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ACCIDENT INSURANCE
Terms and Conditions No 01.4

Effective as of 01.06.2021

BTA and Policyholders enter into Accident Insurance Contracts in accordance with these Terms and Conditions.

CONTENTS

SPECIAL CONDITIONS

1. WHAT IS WHAT

Accident – a sudden and unexpected event that happens to You beyond Your control during the Policy period at a specific time and in a specific place as a result of external forces and causes Your Trauma, Loss of Working Capacity or Death.

Critical Illness – illness listed in paragraph 24.2, when the first symptoms of the illness are diagnosed and the diagnosis is verified during the Policy period. The onset date is the day of applying to a medical care establishment when the first symptoms of the illness were diagnosed and Critical Illness diagnosis was verified ('Final Diagnosis') within 1 month after the first symptoms thereof were recorded.

Disease – illness listed in paragraph 27.2, when the first symptoms of the Disease are diagnosed and the diagnosis is verified during the Policy period. The onset date is the day of applying to a medical care establishment when the first symptoms of the Disease were observed and the diagnosis was confirmed after medical examinations performed in relation thereto.

Insurance risk increase/decrease – means any change or occurrence of the circumstances provided for in these Regulations, insurance policy and/or other documents submitted to the Insurer that may essentially influence the probability of occurrence of an insured event and potential damage caused by the event. Change in work activities, sports classes or other form of activities in which the Insured engages and which is specified in the insurance policy shall be considered to be increase/decrease of insurance risk.

Intoxication Clause – Inured Person's accidental death will be also recognised as a risk covered if the Insured Person's blood alcohol concentration exceeds 0.4 mg/ml. However, the cover will not apply irrespectively of whether or not the Intoxication Clause is chosen if at the moment of the event the Insured Person was driving any motor vehicle and his/her blood alcohol content exceeded the statutory limit permitted to drivers of motor vehicles in a country where the event occurs.

Loss of Working Capacity – a 50% or greater loss of working capacity (or disability for persons under 18) established to You as a result of a Trauma (which has been recognized as insured event in accordance with the terms of these „Terms and Conditions"), by a competent authority within one year after the Trauma which must be confirmed twice by the competence authority, provided that the second confirmation establishing a 50% or greater loss of working capacity (or disability for persons under 18) takes place at least one year after the first one.

Pathological Fracture – a bone fracture occurring due to changes in the bone structure or occurring in bones with pathological changes.

Plastic surgery – means a surgery the purpose of which is to eliminate visible face/ body defects remaining as a result of an injury which is recognized to be the insured event in accordance with terms and conditions of these Regulations.

Renewed contract – means an insurance contract which enters into force on the next day following the day of expiry of the previous contract concluded with the Insurer. A contract shall be considered to be renewed only where the Insured is the same person as in the expired contract. Where a new Insured is included in the renewed contract, the terms and conditions of the renewed contract shall not apply to such Insured. Where new insurance variants are chosen in the renewed contract, the terms and conditions of the renewed contract shall not apply to such insurance variants.

Repeated Fracture – a bone fracture occurring during an Accident due to changes in the bone structure in the location of an earlier fracture.
Sports – participation in any kind of sports activities, trainings or competitions organized by a sports organization. Sports organizations include sports clubs, sports centres, sports schools, sports bases, sports federations, associations and societies with legal personality, other organizations and institutions engaged in sports activities, which facilitate the practice of physical culture and sports, train athletes, organize sports competitions and other physical culture and sports events. Individual or group sports activities that are not organized by a sports organization and are only in the form of an insured leisure permit are not considered sports.
Temporary Loss of Capacity for Work – a period when You are temporarily incapable of performing Your job duties as a result of Trauma (which has been recognized as insured event in accordance with the terms of these „Terms and Conditions") and this is confirmed by medical documents and sick leaves.
Third parties – means all persons, excluding the Policyholder, You, relatives thereof to the third generation, the spouse and in-laws to the second generation, as well as companies related to the Policyholder or You and their relatives to the third generation.
Traffic Incident – a sudden and unexpected event that happens beyond Your control during the Policy period at a specific time and in a specific place involving at least one moving vehicle and resulting in Death of or Trauma to people, which that moment were in the motor vehicle specified in the Policy.
Trauma – a bodily injury caused by an Accident and listed in Table No.1 - The table of benefits - "Bone, soft tissue and internal injuries (hereinafter referred to as "Annex 1") and/or in Table No.2 - The table of benefits - "Long - term and irreversible effects of injuries" (hereinafter referred to as "Annex 2").
Vehicle – a series-produced motor vehicle which assembly was completed by a manufacturing plant, is registered in the established procedure, holds a license plate number and is intended to carry people and/or goods.
We or the **Insurer –** AAS BTA Baltic Insurance Company, on behalf of Lithuanian Branch.
You or the **Insured Person** – a natural person indicated in the insurance policy ("the Policy") whose interest shall be covered and in whose favour the insurance is contracted.

2. RISKS COVERED

2.1. Insurance object – property interests relating to your Trauma, Loss of Working Capacity or Death caused by an Accident, as well as relating to Critical Illness and/or Disease, specified in the "Terms and Conditions". In case of Personal civil liability - Your personal civil liability to Third parties.

2.2. Sum insured – a sum of money specified in the Policy which is the limit of indemnity payable by Us in benefits. The sum insured shall be agreed by the Insurer and Policyholder on a per risk basis.

2.3. The territory of cover is worldwide (unless the Policy reads otherwise), except for Daily Allowance, Loss of capacity to work and Medical Expense risks which are covered in the Republic of Lithuania only.

3. INSURANCE COVERAGE VALIDITY OF COVER IN CASE OF ENGAGING IN SPORTS OR INCREASED RISK ACTIVITIES

3.1. This insurance shall cover individual and organized sports activities other than activities defined as Sports and/or Increased-Risk Activities.

3.2. It is necessary to select Sports risk in the insurance policy if you participate in any kind of sports activities, trainings or competitions organized by a sports organization. In any case, the insurance cover does not apply to you for the activities specified in these „Terms and Conditions" as High Risk activities or for the activities specified in clauses 4.1.12 – 4.1.13 of the „Terms and Conditions".

3.3. It is necessary to choose the High Risk activity in the insurance policy if your activity includes:

3.3.1. alpinism, mountaineering to the height exceeding 2500 m with special mountaineering equipment, speleology, expeditions to mountains, jungles, deserts or other uninhabited places;

3.3.2. autosport;

3.3.3. driving a motorcycle in free time (including as a passenger), including sea and snow, quads, motor-scooters and go karts;

3.3.4. bicycle sports;

3.3.5. water sports (windsurfing, surfboarding, water skiing, sailing, scuba diving in the depth of up to 30 m). However, the cover shall not apply to swimming or diving in the depth exceeding 30 metres;

3.3.6. parachuting;

3.3.7. horse riding, American football, handball, rugby, hockey;

3.3.8. combat and contact sports (boxing, martial arts, wrestling) (does not apply if at the beginning of the insurance period the age of the Insured is up to 16 years inclusive);

3.3.9. gliding, paragliding, air-ballooning or travelling in other light aircraft; gliding, hot air ballooning (except for flying as a passenger);

3.3.10. any sports activities related to jumps from height, veer, manoeuvring with or without elements of acrobatics (including parkour, tricking, bungee-jumping).

3.3.11. shall exclude activities that are specified in subparagraph 4.1.13 as non-insured events.

4. EXCEPTIONS

4.1. This Insurance shall not apply and no insurance benefit is payable if Accident arises out of circumstances described in the General Terms and Conditions of the Regulation. In addition, no benefits are payable in the following cases:

4.1.1. You were engaged in activities incurring criminal activity;

4.1.2. You were arrested or Your freedom was restricted as a result of serving a sentence;

4.1.3. You take part in fights (except necessary self-defence when its limits are not overstepped or when the use of physical power is directly related to the performance of official duties, or the fact of You being attacked and/or beaten was established by competent authorities);

4.1.4. You were doing jobs dangerous for Your health or life which require special training and appropriate permits issued by a competent body (commission) without holding such permit (i.e. jobs relating to high-voltage equipment, high-altitude and underground operations, special-purpose machinery, explosives, wells, digging/excavation, etc.);

4.1.5. You were travelling as a passenger in an aircraft which was not intended for passenger transportation;

4.1.6. You committed suicide, attempted suicide or injured Yourself;

4.1.7. You were treated using non-traditional medical methods;

4.1.8. before the event or during it, You were using narcotic, psychotropic, toxic substances or medicinal products with no medical indications and not prescribed by a doctor for specific treatment purposes;

4.1.9. served in an army and participated in military exercises, operations, peacekeeping missions or any military acts;

4.1.10. You voluntarily endangered Your own life, except for trying to save another person's life;

4.1.11. You were driving any motor vehicle (road vehicle, aircraft or watercraft) under the influence of alcohol, narcotic or psychotropic substances or without a proper driving license for a motor vehicle of a certain category; also, if You were travelling by a motor vehicle being aware that its driver was under the influence of alcohol, narcotic or psychotropic substances or driving without a proper driving license for a motor vehicle of a certain category using alcohol, narcotic or psychotropic substances. This provision does not apply only in cases when driver's blood alcohol content does not exceed the statutory limit permitted to drivers of motor vehicles in a country where the event occurs and this is confirmed by alcohol tester readings or medical documents;

4.1.12. You were snowboarding or alpine skiing in places other than specially designated alpine skiing tracks;

4.1.13. You were performing acrobatic flights, paragliding, B.A.S.E. jumps, engaged in bushido, kickboxing, no rules fighting and other similar activities, motor sports, cross-country motorcycle races, participating in competitions or training with sea scooters, motor boats (scooters), snow scooters, quads, unless the Policy stipulates otherwise;

4.1.14. You were engaged in Increased-Risk Sports or Sports unless Increased-Risk Sports or Sports were chosen in Your Policy.

4.2. Coverage under the Regulation is also excluded for Accidents:

4.2.1. occurring during surgeries and/or as consequences thereof;

4.2.2. related to developmental and congenital diseases and/or abnormalities;

4.2.3. where the occurrence of a critical disease or accident was influenced by your health disorders in respect of which competent public authorities had already determined for you the level of loss of ability for work or a level of disability, or a mental disease;

4.2.4. occurring as a result of illnesses (including Critical Illnesses) and/or illness-related seizures (e.g. illnesses causing diabetic seizure, epileptic seizure or other convulsive seizures of the body), mental diseases or injuries, reactive conditions (state of affect) causing coordination disorders or muscle weakness (including but not limited to Parkinson's disease, myopathy, disseminated (multiple) sclerosis);

4.2.5. related to birth-giving, abortion, medical errors;

4.2.6. related to AIDS and other HIV caused diseases;

4.2.7. caused by global disasters, natural calamities, epidemics, pandemics and etc.

4.3. Events listed as exclusions for individual risks shall not be covered, too.

4.4. We shall have the right to disallow insurance benefit if You fail to seek medical assistance from a medical care establishment on time (within 72 hours after the Accident) or fail to report of the event to Us on due time and this precludes Us from verifying the exact circumstances thereof when medical documents do not confirm that the event occurred within the Policy period.

4.5. We have the right, at our expense, to carry out an additional inspection of the Insured's state of health, with the help of medical experts or other specialists, in order to determine the causes of the occurrence which may be recognized as prohibitive or non-prohibitive, and the extent of the damage.

5. OBLIGATIONS UPON OCCURRENCE OF A POTENTIAL INSURED EVENT

5.1. Upon occurrence of the event insured (risk covered), You, the Policyholder or persons authorised by You must:

5.1.1. notify Us in writing on an event that may be recognised as the risk covered in 30 calendar days after the event and disclose its circumstances. If You undergo in-patient treatment in a medical care establishment, the event insured and its circumstances must be notified within 30 calendar days after the last day of Your hospital stay;

5.1.2. where the Policy stipulates that the Insured Person is covered only at work or on the way to/from work – produce Us documentary proof of the investigation of the event in accordance with the laws of the Republic of Lithuania regulating investigation of Accidents at work and accidents on the way to/from work, and of the event being recognised as Accident at work or Accident on the way to/from work;

5.1.3. release doctors from their duty of medical confidentiality and allow Our representative to get access to Your medical documents and other documents related to the Accident;

5.1.4. authorize Us to conduct additional medical examination of the Insured Person in relation to the Accident. We shall delegate Our medical experts or other professionals to do the examination. Costs sustained in connection to the acts mentioned in this paragraph above shall be covered by Us.

TRAUMAS

6. WHAT IS COVERED

6.1. The Insured Event is your Trauma listed in Annex 1 or 2.

7. WHEN DOES THIS INSURANCE NOT APPLY

7.1. This insurance shall not apply to:

7.1.1. Injury not specified in Annex 1 or 2 (depending on which supplement is selected in the insurance policy);

7.1.2. Injury of a functional unit of the organ system, if before the Trauma this area was damaged by a disease (e.g.: Osteoporosis) or it is a Pathological Fracture;

7.1.3. Repeated Fracture occurred during validity of the same insurance policy;

7.1.4. Repeated injury of soft tissues of the same joint or joint structures (e.g., strain, split, etc.) during validity of the same insurance policy;

7.1.5. for transplant tear;

7.1.6. for implant tear, dislocation, fracture and other damage;

7.1.7. Hernias occurring as a result of physical loads/pressure (incl. weight lifting), e.g., abdominal hernia, diaphragmatic hernia, hernia of the intervertebral discs, as well as radiculopathies/neuropathies shall not be qualified as risks covered;

7.1.8. traumas caused by Your cosmetic procedures, surgeries, prosthetic dentistry and treatment of their complications, unless this is related to Trauma suffered during the Policy period;

7.1.9. due to the repeated damage of the functional unit of the same organs system, if there are still the consequences of the previous Trauma;

7.1.10. Trauma that are not confirmed by primary medical documentation and / or diagnostic tests during the insurance period of the occurrence.

8. WHAT DO WE PAY FOR AND HOW

8.1. Insurance benefit shall be calculated in accordance with Annex 1 or 2, as a percentage of the sum insured set in the Policy in respect of Trauma risk, subject to the type of injury indicated in the medical documents issued by a medical care establishment.

8.2. Insurance benefit shall be paid to the Insured Person unless the insurance contract specifies otherwise.

8.3. The number of benefits payables in respect of Trauma shall not be limited, but the aggregate amount of benefits paid during the Policy period for one or several risks covered shall not exceed the sum insured set in the Policy in respect of Trauma risk.

8.4. The sum of benefits payable for all injuries to one part of the body per risk covered shall not exceed the benefit payable in the case of loss of that part of the body or its function.

8.5. Insurance benefit:

8.5.1. insurance benefit in respect of one Trauma shall be paid only under one respective paragraph providing for the most severe injury of the respective section;

8.5.2. benefits for bone fractures, dislocations, syndesmolyses shall be paid only if the mentioned injuries are confirmed by a radiograph examination (computed tomography myelogram (CTM) or magnetic resonance imaging (MRI));

8.5.3. multiple fracture of one bone shall be considered to be one fracture;

8.5.4. insurance benefit for the injuries of one organ suffered as a result of one risk covered shall not exceed the sum fixed for the loss of such organ;

8.5.5. insurance benefits payable for the loss of a part of body/organ function shall be reduced with the benefits paid down for the injuries of such organ;

8.5.6. If insurance benefit is payable for bone fracture and/or dislocation and surgery, no benefit shall be paid for tendon and/or ligament injuries in the same area.

8.5.7. Insurance benefits in Annex 1 or 2 in respect of surgeries related to fractures in one bone (original fracture, recurring fracture, dislocation, syndesmolysis or pseudoarthrosis) shall be paid in addition to the benefit payable in relation to the fracture (dislocation, syndemolysis), but maximum for 2 times only. No insurance benefit is payable for the fixator removal after osteosyntesis.

8.5.8. due to detachment (tearing) of bone fragments (fragments), violations of the integrity of tangential bone surfaces, impact, impression, avulsive (tearing of a part of bone with strong contraction of a muscle at its attachment) fractures, abortion (payment of bone structures, eg growths) only submitted medical documents confirming the immobilization of the damaged area with plaster for at least 2 weeks.

8.6. In case of severe injuries omitted in the Annex 1 or 2, decision as to the payment of insurance benefit shall be taken by Our medical professional.

8.7. If the Insured Person dies as a result of Accident, insurance benefit for Trauma shall not be paid.

8.8. Upon occurrence of an event that is likely to be recognised as risk covered, the Policyholder, Beneficiary or persons authorised by You must produce Us all documents related to the event (with enclosed translations to the national language) supporting the fact and circumstances of the event as well as the size of insurance benefit, including:

8.8.1. event notification (e-form or phone);

8.8.2. documents issued by medical care establishment describing the fact and date of Trauma, diagnosis, medical examinations and treatment;

8.8.3. consent to process personal data (upon our request).

LOSS OF CAPACITY FOR WORK

9. WHAT IS COVERED

9.1. The risk covered is Loss of Working Capacity (or disability in case of persons under 18) established for the Insured Person within one year after the event.

10. WHEN DOES THIS INSURANCE NOT APPLY

10.1. This insurance shall not apply if:

10.1.1. Loss of Working Capacity (or disability in case of persons under 18) was established for You later than one year after the Accident;

10.1.2. the established Loss of Working Capacity is less than 50% and/or no disability is established for persons under 18;

10.1.3. Loss of Working Capacity is caused by diseases/illnesses or their complications, including Critical Illnesses or Diseases.

10.1.4. An event that has been declared as non-insured event under the "Terms and Conditions" for the risk of Trauma.

11. WHAT DO WE PAY FOR AND HOW

11.1. In case of Loss of Working Capacity, We will pay a benefit which is calculated as a percentage of the sum insured set in the Policy in respect of this risk (Loss of Working Capacity):

11.1.1. Insurance benefit is calculated as a percentage of the sum insured in respect of this insurance risk on the basis of the degree of lost working capacity or disability (see paragraph 11.2).

11.1.2. Insurance benefit is payable when the established Loss of Working Capacity is 50% or greater or disability is established for persons under 18 (see paragraph 11.2).

11.1.3. When Loss of Working Capacity at a rate of 50% or greater, or disability for persons under 18 as per paragraph 11.2, is established by the initial commission of a competent state, 10% of the calculated preliminary benefit shall be paid down.

11.1.4. When Loss of Working Capacity at a rate of 50% or greater, or disability for persons under 18 as per paragraph 11.2, is established by the second commission of a competent state, the final benefit shall be calculated in accordance with the established degree of Loss of Working Capacity or disability and the remaining part of the benefit shall be paid down.

11.1.5. If the nature of the injury (e.g. amputation, loss of organ, etc.) allows us to conclude that the loss of ability to work or disability is unquestionable and in accordance with 11.1.2., Then we pay the insurance benefit without waiting for 11.1.4. within the time limit provided for in.

11.2. Insurance benefit for persons under 18 is payable in the following procedure:

11.2.1. if severe disability is established – 100% of the sum insured in respect of this insurance risk;

11.2.2. if medium disability is established – 75% of the sum insured in respect of this insurance risk;

11.2.3. if mild disability is established – 50% of the sum insured in respect of this insurance risk.

11.3. If benefits for Trauma were paid in relation to the same risk covered (event insured), these benefits shall be included in the amount of benefit payable for Loss of Working Capacity or disability (for persons under 18).

11.4. If you were already found to be incapacitated for work or disability before the Accident and the level of incapacity for work or disability increased due to this Accident, we calculate the amount of insurance benefit (as a percentage of the amount of incapacity for work risk) as the difference between the incapacity for work and disability changed level of incapacity for work / disability.

11.5. If your level of incapacity for work / disability has been determined not only due to the consequences of the insured event, but also due to co-morbidities, we determine the amount of the insurance benefit taking into account only the loss of capacity for work caused by injuries caused by the insured event. If the proportion of the reasons for incapacity for work / disability cannot be objectively determined, we consider all the reasons for incapacity for work / disability to be equivalent.

11.6. Upon occurrence of an event that is likely to be recognised as risk covered, the Policyholder, Beneficiary or persons authorised by You must produce Us all documents related to the event (with enclosed translations to the national language) supporting the fact and circumstances of the event as well as the size of insurance benefit, including:

11.6.1. event notification (e-form or phone);

11.6.2. a certificate of the initially and repeatedly established degree of Loss of Working Capacity or disability;

11.6.3. documents issued by medical care establishment describing the fact and date of Trauma, diagnosis, medical examinations and treatment;

11.6.4. consent to process personal data (upon our request).

DEATH

12. WHAT IS COVERED

12.1. The risk covered is the Insured Person's accidental death within one year after the Accident.

13. WHEN DOES THIS INSURANCE NOT APPLY

13.1. This insurance shall not apply to:

13.1.1. the Insured Person's death from alcohol poisoning;

13.1.2. the Insured Person's death when the Insured Person was using alcohol before the event or during it. This provision does not apply if any of the conditions below is present:

13.1.2.1. Insured Person's blood alcohol content does not exceed 0.4 ml/mg and this is confirmed by medical documents;

13.1.2.2. the Insured Person contracted for insurance with the Intoxication Clause which is indicated in the Policy;

13.1.2.3. during the event, the Insured Person was in a motor vehicle (road vehicle, watercraft or aircraft) as a passenger, except for the case in paragraph 4.1.11.

13.1.3. the Insured Person's death caused by suicide.

13.1.4. the Insured Person's death caused by diseases or their complications, including Critical Illnesses or Diseases.

13.1.5. An event that has been declared as non-insured event under the "Terms and Conditions" for the risk of Trauma.

14. WHAT DO WE PAY FOR AND HOW

14.1. In case of occurrence of the risk covered (event insured), insurance benefit shall be equal to the amount indicated in the Policy in respect of this risk. If the Insured Person was paid insurance benefits for Traumas,

Loss of Working Capacity, Hospital confinement allowance, Daily allowance, Medical expenses, Expenses for studies, Expenses for a tutor, Expenses for children, Plastic surgery, Psychological assistance, due to the same event that results in the death of the Insured Person, the benefit payable in respect of death shall be reduced with the amounts paid down in benefits for the same event.

14.2. Insurance benefit shall be paid:

14.2.1. We pay all costs associated with obtaining the additional documents We request and the medical examination

14.2.2. if, according to the last written application submitted by the Insured known to the Insurer, other persons who have not submitted applications for the insurance benefit should receive the insurance benefit, they shall also be informed about the decision on the payment of the insurance benefit;

14.2.3. if the insurance policy with the changed Beneficiary's appointment or a separate written appointment changing the previous written appointment is submitted to the Insurer (authorized person) after the payment of the insurance indemnity, the Insurer shall not satisfy the claims of the persons who submitted it;

14.2.4. insurance benefits are taxed in accordance with the procedure established by the legal acts of the Republic of Lithuania.

14.2.5. Insurance benefits for Injury and / or additional risks are paid to the Insured, unless otherwise provided in the insurance contract. The Policyholder has the right to appoint one or more Beneficiaries who, upon the occurrence of the insured event, acquire the right to receive the insurance benefit or a part thereof. The Policyholder must notify the Insurer in writing about the appointed Beneficiary. If the Policyholder appoints a person who is not the Insured as the Beneficiary, such appointment shall be valid only if the Policyholder provides the Insured with the written consent of the Insured;

14.2.6. The insurance benefits is paid to the Policyholder only if the Policyholder submits the written consent of the Insured and if the Beneficiary is indicated in the insurance policy. Otherwise, the benefit is paid to the Insured;

14.2.7. If the Insured dies without receiving the insurance benefit that should have been paid to him / her due to the Injury and / or additional risks, it shall be paid to the Beneficiary.

14.3. Granting of the insurance benefit to the Insured in the event of death:

14.3.1. The Policyholder has the right to appoint one or more Beneficiaries who, upon the occurrence of the insured event (death), acquire the right to receive the insurance benefit or a part thereof. The Policyholder must notify the Insurer in writing about the appointed Beneficiary. The Beneficiary may be appointed only with the written consent of the Insured. If the Policyholder has not appointed a Beneficiary, the insurance benefits payable due to the death of the Insured shall be inherited in accordance with the procedure established by law;

14.3.2. The policyholder may change or cancel his appointment. If the Beneficiary has been appointed with the consent of the Insured, the Beneficiary may be revoked only with the consent of the Insured;

14.3.3. if the Beneficiary of the insurance benefit is appointed in the insurance contract, if the Insured dies due to the insured event, the insurance benefit shall be paid to the Beneficiary. The Insurance Indemnity shall be paid to the Policyholder only if the Policyholder submits the written consent of the Insured and if the Beneficiary is indicated in the Insurance Policy;

14.3.4. the insurance benefit is paid to the heirs of the Insured, if the Beneficiary is not appointed in the insurance contract or the written consent of the Insured is not provided to the Insurer. The insurance benefit is paid to the heirs of the Insured when:

14.3.4.1. the Beneficiary died earlier than the Insured and no other Beneficiary was appointed;

14.3.4.2. the Insured and the Beneficiary died on the same day.

14.3.5. In the cases specified in clauses 14.3.4.1. and 14.3.4.2. the insurance benefit shall be paid to the heirs of the Insured if one person has been appointed as the Beneficiary. If several persons have been appointed as Beneficiaries, the insurance indemnity shall be paid not to the heirs, but to the remaining intended Beneficiaries, by increasing the proportions of the insurance indemnity allocated to them;

14.3.6. If the court recognizes the Insured's whereabouts, the insurance benefit is not paid;

14.3.7. When the court declares the Insured dead, the insurance benefit is paid if the court decision states that the cause of the Insured's death could have been an Accident and the implied date of death was during the term of the insurance contract.

14.4. Upon occurrence of an event that is likely to be recognised as risk covered, the Policyholder or Beneficiary must produce Us all documents related to the event (with enclosed translations to the national language) supporting the fact and circumstances of the event as well as the size of insurance benefit, including:

14.4.1. event notification (e-form or phone);

14.4.2. a copy of the death certificate of the Insured Person;

14.4.3. documents issued by law enforcement institutions;

14.4.4. inheritance documents;

14.4.5. consent to process personal data (upon our request).

MEDICAL EXPENSES

15. WHAT IS COVERED

15.1. The risk covered is expenses incurred by You in the Republic of Lithuania for prescribed medical services that are justified from the medical point of view and measures required for You in relation to treating Your Trauma, listed in the policy and Annex 1 or 2.

16. WHEN DOES THIS INSURANCE NOT APPLY

16.1. This insurance does not apply to and no compensation is payable for the following:

16.1.1. medical expenses when Your Trauma is not qualified as risk covered under these Regulations;

16.1.2. health care services and/or treatment provided in medical care establishments and medical products bought outside the Republic of Lithuania;

16.1.3. health care services and/or treatment which dates and reasonability cannot be seen from submitted or received medical documentation;

16.1.4. diagnostics and treatment provided using non-traditional (alternative) medicine or other similar methods;

16.1.5. cosmetic, plastic, beauty and other similar procedures;

16.1.6. organ transplantation surgeries, bone marrow transplantations, haemodialysis;

16.1.7. comfort conditions in hospital (stay in a single or double hospital ward);

16.1.8. eyeglasses, contact lenses, products for taking care of them, eyeglass making, artificial lenses, etc.;

16.1.9. medical supplies (such as thermometers, inhalers, testers, warmers, hearing aids, weight scales, blood pressure monitors, blood glucometers, etc.);

16.1.10. food supplements, anabolic steroids, weight-loss drugs, drugs increasing sexual performance, contraceptive devices, hygiene products and cosmetics, drugs and products to treat various addictions, as well as medicinal products not registered in EU countries;

16.1.11. damage to and/or repair of implants;

16.1.12. expenses related to the issue and/or presentation of medical and other documents;

16.1.13. psychiatric and/or psychological services and consultations on medically unjustified grounds.

17. WHAT DO WE PAY FOR AND HOW

17.1. The sum insured in respect of Medical Expenses shall be indicated in the policy. Insurance benefit payable in respect of one risk covered (event insured) shall not exceed 50% of the limit established for this risk in the policy.

17.2. Within the limits of the sum insured indicated in paragraph 17.1, We shall compensate for expenses suffered in relation to the following:

17.2.1. consultations of specialised medical doctors (traumatologist, surgeon, neurologist, radiologist, dentist, etc.);

17.2.2. surgeries and procedures (suturing, wound dressing, injections, infusions);

17.2.3. Medical doctors prescribed and medically justified diagnostic tests required for the diagnosis and treatment of trauma (laboratory testing, functional testing, imaging testing, instrumental testing) necessary to confirm the existence of Trauma and to administer treatment;

17.2.4. purchase or hire of medicines, medical aid and orthopaedic appliances (plasters, materials for dressing, syringes, splints, walking-sticks, crutches, aid for self-service) registered by the State Medicines Control Agency in EU Member States and acquired in pharmacies or in-patient health care establishments;

17.2.5. prescribed rehabilitation that is necessary to recover from trauma's consequences and is justified on medical grounds (physical therapy procedures, individual or group kinesiotherapy sessions, therapeutic massages, consultations of kinesiotherapist, ergotherapist and/or speech therapist). Compensation for rehabilitation expenses shall not exceed 50% of the sum insured for Medical Expenses as per paragraph 17.1 in respect of one risk covered;

17.2.6. treatment of dental injuries, prosthetics, dental implants;

17.3. Upon occurrence of an event that is likely to be recognised as risk covered, You, the Policyholder or persons authorised by You must produce Us all documents related to the event (with enclosed translations into the

national language) supporting the fact and circumstances of the event as well as the size of insurance benefit, including:

17.3.1. event notification (e-form or phone);

17.3.2. medical excerpt showing doctor's prescription for the medicines, medical devices and/or procedures You have purchased;

17.3.3. original financial documents supporting Your expenses (receipts, paid invoices, bank statements, etc.);

17.3.4. consent to process personal data (upon our request).

DAILY ALLOWANCE

18. WHAT IS COVERED

18.1. This insurance will cover Your inability to perform job functions set forth in the valid employment contract under which You were working as a result of Trauma listed in Annex 1 or 2, provided this is confirmed by a sick leave issued by a medical care establishment of the Republic of Lithuania or an equivalent document issued by a competent authority.

18.2. The sick leave or equivalent document issued by a competent authority must be issued is respect of Trauma which is the risk covered and is indicated in Annex 1 or 2.

19. WHEN DOES THIS INSURANCE NOT APPLY

19.1. This insurance does not apply to Your Temporary Incapacity for Work which:

19.1.1. is caused by Trauma not covered hereunder;

19.1.2. lasts for a period shorter than 3 consecutive calendar days;

19.1.3. is caused by Trauma suffered by You during a period when You were not working under employment contract and receiving no official income;

19.1.4. is not supported with a sick leave or an equivalent document issued by a competent authority, or the sick leave or equivalent document is issued by a competent authority outside the Republic of Lithuania.

20. WHAT DO WE PAY FOR AND HOW

20.1. The sum insured indicated in the Policy in respect of this risk is the limit for the entire Policy period. Insurance benefit is payable in accordance with paragraphs 20.2 – 20.5 below.

20.2. Insurance benefit, which is 1 percent from the sum insured specified in the insurance policy for this risk, will be paid for each working day when you were temporarily incapacitated for work, starting from the first day of Temporary incapacity for work, provided that the Temporary incapacity for work lasts for 3 or more consecutive calendar days, but not more than for 30 consecutive days of temporary incapacity for work due to the same Injury.

20.3. If your Injury Benefit under Annex 1 or 2 is set at 2% or less (excluding additional benefits under the Notes to the Articles), the Daily Allowance Benefit is paid for a maximum of 10 consecutive days of temporary incapacity for work.

20.4. If your child of up to 12 years of age (inclusive) has suffered an injury which is recognised to be the insured event under the terms and conditions of these Regulations and due to that you have been issued a certificate of incapacity for work, we will disburse to you the insurance indemnity, but for not more than 10 consecutive days of the temporary incapacity for work. Insurance indemnity shall be paid to one of the parents only if until the fact of injury, he/she had been employed and received remuneration. The provision of this paragraph shall apply only if you and your injured child are insured under one insurance policy and the risk of injury has been chosen for both of you.

20.5. Upon occurrence of the event, the Policyholder, You or the Beneficiary You must produce Us all documents related to the event (with enclosed translations to the national language) supporting the fact and circumstances of the event as well as the size of insurance benefit, including:

20.5.1. event notification (e-form or phone);

20.5.2. a list of sick leaves from the Electronic Sick Leave System (EPTS) or an equivalent document issued by a competent institution, specifying the cause and length of incapacity for work. The sick leave for Temporary Incapacity for Work must be issued in the Republic of Lithuania;

20.5.3. a copy of the employment contract (upon our request);

20.5.4. consent to process personal data (upon our request).

HOSPITAL CONFINMENT ALLOWANCE

21. WHAT IS COVERED

21.1. This insurance will cover Your treatment in an in-patient health care establishment in relation to Trauma listed in Annex 1 or 2 and recognised as risk covered (hereinafter referred to as 'hospitalisation').

22. WHEN DOES THIS INSURANCE NOT APPLY

22.1. This insurance does not apply to and no compensation is payable for hospitalisation:

22.1.1. as a result of Trauma which is not recognised as risk covered (event insured);

22.1.2. in relation to rehabilitation, recovery and/or sanatorium therapy;

22.1.3. in relation to preventive therapy and care;

22.1.4. uninterruptedly lasting for less than 3 consecutive calendar days.

23. WHAT DO WE PAY FOR AND HOW

23.1. The sum insured indicated in the Policy in respect of Hospital Confinement Allowance is the limit for the entire Policy period. Insurance benefit is payable in accordance with paragraph 23.2 – 23.3.

23.2. Insurance benefit which is 1%. from the sum insured specified in the insurance policy for this risk, will be paid to the Insured for each day of hospitalization, starting from the first day of hospitalization but provided that the hospitalization lasts at least 24 hours a day and at least 3 calendar days in a row, for one insured person event – for no more than 30 consecutive days of hospitalization due to the same Trauma.

23.3. Where due to the insured event specified in subparagraph 21.1 a child of up to 12 years of age (inclusive) and one of the insured adults remain in the hospital to nurse the child, insurance indemnity, as specified in subparagraph 23.2 shall be paid both to the child and the adult who stays with the child. The provision of this paragraph shall apply only if both the child and the adult who stays with the child are insured under the same insurance policy against the hospital allowance and Traumas risks, and the nursing is confirmed by the issued certificate of incapacity for work or any other equivalent document issued by a competent authority.

23.4. Upon occurrence of an event that is likely to be recognised as risk covered, You, the Policyholder or persons authorised by You must produce Us all documents related to the event (with enclosed translations to the national language if it is required by the Insurer) supporting the fact and circumstances of the event as well as the size of insurance benefit, including:

23.4.1. event notification (e-form or phone);

23.4.2. transcripts from medical documents (discharge summary) confirming hospital stay and describing the fact and date of Trauma, diagnosis, medical examinations and treatment;

23.4.3. consent to process personal data (upon our request).

CRITICAL ILLNESS

24. WHAT IS COVERED

24.1. Insured event is Your illness of critical disease during insurance contract period, except for the first 90 days of the opening of the insurance contract (if it is the initial insurance policy).

24.2. List of Critical Illnesses:

24.2.1. Myocardial infarction (I21) – irreversible damage to the heart muscle (necrosis) caused by lack of oxygen due to acute cardiac insufficiency. This diagnosis must be based on all of the following criteria that are consistent with the features of the first myocardial infarction:

24.2.1.1. new electrocardiogram changes, which confirm the acute myocardial infarction, in the presence of inherent complaints;

24.2.1.2. the increase in at least one of enzymes characteristic of infarction are found in blood serum (LD H (lactatdehydrogenase), KFK (creatine kinase), KKM B (MB isoenzyme of creatine kinase), troponine, etc.);

24.2.1.3. diagnosis of the illness with all the listed symptoms must be confirmed in writing by a cardiologist in hospital.

24.2.2. Stroke (I60–I64) – brain damage caused by acute cerebrovascular failure. This diagnosis must be based on all of the following criteria:

24.2.2.1. Stroke-specific clinical symptoms persist for more than 3 months after receiving the appropriate treatment;

24.2.2.2. the diagnosis is confirmed by a doctor's neurologist based on clinical symptoms and objective tests (MRI, CT scan or other).

24.2.3. Aortic aneurysm (I71) – abnormal enlargement of the vessel (aorta) with the risk of rupturing and causing severe bleeding:

24.2.3.1. The diagnosis must be based on objective examinations (ultrasound examination of the abdomen, aortography, CT scan, MRI, or other);

24.2.3.2. Emergency surgery must be performed or scheduled endovascular stent grafting must be prescribed.

24.2.4. Intracranial aneurysm (I67.1) – unnatural dilation of the blood vessel of brain which can impact surrounding tissues or balloon out and lead to strong bleeding:

24.2.4.1. diagnosis is confirmed by objective tests (computed tomography, magnetic resonance imaging, brain angiography, cerebrospinal fluid testing, etc.);

24.2.4.2. an urgent surgery of brain aneurysm is performed or a planned surgery of brain aneurysm is assigned;

24.2.4.3. insurance indemnity shall not be paid with respect to brain aneurysm producing no symptoms which are only monitored by periodic tests.

24.2.5. Bechterew's disease (M45) – full spinal stiffness resulting from ossification of joints due to chronic inflammation:

24.2.5.1. Diagnosis is confirmed by the rheumatologist;

24.2.5.2. Alterations of spine characteristic of the disease (complete ossification of the spine) are confirmed by X-ray testing;

24.2.5.3. Human tissue antigen HLA B27 Ag is found in blood.

24.2.6. Addison's disease (E27.1; E27.2; E27.4) – adrenal cortex resulting from bilateral disorder of adrenal glands leading to partial or full loss of adrenal hormone function:

24.2.6.1. diagnosis is confirmed by the endocrinologist;

24.2.6.2. the insured has been treated with hormones for 3 months and such treatment is continued;

24.2.6.3. the reduced level of the hormone cortisol and increased level of the adrenocorticotropic hormone (AKT H) is found in blood.

24.2.7. Rheumatoid arthritis (M05) – autoimmune chronic and progressive inflammation multiple joints leading to their deformation:

24.2.7.1. diagnosis is confirmed by the rheumatologist;

24.2.7.2. the increased level of the rheumatoid factor is found in blood;

24.2.7.3. the changes in joints characteristic of this disease are found by means of objective testing (X-ray, computed tomography, magnetic resonance imaging).

24.2.8. Systemic lupus erythematosus (L93, M32) – chronic autoimmune disease in which the body's immune system mistakenly attacks healthy tissue in many parts of the body:

24.2.8.1. Diagnosis is confirmed by the rheumatologist;

24.2.8.2. Antibodies of native RNP or antibodies of Sm antigen or Lupus cells are found in blood after blood (serological) testing.

24.2.9. Cancer (C00–C96) – uncontrolled reproduction of altered cells, and the ability of these cells to destroy surrounding tissues and spread to other parts of the body (metastases). This diagnosis should be based on a conclusion confirmed by oncologist regarding the performed histological examination of the malignant tumour. The diagnosis determined on the day of the histological examination is considered to be definitively confirmed:

24.2.9.1. The following illnesses shall not be considered risks covered:

a) benign or precancerous stage tumours;

b) pre-invasive tumours and in situ tumours (Tis*);

c) cervical dysplasia CIN I-III;

d) urinary bladder carcinoma in stage TA*;

e) prostate cancer, histologically diagnosed as T1*.

*according to the international TNM classification.

24.2.10. Chronic renal failure (N00–N19) – unconscious loss of both kidney function when a continuous haemodialysis and / or kidney transplant operation is required:

24.2.10.1. an unconscious loss of kidney function is confirmed by a doctor's nephrologist;

24.2.10.2. 6 months of continuous haemodialysis or an Insured person entered the line for a kidney transplant operation or a kidney transplant operation.

24.2.11. Multiple or disseminated sclerosis (G35–G37) – Central nervous system autoimmune disease, in which the nerve fibres disappear (demyelinization):

24.2.11.1. the diagnosis of the illness must be confirmed in writing by a neurologist;

24.2.11.2. the disease-specific changes are determined by MRI;

24.2.11.3. an increase in the IgG index and an oligoclonal band in the cerebrospinal fluid is detected in brain fluid.

24.2.12. AIDS (B20-B24) – immunodeficiency acquired by the human immunodeficiency virus (HIV):

24.2.12.1. the diagnosis of the illness must be confirmed in writing by the professionals from the Lithuanian Centre for Communicable Diseases and AIDS;

24.2.12.2. the result of a HIV test is positive;

24.2.12.3. Blood test reduces CD4 cell count (200 and less).

24.2.13. Blindness (H54.0- H54.4) – complete and irrecoverable vision loss due to disease:

24.2.13.1. irrecoverable vision loss is confirmed by ophthalmologist 3 months after diagnosing a disease or injury mos;

24.2.13.2. vision loss is confirmed by objective testing (sciascopy, refractometry, spectral compensation, etc.);

24.2.13.3. with respect to loss of vision in one eye a half of the specified insurance indemnity shall be paid;

24.2.13.4. with respect to loss of the eye(s) insurance indemnity may be disbursed without waiting for expiry of 3 months.

24.2.14. Cardiac, lung, liver, pancreas transplantation (Y83.0) – transplantation of organs taken from one person to another person for medical treatment purposes (due to a disease or injury):

24.2.14.1. the insured is the recipient of the organ;

24.2.14.2. performance of transplantation surgery or inclusion of the insured into the official waiting list for such surgery.

24.2.15. Muscular dystrophy (G71) – genetically inherited primary muscular conditions characterised by weakening and wasting (atrophies) of muscles:

24.2.15.1. disease is confirmed by the geneticist and neurologist;

24.2.15.2. diagnosis is confirmed by morphological muscle and/or electromyography test and specific muscular enzyme (creatine phosphokinase) tests.

24.2.16. Diabetes Type 1 (E10) - a disease that interferes with the production of insulin, which leads to an increase in blood glucose levels:

24.2.16.1. diagnosis is confirmed by the endocrinologist;

24.2.16.2. blood tests show an increase in glucose and / or an increase in glycated hemoglobin (HbA1c);

24.2.16.3. Continuous treatment with insulin injections.

24.2.17. Benign tumours of the brain and spinal cord (D32 - D33) – an accumulation of cells of the body, which are characterized by uncontrolled division, the deployment (pushing) of adjacent tissues:

24.2.17.1. the diagnosis of the illness must be confirmed in writing by the opinion of an oncologist or neurosurgeon;

24.2.17.2. the diagnosis is confirmed by objective examinations (CT scan, MRI, or brain biopsy).

24.2.18. Coronary artery bypass graft surgery – an open coronary artery bypass graft surgery performed to correct the narrowing or occlusion of two or more coronary arteries by transplanting the superficial vein of the leg, the internal thoracic artery or another suitable artery:

24.2.18.1. insurance benefit for Balloon angioplasty is not paid.

24.2.19. Deafness – complete loss of hearing in both ears due to disease:

24.2.19.1. the diagnosis is confirmed by an otorhinolaryngologist;

24.2.19.2. the insurance benefit is paid only if complete hearing loss in both ears persists for 6 months after the diagnosis is made.

24.2.20. Speech loss – is the complete loss of hearing in both ears due to injury or illness:

24.2.20.1. the diagnosis is confirmed by an otorhinolaryngologist;

24.2.20.2. the insurance benefit is paid only if complete speech loss persists for 6 months after the diagnosis is made.

25. WHEN DOES THIS INSURANCE NOT APPLY

25.1. This insurance does not apply to and no compensation is payable for Critical Illness:

25.1.1. which first symptoms occur or the Final Diagnosis is confirmed within the first 90 days from the entry into force of the insurance contract (except where Critical Illness cover is continued in a renewed policy);

25.1.2. which is caused by alcohol, drugs or other substance abuse;

25.1.3. which does not meet the conditions and criteria for Critical Illnesses in paragraph 23.2;

25.1.4. Critical disease which had already been diagnosed prior to concluding the insurance contract;

25.1.5. Critical disease: Cancer (C00–C96) diagnosed when the insured is HIV infected or has AIDS, except where the insured provides the proof (negative test for HIV) that he/she was not HIV infected on the date of inclusion of the critical disease variant into the insurance contract;

25.1.6. Critical disease: AIDS (B20–B24), if the insured does not provide the proof (negative test for HIV) that he/she was not HIV infected on the date of inclusion of the critical disease variant into the insurance contract;

25.1.7. if the Final Diagnosis is not confirmed during the Policy period.

26. WHAT DO WE PAY FOR AND HOW

26.1. You are eligible to the benefit in the amount of the sum insured indicated in the Policy in respect of Critical Illness only once during the Policy period irrespective of the number of risks covered, provided that the Final Diagnosis was confirmed during the Policy period.

26.2. If the amount of the Critical Illness Risk Insurance has been increased, if you are diagnosed with the Critical Illness within the first 3 months from the date of the increase, the Critical Illness Risk Insurance Benefit shall be paid according to the Critical Illness Risk Insurance the sum insured was filled in Application for an insurance contract.

26.3. Upon occurrence of an event that is likely to be recognised as risk covered, You, the Policyholder, or persons authorised by You must produce Us all documents related to the event (with enclosed translations to the national language) supporting the fact and circumstances of the event, including:

26.3.1. event notification (e-form or phone);

26.3.2. documents issued by health care establishments containing the confirmed diagnosis of the Critical Illness, anamnesis information, description of medical examinations and treatment that are sufficient to determine whether the diagnosed illness is in compliance with the criteria set out in paragraph 24.2 of the Regulations;

26.3.3. consent to process personal data (upon our request).

DISEASES

27. WHAT IS COVERED

27.1. The insured event is Your illness specified in clause 27.2 during the validity period of the insurance contract, except for the first 30 days from the beginning of the insurance contract period (if it is the initial contract).

27.2. To be a risk covered, the disease must satisfy the following criteria:

27.2.1. Lyme disease – infection spread through the bite from a tick infected with Borrelia burgdorferi:

27.2.1.1. the diagnosis of Lyme disease is based on clinical symptoms and opinion of a specialised doctor;

27.2.1.2. presence in the blood of is Borrelia burgdorferi-specific IgG or IgM. The diagnosis is based on serological tests results.

27.2.2. Tick-borne encephalitis, tick-borne myelitis, tick-borne encephalomyelitis – infectious disease transmitted by the bite from a tick infected with neurotropic virus:

27.2.2.1. the disease is treated in a hospital;

27.2.2.2. the diagnosis is supported by serologic test results.

27.2.3. Acute appendicitis – acute inflammation of the vermiform appendix:

27.2.3.1. patient underwent emergency appendectomy.

27.2.4. Tetanus – infectious disease caused by the bacterium Clostridium tetani:

27.2.4.1. the disease is diagnosed and treated in a hospital;

27.2.4.2. the diagnosis is supported by microbiologic testing.

27.2.5. Diphtheria – infectious disease caused by the bacteria Corynebacterium diphtheriae and Corynebacterium ulcerans through respiratory tract or saliva:

27.2.5.1. the disease is diagnosed and treated in a hospital;

27.2.5.2. the diagnosis is supported by microbiologic testing.

27.2.6. Meningococcal infection – infectious disease caused by the gram-negative bacterium Neisseria meningitidis through respiratory tract or saliva:

27.2.6.1. the disease is diagnosed and treated in a hospital;

27.2.6.2. a form of purulent meningococcal meningitis, meningoencephalitis, meningococcal sepsis (meningococcemia) or fulminant meningococcal infection is diagnosed;

27.2.6.3. the diagnosis is supported by microbiologic testing.

27.2.7. Gas gangrene – infectious disease (complication of wounds) caused by Clostridium anaerobic bacteria and their spores entering through wounds:

27.2.7.1. disease is diagnosed and treated by way of hospitalisation;

27.2.7.2. diagnosis is confirmed by microbiological testing.

27.2.8. Gastric (duodenal) ulcer perforation (rupture) – complication of a gastric (duodenal) ulcer when the wall of the organ gets perforated at the place of ulcer and the content of stomach (duodenum) effuses to the abdominal cavity causing inflammation of peritoneum (peritonitis):

27.2.8.1. disease is diagnosed and treated by way of hospitalisation;

27.2.8.2. performance of an urgent surgery.

27.2.9. Rabies – viral disease affecting the central nervous system caused by neurotropic Rhabdoviridae family virus which spreads with saliva when an infected animal bite:

27.2.9.1. disease is diagnosed and treated by way of hospitalisation;

27.2.9.2. diagnosis is confirmed by microbiological testing.

27.2.10. Ectopic pregnancy – an acute condition when in which the embryo attaches outside the uterus. An impregnate ovum gets implanted and develops in the uterine tube inside abdominal cavity, in the rudimental uterine horn:

27.2.11. Acute poisoning with toxic mushrooms, food:

27.2.11.1. disease is diagnosed and treated by way of hospitalisation for not less than 3 days;

27.2.11.2. insurance indemnity shall not be paid for poisoning with alcohol.

27.2.12. Trichinosis – is a parasite disease caused by a spiral trichina (Trichinella spiralis) which is spread when eating raw or undercooked pork and mead of wild animals. Disease is diagnosed and treated by way of hospitalization for not less than 3 days.

27.2.13. Botulism – infectious nervous system disease mainly caused by extremely strong neurotoxin which spreads with food and is produced by Clostridium botulinum bacteria:

27.2.13.1. Disease is diagnosed and treated by way of hospitalisation for not less than 3 days.

28. WHEN DOES THIS INSURANCE NOT APPLY

28.1. This insurance does not apply to and no compensation is payable for Disease:

28.1.1. which occurs within the first 30 days from the entry into force of the insurance contract (except where Disease cover is continued in a renewed policy);

28.1.2. which does not meet the conditions and criteria laid down in paragraph 27.2 of the Regulations;

28.1.3. which diagnosis was not confirmed during the Policy period and when the Insured Person was alive.

29. WHAT DO WE PAY FOR AND HOW

29.1. You are eligible to the benefit in the amount of the sum insured indicated in the Policy in respect of Disease only once during the Policy period irrespective of the number of risks covered.

29.2. If the sum insured for Illness Risk has been increased, if you diagnose the disease specified in Clause 27.2, within the first 30 days from the date of increase of the Sum Insured, the Insurance Benefit for Illness Risk shall be paid according to the Sum Insured Risk in force before the increase.

29.3. Upon occurrence of an event that is likely to be recognised as risk covered, You, the Policyholder, or persons authorised by You must produce Us all documents related to the event (with enclosed translations to the national language) supporting the fact and circumstances of the event, including:

29.3.1. event notification (e-form or phone);

29.3.2. documents issued by health care establishments containing the confirmed diagnosis of the Disease, anamnesis information, description of medical examinations and treatment that are sufficient to determine whether the diagnosed disease is in compliance with the criteria set out in paragraph 27.2 of the Regulations;

29.3.3. consent to process personal data (upon our request).

EXPENSES FOR STUDIES

30. WHAT IS COVERED

30.1. The insured event shall be the insured's death caused by injury and recognized to be the insured event in accordance with terms and conditions of these Regulations. When the risk of expenses for studies is chosen, we will pay the insurance indemnity for studies of the insured's biological children and/or adopted children in a higher education, provided that the following conditions are met:

30.1.1. on the date of the insured's death, the insured's children are younger than 24 years of age and before the event a valid agreement on the first level studies had been concluded with a higher education establishment;

30.1.2. studies at a higher education establishment are paid.

31. WHEN DOES THIS INSURANCE NOT APPLY

31.1. The following events shall be considered to be non-insured events:

31.1.1. You have not chosen the insurance risk of death;

31.1.2. the insured's death is not recognized to be the insured event in accordance with terms and conditions of these Regulations;

31.1.3. on the date of the insured's death, the insured's children are older than 24 years of age and/or have not studied in a higher education establishment and/or they did not have to additionally pay for studies.

32. WHAT DO WE PAY FOR AND HOW

32.1. The sum insured for this insurance risk is specified in the insurance policy for the entire period of insurance, and insurance indemnity shall be paid in the manned indicated in subparagraph 32.2.

32.2. Insurance indemnity shall be paid according to the compensation principle: this means that at the end of each academic year we will pay insurance indemnity for the past one year of studies according to the documents submitted to us confirming incurred expenses; however, without exceeding a half of the sum insured provided for this risk under the insurance policy and without exceeding the total sum insured provided for this risk.

32.3. If you have several children eligible to insurance indemnity, the indemnity to them shall be paid pro rata from the sum insured specified for this risk under the insurance policy.

32.4. Payment of insurance indemnity shall terminate when all sum insured specified under the insurance policy is used or when your children reach the age of 25 years.

32.5. Upon occurrence of an event that is likely to be recognised as risk covered, the Policyholder, or persons authorised by You must produce Us all documents related to the event (with enclosed translations to the national language) supporting the fact and circumstances of the event, including:

32.5.1. event notification (e-form or phone);

32.5.2. a copy of the death certificate of the Insured Person;

32.5.3. a copy of the agreement with a higher educational institution;

32.5.4. a payment order confirming the account from higher education establishment for the last year;

32.5.5. statement issued by a higher educational institution confirming that the child studies in that higher educational institution and has completed a respective academic year;

32.5.6. payment order approved by the bank confirming the payment of the tuition fee for the finished academic year;

32.5.7. the abovementioned documents shall be submitted annually during the entire study period upon completion of an academic year;

32.5.8. consent to process personal data (upon Our request).

EXPENSES FOR A TUTOR

33. WHAT IS COVERED

33.1. The insured event shall be an injury of the insured between 6 and 18 years of age (inclusive), who studies in a basic and/or secondary education establishment (hereinafter – pupil and school) recognized to be the insured event in accordance with terms and conditions of these Regulations. When the risk of expenses for a tutor is chosen, we will pay the insurance indemnity over the period of 6 months from the date of the injury, provided that the following conditions are met:

33.1.1. the pupil is 6 and 18 years of age (inclusive);

33.1.2. the insurance risk of injuries is chosen for the pupil under the insurance policy;

33.1.3. the pupil has suffered the injury which recognized to be the insured event in accordance with terms and conditions of these Regulations;

33.1.4. due to consequences of the injury the pupil is unable to attend school for more than 3 weeks;

33.1.5. the parents or guardians hire a private tutor for the child (hereinafter – tutor) so that he/she can learn at home.

34. WHEN DOES THIS INSURANCE NOT APPLY

34.1. The following events shall be considered to be non-insured events:

34.1.1. the insurance risk of injuries has not been chosen;

34.1.2. the insured's injury is not recognized to be the insured event in accordance with terms and conditions of these Regulations;

34.1.3. a tutor was hired less than 3 weeks after the date of the injury;

34.1.4. documents confirming the fact of expenses for a tutor have not been furnished to us.

35. WHAT DO WE PAY FOR AND HOW

35.1. The sum insured for this insurance risk is specified in the insurance policy for the entire period of insurance, and insurance indemnity shall be paid in the manned indicated in subparagraph 35.2.

35.2. Insurance indemnity shall be paid according to the compensation principle: this means that we will indemnify for the costs according to the submitted acquisition documents; however, without exceeding the sum insured provided for this risk:

35.2.1. if, due to the injury, the pupil is unable to attend school for more than 3 weeks and this is confirmed by a medical certificate, we will pay for up to 10 classes with the tutor, without exceeding the sum insured provided for under the insurance policy;

35.2.2. if, due to the injury, the pupil is unable to attend school for more than 2 months and this is confirmed by a medical certificate, we will pay for up to 40 classes with the tutor, without exceeding the sum insured provided for under the insurance policy.

35.3. Upon occurrence of an event that is likely to be recognised as risk covered, You, the Policyholder, or persons authorised by You must produce Us all documents related to the event (with enclosed translations to the national language) supporting the fact and circumstances of the event, including:

35.3.1. Event notification (e-form or phone);

35.3.2. application, indicating the tutor's contact details, the subject taught, the price and number of classes;

35.3.3. a document confirming the absence from school during the period when the Child has not attended school classes;

35.3.4. consent to process personal data (upon our request).

EXPENSES FOR CHILDREN

36. WHAT IS COVERED

36.1. The insured event shall be the injury of the insured of up to 16 years of age (inclusive) recognized to be the insured event in accordance with terms and conditions of these Regulations. When the risk of expenses for children is chosen, we will pay an additional insurance indemnity during the period of 6 months from the date of the injury provided that all of the following conditions are met:

36.1.1. the injured insured is a child of up to 16 years of age (inclusive);

36.1.2. the insurance risk of injuries is chosen under the insurance policy for the insured pupil;

36.1.3. the insured child suffered the injury for which the insurance indemnity is paid according to the terms and conditions of the Regulations;

36.1.4. the parents or adoptive parents purchased fruit, confectionery, tickets to the cinema or any other event suitable for the child according to his development and age and will confirm this to us by acquisition documents.

37. WHEN DOES THIS INSURANCE NOT APPLY

37.1. The following events shall be considered to be non-insured events:

37.1.1. the insurance risk of injuries has not been chosen;

37.1.2. the insured's injury is not recognized to be the insured event in accordance with terms and conditions of these Regulations;

37.1.3. fruit, confectionery, tickets to the cinema or any other event were purchased later than within 6 months of the date of occurrence of the accident;

37.1.4. documentary evidence of the fact of acquisition has not been provided to us.

38. WHAT DO WE PAY FOR AND HOW

38.1. The sum insured for this insurance risk is specified in the insurance policy for the entire period of insurance, and insurance indemnity shall be paid in the manned indicated in subparagraph 38.2.

38.2. Insurance indemnity Insurance indemnity shall be paid according to the compensation principle: this means that we will indemnify for the costs of purchase of fruit, confectionery, tickets to the cinema or any other event suitable for the child according to his development and age according to the submitted acquisition documents; however, without exceeding the sum insured provided for this risk.

38.3. Upon occurrence of an event that is likely to be recognised as risk covered, You, the Policyholder, or persons authorised by You must produce Us all documents related to the event (with enclosed translations to the national language) supporting the fact and circumstances of the event, including:

38.3.1. event notification (e-form or phone);

38.3.2. documents issued by medical care establishment describing the fact and date of Trauma, diagnosis, medical examinations and treatment;

38.3.3. original financial documents supporting Your expenses (receipts, paid invoices, bank statements, etc.);

38.3.4. consent to process personal data (upon our request).

PLASTIC SURGERIES

39. WHAT IS COVERED

39.1. The insured event shall be your plastic surgery performed no later than within one year of the end of validity of the insurance contract due to consequences of the injury specified in Annex No 1 or No 2.

40. WHEN DOES THIS INSURANCE NOT APPLY

40.1. The following plastic surgery shall be considered to be a non-insured event:

40.1.1. due to consequences of the injury which is not recognized to be the insured event;

40.1.2. due to an injury when you are not insured against the risk of injuries and such risk is not specified in your insurance policy;

40.1.3. due to injuries occurring before the beginning of the term of validity of the insurance contract.

41. WHAT DO WE PAY FOR AND HOW

41.1. If your plastic surgery is recognized to be the insured even, the insurance indemnity confirmed by financial records will be disbursed, without exceeding the sum insured provided for this risk under the insurance policy.

41.2. Insurance indemnity for the performed plastic surgery may be disbursed with respect to one or several events; however, without exceeding the sum insured.

41.3. Insurance indemnity for the performed plastic surgery shall be disbursed when the plastic surgery is performed no later than within one year of the end of validity of the insurance contract.

41.4. Upon occurrence of an event that is likely to be recognised as risk covered, You, the Policyholder, or persons authorised by You must produce Us all documents related to the event (with enclosed translations to the national language) supporting the fact and circumstances of the event, including:

41.4.1. event notification (e-form or phone);

41.4.2. documents issued by medical care establishment describing the fact and date of Trauma, diagnosis, medical examinations and treatment.

41.4.3. original financial documents supporting Your expenses (receipts, paid invoices, bank statements, etc.);

41.4.4. consent to process personal data (upon our request).

PSYCHOLOGICAL ASSISTANCE

42. WHAT IS COVERED

42.1. Psychological assistance provided due to reasons specified in subparagraphs 42.1.1. – 42.1.4 within 6 months after the occurrence of events listed in subparagraphs 42.1.1. – 42.1.4, as a result of events occurring during validity of the insurance contract in which the insurance variant of psychological assistance was chosen shall be considered to be the insured event:

42.1.1. due to death of your family members (parents, siblings, children, spouse);

42.1.2. physical violence (including rape, sexual harassment) against you (the circumstances of violence, including the date of the incident, must be confirmed by the institution investigating the circumstances of the event);

42.1.3. due to loss of capacity for work/disability established for you as a result of injury which would be recognized to be the insured event in accordance with terms and conditions of these Regulations;

42.1.4. due to a Critical disease contracted by you, provided that the Critical disease risk for you is specified in the insurance policy and the Critical disease is recognized to be the insured event.

43. WHEN DOES THIS INSURANCE NOT APPLY

43.1. The provision of the following psychological assistance shall be considered to be a non-insured event:

43.1.1. due to injuries occurring before the beginning of the term of the insurance contract;

43.1.2. the reason for which the psychological assistance was sought does not correspond to the reasons specified in the list of insured events indicated in subparagraph 42.1;

43.1.3. psychological assistance was provided to you by persons or institutions not authorized to engage in such activity;

43.1.4. you applied for law enforcement bodies later than within 24 hours following the assault, suffered physical violence, rape or sexual harassment;

43.1.5. psychological assistance was provided to you regarding events occurring during validity of the contract in which the insurance variants of injuries, loss of capacity for work, critical disease and psychological assistance were not chosen.

44. WHAT DO WE PAY FOR AND HOW

44.1. When psychological assistance provided to you is recognized to be the insured event, a part of the sum insured confirmed by financial records will be disbursed to you without exceeding the sum insured provided for this risk.

44.2. Insurance indemnity for psychological assistance shall be disbursed for 10 visits regarding one event.

44.3. Upon occurrence of an event that is likely to be recognised as risk covered, You, the Policyholder, or persons authorised by You must produce Us all documents related to the event (with enclosed translations to the national language) supporting the fact and circumstances of the event, including:

44.3.1. event notification (e-form or phone);

44.3.2. documents issued by medical care establishment describing the fact and date of Trauma, diagnosis, medical examinations and treatment;

44.3.3. in the case of death of a family member, a copy of the death certificate and a document certifying the kinship;

44.3.4. if the event was investigated by the police, a statement from the police;

44.3.5. original financial documents supporting Your expenses (receipts, paid invoices, bank statements, etc.);

44.3.6. consent to process personal data (upon our request).

ASSISTANCE

45. WHAT IS COVERED

45.1. The insured event shall be the costs supported by financial records related to burying and/or cremation of the insured.

45.2. The event must be recognized to be the insured event under death insurance risk.

46. WHEN DOES THIS INSURANCE NOT APPLY

46.1. Insurance indemnity shall not be disbursed if:

46.1.1. the insured has not chosen the death risk and this risk is not indicated with regard to the insured under the insurance policy;

46.1.2. the event is recognized to be non-insured event under death insurance risk;

46.1.3. incurred losses are not supported by respective financial records;

46.1.4. the costs related to burial lunch, accommodation, grave maintenance.

47. WHAT DO WE PAY FOR AND HOW

47.1. In the case of the insured event:

47.1.1. when the insured dies as a result of an accident, we will indemnify the following costs for the persons who organize funeral in the Republic of Lithuania and incur related costs and who submit the documents referred to in subparagraph 47.2, without exceeding the sum insured provided for this risk under the insurance policy:

47.1.1.1. purchase of the coffin;

47.1.1.2. transport of the body;

47.1.1.3. cremation and/or burying services.

47.2. Upon occurrence of an event that is likely to be recognised as risk covered, You, the Policyholder, or persons authorised by You must produce Us all documents related to the event (with enclosed translations to the national language) supporting the fact and circumstances of the event, including:

47.2.1. event notification (e-form or phone);

47.2.2. a copy of the death certificate of the Insured Person;

47.2.3. documents issued by law enforcement institutions;

47.2.4. original financial documents supporting Your expenses (receipts, paid invoices, bank statements, etc.) indicated in subparagraph 47.1.1.consent to process personal data;

47.2.5. consent to process personal data (upon our request).

PERSONAL CIVIL LIABILITY

48. WHAT IS INSURED

48.1. Insurance cover shall apply to your personal civil liability arising under applicable laws of the Republic of Lithuania for damage caused to health, life and/or property of Third parties due to yours regular daily activities. We also insure against damage caused by your pets.

49. WHEN DOES THIS INSURANCE NOT APPLY

49.1. The insurance cover is not valid and the insurance benefit is not paid, due to the events specified in the General Terms and Conditions, Clause 4 of the Special Conditions of the Terms and Conditions, as well as when it is:

49.1.1. Losses due to intentional actions of the Policyholder, the Insured or the Beneficiary.

49.1.2. Indirect losses, such as loss of profit;

49.1.3. Immaterial damage;

49.1.4. Losses occurring not as a consequence of damage caused to health, life and/or property of third parties;

49.1.5. Losses related to operation or use of aircraft, boats, motor vehicles, drones;

49.1.6. Losses caused by events related to use or management of the real estate, construction, overhaul or reconstruction operations including;

49.1.7. Losses from damage for which you are responsible under a contract, consent, undertaking, warranty or another transaction;

49.1.8. Losses from damage arising during commercial or professional activities or damage resulting from use of insured property for commercial or professional activities;

49.1.9. Losses caused by any impact by you on wild animals;

49.1.10. Losses caused by your dog which during the accident was loose, without a muzzle, or when the dog that has caused the accident is of the breed for keeping of which special permits are required;

49.1.11. Losses resulting from damage to personal identity documents, credit cards, securities, bonds, cash, precious stones and their articles, precious metals, jewellery, musical instruments, works of art, antiques and unique items, weapons and their accessories, software, data media, photo and video equipment, mobile phones, laptops and tablets, TV sets, unmanned aircraft;

49.1.12. Losses resulting from personal insult, indignity and humiliation, infringement of the right to personal life and its privacy;

49.1.13. Losses resulting from damage caused when engaging in sports (except for amateur non-contact branches of sports), participating in competitions, military training, manoeuvres, performing military tasks;

49.1.14. Losses related to any kind of organism infection by viruses or pathogens;

49.1.15. Losses resulting from use of explosives, except for lawfully acquired fireworks;

49.1.16. Damage caused by you when using property items not according to their intended use and/or operation instruction;

49.1.17. Losses resulting from gradual and permanent exposure to temperatures, humidity, vapour, gases, vibration, etc., fungi, mould, rot, dust, etc.;

49.1.18. Losses resulting from damage caused by soil settlement, tide, change in surface water level, landslides, vibration (during excavation, blasting or construction operations carried out at the place of insurance);

49.1.19. Losses caused by pollution of air, soil or water;

49.1.20. Losses caused by chemicals, poisonous, toxic or radioactive substances and materials, asbestos;

49.1.21. Losses caused by hunting, usage of any kind of weapons;

49.1.22. Statutory penalties and fines;

49.1.23. Losses resulting from actions carried out under effect of alcohol, narcotic or psychotropic substances; or wilful misconduct;

49.1.24. Losses indemnified from the State, municipal and social insurance (SODRA) budgets under regulatory acts of the Republic of Lithuania;

49.1.25. Losses arising from the same reoccurring reason after you had received our written instructions on taking particular measures to minimise the probability of accident.

50. HOW WE DETERMINE THE LOSS AMOUNT

50.1. A claim for damages brought by third parties against you resulting from destruction or damage of the third party's property or injury (including death) of the third party and related expenses.

50.2. Damage must have occurred during validity of the insurance cover and the claim must have been brought during validity of the insurance cover or within 30 calendar days after its expiration.

50.3. The personal civil liability insurance cover shall apply in the territory of the Republic of Lithuania.

50.4. The following shall be treated as the loss:

50.4.1. The amount of third party claims against you satisfied under a peaceful settlement or trilateral agreement approved by the enforced court order or ruling. In all cases, the insurance benefit shall not exceed the sum insured and in all cases deductible shall be applied, also other terms and conditions of the contract, relevant for the calculation of the insurance benefit, shall be taken into account.

50.4.2. The costs of investigation of circumstances of the accident, pre-trial investigation and awarded costs of legal examination of the case in observance of laws of the Republic of Lithuania, except where damage was caused by your unlawful acts. All of the aforementioned costs must be coordinated in writing with us in advance.

50.5. The insurance benefit shall be equal to the amount of the calculated loss, according to compensation principle, taking account of the sum insured and other terms and conditions of the contract.

50.6. In all instances, the total amount of insurance benefits during the period of one insurance year may not exceed the sum insured provided for in the insurance policy.

50.7. Upon occurrence of an event that is likely to be recognised as risk covered, You, the Policyholder, or persons authorised by You must produce Us all documents related to the event (with enclosed translations to the national language) supporting the fact and circumstances of the event, including:

50.7.1. event notification (e-form or phone);

50.7.2. without coordination with us avoid acknowledging the validity of brought claims and assuming any obligations to indemnify losses.

50.7.3. enable us to investigate the causes and circumstances of the accident.

50.7.4. immediately, but not later than within 3 days, notify us when any third parties apply to the court for indemnification of inflicted damage even if the accident was already reported to us.

50.7.5. authorise us to hold negotiations or represent you before the court.

50.8. If you fail to fulfil the obligations listed in subparagraphs 50.7.1 to 50.7.5, we shall have the right to reduce or refuse to pay the insurance benefit to you.

50.9. If losses incurred by third parties were partially indemnified by other entities, we will compensate for the difference between the insurance benefit due under the insurance contract and the indemnity received from other entities.

ACCIDENT INSURANCE FOR DRIVERS AND PASSENGERS

51. WHAT IS INSURED

51.1. The Insured Event is an Traffic Accident when the Driver and / or passengers of the Vehicle specified in the insurance policy suffered an Injury, Loss of Ability to Work or Death.

52. WHEN DOES THIS INSURANCE NOT APPLY

52.1. This insurance shall not apply and no insurance benefit shall be paid if the Accident is caused by the circumstances defined in the General Terms and Conditions of the Regulations. In addition, the following risks shall not be covered:

52.1.1. traumas omitted in the Table of Benefits No. 1 or No.2;

52.1.2. loss of Capacity for work or Death of the Insured Person unrelated to the Accident;

52.1.3. Accidents occurring during Insured Person's performance of official duties in any military unit, police, security, fire protection or emergency service;

52.1.4. Accidents occurring where there are more passengers in the Vehicle than it is allowed by the manufacturer or technical documentation of the Vehicle;

52.1.5. Accidents occurring when the Insured Person is engaged in activities of criminal nature incurring criminal liability;

52.1.6. Accidents occurring as a result of Insured Person's actions aimed at causing damage to his/her own health, physical condition or life;

52.1.7. Accidents occurring when the Vehicle is used for driving lessons, sports competitions or training, trial or experimental driving;

52.1.8. Accidents, when the police or other competent services, whose involvement is required under the laws of a country of Accident, have not been immediately called to the scene and no event report (or another appropriate document) has been written in confirmation thereof;

52.1.9. It is Repeated or Pathological Bone Fracture.

52.2. The Insurer shall not pay benefits to the Insured Person who is the driver of the Vehicle in the following cases:

52.2.1. Accident occurred when the Insured Person was driving the Vehicle in a state of alcohol, narcotic or other intoxication or without the right to drive a motor vehicle of a certain category. This provision does not apply only in cases when the Vehicle driver's blood alcohol content does not exceed the statutory limit permitted to drivers of motor vehicles in a country where the Accident occurs and this is confirmed by alcohol tester readings or medical documents;

52.2.2. the Insured Person refuses taking a medical test for measuring the blood content of alcohol, drugs or other psychoactive substances, when such test is recommended in relation to the Traffic Incident by a competent public or medical institution;

52.2.3. Accident occurs due to consequences caused by Insured Person's epileptic seizure, loss of consciousness, post-psychotraumatic emotions, state of affect or chronic neurological diseases causing coordination disorders or muscle weakness (including but not limited to the Parkinson's disease, myopathy, disseminated (multiple) sclerosis);

52.2.4. the Insured Person was driving the Vehicle with expired state technical check-up coupon on the date of the Traffic Incident and the reason of the Traffic Incident was a technical failure of the Vehicle;

52.2.5. the Insured Person did not obey to police officer's (traffic controller's) requirement to stop, attempted to escape, was stopped forcedly or left the scene of accident without permission;

52.2.6. the Insured Person used the Vehicle as an instrument of crime or suicide;

52.2.7. the Insured Person was using a motor vehicle in places not intended for road traffic (on frozen waters, in forests, fields, grasslands, etc.).

52.3. Events listed as exclusions for individual risks shall not be covered.

52.4. We shall have the right to disallow insurance benefit if You fail to seek medical assistance from a medical establishment on time (within 72 hours after the Accident) or fail to report of the occurrence to Us on due time and this precludes Us from verifying the exact circumstances thereof when medical documents do not confirm that the event occurred within the Policy period.

53. HOW WE DETERMINE THE LOSS AMOUNT

53.1. In the event of an insured event, we will pay the insurance indemnity in accordance with the conditions specified in these „Terms and Conditions" for each selected risk, but not exceeding the sums insured specified in the Driver and Passenger Personal Insurance Risk, as follows:

53.1.1. if the insurance option has been chosen according to the seats or to ticket turnover, the insurance indemnity will be paid to the injured driver and / or passengers, not exceeding the insurance amounts specified for this risk in the insurance policy;

53.1.2. if the total insurance amount has been selected, the insurance indemnity will be paid as follows – for each victim – driver and/or passenger, the total sum insured specified for this risk in the insurance policy divided by the number of persons in the Vehicle at the time of the accident and dividing the amount obtained by the number of risks insured. The insurance benefit will be calculated from the amount received, as provided for individual risks.

53.2. Only Legatees can be identified as beneficiaries of this risk.

53.3. Upon occurrence of an event that is likely to be recognised as risk covered, You, the Policyholder, or persons authorised by You must produce Us all documents related to the event (with enclosed translations to the national language) supporting the fact and circumstances of the event, including:

53.3.1. event notification (e-form or phone);

53.3.2. documents issued by medical care establishment describing the fact and date of Trauma, diagnosis, medical examinations and treatment;

53.3.3. a copy of the death certificate of the Insured Person;

53.3.4. documents issued by law enforcement institutions;

53.3.5. inheritance documents;

53.3.6. consent to process personal data (upon our request).

54. MISCELLANEOUS

54.1. You or the Policyholder are required to notify Us in writing of any increase in risk within 5 calendar days after getting aware of such increase.

54.2. In case of risk increase during the Policy period, We have the right to insist on amendment of the terms and conditions of the insurance contract (Policy) or increase of the insurance premium.

54.3. If You or the Policyholder fail to notify Us about the increase in insurance risk in accordance with subparagraph 54.1. above, We have the right to claim termination of the contract and compensation for loss to the extent it is not covered by the earned premiums.

54.4. After specifying the condition Insurance only at work, employment / from work, the selected insurance cover is valid only when Accidents occur (the fact of the accident must be recorded in the accident at work, on the way to work and from work):

54.4.1. when the Insured performs work assigned by the employer, other official tasks related to the work process and assigned by the employer or while on a business trip;

54.4.2. while the insured is in training or exercises organized by the employer;

54.4.3. during lunch, additional or special breaks on the insured's working days;

54.4.4. when the Insured prepares or manages a workplace during working hours, before or after work;

54.4.5. when the insured goes to or from work.

54.5. If the insurance clause states in the insurance policy that the number of death and / or incapacity for work benefits is limited, the protection against death and / or incapacity for work is valid only for the number of deaths due to insured events specified in the insurance policy. We pay insurance benefits only for the number of deaths and / or incapacity for work events specified in the insurance policy in chronological order according to the date of the event. If more people die or lose their ability to work due to the same accident than the number of insured persons (the number of deaths and / or loss of ability to work specified in the insurance policy is exceeded), the sum insured payable is divided by the agreement between Us and the Policyholder.

54.6. When insuring legal entities by position, the chosen insurance cover is valid for all employees of your company. All newly hired employees of your company are automatically considered insured from the day of hiring. For all dismissed employees of your company, the insurance coverage automatically expires from the date of termination of employment. At the end of the term of the insurance contract or within other terms specified in the insurance contract, you provide us with data and, if we request it, supporting documents on the change in the number of employees of your company during the previous period. Based on these data, we recalculate the annual insurance premium, taking into account the change in the number of insured employees.

54.7. Premium or any part thereof that is mature under the Policy on the date of risk covered (event insured) shall be deducted from the calculated insurance benefit unless the insurance contract sets forth otherwise.

54.8. Having paid insurance benefit, we shall acquire, in accordance with paragraphs 17.2, 41.1; 42.1, 44.1, 47.1, and 50.10 the right of claim (subrogation) within the limits of the benefit paid against the person(s) responsible for damage caused to You.

54.9. The Regulations apply to all insurance contracts (policies) signed after 01.06.2021 unless otherwise agreed by the parties upon entering into the insurance contract.

ANNEX NO. 1. INSURANCE BENEFIT CALCULATION TABLE T1

„BONE, SOFT TISSUE AND INTERNAL INJURIES"

No.	Trauma	Payable benefit (% of the sum insured)
Central and peripheral nervous system		
1.1.	**Cranial bone fractures:**	
	a) fracture of external lamina of the cranial vault bones, depressed fracture;	3
	b) fracture of cranial vault;	10
	c) fracture of skull base.	15
Notes: *1. Only one of the paragraphs above is applicable in respect of the same trauma. 2. Multiple fractures of base or cranial fornix bones shall be considered as one fracture. 3. If any of the injuries above necessitated opening of the skull cavity (trepanation, craniotomy) or bone reposition (corrective surgery), additional benefit equals to 5% of the sum insured shall be paid.*		
1.2	**Intracranial traumatic hematomas treated on an in-patient basis and confirmed by computed tomography myelogram (CTM) or magnetic resonance imaging (MRI):**	
	a) subarachnoid hematoma;	10
	b) epidural hematoma	20
	c) subdural or/and intracerebral hematoma.	30
Notes: *1. Only one of the paragraphs above is applicable in respect of the same trauma. 2. If any of the injuries above necessitated opening of the skull cavity (trepanation, craniotomy) or bone reposition (corrective surgery), additional benefit equal to 5% of the sum insured shall be paid.*		
1.3	**Cerebral injuries:**	
	a) cerebral commotion, concussion treated on an outpatient basis for at least 10 days or on an in-patient basis for at least 3 days;	2
	b) cerebral commotion, concussion or commotion syndrome involving continuous treatment for at least 4 days of in-patient treatment;	3
	c) cerebral contusion or contusion syndrome, compression diagnosed on the basis of CT or MR imaging;	10
	d) distortion of brain structure: brain protrusion through an opening in the skull caused by trauma (prolapsus, fuxus, protrusio, fungus cerebri, etc.).	50
Notes: *1. Sections 1.2 and 1.3 do not apply together. Only one of them is applicable (whether Section 1.2 or Section 1.3). 2. Only one of the paragraphs above is applicable in respect of the same trauma.*		
1.4	**Injury of any part of spinal cord and nerve endings caused by:**	
	a) concussion, commotion treated on an in-patient basis for at least 5 days;	5
	b) contusion, compression, hematomyelia confirmed by CTM or MRI analyses in in-patient treatment establishment.	10
Notes: *1. Sections 1.4 and 2.1 do not apply together in respect of the same trauma. Where any of the paragraphs in these Sections providing for a higher rate of benefit is applied, the sum payable shall be reduced with the benefits paid down under Section 1.4 or 2.1. 2. If any of the injuries above necessitated surgery, additional benefit equal to 5% of the sum insured shall be paid once.*		
1.5	**Cervical, brachial and/or lumbar nerve network injury resulting in a surgery:**	
	a) traumatic plexitis (inflammation of plexus) with functional impairment;	10
	b) partial rupture of neural network;	30
	c) complete rupture of neural network.	50
1.6	**Post-traumatic inflammatory complications:**	
	a) skull (bone) osteomyelitis (osteitis);	15
	b) brain abscess, purulent meningitis.	20
Notes: *1. Insurance benefit under Section 8 is payable in addition to benefits payable under Section 1 to 3.*		

2. *No additional benefit is payable for surgeries related to the injuries in this Section.*		
Visual organs		
1.7	**Unilateral pulsating exophthalmus.**	15
1.8	**2nd degree burn and spreading eyeball wound, 3rd degree burn, discharge of blood within the eye, keratitis, iris scarring without causing vision impairments, iris erosion, penetrating wound of eyeball.**	5
Note: *No insurance benefit is payable for eye contusion or foreign bodies under Section 1.8 Where such trauma result in vision impairment, section 2.8 shall apply.*		
1.9	**Orbital fracture.**	5
Hearing apparatus		
1.10	**Traumatic rupture of unilateral ear drum.**	2
1.11	**Consequences of auricle injuries, unilateral (injury, burn, chilblain):**	
	a) scars on the anterior surface of the auricle exceeding 2 sq. cm, provided that they are present upon medical examination taken at least 1 month after trauma; traumatic deformation of the auricle as a result of the scars; loss of less than 1/3 of the auricle;	1
	b) traumatic deformity of the cup due to scarring on the front surface of the ear cup or if less than 1/3 of the cup is lost;	2
	c) loss of 1/3 - 1/2 of the auricle;	3
	d) loss of the auricle or more than a half of it.	5
Respiratory system		
1.12	**Dislocation of nasal cartilage, fracture of nasal and/or forehead bones.**	3
Note: *No benefit shall be paid to indemnify for nasal bones or nasal septum surgery.*		
1.13	**Fractures in the anterior walls of sinuses: sinus frontalis, sinus ethmoidalis or sinus mixillaris, sinus Haighmori**	5
Note: *In case of multiple facial bone fractures, percentages of insurance benefits due shall be summed up, but the total amount of benefit payable shall not exceed 15%.*		
1.14	**Lung injuries, contusion, subcutaneous emphysema, hemothorax (bleeding from the lung), pneumothorax (presence of air in the pleural cavity), traumatic pneumonia (lung inflammation), exudative pleuritis (inflammation of the pleura with effusion), foreign body in the chest cavity:**	
	a) unilateral impairment;	5
	b) bilateral impairment.	8
Notes: 1. *Insurance benefit shall be paid, if the conditions above have been caused by a direct trauma of chest or thoracic organs. Where the conditions above have been caused by other reasons (e.g., cold, surgeries unrelated to thoracic traumas or complications), insurance benefit shall not be paid.* 2. *Insurance benefit shall be paid out, if acute pneumonia is caused by accidental acute chemical intoxication with substances irritating the respiratory tract and/or pneumotoxins.*		
1.15	**Fracture of sternum.**	5
1.16	**Fracture of ribs:**	
	a) 1-2 ribs;	3
	b) 3-5 ribs;	5
	c) 6 and more ribs	10
Notes: 1. *Fractures of costal cartilages or rib dislocations shall be considered rib fractures as well;* 2. *Where the submitted medical certificate shows rib-bone fractures, but the number thereof is not indicated, insurance benefit shall be paid out in accordance with paragraph (a) of this Section.*		
1.17	**Laryngeal injuries, trochaic fractures, fractures in the chin area, post-traumatic tracheostomy, bronchoscopy, post-traumatic thoracotomy.**	5
Cardiovascular system		
1.18	**Injuries of heart, pericardia or primary arteries without causing cardiovascular insufficiency.**	15

Notes:

1. *Great primary arteries include: aorta, pulmonary artery, innominate artery, carotid arteries (roots), internal jugular vein, superior and inferior vena cava, portal vein as well as primary arterial roots ensuring blood circulation in the internals.*
2. *Where injuries to the great arteries involved surgery to restore blood flow, insurance benefit shall be increased by 5% of the sum insured (payable only once under Sections 1.18, 1.19 or 2.14).*

1.19	**Injuries of great peripheral vessels without causing vascular insufficiency:**	
	a) injuries of both blood vessels at the level of ankle or wrist;	3
	b) injuries of both blood vessels at the level of forearm or lower leg;	5
	c) injuries of both blood vessels at the level of upper arm or thigh.	10

Notes:

1. *Great peripheral vessels include: subclavian artery, axillary artery, brachial artery, ulnar artery, radial artery, femoral arteries at hip and thigh level, popliteal and tibial arteries, subclavian, axillary, femoral and popliteal veins.*
2. *Injuries to blood vessels in the lower third level of forearm and lower leg shall be considered injuries at the level of ankle and wrist respectively.*

Alimentary system, facial bones

1.20	**Jaw fractures:**	
	a) fractures of jaw, cheek and lingual bones;	5
	b) dislocation of lower and upper jaw.	3

Notes:

1. *In case of jaw fracture, insurance benefit shall be paid only once irrespective of whether the fracture is unilateral or bilateral.*
2. *Fracture of the alveolar process of the mandible shall not be considered a jaw fracture.*
3. *Where a fracture in the alveolar process results in the loss of teeth, insurance benefit shall not be paid in respect of fractures.*
4. *In case of ordinary mandibular dislocation, insurance benefit shall only be paid if this is a complication of trauma suffered during the period of insurance (i.e., original dislocation was caused by a trauma during the period of insurance) and diagnosed within a period of one year after the trauma. Benefits shall not be paid for recurrent ordinary dislocations.*
5. *Where fracture of the jaw or cheek bones necessitates facial bone surgery, 3% of the sum insured shall be paid in addition on a one-off basis (irrespective of the number of surgeries).*

1.21	**Traumatic injury of teeth: splitting of at least ¼ of the tooth, fracture of tooth or its root, partial tooth dislocation, including tooth displacement into the alveolar bone:**	
	a) no less than ¼ of tooth;	1
	b) 1 tooth;	2
	c) 2-3 teeth;	5
	d) 4-6 teeth;	8
	e) 7-9 teeth;	10
	f) 10 and more teeth.	12

Notes:

1. *In case of total or partial traumatic loss of milk teeth in children under 5, insurance benefit shall be paid in accordance with the general regulations. Insurance benefits shall not be paid for loss of milk teeth in children above 5, irrespective of reasons.*
2. *Loss of a tooth crown or entire tooth is understood to be the loss of tooth which is not re-implantable or is removed as a result of injury within a period of 1 year after the trauma.*
3. *if several teeth are extracted ¼ or more, then the percentages are summed up, but benefit can't be more than 3 percent;*
4. *the benefit for damaged periodontitis, caries, and damaged teeth is paid only 50% from the calculated insurance benefit if the teeth had been healthy;*
5. *Insurance benefit shall not be paid if detachable denture or prosthetic teethes is broken or damaged as a result of trauma.*

1.22	**Ulcer in the abdominal wall, diaphragm or at the scar site of abdominal surgery (which is required because of trauma).**	10
1.23	**Traumatic injuries of the abdominal organs resulting in:**	
	a) laparocentesis;	2
	b) laparoscopy, diagnostic laparotomy (when injuries of the abdominal organs are suspected);	7

	c) laparotomy (in case of injury of the abdominal organs);	10
1.24	**Hernia occurring at the post-operative site on the abdominal wall or diaphragm (if surgery was required because of trauma), irrespective of whether the hernia was operated or not.**	5

Notes:

1. *Where insurance benefit is paid under paragraphs 1.23; no benefit shall be granted under paragraph 1.24. 2.19 – 2.21,*
2. *Where the event requires several interventions, insurance benefit shall be paid only for the most complicated one, except for relaparotomy.*
3. *Insurance benefit shall not be paid for hernias (umbilical hernia, linea alba hernia, pelvic hernia, inguinal hernia) developed as a result of physical tension (including lifting heavy weights).*

Urinary and genital systems		
1.25	**Injuries of urinary organs resulting in puncture (trocaric) or surgical cystostomy, cystotomy, single hemodialysis.**	10
Post-traumatic scars		
1.26	**Injuries to soft tissues in the area of the face, front or side surface area of the neck or in the under-jaw area after healing of which there are:**	
	a) linear scar up to 3 cm in length,	1
	b) linear scar measuring 3.1 cm to 5 cm in length,	3
	c) linear scar measuring 5.1 cm to 8 cm in length or 2 cm^2 to 5 cm^2 in area;	5
	d) linear scar of more than 8.1 cm in length or exceeding the area of 5.1 cm^2;	10
	e) pigment spot up to 2 cm^2 persistent after burns due to direct contact with hot liquids, devices and/or chemicals;	2
	f) pigment spot measuring < 2.1 cm^2 persistent after burns due to direct contact with hot liquids, devices and/or chemicals	5
	g) disfigurement of one side of the face: persistent massive, contrasting spots of face-unnatural colour, disfiguring scars, facial disfigurement (major changes on both sides of the face with no (or substantially no) undamaged areas);	20
	h) disfigurement of the entire face: persistent deformations of the facial soft tissues, massive, contrasting spots of face-unnatural colour, disfiguring scars.	30
1.27	**Soft-tissue injuries in the hairy part of the head, trunk and/or extremities after healing of which there are:**	
	a) linear scar measuring 2 cm to 5 cm (for children up to 6 years of age inclusive from 1 up to 2 cm in length);	1
	b) linear scar measuring 5.1 cm (for children up to 6 years of age inclusive from 2.1 up to 5 cm in length) or 2 cm^2 in the area;	3
	c) linear scar of more than 10 cm in length (for children up to 6 years of age inclusive more than 5.1 cm in length) or exceeding the area of 5 cm^2.	5
1.28	**Soft-tissue injuries in the trunk and/or extremities resulting in pigment spots measuring:**	
	a) I – II A degree of burns - a pigmental stain from 2% of the body surface area or a scent up to 1% of the body surface area;	2
	b) II A – II B degree of burns - a pigmental stain from 2% of the body surface area or a scent from 1% of the body surface area;	4
	c) II B degree and deeper burns - a pigmental stain from 2% of the body surface area or a scent from 2% of the body surface area.	6

Note:

If the insurance benefit is paid in accordance with Article 1.28 a); (b) or (c), and the insured has been treated in a hospital for more than 2 days as a result of the injury, 2% from the Sum Insured is paid additionally.

1.29	**Burn diseases (burn shock, burn intoxication, anuria, burn intoxication, acute burn toxemia, burn septicotoxemia), traumatic post-hemorrhagic anaphylactic shock, fat embolism, if diagnosed during in-patient treatment.**	10
1.30	**Open or closed injuries to soft tissues with the following resultant consequences: muscular hernia, post-traumatic periostitis (inflammation of the membrane enveloping a bone), non-resolved hematoma (of 5 cm^2 in diameter at least), also, muscular rupture, loss of tendon integrity (except for the tendons in toes and fingers and shoulder joint):**	
	a) presence of one of the consequences above;	3
	b) presence of two or more of the consequences above.	5

Notes:

1. *Scar is a skin compound that is injured, cut, burned, is formed after the deeper skin layers (dermis), formed by the connective tissue and blood vessels. Insurance coverage for scars is payable only if the wound has been arranged in a health facility. At the insurer's request, you must submit a photo of a scar / pigment spots.*
2. *We do not pay benefits for scratches or other irregularities that prevented the sewing or sticking of fabrics.*
3. *Pigmented spots and scars after burnt of tissues are measured at the end of healing and after trauma for at least 1 month.*
4. *Palmar surface (including palm and digits II-V together) of the insured person's hand is deemed to correspond to 1% of the surface of the body. This area is measured in square centimetres by multiplying the length of hand (measured from the radiocarpal joint to the top of the distal (third) phalanx of the third digit) and the width of hand (measured along the head of MTC II-V.*
5. *Insurance benefit shall not be paid for scars and/or loss of soft tissues as a result of open fractures, surgeries or amputations.*
6. *For the purpose of calculating insurance benefit payable under a relevant section in Annex 1 in respect of scars resulting from one event insured, scar measurements shall be summed up.*
7. *In case of multiple muscle and/or tendon injuries in one extremity as a result of one event insured, insurance benefit payable in respect of injuries to individual muscles and tendons shall not be summed up.*
8. *In case of multiple injuries to ligaments in one joint as a result of one event insured, insurance benefit payable in respect of injuries to individual ligaments shall not be summed up.*

Spine		
1.31	**Fracture of cervical, thoracic or lumbar vertebrae or their arches (confirmed by an X-ray):**	
	a) 1-2 vertebrae;	10
	b) 3 and more vertebrae.	15
1.32	**Fracture of processes of cervical, thoracic or lumbar vertebrae, vertebral subluxation or dislocation (confirmed by an X-ray):**	
	a) 1-2 vertebrae;	5
	b) 3 and more vertebrae.	8

Note:

Insurance benefits shall not be paid for recurrent subluxations.

1.33	**Spinal ligament sprain or partial rupture treated for at least 14 days.**	5
1.34	**Sacrum fracture**	10
1.35	**Coccyx fracture (broken tailbone)**	8

Notes:

1. *Where one trauma results in several injuries of the same vertebra (fracture of the vertebra or its processes, vertebral ligamentous injuries), insurance benefit shall be paid for the most severe injury only.*
2. *If Ostepenia is diagnosed, the insurance benefit is reduced by 30%.*

Arm		
1.36	**Fracture of the scapula.**	5
1.37	**Fracture of the clavicle.**	5
1.38	**Partial or total rupture of scapulo-clavicular ligaments.**	10
1.39	**Rupture of sternoclavicular ligaments.**	10
Shoulder joint		
1.40	**Injuries of the shoulder joint:**	
	a) rupture of ligaments or tendons, joint lesion rupture, dislocation of the clavicle, dislocation of the humerus in the shoulder area, when treatment lasts for a period of 14 days or longer;	3
	b) factures of the articular surface of the scapula, head of the humerus, anatomical neck and/or the greater tubercle.	10
1.41	**Damages to the shoulder joints caused by ankylosis (at least 3 months after the trauma).**	10

Notes:

1. *Where trauma in the area of the shoulder joint necessitated surgery, additional 2% of the sum insured shall be paid. No additional benefit shall be paid for a graft.*
2. *No insurance benefit is payable for repeated (regular) dislocations.*
3. *Recurring dislocations shall not be regarded as risks covered and no benefits shall be paid in respect of them, if the initial dislocation occurred prior to entering into the insurance contract.*

4. Dislocations caused by physical loads (e.g., lifting heavy weights) shall not be recognised as risks covered and no benefits shall be paid in respect of them. *5. Dislocation shall be recognised as risk covered only if repaired in a medical care establishment.* *6. Insurance benefit for all injuries to one arm shall not exceed 80 % of the sum insured under the Policy;* *7. If degenerative changes or ligament / tendon injuries in the shoulder joint are detected during the initial insurance contract, 50% of the insurance benefit amount calculated in accordance with Clause 8.1 of the Special Conditions of the „Terms and Conditions" shall be paid.*		
Humerus		
1.42	**Humeral factures at any part of the humeral shaft, incl. fracture of the surgical neck.**	10
Note: *Where humeral fracture required surgery, additional 5% of the sum insured shall be paid once. However, if additional benefit is payable in respect of surgery of the shoulder or elbow joint, no additional benefit shall be payable under this note. Correction of soft tissues is not considered as being a surgery.*		
1.43	**False joint (nonunion, pseudoarthrosis) persistent at least 9 months after the trauma, if this is confirmed by a medical certificate.**	30
Elbow joint		
1.44	**Injuries in the elbow joint area:**	
	a) elbow joint injuries partial rupture of ligaments with immobilization, when treatment lasts for a period of 10 days or longer;	3
	b) elbow joint injuries (total rupture of ligaments, rupture of the articular capsule) with immobilization, when treatment lasts for a period of 14 days or longer;	5
	c) unilateral fracture of humeral epicondyle, split of the radial head (edge), fracture of the coronoid process, dislocation of one bone, olecranon fracture;	5
	d) vertebral humerus fracture, bilateral fracture of humeral epicondyle, fracture of the radial neck, isolated dislocation of the radial head;	10
	e) articular fracture in the humerus (with or without dislocation), dislocation of the forearm bones (with or without articular fractures), articular fracture of the forearm bones (with or without dislocation);	15
	f) articular fracture in the humerus with articular fractures in two forearm bones (with or without dislocations).	20
Note: *1. Only one paragraph of Section 1.44 shall apply in respect of one trauma. In case of trauma involving various injuries, the paragraph meeting the most severe injury shall apply;* *2. When surgery has been performed due to an injury to the elbow joint area, an additional 5% of the sum insured is paid once;* *3. When there is immobility of the elbow joint (ankylosis) together with immobility of the shoulder joint, it is according to Art. (b) 40% of the sum insured shall be paid.*		
1.45	**Consequences of injuries to the elbow joint present at least 9 months after the trauma and this is confirmed by a medical certificate:**	
	a) impairment in the articular functions (limited motion (rigidity), contracture);	5
	b) joint stiffening (ankylosis), pseudoarthrosis confirmed by X-ray.	20
Forearm		
1.46	**Forearm shaft fractures confirmed by X-ray:**	
	a) single bone (without relocation);	5
	b) single bone (with relocation);	7
	c) 2 bones, fracture of one or two bones with dislocation of another bone.	10
Note: *Where forearm fracture required surgery, additional 5% of the sum insured shall be paid once. However, if additional benefit is payable in respect of surgery of the elbow joint, no additional benefit shall be payable under this note.*		
1.47	**Nonunion of the forearm bones (false joints) present at least 9 months after the trauma:**	
	a) single bone	5
	b) both bones	10
Radial bone and wrist joint		
1.48	**Traumatic loss of muscular, ligamentous or tendonous integrity (sprains, partial rupture, rupture), dislocation of the wrist joint resulting in:**	
	a) treatment and/or incapacity for work for at least 7 days;	1

	b) treatment involving plaster bandage or other special fixed immobilisation for 14 or more days;	2
	c) treatment requiring reconstructive surgery.	5
1.49	**Unilateral epiphysiolysis, fractures of bone processes, including *processus styloideus radii* or *ulnae*, fracture of the ulnar head, distal or lower ulna.** a) single bone; b) both bones.	 5 7
1.50	**Fracture of the radial bone only or fracture of both bones in a typical place with dislocation or subluxation of the ulnar head, unilateral or bilateral epiphysiolysis.**	10
1.51	**Consequences of injuries in the wrist joint area, present at least 9 months after the date of trauma:**	
	a) impairment in the articular function (limited motion (stiffening), contracture);	5
	b) joint stiffening (ankylosis) confirmed by X-ray.	15
Note: *If the surgical operation was performed due to a radial bone fracture, an additional 1% of the sum insured is paid once.*		
Hand and metacarpal bone		
1.52	**Unilateral fracture or dislocation of the carpal and/or metacarpal bones, loss of muscular, ligamentous or tendonous integrity:**	
	a) fracture or dislocation of one bone;	3
	b) fracture or dislocation of two bones, excluding scaphoid bone (os scaphoideum);	5
	c) fracture or dislocation of three or more bones, fracture or dislocation of the scaphoid bone;	10
	d) carpal dislocation;	15
	e) traumatic loss of muscular, ligamentous or tendonous integrity in the hand (sprains, partial rupture, rupture), nerve injury resulting in treatment requiring plaster bandage or other special fixed immobilisation for 14 or more days.	2
Note: *Only one paragraph of Section 1.52 shall apply in respect of one trauma.*		
1.53	**Consequences of carpal injuries:**	
	a) nonunion of one or several bones, excl. phalanges (false joint, pseudoarthrosis), present at least 9 months after the date of trauma and confirmed by a medical certificate;	10
	b) loss of all hand digits (fingers), transcarpal or transmetacarpal amputation of hand;	65
	c) amputation of the only hand.	100
First digit (thumb)		
1.54	**Digit injuries:** a) loss of nail plate (nail), ligamentous rupture, injury to the articular capsule ligaments;	 1
	b) bone fracture, tendon injuries.	3
	c) finger dislocation	2
1.55	**Digit injuries with resultant rigidity in:**	
	a) one joint;	5
	b) two joints.	10
Hand digits (excl. the first digit)		
1.56	**Digit fracture, tendon injuries, rupture of the articular capsule ligaments**	1
Pelvic bone fractures		
1.57	**Pelvic bone fractures (hip, pubic bone, sciatic bone):**	
	a) single bone fracture, fragmentation of the edge of the hip-socket;	5
	b) single symphysis rupture; double-sided fracture of one bone, fracture of two bones, acetabular fracture;	10
	c) multiple symphysis rupture, fracture of three or more bones, acetabular fracture with central femoral dislocation.	15
Note: *Where fracture of the pelvic bones or rupture of the cartilaginous symphysis required surgery, additional 3% of the sum insured shall be paid once irrespective of the number of surgeries.*		

Leg		
Hip joint		
1.58	**Injuries in the hip joint area:**	
	a) Injuries to the hip joint ligament integrity (sprains, partial rupture or rupture, Acetabular articular lip rupture), when uninterrupted treatment lasts for a period of 14 days or more;	3
	b) trochanteric fractures of the femur (*trochanter minor et major*), intratrochanteric and supratrochanteric fractures of the femur;	10
	c) fractures of the femoral head or neck, femoral dislocation.	15
1.59	**Consequences of injuries in the hip joint area, present at least 9 months after the date of trauma and confirmed by a medical certificate:**	
	a) joint stiffening (ankylosis) confirmed by X-ray;	15
	b) nonunion of the femoral neck (false, joint, pseudoarthrosis);	20
	c) resection of the femoral head, acetabulum (hip-socket), endoprosthesis (intra-articular prosthesis) after trauma.	35

Notes:

1. *Where trauma in the area of the hip joint required surgery, additional 5% of the sum insured shall be paid once. Correction of soft tissues is not considered as being a surgery.*
2. *Where several consequences of one trauma are provided for under several paragraphs, insurance benefit due is determined on the basis of the paragraph providing for the most severe consequences of the trauma.*
3. *Insurance benefit payable for all consequences of the injuries in one leg shall not exceed 60% of the sum insured.*
4. *Joint stiffening must be confirmed by a traumatologist, including the assessment and description of the mobility amplitude of the injured joint in degrees.*

Femur		
1.60	**Femoral fracture**	
	a) diaphyseal, close;	7
	b) diaphyseal, open;	10
	c) distal;	5
	d) articular.	10

Note:

Where femoral fracture required surgery, additional 5% of the sum insured shall be paid once. However, if additional benefit is payable in respect of surgery of the hip or knee joint, no additional benefit shall be payable under this note. Correction of soft tissues is not considered as being a surgery.

1.61	**Malunion of a femur fracture (assessed at least 9 months after the trauma), nonunion (false joint, pseudoarthrosis).**	30
1.62	**Unilateral or multiple impairment in the functions of the leg joint(s) (limited motion, contracture).**	5
Knee joint		
1.63.	**Injuries in the knee joint region:**	
	a) loss of ligamentous integrity in the knee joint (sprains, partial rupture, rupture) when treatment and/or incapacity for work last for 10 or more days; hemarthrosis (based on puncture); patellar dislocation (rupture of patellar ligaments);	1
	b) loss of ligamentous integrity (sprains, partial rupture, rupture), when treatment involved plaster bandage or other special fixed immobilisation for 14 or more days;	2
	c) surgery or MRI evidenced meniscal tear or partial tear in the knee;	5
	d) patellar fracture; fracture of the proximal part of the shinbone (articular fracture of the lateral and medial condyle).	7
	e) Fracture of the proximal end of the femur.	7

Notes:

1. *When reconstruction of the integrity of the knee joints has been performed, one additional payment of 3% of the sum insured, irrespective of the number of operations, is paid.*
2. *When insurance benefits shall be paid in accordance with paragraph 93 (d), an additional fee for the operation shall not be charged.*
3. *Traumatic tears of both menisci in one knee shall be regarded as one meniscal tear and insurance benefit shall be paid for one meniscal tear.*

	4. *If knee joint degenerative changes are detected, in accordance with Section 8.1 of the „Terms and Conditions" only 50 % of the amount of the insurance benefit can be calculated.*	
1.64	Knee joint injuries resulting in:	
	a) knee joint blocking due to soft tissue injury;	10
	b) joint instability (as a result of bone surface resections in the knee joint).	20
Shin		
1.65	**Fracture of the shinbone shaft:**	
	a) fibula;	5
	b) tibia.	10
1.66	**Unilateral or bilateral shinbone fracture with resultant formation of a false joint (malunion of the fracture), present at least 9 months after the trauma:**	
	a) fibula;	5
	b) tibia.	10
Ankle joint		
1.67	**Injuries in the Ankle joint area:**	
	a) loss of ligamentous integrity (sprain, partial rupture, rupture), when treatment and/or incapacity for work last for 7 or more days;	1
	b) loss of ligamentous integrity (sprains, partial rupture, rupture), when treatment involved plaster bandage or other special fixed immobilisation for 14 or more days;	2
	c) unilateral ankle fracture, fracture of the posterior edge of the tibia, rupture of the distal tibiofibular syndesmosis (syndesmolysis);	5
	d) bilateral ankle fracture, unilateral ankle fracture with fracture of the posterior edge of the fibula, rupture of the distal tibiofibular syndesmosis (syndesmolysis) with foot subluxation;	10
	e) bilateral ankle fracture with fracture of the posterior edge of the fibula, unilateral or bilateral ankle fracture with foot subluxation, total foot dislocation with (or without) syndesmolysis;	15
	f) bilateral ankle fracture with fracture of the posterior edge of the fibula, foot subluxation (dislocation) and syndesmolysis.	20
1.68	**Consequences of injuries in the ankle joint area, present at least 9 months after the date of trauma and confirmed by a medical certificate:**	
	a) joint stiffening (ankylosis) confirmed by X-ray.	15
1.69	**Total loss of the integrity of the Achilles tendon** in case of at least 14 days of uninterrupted conservative (non-surgical) treatment.	5
	Notes: 1. *When surgery was performed due to a bone injury in the Achilles tendon or ankle joint area, an additional one-time payment of 3% of the Sum Insured is made;* 2. *In case of a stress fracture in the ankle area, the insurance benefit is reduced by 50%. In case of Stress fracture surgery benefit is not paid*	
Foot		
1.70	**Traumatic loss of muscular, ligamentous or tendonous integrity (sprains, partial rupture, rupture) in a foot, nerve injury resulting in:**	
	a) treatment and/or incapacity for work last for 7 or more days;	1
	b) treatment involving plaster bandage or other special fixed immobilisation for 14 or more days;	2
	c) reconstructive surgery;	3
	d) fracture or dislocation of one or two bones (excl. calcaneum or talus);	5
	e) calcaneal fracture, talar fracture, fracture or dislocation of three or more bones;	10
	f) talar dislocation, subtalar dislocation, dislocations of the transverse tarsal joint (*articulatio tarsi transversa*, Chopart's joint) or tarsometatarsal articulation (*articulatio tarsometatarseae*, Lisfranc joint).	15
	Note: *In case of a stress fracture in the foot area, the insurance benefit is reduced by 50 percent.*	
1.71	**Consequences of foot injuries:**	
	a) foot deformation caused by the consequence of the event insured – bone fracture with relocation;	5
	b) nonunion of one or two metatarsal bones or false joint;	5

	c) nonunion of three, four or five metatarsal bones or false joint;	10
	d) calceneal or talar nonunion (pseudoarthrosis), aseptic necrosis of the talus.	15
Toes		
1.72	**Unilateral injuries of toe(s):**	
	a) Loss of ligamentous integrity in a toe (sprains, partial rupture, rupture), loss of nail plate (nail) of the first digit (thumb);	1
	b) fracture of one or two toes (except for the thumb);	2
	c) fracture of dislocation of the first toe;	5
	d) fracture or dislocation of three or more toes (excl. the first toe), irrespective of the number of broken or dislocated phalanges), tendon injuries in three, four or five toes.	8
Other consequences of insured events:		
1.73	**Consequences of various traumatic injuries (this paragraph shall not apply in case of traumas of hand and foot digits):**	
	a) taking an osseous autotransplant;	5
	b) post-traumatic osteomyelitis, hematogenic osteomyelitis.	10
1.74	**Traumatic, hemorrhagic (anaemic, related to blood loss), anaphylactic shock (hypersensitivity to some substances), fat embolism syndrome.**	5
1.75	**Risks covered resulting in insure person's in-patient treatment for more than 2 days (unless insurance benefit is payable under other paragraphs of the table): traumatic asphyxia, cute (chemical) intoxication, electrical injuries (power discharge from electricity systems, equipment or atmosphere), snakebite, animal bites and/or stings, etc. requiring in-patient treatment for:**	
	a) 3-7 days;	3
	b) 8-15 days;	7
	c) >16 days.	10

ANNEX NO. 2. INSURANCE BENEFIT CALCULATION TABLE T2

„LONG - TERM AND IRREVERSIBLE EFFECTS OF INJURIES"

No.	Trauma	Payable benefit (% of the sum insured)
Central and peripheral nervous system		
2.1.	**Damages to the central NS conditioned by traumas, acute accidental poisoning, consequences of mechanical asphyxia diagnosed 6 months after the trauma or later:**	
	a) arachnoiditis, arachnoencephalitis or encephalopathy of a traumatic (toxic) origin (encephalopathy in persons under 40 only);	10
	b) traumatic epilepsy, traumatic hydrocephaly, medium mental damage, monoparesis, fragment of a foreign body in the skull or brain (not applied in case of foreign bodies remaining after brain surgeries), post-traumatic parkinsonism (post-traumatic parkinsonism in persons under 40 only);	15
	c) loss of two or more extremities (hemiparesis, paraparesis);	30
	d) paralysis of one extremity (monoplegia);	40
	e) paralysis of one side of the body (hemiplegia); paralysis of the lower extremities (paraplegia);	50
	f) dementia; paraplegia with expressive function impairment in pelvic organs (urination or bowel movement);	70
	g) paralysis of the upper and lower extremities (tetraplegia), decortication (brain death).	100
Notes: *1. If any of the traumas in Section 2.1 results in impaired vision and/or hearing and this is confirmed during in-patient treatment, additional insurance benefit shall be paid in accordance with relevant paragraphs of the Table.* *2. Insurance benefit in respect of one trauma is payable only under one paragraph in Section 2.1.*		
2.2	**Neural injuries caused by:**	
	a) hand and/or radius injuries (excl. injuries of finger nerves);	3
	b) injury in the area of forearm, wrist, shin, tarsus;	10
	c) traumatic injury in the area of humerus, elbow, thigh and/or knee joints.	15
Notes: *1. In case of multiple nerve injuries in one extremity, insurance benefit shall be paid for one injury only.* *2. Traumatic injuries to peripheral nerves are deemed to include nerve commotion, contusion, compression, strain, rupture, and/or neurectomy.* *3. No insurance benefit shall be paid for nerve injuries in fingers.* *4. In case of peripheral nerve injuries in several extremities, injuries in each of them shall be assessed separately.* *5. Where peripheral nerves and/or nerve plexus are injured due to a closed nerve trauma, insurance benefit shall only be paid if the signs of the nerve injury are persistent for a period exceeding 6 months after the trauma and are confirmed by objective testing methods.* *6. Where injuries in Section 2.2 required surgical treatment (nerve sewing, nerve plastics, plexus re-innervation, etc.), insurance benefit shall be increased by 5% of the sum insured irrespective of the number of operations.* *7. Insurance benefit for traumatic plexitis is payable if it is persistent for a minimum period of 3 months after the trauma.*		
2.3	**Peripheral (cerebral) nerve injuries**	*10*
Notes: *1. Insurance benefit shall be paid on a one-off basis irrespective of the number of injured nerves and irrespective of whether the injury is unilateral or bilateral. If insurance benefit is payable under paragraphs (b) or (c) in Section 1.1, Section 2.3 shall not apply.* *2. Insurance benefit is payable if the clinical picture of nerve injury is persistent for 6 months in case of conservative (non-surgical) treatment.* *3. Insurance benefit shall be paid without any delay if a traumatic cranial nerve injury required reconstructive surgery.*		

Visual organs		
2.4	**Paralysis of accommodation of one eye.**	10
2.5	**Unilateral hemianopsia.**	10
2.6	**Monolateral narrowing of vision field.**	7
2.7	**Unilateral dysfunction of lacrimal duct: narrow stricture or complete stenosis.**	5
2.8	**Unilateral vision impairment (unaided), diagnosed within 3-12 months after the date of trauma by means of comparing vision acuity before the trauma and thereafter (see Table No. 1)**	

Table No. 1. Insurance benefit in case of traumatic vision impairment

Vision acuity		Payable benefit (of the sum insured)	Vision acuity		Payable benefit (of the sum insured)
Before trauma	Post-traumatic	%	Before trauma	Post-traumatic	%
1.0	0.7 0.6 0.5 0.4 0.3 0.2 0.1 < 0.1 0.0	1 3 5 10 15 20 30 40 45	0.9	0.6 0.5 0.4 0.3 0.2 0.1 < 0.1 0.0	1 3 5 10 20 30 40 45
0.8	0.5 0.4 0.3 0.2 0.1 < 0.1 0.0	1 5 10 20 30 40 45	0.7	0.5 0.4 0.3 0.2 0.1 < 0.1 0.0	1 5 10 15 20 30 35
0.6	0.4 0.3 0.2 0.1 < 0.1 0.0	1 3 10 15 20 25	0.5	0.3 0.2 0.1 < 0.01 0.0	1 5 10 15 20
0.4	0.2 0.1 < 0.1 0.0	3 5 10 20	0.3	0.1 < 0.1 0.0	3 10 20
0.2	0.1 < 0.1 0.0	3 5 10	0.1	< 0.1 0.0	5 20
< 0.1	0.0	10	-------	-------	---------

Notes:

1. *Where retinal detachment results in impaired vision acuity, this should be based on the sighs of injury caused by a fresh eye trauma.*
2. *When visual acuity is impaired in both eyes as a result of trauma, each eye shall be examined separately. The percentages for both eyes shall be added and multiplied by a rate of 1.3.*
3. *If health care institutions have no records about vision acuity before the trauma, the vision acuity shall be considered to be – 1.0, but no better than the vision acuity of the non-injured eye.*
4. *If an intraocular lens is implanted after the injury or aided lens is applied, insurance benefit payable shall be fixed on the basis of the vision acuity before implantation or application of the lens.*
5. *Vision acuity shall be measured at least 3 months, but not later than 12 months, after the injury.*

Hearing apparatus		
2.9	**Total hearing loss: unilateral**	15
2.10	**Total hearing loss: bilateral**	60
Notes:		
1. *The consequences of injury in Sections 2.9 and 2.10 shall be measured at least 9 months after the injury.*		
Respiratory system		
2.11	**Lung injuries resulting in:**	
	a) removal of 1 - 2 segments of the lung;	20
	b) removal of up to 1/2 of the lung;	30
	c) removal of 1/2 of the lung or complete removal of the lung	40
2.12	**Lung injuries resulting in lung dysfunction persistent at least 9 months after the date of trauma.**	20
2.13	**Post-traumatic functioning tracheostomic tube causing breathing impairment, dysphonia or aphonia, and these consequences remain present for a period exceeding 9 months.**	20
Cardiovascular system		
2.14	**Injuries of heart, pericardia or primary arteries causing cardiovascular insufficiency, which is found present at least 3 months after the date of trauma and is originally diagnosed within a year after the trauma (confirmed by a medical certificate or cardiologist conclusion):**	
	a) 1st degree cardiovascular insufficiency;	10
	b) 2nd or 2nd/3rd degree cardiovascular insufficiency;	30
	c) 3rd degree cardiovascular insufficiency.	50
Notes:		
Great peripheral vessels include: subclavian artery, axillary artery, brachial artery, ulnar artery, radial artery, femoral arteries at hip and thigh level, popliteal and tibial arteries, subclavian, axillary, femoral and popliteal veins.		
Alimentary system, facial bones		
2.15	**Jaw injuries that cause:**	
	a) partial loss of the jaw;	20
	b) total loss of the jaw.	40
Note:		
The loss of alveolar processes shall not be considered as the loss of a part of the jaw.		
2.16	**Tongue injuries resulting in:**	
	a) the loss of the tongue tip or tongue up to the distal third region;	10
	b) the loss of the tongue in the middle third of the tongue;	30
	c) the loss of the tongue in the proximal third (rood) region or loss of the entire tongue.	60
2.17	**Esophageal injuries causing:**	
	a) narrowing of esophagus, which obstructs swallowing of liquid or soft food;	20
	b) esophageal obstruction, but not earlier than 6 after the trauma, resulting in permanent gastrostomy (external opening of the stomach through the abdominal wall).	80
2.18	**Damage to the alimentary organs caused by severe intoxication, except for deliberate acts (including alcoholic intoxication), resulting in:**	
	a) gastric, intestinal and rectal cicatricial stricture (deformations);	20
	b) adhesions after abdominal surgeries, functioning pancreatic fistula;	30
	c) intestinal fistula (ileostomy – creation of an opening from the ileum to the outside, enterostomy – creation of an opening from the small intestine to the outside), entrevaginal, rectovaginal fistula;	50
	d) colostomy (creation of artificial anus).	80
Notes:		
1. *If one trauma results in several consequences mentioned in Section 2.18, insurance benefit is payable under the paragraph providing for the most severe consequences.*		
2. *Insurance benefit under 2.18 (b) is payable on a one-off basis irrespective of the number of surgeries.*		
2.19	**Hepatic injuries from traumas, severe intoxication resulting in:**	
	a) liver closing or removal of gallbladder;	15
	b) liver closing and removal of gallbladder;	20
	c) removal of a part of the liver;	25
	d) removal of a part of the liver and gallbladder.	30

2.20	**Splenic injuries resulting in:**	
	a) splenic rupture;	5
	b) removal of the spleen.	20
2.21	**Gastric, pancreatic, intestinal and/or peritoneal injuries resulting in the removal of:**	
	a) 1/3 of the stomach, 1/3 of the bowels;	25
	b) 1/2 of the stomach, 1/3 of the pancreas and 1/2 of the bowels;	35
	c) 2/3 of the stomach, 2/3 of the pancreas and 2/3 of the bowels;	60
	d) stomach, 2/3 of the pancreas and 2/3 of the bowels;	80
	e) total bowels, stomach and a part of the pancreas.	100
Urinary and genital systems		
2.22	**Traumatic injuries of kidney causing:**	
	a) removal of a part of the kidney/unilateral nephrectomy;	30
	b) bilateral nephrectomy.	60
2.23	**Post-traumatic impairment of the urinary system:**	
	a) renal insufficiency;	30
	b) urethral blockage.	40
2.24	**Traumatic injury of the genital system causing:**	
	a) unilateral removal of ovary, Fallopian tube, in women under 40, bilateral removal of ovary, Fallopian tube, in women above 40, unilateral removal of testicle, partial penectomy;	15
	b) bilateral removal of ovary. Fallopian tube in women under 40, bilateral removal of testicle or total penectomy;	30
	c) hysterectomy in women under 40;	40
	a) from 40 to 50;	30
	b) above 50.	15
Humerus		
2.25	**Traumatic amputation of the arm or severe injury resulting in the arm amputation within one year after the trauma:**	
	a) Amputation of the arm, including other shoulder bones (scapula, clavicle or any part thereof);	80
	b) Transhumeral amputation or amputation at the shoulder joint;	75
	c) Amputation of the arm which was the only arm prior to the trauma.	100
Forearm		
2.26	**Loss of arm above the wrist joint or post-traumatic amputation of the forearm as a result of severe injury.**	65
First digit (thumb)		
2.27	**Traumatic amputation or severe injury resulting in digit amputation:**	
	a) loss of the entire nail phalanx;	5
	b) at the level of the second and third phalanges (loss of the digit).	10
Hand digits (excl. the first digit)		
2.28	**Post-traumatic digit amputation or injuries resulting in the digit amputation:**	
	a) loss of partial nail phalanx (with bone loss);	1
	b) loss of all nail phalanx;	3
	c) loss of the middle phalanx (loss of 2 phalanges);	5
	d) loss of the basic phalanx (loss of the digit).	10
2.29	**Loss of all hand digits (fingers) as a result of trauma or injuries.**	50
Leg		
Hip joint		
2.30	**Traumatic leg amputation or severe leg injury resulting in leg amputation within a period of one year after the trauma:**	
	a) one leg;	70
	b) the only leg.	100
Shin		
2.31	**Shin amputation after trauma or severe injury resulting in shin amputation within a year after the date of trauma.**	60

Tarsal		
2.32	**Tarsal amputation after trauma or severe injury resulting in the leg amputation at tarsus joint area (exarticulation).**	50
Foot		
2.33	**Foot amputation:**	
	a) foot amputation at the level of the metatarsophalangeal joint;	25
	b) transmetatarsal amputation;	35
	c) amputation in the sphenoid-tarsal joint area.	45
Toes		
2.34	**Unilateral toe amputation after trauma or severe injury resulting in toe amputation within a year after the date of trauma:**	
	a) first toe (hallux, big toe):	
	I. partial phalanx amputation;	2
	II. loss of the entire nail phalanx;	5
	III. proximal (basic, first) phalanx amputation or amputation at the metatarsophalangeal joint level (loss of the toe);	10
	b) II-V toes:	
	I. phalangeal amputation in one or two toes; II. amputation of three or four toe together with the metatarsal bone or a part of it; III. amputation of all fingers with or without a subcutaneous part.	5 10 25