or safety devices, or due to indirect lightning effects. The above-mentioned exception does not apply if this caused a fire, due to which the Insurance object was Damaged or Destroyed;
- 4.1.7.** an event not related to an external force, internal failures, repair and reconstruction work, costs for regular maintenance, repairs, cleaning, or replacement of worn parts;
- 4.1.8.** errors, shortcomings or defects which are the responsibility of the manufacturer, supplier, builder or the company performing warranty and technical service under the warranty or according to the procedure established by law. If the Policyholder/Insured has produced the Insurance object or part of it themselves, then the Policyholder/Insured is equated with the persons listed in this Paragraph;
- 4.1.9.** aesthetic, minor damage to the Insurance object, such as paintwork damage, scratches or other defects that do not affect the functionality or use of the Insurance object;
- 4.1.10.** due to Insurance object equipment installed by a third party, such as video equipment, child seats, bicycle computers, locks, lights, etc., unless otherwise specified in the Insurance agreement certificate.
- 4.1.11.** theft, when the exact circumstances of the incident cannot be determined; fraud or swindling; disappearance of Insurance object; loss; embezzlement or theft, if there are no signs of a break-in; the use of a stolen key or if the loss occurred in the period from the theft of the key to the reporting of the theft of the key to the police;
- 4.1.12.** theft, when it is committed by a person to whom the Insurance object has been transferred for use on the basis of rent or loan for use;
- 4.1.13.** actions performed while intoxicated and using narcotic, psychotropic, or toxic substances, as well as medications, the use of which is not medically justified, and which were not prescribed by a physician for the treatment of a specific case;
- 4.1.14.** actions performed while driving an Electric or Mechanical vehicle while under the influence of alcohol. If the Insured was offered a blood test to determine the presence of alcohol in the body, but the Insured refused it, the Insured will be considered to be under the influence of alcohol. This provision does not apply only if the blood alcohol concentration of the Insured does not exceed the permissible norm for the driver of a vehicle established by the legislation of the country in which the event occurred, and this is confirmed by breathalyser readings or medical documents;
- 4.1.15.** intentional actions of the Policyholder, the Insured, or the Beneficiary or a person related to the Policyholder and/or the Insured;
- 4.1.16.** earthquake. An earthquake is a sudden and unexpected release of energy from the Earth's crust, resulting in seismic waves greater than 4 points on the Richter scale;
- 4.1.17.** property that is not used according to its intended purpose or is used in inappropriate conditions,

including incorrect connection of devices, insulation defects, or mechanical damage;

- 4.1.18.** events that do not meet the definition of "sudden and unexpected";
- 4.1.19.** damage that occurred while performing professional and economic activities, or work or service functions;
- 4.1.20.** losses due to damage that occurred while the Insured was participating in military training, exercises, or performing military tasks.

5. OBLIGATIONS OF THE INSURER IN THE EVENT OF THE INSURED RISK

- 5.1.** Upon determination of the occurrence of a possible Insured event, the Policyholder, the Insured, or persons related to the Policyholder and/or the Insured must comply with the conditions specified below:
 - 5.1.1.** immediately:
 - a)** but no later than within 3 working days, inform the Insurer about the occurrence of a potentially Insured event in accordance with the procedure set out in the Special Conditions of these Terms and conditions. If the Policyholder or the Insured informs the Insurer about the insured risk that has occurred late, the Policyholder or the Insured undertakes to provide facts confirming the objective truth or to prove that it was not possible to notify in a timely manner;
 - b)** inform the competent services (e.g. in case of fire – the State Fire and Rescue Service; in case of theft, robbery, or traffic accident – the police, etc.).
 - 5.1.2.** comply with and execute the terms and conditions of Chapter 18 of the General Part of these Terms and conditions.

6. INSURANCE BENEFIT

- 6.1.** BTA will compensate only for losses that occurred in the Insurance territory during the Coverage period.
- 6.2.** The Insurance benefit may not exceed the limit of the Insurance amount specified in the Insurance agreement.
- 6.3.** The Insurance benefit in the case of Damage risk will be the minimum necessary costs required to restore the Insurance object to the condition it was in before the Insured event, without exceeding the limit of the Insurance amount specified in the Insurance agreement.
- 6.4.** The Insurance benefit in the case of Destruction risk will be calculated based on the value of the Insurance object. The value of the Insurance object will be calculated as follows:
 - 6.4.1.** if at the time of the Insured event the Insurance object is not older than 5 years, the value will be determined based on the purchase value of an equivalent object or an object of the same type with the same parameters, physical, operational, and utility properties, without exceeding the limit of the Insurance amount, and without applying depreciation;
 - 6.4.2.** if at the time of the Insured event the Insurance object is older than 5 years, the value will be determined based on the purchase value of an equivalent object or an object of the same type with the same parameters, physical, operational, and utility properties, minus 10% annual depreciation. If the calculated depreciation is more than 70%, such an object is considered to be fully depreciated, and its value is 30% of its purchase value;
 - 6.4.3.** if it is impossible to determine the date of acquisition of the Insurance object, then the age of the Insurance object is determined according to the date of manufacture of the Insurance object. If it is impossible to determine the date of manufacture of the Insurance object, then the market value is compensated (i.e. the equivalent price on the market or the amount that needs to be spent to acquire an equivalent used property of the same type, kind, and the same or similar parameters);
 - 6.4.4.** if the Insurance object is used or restored, then the age of the Insurance object will be calculated from the moment the first user purchased it.
- 6.5.** BTA has the right to deduct the residual value remaining after the Insured event from the value of the Insurance object or to demand the right to transfer the remains of the Insurance object;
- 6.6.** In the event of theft or robbery, when the Insurance benefit has been paid out and the Insurance object was later found, the Insurer has the right to recover the Insurance benefit or demand the transfer of the right to the Insurance object. If the Insurer decides not to keep the Insurance object that was found, but

the found object is damaged, then the Policyholder, returning the Insurance benefit received from the Insurer, deducts from it the costs agreed with the Insurer (according to paragraph 6.3 of these Terms and conditions), necessary to restore the object to its original condition.

- 6.7. The Policyholder has the right to disagree with the service provider proposed by BTA, which should eliminate the damage to the Insurance object, and to choose his own service provider. In such a case, BTA will pay an Insurance benefit equal to the costs of the selected service provider, but not exceeding the service fee of the service provider proposed by BTA and not exceeding the limit of the Insurance amount.
- 6.8. After the Insurance benefit is paid, the paid Insurance benefit is deducted from the limit of the Insurance amount.

II PERSONAL CIVIL LIABILITY

The conditions of this section apply only to Personal Civil Liability Insurance.

7. INSURANCE OBJECT

- 7.1. The subject of insurance is the civil liability of the Insured arising under the applicable laws of the Republic of Lithuania for damage caused to the health, life, and/or property of Third parties due to events that occurred while the Insured was operating a Mechanical or Electric vehicle or Active Leisure Equipment during the Coverage period in the Insurance territory.

8. INSURANCE RISKS

- 8.1. Personal civil liability insurance covers claims made by Third parties against the Insured for damages resulting from **the destruction of or damage to Third Parties' property** or **Bodily injury (including death) to Third Parties** and the resulting expenses, if:
 - 8.1.1. the damage was caused by the Insured while operating a Mechanical or Electric vehicle or Active Leisure Equipment;
 - 8.1.2. the damage occurred during the Coverage period and the claim was made during the Coverage period or within 30 calendar days after its end;
 - 8.1.3. the damage occurred in the Insurance territory.

9. NOT INSURED EVENTS

- 9.1. The following will not be considered an Insured event and will not be compensated:
 - 9.1.1. Non-insured events specified in Section 22 of the General Part of these Terms and conditions;
 - 9.1.2. non-pecuniary damage;
 - 9.1.3. losses that are not the result of damage to the health, life, and/or property of Third Parties;
 - 9.1.4. losses due to damage to Mechanical or Electric vehicles or Active leisure equipment rented, taken over for operation, storage, or use by the Insured;
 - 9.1.5. losses related to the operation or use of flying machines, drones, boats, and Motor vehicles, and/or damage caused by them;
 - 9.1.6. losses caused to the Insured or his/her Family members and the Insured's property, including property entrusted to the Insured;
 - 9.1.7. losses resulting damage for which the Insured is liable under an agreement, consent, promise or guarantee, or other transaction;
 - 9.1.8. if the damage was caused while using the insured Mechanical or Electric vehicle or Active Leisure Equipment for commercial or professional activities;
 - 9.1.9. losses caused by construction, major repair or reconstruction works are not compensated;
 - 9.1.10. losses caused by any impact of the Insured on wild or domestic animals;
 - 9.1.11. losses resulting from damage to personal documents, credit cards, securities, bonds, cash, gems and their articles, precious metals, jewellery, musical instruments, art, antiques and unique items, weapons and their accessories, software, data media, photo and video equipment, mobile phones, laptops and tablets, TVs, and drones;

- 9.1.12.** losses due to personal insult, humiliation of honour and dignity, violation of the right to private life and privacy;
- 9.1.13.** losses due to damage caused to the Insured while participating in military training, exercises, or performing military tasks;
- 9.1.14.** losses related to any infection of the body, viruses or pathogens are not compensated;
- 9.1.15.** losses caused by the use of explosives other than legally purchased fireworks;
- 9.1.16.** damage caused by the Insured using objects, Mechanical or Electric vehicles, or Active Leisure equipment not in accordance with their intended purpose and/or operating or transportation instructions;
- 9.1.17.** losses caused by gradual, long-term exposure to temperature, humidity, steam, sediment, gas, vibration (e.g. fungus, mold, rot, dust, etc.);
- 9.1.18.** due to air, land, or water pollution;
- 9.1.19.** losses caused by chemical, poisonous, toxic, radioactive substances, and asbestos.
- 9.1.20.** losses due to hunting or use of any type of weapons;
- 9.1.21.** sanctions and fines provided for by law;
- 9.1.22.** losses that occurred as a result of actions performed while under the influence of alcohol, narcotics or psychotropic substances or as a result of an intentional act;
- 9.1.23.** losses that are compensated in accordance with the normative acts of the Republic of Lithuania from the budget of the state, municipalities, and Sodra;
- 9.1.24.** losses that occurred due to the same repeated cause are not compensated, if the Policyholder or Insured has received written instructions from the Insurer to take specific measures that reduce the probability of the occurrence of the event;
- 9.1.25.** Losses that occurred while performing professional and economic activities, or work or service functions;
- 9.1.26.** losses not related to the operation of Mechanical or Electric vehicles or Active Leisure equipment.

10. OBLIGATIONS OF THE INSURER IN THE EVENT OF THE INSURED RISK

10.1. Obligations of the Insured in case of an event:

- 10.1.1.** inform the Insurer immediately, but no later than within 3 days, about the event and provide all available information;
- 10.1.2.** not to recognize the validity of submitted claims and not to assume obligations for compensation of losses without coordination with the Insurer;
- 10.1.3.** make every effort and provide opportunities for the Insurer to investigate the causes and circumstances of the occurrence of the event;
- 10.1.4.** in case of an event, the Insured undertakes to take available reasonable measures to reduce possible damage, following the action instruction received from the Insurer, if such an instruction were given to the Insured.
- 10.1.5.** Immediately, but no later than within 3 days inform the Insurer if the Third Parties have applied to the court for compensation of the damage caused, even if the Insurer has already been notified of the event;
- 10.1.6.** undertakes to authorize the Insurer to conduct negotiations or represent the Insured in court;
- 10.1.7.** if the Insurer or the Insured fails to fulfil the obligations specified in Paragraphs 10.1.1. – 10.1.6., the Insurer automatically acquires the right to reduce the Insurance benefit or refuse to pay it;
- 10.1.8.** if part of the losses incurred by Third Parties were compensated by other persons, the Insurer compensates the difference between the Insurance benefit due under the Insurance agreement and the compensation received from other parties.

11. INSURANCE BENEFIT

11.1. A loss is:

- 11.1.1.** the amount of Third Party lawsuits (claims) against the Policyholder granted by a valid court decision or a settlement approved by a court ruling or a trilateral agreement. In all cases, the Insurance benefit, which compensates the amount of the loss, cannot exceed the limit of the Insurance amount, as well as in all cases, a Deductible is taken from the amount of the loss, and when paying the Insurance benefit, other terms of the agreement, significant for calculating the amount of the Insurance benefit, are taken into account;
 - 11.1.2.** the costs of investigating the circumstances of the event, pre-trial investigation and adjudicated court proceedings costs, based on the laws of the Republic of Lithuania, except if the damage was caused by illegal actions of the Policyholder. The Policyholder undertakes and ensures that all the aforementioned expenses are coordinated in writing with the Insurer in advance. Otherwise, the Insurer reserves the right not to coverage the expenses incurred by the Policyholder.
- 11.2.** The Insurance benefit is equal to the amount of the calculated loss, taking into account the limit of the Insurance amount, Deductible, and other terms of the agreement.
- 11.3.** In all cases, the total amount of Insurance benefits during the one-year Coverage period may not exceed the limit of the Insurance amount stipulated in the Insurance agreement certificate.

III ACCIDENT INSURANCE

The terms of this section apply only to Accident insurance.

12. INSURANCE OBJECT

- 12.1.** Insurance object – the Insured's property interests related to the life and health of a person.
- 12.2.** This insurance applies only in cases where damage is incurred while operating a Mechanical or Electric vehicle, or Active Leisure equipment.

13. INSURED RISKS

- 13.1.** The following events will be considered an Insured event:
- 13.1.1. Injury** – an injury that occurred during the Coverage period due to an Accident that occurred while operating a Mechanical or Electric Vehicle, or Active Leisure Equipment, and which is specified in Annex No. 1 to these Terms and conditions.
 - 13.1.2. Death** (*due to Injury*) – the death of the Insured due to an Injury within 1 year from the date of the Accident that occurred while operating a Mechanical or Electric Vehicle, or Active Leisure Equipment.
 - 13.1.3. Loss of working capacity** (*due to Injury*) – due to an Injury (which is recognized as an Insured Event in accordance with the terms of these Terms and conditions), no later than 1 year from its date, the competent state institution (first commission) has determined for the Insured a level of loss of working capacity of 50% or more (for persons under 18 years of age – the level of disability).
 - 13.1.4. Medical expenses** (*due to Injury*) – expenses incurred by You in the Validity territory due to medically justified medical services and measures prescribed by a physician and required by You due to an Injury, are recognized as an Insured event according to these Terms and conditions. Also includes transportation to the nearest medical facility by Ambulance. Medical expenses are reimbursed for a maximum of 6 months after the Injury recognized as an Insured event.

14. NOT INSURED EVENTS

- 14.1.** The following cases will not be considered as an Insured event and the Insurance benefit will not be paid in the following cases:
- 14.1.1.** if the Accident occurred due to epileptic seizures, panic attacks, post-traumatic stress disorder, depression, vegetative dystonia, as well as other psychological and behavioural disorders;
 - 14.1.2.** if the Accident occurred due to chronic or congenital diseases;
 - 14.1.3.** if the Accident occurred due to injuries to the bone, joint, joint structures, soft tissues or other body parts, if prior to the Injury this area was damaged by a disease (e.g.: Osteoporosis,

Rheumatoid arthritis, Psoriasis or other) or it is a Pathological fracture;

- 14.1.4.** if the injury suffered is not provided for in the Injury benefit table in Annex No. 1 to these Terms and conditions;
 - 14.1.5.** if a bone fracture is not confirmed by an X-ray examination;
 - 14.1.6.** when the Insured uses non-traditional medical treatment methods, the use of which is not medically justified or the physician did not prescribe them in a specific case;
 - 14.1.7.** when the Insured, while operating an Electric or Mechanical Vehicle, is under the influence of alcohol. If the Insured was offered a blood test to determine the presence of alcohol in the body, but the Insured refused it, the Insured will be considered to be under the influence of alcohol. This provision does not apply only if the blood alcohol concentration of the Insured does not exceed the permissible norm for the driver of a vehicle established by the legislation of the country in which the event occurred, and this is confirmed by breathalyser readings or medical documents;
 - 14.1.8.** if before or during the event the Insured used narcotic, psychotropic, toxic substances, as well as medications, the use of which is not medically justified and which were not prescribed by a doctor for the treatment of a specific case;
 - 14.1.9.** if the Accident occurred while the Insured was performing professional or economic activities, or work or service functions;
 - 14.1.10.** if the Accident occurred while the Insured was participating in military training, exercises, or performing military tasks.
- 14.2.** The Insurance benefit under the insured risk Loss of working capacity will not be paid when:
- 14.2.1.** The level of loss of working capacity (for persons under 18 years of age – the level of disability (in accordance with Paragraph 16.4 of these Terms and conditions)) is established later than 1 year from the date of the Accident;
 - 14.2.2.** The level of loss of working capacity is below 50%, the level of disability has not been determined for persons under the age of 18;
 - 14.2.3.** Loss of working capacity (for persons under 18 years of age – the level of disability (according to Paragraph 16.4 of these Terms and conditions)) occurred due to diseases or their complications;
 - 14.2.4.** an event that was recognized as a Non-insured event under the risk Injury in accordance with these Terms and conditions.
- 14.3.** Insurance benefit under the insured risk Medical expenses will not be paid out for the following medical services or products:
- 14.3.1.** purchase of glasses, contact lenses, and hearing aids;
 - 14.3.2.** cosmetic surgeries;
 - 14.3.3.** services provided by a psychologist or psychiatrist;
 - 14.3.4.** purchase of vitamins, food supplements, food additives, herbal products, or homeopathic medication;
 - 14.3.5.** accommodation services in sanatoriums, rehabilitation treatment centres, as well as for rehabilitation services that were not prescribed by a physician;
 - 14.3.6.** when Injury is not recognized as an Insured event in accordance with the terms of these Terms and conditions.

15. OBLIGATIONS OF THE INSURER IN THE EVENT OF THE INSURED RISK

- 15.1.** In case of an event, the Insured, or if the Insured event Death has occurred, his/her heirs must:
- 15.1.1.** register the event no later than within 30 calendar days after the event that may be recognized as the Insured;
 - 15.1.2.** submit a medical certificate from a medical institution (possible extract from E-sveikata), which would indicate the circumstances of the event, date, fact of Injury, diagnosis, medical history, tests performed, and treatment applied:

- 15.1.2.1.** In the event of Death of the Insured – a copy of the Insured's death certificate;
 - 15.1.2.2.** In the event of Loss of working capacity of the Insured – a document confirming the loss of Insured's capacity for work;
 - 15.1.2.3.** In the event of Injury of the Insured – documents from a healthcare institution with a description of the fact of Injury, date, established diagnosis, tests, and treatment;
 - 15.1.2.4.** In the event of medical expenses – a medical certificate with a physician's prescription for purchased medication, medical devices, and/or procedures, as well as documents confirming payment (receipts, bank statements);
 - 15.1.2.5.** Other documents requested by BTA in connection with the Accident.
- 15.1.3.** submit consent to the processing of personal data;
 - 15.1.4.** comply with and execute the terms and conditions of Chapter 18 of the General Part of these Terms and conditions.

16. INSURANCE BENEFIT

- 16.1.** BTA will pay the Insurance benefit in accordance with the payment procedure set out in Paragraph 16.3 of these Terms and conditions, but not exceeding the limit of the Insurance amount specified in the Insurance agreement for each risk.
- 16.2.** After the Insurance benefit is paid, the paid Insurance benefit is deducted from the limit of the Insurance amount.
- 16.3.** BTA will pay the Insurance Benefit, the amount of which is calculated as follows:
 - 16.3.1.** In the event of the Death of the Insured, 100% of the limit of the Insurance amount provided for this risk is paid;
 - 16.3.2.** In the event of Injury to the Insured, the Insurance benefit is calculated as a percentage of the limit of the insurance amount specified in the Insurance agreement certificate under the Injury risk and taking into account the nature of the injury specified in Annex No. 1 to these Terms and conditions;
 - 16.3.3.** In case of loss of working capacity, the Insurance benefit is calculated in proportion to the limit of the Insurance amount specified in the Insurance agreement certificate for the risk of the Loss of Working Capacity according to the level of lost of working capacity or the level of disability (in accordance with Paragraph 16.4 of these Terms and conditions);
- 16.4.** For persons under 18 years of age, the Insurance benefit is paid upon establishing:
 - 16.4.1.** severe level of disability – 100% of the limit of the Insurance amount specified for this insurance risk;
 - 16.4.2.** moderate level of disability – 75% of the limit of the Insurance amount specified for this insurance risk;
 - 16.4.3.** low level of disability – 50% of the limit of the Insurance amount specified for this insurance risk.
- 16.5.** The Insurance benefit will be paid to the Insured, except in the event of Death. In the event of death, BTA will pay the Insurance benefit to the Insured's heirs in accordance with the procedure established by the Civil Code.
- 16.6.** If, due to the same Insured event, Insurance benefits have already been paid to the Insured under the Injury risk, then those Insurance Benefits are included in the limit of the Insurance benefit amount payable under the risks of Loss of working Capacity and/or Death.

IV GENERAL PART

The provisions of this section apply to Property, Personal civil liability, and accident insurance.

17. VALIDITY OF THE INSURANCE COVERAGE

- 17.1.** The insurance period is the period of time during which the insurance coverage is valid.
- 17.2.** Insurance coverage comes into effect on the date specified in the Insurance agreement at 00:00, but not earlier than the payment of the Insurance premium or its first part, if:

- 17.2.1.** The date of payment of the Insurance premium or its first part is not specified in the Insurance agreement;
- 17.2.2.** The beginning of the Coverage period coincides with the date of payment of the Insurance premium or its first part;
- 17.2.3.** the deadline of payment of the Insurance premium or its first part is earlier than the beginning of the Coverage period.
- 17.3.** In cases where the entry into force of the insurance coverage is linked to the payment of the Insurance premium or its first part, the insurance coverage comes into force on the next day at 00:00 hours after the day of receipt of money, but not earlier than specified in the Insurance agreement.
- 17.4.** There is no right to insurance benefit / it is not paid if the Insured event occurs before the insurance coverage comes into effect.
- 17.5.** If the Insurance agreement stipulates that the Insurance premium must be paid after the first day of the commencement of the Coverage period, then the insurance coverage comes into effect at 00:00 on the first day of the commencement of the Coverage period.
- 17.6.** The Insurance agreement is valid until 24:00 of the last day of the Coverage period provided for in the Insurance agreement, if the Insurance agreement is not terminated earlier for other reasons.

18. INSURER'S OBLIGATION TO DISCLOSE INFORMATION

- 18.1.** The Policyholder undertakes to provide the Insurer with all requested correct and detailed information related to the insurance object and necessary in order to assess the insurance risk prior to the signing of the Insurance agreement.
- 18.2.** If the Policyholder fails to provide the information that is necessary to assess the insurance risk, or provides false or incomplete information, the Insurer has the right to demand that the Insurance agreement be declared invalid. In this case, the Insurance premium is not refunded.
- 18.3.** If the Insurance agreement for the same Insurance object is extended immediately after the previous agreement has expired, and the Policyholder or the Insured does not indicate that the information has changed since the conclusion of the previous Insurance agreement, it is assumed by default that the previously provided information has not changed.
- 18.4.** During the period of validity of the insurance agreement, the Policyholder undertakes to immediately notify in writing of all changes during the validity of the Coverage period, which may result in the increase of the insurance risk. Changes that are subject to notification are:
 - 18.4.1.** significant changes related to the Insurance object;
 - 18.4.2.** changes in the methods of use of the Insurance object;
 - 18.4.3.** other significant circumstances that increase the insurance risk.
- 18.5.** If the information provided to the Insurer about the Insurance object and the insured risks changes, and as a result the insurance risk increases, as well as when the Insurer is misled due to an insignificant mistake by the Policyholder, the Insurer acquires the right to offer the Policyholder to change the terms of the Insurance agreement, including Insurance premium amount, within one month from the day of learning of the said things.

If the Policyholder does not agree to change the terms of the Insurance agreement, or does not respond to the Insurer within 1 month from the date of dispatch of the notification about the proposed new conditions, the Insurer acquires the right to terminate the Insurance agreement upon the expiration of the term specified in this sentence without a separate notification.

If the Insurer proves/the facts show that it would not have concluded the Insurance agreement if it knew about the increased risk, the Insurer acquires the right to demand termination of the Insurance agreement within 2 months of learning about the increased risk.

- 18.6.** Violation of the Policyholder's obligation to disclose information also causes other legal consequences established in the legislation of the Republic of Lithuania.

19. INSURANCE PREMIUM AND PAYMENT PROCEDURE

- 19.1.** The Policyholder undertakes to pay the Insurance premium to the Insurer, in the specified amount and within the specified deadlines, as stipulated in the Insurance agreement.
- 19.2.** The Insurance premium is considered paid:
- 19.2.1.** if the Insurance premium is paid by transfer – from the receipt of the amount of money in the bank account of the Insurer or an authorized insurance intermediary;
 - 19.2.2.** if the Insurance premium is paid by other payment methods – from the date specified in the specific document confirming the fact of payment of money. The list of payment methods can be found on the website www.bta.lt or by calling (8 5) 2600 600.
- 19.3.** If the Policyholder does not pay the Insurance premium at the time specified in the insurance agreement, the Policyholder pays the Insurer 0.02% late interest for each day of delay, but no more than 10% of the unpaid total Insurance premium. The above-mentioned late interest is not applicable when:
- 19.3.1.** the Insurance premium is paid in one payment;
 - 19.3.2.** the Insurance premium is paid in parts – for the first payment.
- 19.4.** If the Insurance premium or its part does not reach the Insurer by the time specified in the Insurance agreement (except for the case when the Insurance agreement comes into force with the payment of the Insurance premium or its part, in which case the Insurance agreement does not come into force and is cancelled without a separate notification from the Insurer 10 days after the deadline for the payment of premium), the Policyholder informs the Insurer in a written document provided for in the agreement that within 30 days from the date of sending of the written document, if the Insurance premium or part thereof does not reach the Insurer, the Insurance agreement will expire.

20. CONCLUSION OF INSURANCE AGREEMENTS WITH TELECOMMUNICATION TERMINAL DEVICES

- 20.1.** The insurance agreement can be concluded by telecommunication terminal devices, i.e. by post, internet, Email, phone, and other methods of information exchange.
- 20.2.** When an Insurance agreement is concluded by the Policyholder who is a consumer, the guidelines for concluding non-life Insurance agreements, which are publicly available at www.bta.lt, apply to such a agreement. The guidelines for the conclusion of non-life Insurance agreements, among other things, provide for the right of withdrawal procedure, i.e. the right to withdraw from the concluded insurance agreement.

A consumer is a natural person who concludes an insurance agreement for purposes unrelated to business or professional activity.

21. EXPIRATION AND AMENDMENT OF THE INSURANCE AGREEMENT

- 21.1.** The insurance agreement ends at 24:00 on the last day of the Coverage period, unless the Policyholder and the Insurer have agreed otherwise.
- 21.2.** The Policyholder has the right to terminate the Insurance agreement at any time by notifying the Insurer in writing 15 days in advance. In this case, the Insurance agreement will be considered terminated on the date specified in the notice, but not earlier than the 15th day after the notice of termination was received.
- In such case:
- 21.2.1.** if the Insurance benefit was not paid or no claims were made during the validity period of the Insurance agreement, within 20 calendar days after receiving the Policyholder's notification, part of the Insurance premium is returned to the Policyholder, deducting the costs of conclusion and performance of the agreement (30% of the amount to be refunded);
 - 21.2.2.** if an Insurance benefit was paid out and/or reserved or claims were made during the validity period of the Insurance agreement, within 20 calendar days after receiving the Policyholder's notification, a part of the Insurance premium is returned, which is equal to the unused part of the Insurance premium for the period of validity of the Insurance agreement and the paid Insurance benefit for the difference, deducting the costs of conclusion and performance of the agreement (30% of the amount to be refunded).

- 21.3.** The terms of the insurance agreement may be supplemented or amended only by written agreement between the Insurer and the Policyholder.
- 21.4.** The insurance agreement can also be terminated on other grounds established in the Insurance legislation of the Republic of Lithuania, which regulate insurance contractual legal relations.

22. GENERAL CLAUSES

- 22.1.** Unless otherwise stipulated in the Insurance agreement, Insurance benefits are not paid for:
- 22.1.1.** acts of terrorism (acts consisting of the use of force or violence, or threats to use such acts, against or for the benefit of any third party acting alone or in concert with any organization or government, which are carried out for political, religious, ideological or ethnic reasons and whose intentions is to place the government or the public or any part thereof in danger); losses caused by preventive actions against terrorist acts are not compensated too;
 - 22.1.2.** war, invasion, hostile acts of a foreign state, military or similar operations, such as civil war (both declared and undeclared war), riot, strike, insurrection, rebellion, revolution, martial law, marauding, vandalism, sabotage, strike, lockout, public disturbances of order, which would amount to a coup or riot, confiscation of property, nationalization, if it is caused or sanctioned by the state authorities, regardless of whether it is legal or not; other political risks and all other losses or expenses incurred directly or indirectly due to the prevention of such actions are not compensated too;
 - 22.1.3.** direct or indirect nuclear explosion, exposure to nuclear energy or radioactive preparations, direct or indirect radioactive contamination;
 - 22.1.4.** intentional actions of the Policyholder, the Insured, or the Beneficiary or a person related to the Policyholder and/or the Insured.
- 22.2.** The Insurer does not have the right to provide insurance services, which means it acquires the right not to pay an Insurance benefit or to provide other benefits under the Insurance agreement, if by such provision of insurance services or benefits, as well as by the payment of an insurance benefit:
- 22.2.1.** the Insurer would violate the sanctions, prohibitions or restrictions imposed by the resolutions of the United Nations Organization or trade or economic sanctions, the normative acts of the European Union, the Republic of Lithuania, the United Kingdom, or the United States of America;
 - 22.2.2.** The reinsurance company, to which the Insurance agreement was submitted for reinsurance, violating applicable sanctions, prohibitions or restrictions, which are established by the legislation of the state where the reinsurance company is registered.
- 22.3.** It is not considered an insured event and losses are not compensated if they directly or indirectly arise from:
- 22.3.1.** legislation adopted by the state;
 - 22.3.2.** declared extreme state or state of emergency, furthermore, no losses that are
 - 22.3.3.** directly or indirectly related to any measures intended to avoid the extreme state or state of emergency, are indemnifiable;
 - 22.3.4.** epidemics or pandemics.

23. OBLIGATIONS OF THE INSURER IN THE EVENT OF THE INSURED RISK

- 23.1.** In order for the Policyholder or the Insured to acquire the right to receive an Insurance benefit in the event of an insured risk, they undertake, by signing the agreement, of their own free will and goodwill:
- 23.1.1.** inform the Insurer about the occurrence of a potential Insured event in accordance with the procedure specified in the Special conditions of these Terms and conditions immediately, but no later than within 3 working days (unless otherwise specified in the Special conditions of these Terms and conditions). If the Policyholder or the Insured informs the Insurer about the insured risk that has occurred late, the Policyholder or the Insured undertakes to provide facts confirming the objective truth or to prove that it was not possible to notify in a timely manner;
 - 23.1.2.** inform the competent services (e.g. treatment facility, fire safety and rescue department, police, emergency services, etc.) immediately;
 - 23.1.3.** follow the instructions (actions) provided by the Insurer and implement them as well as take all

measures in order to reduce the damage and prevent its occurrence or increase;

- 23.1.4.** provide the Insurer with the opportunity to inspect the scene of the incident, conduct an investigation and collect all the necessary information, i.e. to interview witnesses, take photographs or otherwise, so that the Insurer can determine the causes and amount of the loss;
 - 23.1.5.** provide all possible and necessary information and documents that may be requested by the Insurer, including trade secrets, if they are known to the Policyholder or the Insured, so that the Insurer can honestly and objectively determine the causes of the insured risk and the amount of damage and, in the event of payment, honestly and objectively calculate the amount of the benefit;
 - 23.1.6.** keep the scene of the incident intact if it is possible, until the Insurer's representative arrives, if the Policyholder has not received instructions for other actions from the Insurer. This Paragraph does not apply insofar as it is necessary to fulfil requirements of 23.1.3 of the General part of these Terms and conditions;
 - 23.1.7.** if the Insurance object cannot be preserved without changing its condition after the event due to the fulfilment of the requirements contained in Paragraph 23.1.3. of the General Part of these Terms and conditions or for other legal and justified reasons, ensure that photographs of the damaged property are taken as quickly as possible or the damaged insurance object is filmed in order to record the losses, and email the photographs or video recording to the Insurer at: zalos@bta.lt or deliver in another manner specified by the Insurer. The Insured, before making a decision to make any changes to the event site, undertakes not only to check with the Insurer, but also to inform it in advance.
 - 23.1.8.** coordinate with the Insurer the design, construction, production or repair work of the damaged property for which the Insurance benefit must be paid. If this Paragraph/condition is not observed, the Insurer acquires the right not to pay the part of the benefit by which the loss increases.
- 23.2.** If the Policyholder, persons related to the Policyholder, the Insured or the Beneficiary intentionally or due to gross negligence fail to comply with the obligations and obligations agreed in the Regulations, the Insurer acquires the right to reduce the Insurance benefit or refuse to pay it.

24. INSURANCE BENEFIT

- 24.1.** The insurance benefit is paid no later than 15 days from the day when all information, significant in determining the fact, circumstances, consequences and amount of the Insurance benefit of the Insured event, is received.
- 24.2.** In the event of theft or robbery, when the Insurance benefit has been paid out and the Insurance object was later found, the Insurer has the right to recover the Insurance benefit or demand the transfer of the right to the Insurance object. If the Insurer decides not to keep the Insurance object that was found, but the found object is damaged, then the Policyholder, returning the insurance benefit received from the Insurer, deducts from it the costs agreed with the Insurer, necessary to restore the object to its original condition.
- 24.3.** If the event is the Insured event, and the Policyholder and the Insurer do not agree on the amount of the Insurance benefit, at the request of the Policyholder, the Insurer pays an amount equal to the undisputed Insurance benefit of the parties, if the exact determination of the amount of the damage takes more than 3 months.
- 24.4.** If the Insurer delays the payment of the Insurance benefit due to its own fault, the Insurer pays 0.02% late interest on the amount of the Insurance benefit payable for each day of delay, but not exceeding 10% of the Insurance benefit not paid on time.
- 24.5.** When paying the Insurance benefit, all Insurance premiums (for the current insurance year) the payment deadline of which has reached the date of payment of the Insurance benefit are included. With the Policyholder's consent, premiums the payment deadline of which has not expired may be credited. In cases where the Insurance object perishes, is destroyed or lost as a result of the Insured event, all unpaid insurance premiums according to the agreement are deducted from the Insurance benefit that is paid out.
- 24.6.** In the event that the Insurer is unable to recover the benefit through the recourse procedure due to the Insured's intentional actions or the Insured's gross negligence, the Insurer acquires the right not to pay the part of the Insurance benefit where a claim cannot be made, or, if the Insurance benefit has already been paid, to demand the return of the benefit from the Policyholder.

24.7. At the request of a person entitled to an Insurance benefit, the Insurer provides such person with the opportunity to get acquainted with the available documents, on the basis of which a decision was made to pay an Insurance benefit or refuse to pay an Insurance benefit, or issues copies of documents for a fee not exceeding the cost of issuing copies of documents.

A person entitled to an Insurance benefit is not given the opportunity to familiarize themselves with the available documents and no copies of the documents are provided, if:

- 24.7.1.** the documents are submitted to the law enforcement authorities for investigation regarding the circumstances of the insured risk incident;
- 24.7.2.** the documents contain a commercial secret of another person, which other persons do not have the right to receive under the requirements of the Law on Personal Data Protection;
- 24.7.3.** the documents contain personal data, which other persons do not have the right to receive in accordance with the requirements of the Law on Personal Data Protection.

25. COMPLAINT AND DISPUTE RESOLUTION PROCEDURE

25.1. An interested person who believes that the Insurer has violated their rights or legitimate interests must apply to the Insurer in writing with a complaint, specifying the circumstances of the dispute and their claims. The consumer (a natural person using an insurance service that was provided to meet personal, family or household needs) must contact the Insurer no later than three months from the day they became aware or should have become aware of a violation of their rights (more information at <https://www.bta.lt/aktuali-informacija-apiedraudima>). The insurer must provide the customer with a response no later than within 15 working days from the date of receipt of the complaint. Disputes between consumers and the Insurer are handled by the Supervision Service of the Bank of Lithuania www.lb.lt, Žalgirio g. 90, LT-09128 Vilnius. A request to examine a dispute can be submitted to the Bank of Lithuania through the electronic dispute examination system using the following link: <https://www.lb.lt/lt/spreskite-ginca-sufinansiniu-paslaugu-teikeju>. In case of questions regarding the insurance, the complaint handling procedure is publicly available at www.bta.lt.

25.2. All disputes arising between the parties to the Insurance agreement are resolved through negotiations. If an amicable agreement cannot be reached, all disputes arising from the Insurance agreement and related to the violation, termination, or invalidity of the Insurance agreement shall be resolved in the courts of the Republic of Lithuania in accordance with the legislation of the Republic of Lithuania, in the courts of the Republic of Lithuania based on the address of BTA branch office in Lithuania.

26. PROCESSING OF PERSONAL DATA

26.1. The Insurer, as a personal data processor, processes the data of natural persons in accordance with the personal data processing requirements defined in Regulation (EU) 2016/679 of the European Parliament and of the Council of 27-04-2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), as well as other legal requirements.

26.2. The principles of personal data processing and the Insurer's privacy policy can be found at www.bta.lt.

27. SUBROGATION AND RIGHT OF RECOURSE

27.1. The right to demand the paid amounts from the person responsible for the damage (subrogation or right of recourse claim) passes to the Insurer who has paid the Insurance benefit. The Policyholder, the Insured, or the Beneficiary undertakes to submit all the information requested by the Insurer so that the Insurer can properly exercise the right of claim transferred to him.

28. CONFIDENTIALITY

28.1. The parties undertake not to disclose confidential information obtained on the basis of Insurance contractual or pre-contractual legal relations to third parties, nor to use this information in a way that would harm the interests of the other party to the Insurance agreement. The Insurer, in pursuit of the principle of justice when calculating Insurance benefits or in order to confirm/assess that the event is insured, acquires the right to professional consultations with independent experts and reinsurers, if necessary, by providing them with all the necessary information obtained on the basis of contractual or pre-contractual insurance relations, as well as to protect it from the Insurer's databases. This obligation does not apply when the parties, in

accordance with the requirements of the legislation of the Republic of Lithuania, must provide information to the competent state institutions.

29. OTHER CONDITIONS

- 29.1.** Any notice to be given by the Policyholder or the Insurer to each other must be made within the deadlines set out in these Regulations by one of the following methods:
- 29.1.1.** by delivering to the Policyholder, at the addresses specified in the Insurance agreement certificate or other written documents or in the parties' notices about the change of addresses of the registered offices;
 - 29.1.2.** by sending a registered postal correspondence package;
 - 29.1.3.** by Email, when the parties have provided for this method of notification in the agreement, or express their consent to exchange information in this way by conduct.
- 29.2.** The Insurer has the right to transfer its rights and obligations under the Insurance agreement to other Insurer(s) in accordance with the procedure established by the legislation. The Policyholder, not agreeing to the transfer of rights and obligations under the Insurance agreement, has the right to terminate the Insurance agreement in accordance with the procedure established therein within one month from the transfer of rights and obligations. In such case, the Insurance premiums paid by the Policyholder are returned to the Policyholder for the remaining period of validity of the Insurance agreement.
- 29.3.** Contractual insurance legal relations are subject to the legislation of the Republic of Lithuania.
- 29.4.** The insurance agreement is concluded on the basis of these General conditions and Special conditions. If the special and/or individual insurance conditions specified in the Insurance agreement certificate and these General Insurance Definitions and Conditions differ, the special and/or individual insurance conditions prevail.
- 29.5.** The Policyholder, the Insured, the Beneficiary and other persons who acquire rights on the basis of the Insurance agreement undertake to comply with the obligations established in these Terms and conditions.
- 29.6.** These Terms and conditions shall enter into force from the day of their approval by the Board of the Insurer, unless the Board of the Insurer has specified another date of entry into force of the Terms and conditions.
- 29.7.** In case of contradictions or inconsistencies between the languages, the Lithuanian text prevails.
- 29.8.** These Regulations can be found on the Insurer's website at <http://www.bta.lt>.

ANNEX NO. 1. INSURANCE BENEFIT DETERMINATION TABLE FOR INJURIES

TERMS AND CONDITIONS NO. 0801.AL01 ANNEXES.

ACCIDENT INSURANCE

Consequences of the accident		Amount of insurance benefit of the limit of the Insurance amount
1.	Central and peripheral nervous system:	
1.1.	Concussion of the brain or spinal cord	3
1.2.	Traumatic haemorrhages of the brain and its durae	10
1.3.	Paralysis of one side of the body (hemiplegia), paralysis of the lower limbs (paraplegia)	50
1.4.	Paralysis of the upper and lower limbs (tetraplegia), decortication (brain death)	70
2.	Sight organs:	
2.1.	Complete uncorrectable blindness	40
2.2.	Complete uncorrectable blindness of one eye	20
3.	Hearing organs:	
3.1.	Complete deafness in both ears	40
3.2.	Deafness in one ear	15
3.3.	Injury of the eardrum (complete or partial loss)	5
4.	Traumatic injuries to teeth and jaws:	
4.1.	Dislocation of the jaw	3
4.2.	Chipping of at least 1/4 of a healthy tooth	2
4.3.	Loss of 1 healthy tooth	3
4.4.	Loss of 2-4 healthy teeth	4
4.5.	Loss of 5 or more healthy teeth	8
5.	Respiratory system:	
5.1.	Lung injury resulting in the partial removal of a lung	10
5.2.	Lung injury resulting in the removal of an entire lung	40
5.3.	Loss of voice	20

6.	Abdominal and pelvic injuries:	
6.1.	Lost of stomach, intestines, pancreas, liver, spleen, one kidney or functions thereof (at least 50%)	25
6.2.	Partial removal of a kidney(s)	15
6.3.	Removal of both kidneys	40
6.4.	Removal of an ovary, fallopian tube, or testicle on one side, as well as the uterus in women over 40 years of age.	15
6.5.	Removal of both ovaries, fallopian tubes, testicles, as well as the uterus in women under 40 years of age or the penis in men	30
7.	Fractures:	
7.1.	Facial bone fractures (except the nose)	5
7.2.	Fracture of the nose	3
7.3.	Calvaria fractures	8
7.4.	Skull base fractures	10
7.5.	Fractures of 1-2 vertebrae (body, arch)	8
7.6.	Fractures of 3 or more vertebrae (body, arch)	15
7.7.	Fractures of the sternum, ribs	3
7.8.	Fracture of one bone in the arm (i.e. radius, ulna)	5
7.9.	Fracture of two bones in the arm, includes humerus	10
7.10.	Fracture of three bones in the arm	15
7.11.	Fracture of the one bone in the leg (tibia, fibula)	5
7.12.	Fracture of two bones in the leg, includes femur	10
7.13.	Fractures of three bones of the leg	15
7.14.	Fractures of the hand, foot	3
7.15.	Fracture of the arm, toe	1
7.16.	Fracture of the pelvic bones (iliac, pubic, ischium, pelvic), separation of pubic symphysis	5
7.17.	Fractures of the iliac fossa, sacrum	10
8.	Loss of limbs or irreversibly impaired function:	
8.1.	Loss of the arm at the shoulder joint	70
8.2.	Loss of the arm above the hand	60

8.3.	Loss of the hand	45
8.4.	Loss of one or more fingers	5
8.5.	Loss of the thumb	7
8.6.	Loss of the leg above the knee joint	70
8.7.	Loss of the leg above the ankle joint	60
8.8.	Loss of the foot	45
8.9.	Loss of one or more toes	5
8.10.	Loss of the big toe	7
9.	Soft tissues:	
9.1.	Full facial disfigurement: pronounced deformation, unusual pigment spots on the face; ugly scars	30
9.2.	Rupture or tear of the knee meniscus, Achilles tendon or anterior cruciate ligament, confirmed by MRI or ultrasound	2
9.3.	Linear Scar up to 5 cm	1
9.4.	Linear Scar from 5.1 cm	2
9.5.	Traumatic rupture of ligaments, tendons	3
9.6.	Traumatic strain of ligaments, tendons	2