

# TRAVEL INSURANCE

Terms and conditions No. 55.2

Approved by BTA Baltic Insurance Company AAS

Management Board Decision No. LVB1\_0002\_02-03-03-2019-83 of 29.08.2019.

These Travel Terms and Conditions are effective as of 29.08.2019

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## GENERAL TERMS AND CONDITIONS

### 1. DEFINITIONS AS USED IN THE INSURANCE CONTRACT

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**The Insurer** – AAS BTA Baltic Insurance Company, represented by its Lithuanian Branch, hereinafter – BTA.

**The Policyholder** – a person who has applied to BTA to contract for insurance or to whom BTA has offered to enter into an insurance contract, or who has signed an insurance contract with BTA for own benefit or for benefit of other persons.

Persons related to the Policyholder and/or the Insured, who are also bound by the fulfilment of obligations established for the Policyholder:

- a) Persons living together with the Policyholder or the Insured;
- b) Persons responsible for insurance object pursuant to an agreement with the Policyholder or the Insured;
- c) Persons sharing insurance interests together with the Policyholder or the Insured, or other persons named in the insurance contract;
- d) Persons related to the Policyholder or the Insureds under employment, service delivery or other legal relationships and bound to act in conformity with the safety requirements.

**The Insured** – a person whose interests shall be covered:

- a) In case of property insurance – the owner of property covered by the insurance contract or other person named in writing in the contract;
- b) In case of third party liability insurance – a person whose property interests arising from third party liability are covered;
- c) In case of person's insurance – a natural person indicated in the insurance contract, whose health, life or physical condition is covered under the insurance contract.

**The Beneficiary** – a person named in the insurance contract or a person appointed by the Policyholder or, in cases stipulated in the insurance contract, by the Insured and entitled to receive insurance benefits.

**Third party** – in the case of civil liability insurance – a person who has suffered losses due to the Policyholder's or/and Insurer's acts or omissions and who is eligible to receive the insurance benefit in accordance with the terms and conditions of the insurance contract.

**The parties to the insurance contract** – the Policyholder and BTA.

**Insurance object** – property interests relating to human life and/or health, property or third party liability.

**Application to contract for insurance** – a document in the form established by BTA for the Policyholder to provide with information required for the entering into the insurance contract. The application shall not be required, if the Policyholder provides BTA with information which BTA considers sufficient to assess insurance risks. Acceptance of the application to contract for insurance does not obligate BTA to sign the insurance contract.

**Insurance contract** – an agreement between BTA and the Policyholder according to which the Policyholder undertakes to pay the insurance premium of the agreed by the time limit fixed in the insurance contract and to fulfil other obligations stipulated in the insurance contract, and BTA undertakes to pay the benefit upon occurrence of the insured event in accordance with the terms and conditions of the insurance contract.

**Insurance policy** – a document confirming the entering into insurance contract and covering the terms and conditions of the insurance contract agreed by BTA and the Policyholder.

**Sum insured** – a sum of money specified in the insurance contract or a sum of money calculated in the procedure described in the insurance contract which is the limit of indemnity (insurance benefit).

**Underinsurance** – cases when the established sum insured is less than the value of insurance. In such cases, upon occurrence of the event insured BTA shall indemnify a portion of the benefit in proportion to the ratio of the sum insured and the value of insurance.

**Double insurance** – cases when the Policyholder signs several insurance contracts with different insurance undertakings to cover the same risks. In such case, the Policyholder must notify BTA in writing of other insurance contract concluded by him and to specify the sums insured and other contractual terms and conditions. Otherwise, the Insurer, having paid the insurance benefit, shall become entitled to recover the respective part of the paid insurance benefit.

**Additional insurance** – cases when only a portion of the value of property or risk is insured. In such cases the Policyholder shall be entitled to enter into an additional insurance contract with the same or any other insurer. However, the total sum insured under all insurance agreements shall not exceed the value of insurance.

**Deductible** – a portion of insurance benefit stipulated in the insurance contract and not indemnified by BTA. The deductible shall be defined as a specific amount of money and/or as percentage unless the insurance policy specifies otherwise. Where the insurance contract provides for several types of deductible in respect of the same risk, the largest of them shall always apply.

**Insurance premium** – an amount of money set in the insurance contract which is payable by the Policyholder to BTA under the terms and conditions of the insurance contract for the insurance cover.

**Event insured (risk covered)** – incidents stipulated in the insurance contract upon occurrence of which BTA is obliged to pay the insurance benefit.

**Non-insured event** – an occurrence in respect of which BTA does not pay the insurance benefit.

**Insurance risk** – a probability for the event insured to occur in future beyond control of the Policyholder and/or Insured.

**Insurance benefit** – an amount of money payable upon occurrence of the event insured or delivery of services if so is stipulated in the insurance contract.

**Insurance interest** – the interest of the Insured not to incur losses upon occurrence of the insured risk.

**Compensation principle** – insurance principle, according to which insurance indemnity is calculated on the basis of the amount of loss sustained in an insured event.

**A written document:**

- a) a document executed in writing and containing all necessary particulars, including signature affixed in accordance with valid legislation of the Republic of Lithuania;
- b) transmitted by telegraph, facsimile or other telecommunications terminal equipment, provided that the protection of the text is ensured and it is possible to identify the signature, including an e-message.

## **2. VALIDITY OF INSURANCE COVER**

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- 2.1.** A period of insurance means a period when insurance cover is in force.
- 2.2.** The insurance cover shall come into force at 00:00 o'clock on the date indicated in the insurance contract, but not earlier than the premium or its first instalment is paid down, if:
  - 2.2.1.** the date of payment of the insurance premium or its first instalment is not indicated in the insurance contract;
  - 2.2.2.** the beginning of the insurance period coincides with the date of payment of the premium or its first instalment;
  - 2.2.3.** the time limit for paying the premium or its first instalment precedes the beginning of the insurance period.
- 2.3.** Where the coming into force of the insurance cover is linked to the payment of the insurance premium or its first instalment, the insurance cover shall come into force on the next day at 00:00 following the receipt of payment, but not earlier than specified in the insurance contract.
- 2.4.** The insurance benefit shall not be paid if the event occurs before the entry into force of the insurance cover.
- 2.5.** Where the insurance contract stipulates that the premium should be paid after the first day of the insurance period, the cover shall come into force at 00:00 on the first day of the insurance period.
- 2.6.** The insurance contract shall expire at 24:00 o'clock on the last day of the insurance period specified in the insurance contract unless terminated earlier for other reasons.

## **3. POLICYHOLDER'S DUTY TO DISCLOSE**

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- 3.1.** Prior to signing the insurance contract, the Policyholder undertakes to provide BTA with true and complete information requested by BTA in relation to the insurance object and necessary for the assessment of insurance risks.

Where the Policyholder knowingly conceals information necessary for the assessment of the insurance risk or knowingly provides incorrect or incomplete information, BTA shall be entitled to claim nullification of the insurance contract and retain the paid down insurance premium.
- 3.2.** When insurance contract regarding insurance of the same insurance object is concluded repeatedly immediately following the previous insurance contract and, the Policyholder or the Insured, when concluding the repeated insurance contract, do not specify that the information provided upon conclusion of the previous insurance contract has changed, BTA will assume that the previously provided information has not changed.
- 3.3.** The Policyholder is required to promptly notify of any changes which occur during the period of validity of the insurance contract and which are likely to increase the insurance risk. The changes required to be disclosed include:
  - 3.3.1.** significant changes relating to the insurance object;
  - 3.3.2.** changes in the manner/ways of using the insurance object.
  - 3.3.3.** other significant circumstances due to which the insurance risk increases.
- 3.4.** Where information provided to BTA about the insurance object and risks covered changes and this results in insurance risk increase, as well as in case BTA is misled by minor misrepresentations of the Policyholder, BTA shall be entitled to offer the Policyholder, within a period of 1 month from the date of getting aware, to amend the terms and conditions of the insurance contract, including the amount of the insurance premium. Where the Policyholder disagrees to the amendment of the terms and conditions of the insurance contract or fails to give any answer to BTA within 1 (one) month from the date of dispatch of the notice of the proposed amendments, BTA shall be entitled to terminate the insurance contract upon expiration of the time limit stipulated in this paragraph without any further notice.

Where BTA proves that, being aware of the risk increase, it would have not entered into the insurance contract, BTA shall be entitled to claim termination of the insurance contract within 2 (two) months from getting aware of the risk increase.

- 3.5.** Violation of the Policyholder's duty to disclose information shall also incur other legal consequences entrenched in the legislation of the Republic of Lithuania.

#### **4. INSURANCE PREMIUM AND PAYMENT PROCEDURE**

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- 4.1.** The Policyholder must pay insurance premium to BTA in the amount and by the time limit set in the insurance contract.
- 4.2.** The premium shall be deemed paid:
- 4.2.1.** if the insurance premium is paid by bank transfer – from the moment of receiving the relevant amount to the bank account of BTA or its authorized insurance intermediary.
- 4.2.2.** if the insurance premium is paid using other payment methods – from the date specified in the particular document supporting the fact of payment. For obtaining the list of payment methods please visit internet website [www.bta.lt](http://www.bta.lt), or call us by phone (8 5) 2600 600;
- 4.3.** In case of failure to pay the premium by the time limit set in the insurance contract, the Policyholder shall pay BTA a default interest in the amount of 0.02 % for each day overdue. However, the total amount of the penalty may not exceed 10 % (ten per cent) of the outstanding insurance premium amount. The above-indicated default interest shall not apply in the following cases:
- 4.3.1.** the premium is paid as a lump sum;
- 4.3.2.** in respect of the first payment, if the premium is paid in instalments.
- 4.4.** Should the Policyholder fail to pay the premium or any part thereof by the deadline fixed in the insurance contract (with the exception of case when the coming into force of the insurance contract is linked to payment of the insurance premium or its part), BTA informs the Policyholder in writing that in the event of the failure to pay in the insurance premium or its part within 30 days of receipt of the notice, the insurance contract will be terminated.

#### **5. CONTRACTING FOR INSURANCE BY MEANS OF TELECOMMUNICATION TERMINAL EQUIPMENT**

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- 5.1.** Insurance contract can be concluded by means of distance communication, i.e., by means of post, internet, electronic mail, telephone or other means of information exchange.
- 5.2.** When insurance contract is concluded by a Policyholder, who is a consumer, then such insurance contract shall be subject to the Guidelines for the composition of non-life insurance contracts, which are publicly available on BTA's website [www.bta.lt](http://www.bta.lt). Guidelines for the composition of non-life insurance contracts, among other things, describes the procedure of exercising the withdrawal rights, i.e., the rights to withdraw from the concluded insurance contract.
- Consumer is a natural person, concluding an insurance contract for a purpose unrelated to its business or professional activity.

#### **6. EXPIRATION AND AMENDMENT OF THE INSURANCE CONTRACT**

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- 6.1.** The insurance contract shall expire at 24:00 on the last day of the insurance period unless otherwise agreed by the Policyholder and BTA.
- 6.2.** The Policyholder shall be entitled to terminate the insurance contract at any time giving a 15 days' notice to BTA in writing. In this case, the insurance contract shall be deemed terminated as of the date indicated in the notice, but not earlier than on the 15th (fifteenth) day after receipt of the notice of termination. Such being the case:
- 6.2.1.** where there was no payment of insurance benefit effected and no claims were lodged within the period of validity of the insurance contract, the Policyholder shall be repaid, within 20 (twenty) calendar days from the receipt of the Policyholder's notice, the insurance premium, less costs of conclusion and performance of the insurance contract (30% of the sum to be repaid);
- 6.2.2.** if during the period of validity of the insurance contract the insurance benefit was paid and/or reserved or claims were filed, within 20 (twenty) calendar days of receipt of the Policyholder's notice, BTA shall repay to the Policyholder the part of the premium which is equal to the difference between the unused portion of the premium for the remaining period of the contract and the insurance benefit paid, having deducted the costs of conclusion and performance of the insurance contract (30% of the repayable amount).
- 6.3.** The terms and conditions of the insurance contract may be modified or amended only upon a written agreement between BTA and the Policyholder.
- 6.4.** The insurance contract may be terminated on other grounds stipulated in the insurance legislation of the Republic of Lithuania governing legal relationships in insurance contracts.

#### **7. GENERAL EXCLUSION CLAUSE**

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- 7.1.** Unless the insurance contract stipulates otherwise, BTA shall not pay insurance benefits for:
- 7.1.1.** terrorist acts (the acts involving the use of, or threatening to use, force or violence, committed by a group of persons acting independently or on behalf of any organization or government, committed

for political, religious, ideological or ethnic ends for the purpose of putting in fear or exerting influence on the government, public or any section of the public); losses incurred in relation to the prevention of terrorist acts shall not be compensated either;

- 7.1.2.** war, invasion, hostile acts of foreign countries or other operations attaining the same level, such as civil war (whether or not the war is declared), riots, strikes, rebels, commotions, revolution, military situations, marauding, vandalism, sabotage; strike, lockout, public disorder attaining the level of a coup or riot, seizure of property, nationalization, when this is caused or authorized, whether legally or not, by the public authorities; other political risks and any other losses or costs directly or indirectly sustained in relation to the prevention of such acts shall not be compensated either;
  - 7.1.3.** direct or indirect nuclear explosion, nuclear power or impact of radioactive substances; direct or indirect radioactive contamination;
  - 7.1.4.** malicious acts by the Policyholder, Insured or Beneficiaries.
- 7.2.** Irrespective of any terms of the concluded Insurance Contract, BTA has no obligation to provide insurance protection or perform any payments, or provide services, or provide benefits to persons or any third party insofar such insurance protection, payment, service, benefit and / or business or activity of the Policyholder, the Insured, the Beneficiary or a person claiming insurance indemnity, violates the enforceable sanctions, financial embargo and economic sanctions, laws and terms, which are directly to be enforced by BTA. The enforceable sanctions are national sanctions imposed by the Republic of Lithuania, European Union sanctions, United Nations Organization sanctions, United States of America sanctions and / or other sanctions, which are to be complied with and executed by BTA in accordance with regulatory enactments.
- 7.3.** It shall not be considered an insured event and the losses shall not be indemnified, if occurred directly or indirectly related to:
- 7.3.1.** Regulatory enactments issued by the state;
  - 7.3.2.** State of emergency or exceptional state announced, moreover, no losses or expenses shall be indemnified, directly or indirectly related to any measures intended to avert the state of emergency or the exceptional state;
  - 7.3.3.** Epidemics or pandemics.

## **8. INSURER'S OBLIGATIONS UPON OCCURRENCE OF THE INSURED RISK**

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- 8.1.** In order to become eligible to the insurance benefit upon occurrence of a insured risk, the Policyholder or the Insured must:
- 8.1.1.** immediately, but no later than within 3 (three) working days (unless specified otherwise in the special terms and conditions of the Regulations) notify BTA of the occurrence of a potential insured event in accordance with the procedure laid down in the special terms and conditions of the Regulations. If the Policyholder or the Insured notifies BTA of the occurrence of the insured risk with delay, the Policyholder or the Insured must prove that it was impossible to notify in good time;
  - 8.1.2.** to immediately report to competent authorities (e.g., medical establishments, the Fire and Rescue Department, the police, emergency services, etc.);
  - 8.1.3.** to follow all instructions given by BTA and to take all and any measures to mitigate the damage and prevent its occurrence or increase;
  - 8.1.4.** to make it available for BTA to inspect the scene of the event, to investigate it and examine witnesses so that BTA would be able to identify the causes and size of damages;
  - 8.1.5.** to provide with any information and documents requested by BTA, including commercial secrets, if any, known to the Policyholder or the Insured so that BTA would be able to identify the causes and size of damages;
  - 8.1.6.** unless instructed by BTA otherwise, to preserve, where possible, the scene unchanged while waiting for BTA's representative. This paragraph shall not apply in as much as it is necessary to fulfil the requirements in paragraph 8.1.3 above;
  - 8.1.7.** if the insurance object cannot be preserved without changing its condition after the accident due to the fulfilment of the obligations referred to in paragraph 8.1.3 of these Terms and Conditions or other legal and justified reasons, to ensure that the pictures of the damaged insurance property are taken as soon as possible or the damaged insurance object is filmed so that its damages are registered and submit the pictures or the video recording to BTA by e-mail [zalos@bta.lt](mailto:zalos@bta.lt) or in another way approved by BTA.
- 8.2.** Where the Policyholder, Insured or Beneficiary deliberately or by gross negligence fails to fulfil the obligations stipulated in the Regulations, BTA shall be entitled to reduce or disallow payment of the insurance benefit.

## **9. INSURANCE BENEFITS**

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- 9.1.** The insurance indemnity is paid down within 15 days after receipt of all information required for the establishment of the fact, circumstances and consequences of the event insured as well as for the identification of the amount of insurance benefit.

- 9.2. If theft or robbery of the insurance object has taken place, whereby the insurance indemnity is paid and then the insurance object is found, then BTA shall be entitled to request and be refunded the disbursed insurance indemnity or to acquire the property rights to the insurance object. If BTA has made a decision not to keep the found insurance object, but the found insurance object is damaged, then, when refunding the received insurance indemnity to BTA, the Insured shall deduct the expenses necessary for the repair of the found damaged insurance object in the amount agreed upon with BTA.
- 9.3. If the event is the risk covered, but the Policyholder and BTA fail to agree as to the amount of benefit, on the Policyholder's request BTA pays down an amount equal to the benefit indisputable by the parties, if definite establishment of the amount of damage lasts for a period exceeding 3 months.
- 9.4. Where BTA delays payment of the benefit for its own fault, BTA shall pay a default interest in the amount of 0.02% of the outstanding benefit for each day overdue. However, the total amount of the penalty may not exceed 10 % (ten per cent) of the outstanding insurance indemnity amount.
- 9.5. For the purpose of paying insurance benefits, all insurance premiums (for a current insurance year), which are mature on the date of paying the benefit, shall be accounted. Pending premiums can be also accounted if so agreed by the Policyholder. If the insurance object is killed, destroyed or lost as a result of the event insured, all premiums pending in accordance with the insurance contract shall be deducted.
- 9.6. In case BTA is or will be unable to make a recourse claim by subrogation due to malicious intent or gross negligence of the Insured, BTA may opt for not paying the insurance indemnity in the amount for which a claim is not or will not be possible to be brought, or, if insurance indemnity has already been disbursed, demand its refund from the Insured.
- 9.7. At the request of the person entitled to claim insurance indemnity, BTA will enable this person to study the documents, based on which BTA had made the decision of insurance indemnity payment or rejection, or issue copies of the documents for a fee not exceeding the costs of producing the document copies.
- 9.8. BTA does not enable this person, entitled to claim insurance indemnity, to study the documents or issue copies of the documents, if:
  - 9.8.1. BTA has submitted documents to law enforcement institutions for criminal investigation of the insured risk occurrence circumstances;
  - 9.8.2. the documents contain a trade secret of another person, which the person entitled to claim insurance indemnity is not entitled to obtain;
  - 9.8.3. the documents contain a personal data, which the person entitled to claim insurance indemnity is not entitled to obtain.

## **10. COMPLAINT HANDLING AND DISPUTE SETTLEMENT PROCEDURE**

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- 10.1. Procedure how BTA handles a complaint for being dissatisfied with insurance contract or insurance services submitted by the submitter of insurance application, the Policyholder, the Insured, the Beneficiary and another person entitled to claim insurance indemnity, is publicly available on BTA's website [www.bta.lt](http://www.bta.lt).
- 10.2. Any disputes arising between the parties to the insurance contract shall be settled by way of negotiations. In case of failure to reach agreement by way of negotiations, all disputes arising from and in relation to the violation, termination or invalidity of from the insurance contract shall be settled in compliance with legal acts of the Republic of Lithuania before courts of the Republic of Lithuania according to the place of registered office of BTA Lithuanian branch.

## **11. PROCESSING OF PERSONAL DATA**

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- 11.1. BTA, as the personal data controller under, processes personal data of natural persons in compliance with personal data processing requirements defined in the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) and other regulatory enactments.
- 11.2. The principles of processing of personal data conducted by BTA are published on BTA's privacy policy at [www.bta.lt](http://www.bta.lt).

## **12. SUBROGATION AND RIGHT OF RECOURSE**

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- 12.1. Upon disbursement of the insurance benefit, the Insurer shall acquire the right of claim to the amounts paid from the person responsible for the inflicted damage (subrogation or right of recourse). The Policyholder, the Insured or the Beneficiary must communicate to BTA all requested information necessary for the Insurer in order to be able to properly implement the right of claim transferred to him.

## **13. CONFIDENTIALITY**

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- 13.1. The parties undertake not to disclose any confidential information received on the basis of contractual or pre-contractual legal relationships to any third parties, and not to use such information in the manner which would infringe the interests of the other party to the insurance contract. BTA shall have the right to provide to independent experts and reinsurers all necessary information received on the basis of the contractual or pre-contractual relationships, and to store such information in BTA's databases. This duty shall not apply



when the parties must disclose the information to competent public authorities in compliance with requirements of legal acts of the Republic of Lithuania.

## 14. MISCELLANEOUS

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- 14.1.** Any notice to be communicated by the Policyholder or BTA to each other shall be delivered by the time limits set in the Regulations using one of the below specified methods:
- 14.1.1.** delivering to the Policyholder to the addresses specified in the insurance policy or other written documents or in the notifications of the parties on the change of addresses of their registered offices;
  - 14.1.2.** sending as a postal item by registered mail;
  - 14.1.3.** sending by e-mail, when this method of notification is provided for by the parties in the contract or when they express their consent to exchange the information in this manner by actions
- 14.2.** BTA is entitled to cede its rights and obligations to other insurance undertakings in the statutory procedure. If the Policyholder disagrees with the Insurer's intention to transfer its rights and obligations under the insurance contract, the Policyholder is entitled to terminate the insurance contract within one month from the cession of the rights and obligations. In this case the Policyholder shall be refunded the paid in premiums for the remaining period of the insurance contract validity.
- 14.3.** Contractual insurance relations shall be governed by the law of the Republic of Lithuania.
- 14.4.** The insurance contract shall be signed on the basis of the general and special terms and conditions. In case of any differences between the special and/or individual insurance terms and conditions, as stipulated in the insurance contract (policy), and the General terms and conditions herein, the special and/or individual insurance terms and conditions shall take precedence.
- 14.5.** The Policyholder, Insured, Beneficiary and other persons acquiring any rights on the basis of the insurance contract are required to fulfil the obligations stipulated in the Regulations.
- 14.6.** The Regulations are effective from the date of being approved by the BTA board unless it provides for another date for the Regulations to come into effect.
- 14.7.** In case of any differences or discrepancies between the languages, the wording in the Lithuanian language shall override.
- 14.8.** The Regulations are available on BTA's web site at <http://www.bta.lt>.

## SPECIAL TERMS AND CONDITIONS

### 1. DEFINITIONS OF TERM USED IN INSURANCE CONTRACT

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**We** or the **Insurer** – BTA Insurance Company AAS, Lithuanian Branch.

**You** or the **Insured** – a natural person whose name is entered in the insurance policy ("the policy"), who has insurance interest and on whose benefit the insurance contract has been concluded.

**Baggage** – items owned or possessed (i.e., not rented or entrusted to manage) by You and registered with the Carrier: suitcases, travelling bags, handbags brought by you on trip and this is confirmed by the issued Baggage Tag. Skiing inventory shall be considered as Baggage only if "Winter sports" (Winter Sports) are included in the Policy.

**Skiing inventory** – items owned or possessed (i.e., not rented or entrusted to manage) by You: alpine skis, snowboards, ski poles, shoes and special skiwear (outerwear only).

**Emergency medical aid** means first medical aid provided in personal health care facilities (outpatient and inpatient) as a result of danger to your life that cannot be postponed until the moment of your return to the country of residence for being provided the medical aid You need.

**Emergency dentistry** means dental aid provided by a dentist to relieve an acute toothache and, where necessary, to put a provisional tooth filling.

**Sums insured for particular insurance risks** mean sums insured applicable to specific risks. The sums insured shall be always set in respect of each person indicated in the Policy.

**Physical labour** means type of work in which the human locomotion-support apparatus is engaged with the main load on skeletal muscles.

**Country of residence** means your country of citizenship, the country of your permanent or main residence and where You are to return from the Trip. It is the country to which you must be transported if you cannot continue your Trip/Travel or if you need further long-term medical care after the Emergency Medical Assistance provided during the Trip.

**Hospitalisation** means medical aid provided in in-patient personal health care facilities.

**Deductible** means an amount that shall be deducted by Us from insurance benefit payable in case of each risk covered. The deductibles indicated in the Regulations hereinafter shall apply in respect of each Insured.

**Trip/travel** means Your departure from the Country of Residence. The Trip starts from the moment You leave outside the boundaries of the Country of Residence by crossing the border, and ends at the moment of Your return to Your Country of Residence by crossing the border.

**Trip organiser** means a legal entity providing Trip organisation, accommodation and transportation services.



Travel documents mean Your passport or personal identity card.

**Chronic disease** means a lasting and periodically re-occurring health conditions of which you might have been aware prior to contracting for insurance.

**Exacerbation of a chronic disease** means the manifestation of symptoms characteristic of acute conditions of the Chronic Disease that require Emergency Medical Aid.

**Medical evacuation** means transportation from an in-patient medical facility in a foreign country to an in-patient medical facility in the Country of Residence which is authorised by the doctor and required from the medical point of view for further treatment. Where evacuation ends in a Country of Residence which is not the Republic of Lithuania, we shall cover expenses not exceeding those to have been incurred in case of Your evacuation to the Republic of Lithuania.

**CHIF** – Compulsory Health Insurance Fund.

**Minimum connection time** means the requirement of each airport in respect of the minimum difference of arrival and departure times of flights for ensuring smooth change, which should be followed during the booking and purchase of flight tickets provided that the transshipment takes place in this airport.

**Accident** means an unexpected event that does not depend upon Your will and is caused by the impact of external forces resulting in Your Trauma or death during the Policy period.

**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 Rules), by a competent authority of Republic of Lithuania within one year after the Trauma.

**Losses** mean direct property losses suffered upon occurrence of the risk covered. Losses shall not include moral damage or non-gained profits.

**Repatriation** means transportation of remains (or ashes in case of cremation) to the airport of the Country of Residence, if the body is transported by aircraft, or to a mortuary, if the body is transported by another means of transportation. Upon relatives' request, repatriation is possible to the Country of Residence which is not the Republic of Lithuania, provided that we shall cover expenses not exceeding those to have been incurred in case of repatriation to the Republic of Lithuania.

**Sports** – Your receipt of income from participation in training sessions and/or competitions for a particular sport or participation in international-level individual or team sports competitions.

Severe, acute illness means an unexpected health disorder that has not manifested before the start of the Trip and that requires Emergency Medical Aid.

**Family members** mean Your spouse or domestic partner, Your minor children under 18 and Your parents.

**Trauma** means a bodily injury caused by any Accident listed in Annex 1 to the Regulations Table of Benefits (Annex 1).

**Theft** means a covert property misappropriation or robbery as defined in the Criminal Code of the country where it was committed.

**Carrier** means aircraft operators (airlines) providing transportation of passengers and freight in accordance with the law.

## **2. CONTRACTING FOR INSURANCE AND INSURANCE COVER**

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**2.1.** In compliance with the Regulations herein, the following alternatives of insurance contract are offered:

**2.1.1.** Insurance cover for the duration of one Trip. In this case, the insurance cover period (the dates of commencement and expiration) shall be indicated in the Policy. In case of occurrence of risk covered during the period of cover, We shall cover medical expenses for the maximum period of 30 days starting from the last day of insurance cover validity.

**2.1.2.** Insurance cover for multiple Trips during the insurance period, if the Policy provides for "Multiple Insurance":

**2.1.2.1.** during one Trip You may spend travelling only such number of days which is indicated in the policy, but not exceeding the insurance cover period specified in the policy;

**2.1.2.2.** We shall cover medical expenses in relation to the risk covered occurring during the period of cover for the maximum period of 30 days starting from the last day of the maximum insurance cover valid for the particular Trip.

## **3. INSURANCE COVER IN CASE OF SPORTS OR ACTIVITIES POSING INCREASED RISK**

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**3.1.** You are covered during individual and organised sports sessions, except for activities attributed to Sports, Winter Sports or Activities Posing Increased Risk.

**3.2.** If Your policy provides for Winter Sports insurance, You are covered when You are snowboarding and alpine skiing ("winter sports branches"). However, the insurance cover shall not apply if you are snowboarding or alpine skiing in places other than specially designated alpine skiing tracks.

**3.3.** If You opted for Sports Risk only in Your policy, insurance cover shall not apply to activities defined in the Regulations as Winter Sports or Activities Posing Increased Risk.

- 3.4.** If You opted for Activities Posing Increased Risk in Your policy, Your cover extends to the activities below, except those listed as exclusions in paragraph 7.3.6:
- 3.4.1.** mountain climbing with special mountaineering equipment to the height up to 2,500 m;
  - 3.4.2.** car motor sports,
  - 3.4.3.** free-time riding (including as a passenger) a motorcycles, scooters, sea scooters, snowmobiles, quads and karts;
  - 3.4.4.** cycling (cross-country cycling, mountain biking, BMX cycling);
  - 3.4.5.** water sports (windsurfing, surfing, water skiing, sweating, sailing in the sea or ocean);
  - 3.4.6.** horse riding, American football, handball, rugby, baseball, ice-hockey;
  - 3.4.7.** boxing, martial arts of the east, wrestling;
  - 3.4.8.** gliding, air ballooning.

#### **4. TERRITORIAL SCOPE OF INSURANCE COVER**

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- 4.1.** Your insurance cover shall be valid only in the territories indicated in the policy.
- 4.2.** Insurance cover shall not be valid in the Country of Residence, except in cases when the insurance contract is concluded for the purpose of obtaining a permit of residence in the Republic of Lithuania, in which case the insurance cover shall be valid in the territory of the Republic of Lithuania.

#### **MEDICAL EXPENSE INSURANCE**

#### **5. WHAT IS COVERED**

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- 5.1.** The insurance object shall be the property interest related to Your health and life.
- 5.2.** Insurance risk means expenses not exceeding the sum insured set in the policy for Medical Expense Insurance that may be suffered by You in connection with Emergency Medical Aid, Medical Evacuation or Repatriation services specified in paragraph 6.1 of the Regulations below that were necessary due to:
  - 5.2.1.** Acute and Severe Illness;
  - 5.2.2.** Exacerbation of a Chronic Disease;
  - 5.2.3.** Accident;
  - 5.2.4.** Death.

#### **6. WHAT IS COMPENSATED AND HOW**

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- 6.1.** We shall compensate:
  - 6.1.1.** Expenses for Emergency Medical Aid provided to You during the Trip until the moment when Your Medical Transportation to the Country of Residence becomes possible, subject to the limitations stipulated in paragraphs 6.1.2 to 6.1.8. Emergency Medical Aid expenses shall be covered first of all;
  - 6.1.2.** Expenses for Your transportation to the nearest medical establishment in the country in which the risk covered occurred, provided that You have been provided with Emergency Medical Aid there;
  - 6.1.3.** Expenses for your Medical Evacuation and Repatriation within the limits of 30% of the sum insured set in the policy in respect of Medical Expense Insurance:
    - 6.1.3.1.** expenses for your Medical Evacuation shall be covered only if You are transported to the Country of Residence for further Hospitalisation. Where Medical Evacuation is conducted by a third person without prior agreement on the provision of such service and related expenses with Us, We shall indemnify the expenses within the limits of a minimum amount for which Medical Evacuation could have been arranged by Us;
    - 6.1.3.2.** transport costs and payment for services of Your accompanying medical staff member, provided that the accompanying is deemed necessary by the doctor in charge and You are accompanied during your Medical Evacuation;
    - 6.1.3.3.** Repatriation costs in case of Insured's Death. Where Repatriation is carried out by a third person without prior agreement on the provision of such service and related expenses with Us, We shall indemnify the expenses within the limits of a minimum amount for which Repatriation could have been arranged by Us;
    - 6.1.3.4.** expenses for Your return to the Country of Residence if, due to the risk covered, you have lost the opportunity to return using the same transport mode that has already been paid for and planned for Your return trip (for example, you are provided with Emergency Medical Aid and are not able to catch up your group with whom you arrived or the transport mode becomes unfit for your transportation due to medical requirements related to Your Trauma, etc.). The need for and amount of these costs must be agreed with Us in writing prior to the provision of the service. A 50% deduction is applied to the payment of these costs;
    - 6.1.3.5.** additional reasonable expenses for hotel accommodation and return to the Country of Residence incurred by one accompanying person in relation to visiting You and travelling

back who, in accordance with recommendations of the doctor in charge, had to stay or travel with You due to your state of health. The stay or accompanying person must be justified by a recommendation issued by the doctor in charge. The additional accommodation costs of Your accompanying person shall be covered for no more than 10 consecutive days and not exceeding EUR 100 per day. The accompanying person's expenses related to his/her arrival and return to the Country of Residence must not exceed economy class airfare. The necessity and amount of these costs must be agreed with Us in writing prior to the provision of the service;

- 6.1.3.6.** expenses for brining your children (adopted children) under 16 who stay unattended by adults to the Country of Residence. Travel costs per person shall not exceed an economy class airfare. The necessity and amount of these costs must be agreed with Us in writing prior to the provision of the service;
- 6.1.4.** Expenses for Emergency Dentistry within the limits of EUR 200;
- 6.1.5.** Expenses for Emergency Medical Aid in case of pregnancy complications within the limits of EUR 1 000, provided that pregnancy period does not exceed 32 pregnancy weeks upon occurrence of the risk covered;
- 6.1.6.** Your expenses for calling Us or Our partners within the limits of EUR 50;
- 6.1.7.** Emergency Medical Aid, Medical Evacuation or Repatriation expenses not exceeding EUR 10,000 in case of Your Trauma or Death as a result of a terrorist attack during the Trip, except for cases involving use of weapon of mass destruction;
- 6.1.8.** Expenses for surgeries shall be indemnified only if the surgery was urgent and could not be postponed until Your return to the Country of Residence, i.e. insurance benefit shall be paid only if, in accordance with medical test results, Your life is at risk or there is a danger of serious complications unless an emergency surgery is performed (within 24 hours after Hospitalisation). Surgery costs must be agreed with Us in writing prior to the provision of the service;
- 6.1.9.** Where Your policy specifies that You must call the phone number indicated in the policy prior to applying to a medical establishment, expenses for medical services provided in such countries shall be indemnified by Us only within the amount We would have paid for the same services to Our partners whose phone numbers are specified in the policy;
- 6.1.10.** In order to have your Emergency Medical Expenses indemnified, you are required to provide Us with the following within 30 days after the end of Your Trip (except for cases when this is impossible due to serious reasons):
  - 6.1.10.1.** application to pay insurance benefit with enclosed description of the circumstances of the event;
  - 6.1.10.2.** medical documents (with a translation into the national language if so requested by Us) issued by a medical facility in the country where the event has occurred, specifying the following: Your first and last names, date of the event, date of applying to the medical institution, diagnosis, description of the provided medical services, as well as documentary proof of payment for the medical services. You have to submit original if so requested by Us;
  - 6.1.10.3.** medical prescriptions issued by a medical facility in the country where the event has occurred with enclosed receipts confirming the acquisition of and payment for the medicines;
  - 6.1.10.4.** other documents requested by Us and confirming the services and reasonability thereof with a translation into the national language;
  - 6.1.10.5.** other information and documents corroborating the fact of the event insured (certificates issued by law enforcement institutions, etc.);
- 6.1.11.** In addition, you are required to:
  - 6.1.11.1.** at Our request, give consent to additional medical examinations related to Your health disorder caused by the event. Expenses related to such medical examinations will be covered by Us;
  - 6.1.11.2.** provide Us or experts acting on Our behalf an access to all medical documents and information related to Your health status;
  - 6.1.11.3.** give Us Your consent to receive information about your health problems and consequences of Accidents, whether former, current or manifesting before the insurance cover, from third persons (doctors, medical institutions, etc.), as well as information about all the insurance contracts signed by You;
- 6.1.12.** In case of Repatriation, You have to provide Us additionally with:

- 6.1.12.1.** doctor's statement of the cause of death or autopsy report, copy of death certificate
- 6.1.12.2.** Repatriation agreement signed with Us when there are objective evidence supporting likeability of the event to be recognised as insured (risk covered);
- 6.1.12.3.** original invoices and receipts confirming payment for transportation of the remains or incineration when such services have been paid not by Us.

## **7. CASES OF INVALIDITY OF INSURANCE COVER**

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- 7.1.** Your expenses shall not be covered and the event shall not be recognised as risk covered (event insured) in the following cases:
  - 7.1.1.** the purpose of Your trip was to get medical aid or medical consultation;
  - 7.1.2.** You were aware in advance that during the Trip You will need medical aid or your doctor did not recommend You going on the Trip due to your health condition before the Trip;
  - 7.1.3.** the Insured's Death if the established alcohol content in the Insured's blood was at least 0.4 ppt.
- 7.2.** Expenses shall not be compensated, if they are related to:
  - 7.2.1.** health disorders which were known (or could have been known) and/or started before coming into force of the insurance contract (regardless to whether they have been treated or not), treatment of health disorders caused by inborn illnesses and/or exacerbations thereof;
  - 7.2.2.** intoxication with alcohol, narcotic, psychotropic or chemical toxic substances and non-prescribed drugs;
  - 7.2.3.** mental diseases or conditions, hysteria, panic attacks, reactive stress, and epilepsy;
  - 7.2.4.** childbirth or abortion and expenses for services related to family planning and treatment of infertility;
  - 7.2.5.** venereal diseases, sexually transmitted diseases, AIDS and other diseases caused by HIV virus;
  - 7.2.6.** sunburns, except where such burns are suffered by children younger than 12 years;
  - 7.2.7.** diseases the prevention of which in the countries of Your visit requires compulsory or advisable vaccination;
  - 7.2.8.** oncologic diseases irrespective of the stage thereof, diabetes, dialysis;
  - 7.2.9.** surgeries that are not urgent (can be performed later than within 24 hours after the moment of hospitalisation), including heart, cardiac valves and vascular surgeries, except for liquidation of direct consequences of the Accident;
  - 7.2.10.** vaccinations or other preventive measures, as well as health problems caused by vaccinations or application or other preventive measures;
  - 7.2.11.** correction of eyesight and/or hearing;
  - 7.2.12.** treatment using non-traditional medical methods, undiagnosed treatment or treatment that does not correspond to the diagnosis stated;
  - 7.2.13.** transplantation of organs;
  - 7.2.14.** purchase or repair of prosthetic appliances, adjustment, repair or purchase of orthodontic products (dental braces, brackets, etc.);
  - 7.2.15.** purchase or repair of orthopaedic appliances, except for rent of crutches/wheel-chair right after the event;
  - 7.2.16.** purchase of vitamins, food supplements, plant or homoeopathic products;
  - 7.2.17.** repeated visits to a medical facility for the same health disorder unless new treatment is administered or the former treatment course is revised during such visits, also medical visits related to medical examination follow-ups (e.g., follow-up X-rays, delivery of examination results, replacement of dressings, etc.);
  - 7.2.18.** medical rehabilitation and recovery treatment, physiotherapy, treatment in sanatoria, resorts and other similar facilities, additional costs for provision of comfort services (e.g., single hospital ward, VIP ward, etc.);
  - 7.2.19.** expenses for further treatment abroad, if You refuse to return to the Country of Residence after receipt of Emergency Medical Aid and your state of health, in the opinion of doctors appointed by Us, allows Your Medical Evacuation;
  - 7.2.20.** Repatriation costs if the insurance contract was concluded with the purpose of obtaining a residence permit in the Republic of Lithuania;
  - 7.2.21.** rescue operations of the insured such as search (in the mountains, sea, in the desert, jungle, etc.) rescuing from mountains, landing ashore, other rescue operations of a similar nature.
- 7.3.** Expenses shall not be covered and event shall not be recognised as risk covered (event insured), if:
  - 7.3.1.** it occurs as a result of committed or attempted suicide;
  - 7.3.2.** it occurs during military exercises, acts of war or peace-keeping missions;
  - 7.3.3.** in case of Multiple cover opted in the policy (as per paragraph 2.1.2 of the Regulations), You are not able to provide a documentary proof (passport stamp, Travel tickets, business trip order, etc.) of the date of entering/exiting the country where the event has occurred;

- 7.3.4.** it occurs when You drive a self-propelled motor vehicle or other self-propelled equipment with internal combustion engine or electric engine under the influence of alcohol, narcotic or toxic intoxication or without a valid driving license for vehicles in the relevant category, also if You travel as a passenger in a motor vehicle being aware that its driver is under the influence of alcohol, narcotic or toxic intoxication or is driving without a valid driving license for vehicles in the relevant category. This provision shall not apply if the alcohol level in the blood of the vehicle driver does not exceed the statutory permitted level for alcohol content in the country where the event occurs and this is confirmed by alcohol breath tester or medical documents;
- 7.3.5.** it occurs when You engage in activities qualified as Physical Labour, Winter Sports or Activities Posing Increased Risk (unless additional premium has been paid for such risks upon conclusion of the insurance contract and the activities are included in the policy);
- 7.3.6.** if occurs when You engage in the following activities (unless specified otherwise in the policy):
  - 7.3.6.1.** mountaineering, mountain climbing with special mountaineering equipment to the height exceeding 2,500 m, speleneology, trips to mountains, jungles, deserts or other uninhabited lands;
  - 7.3.6.2.** scuba diving or diving deeper than 30 m, also diving in the Arctic Ocean and neighbouring seas;
  - 7.3.6.3.** motorcycle sports, motocross, participation in sports competitions or training sessions, riding sea scooters, snowmobiles, quads;
  - 7.3.6.4.** parachute jumping;
  - 7.3.6.5.** paragliding;
  - 7.3.6.6.** bushido, kickboxing, vale tudo fights and other similar activities not specified in paragraph 3.4.7.;
  - 7.3.6.7.** any sporting activity related to jumps from height, veer, manoeuvring with or without elements of acrobatics (including parkour, tricking, bungee jumping).
- 7.4.** Where it is indicated that the policy is valid in Lithuania, Russian Federation (or other CIS territories), we shall not indemnify expenses if Emergency Medical Aid was provided to You in private clinics and medical centres (unless specified in the insurance policy).
- 7.5.** Where insurance cover is valid in Lithuania and You have compulsory health insurance in Lithuania, We shall compensate Your expenses to the extent not paid from the CHIF.

## **ACCIDENT INSURANCE**

### **8. WHAT IS COVERED**

- 8.1.** The insurance object shall be a property interest related to Your life, health and physical condition.
- 8.2.** Insurance risk is an Accident occurring during the Trip/Travel.
- 8.3.** Within the limit of the sum insured set in the policy in respect of Accident risk, We shall pay the insurance benefit stipulated in section 9 of the Regulations. Once the benefit is paid down, the sum insured shall be reduced with a relevant amount paid out. In this case the insurance contract remains valid until the date of expiry indicated therein with the sum insured being relevantly reduced.

### **9. WHAT IS COMPENSATED AND HOW**

- 9.1.** If the Insured dies as a result of Trauma within one year after the Accident, We shall pay the full amount of the sum insured specified in the policy for this risk to a person who has the statutory right to receive the insurance benefit.
- 9.2.** In case of death, the insurance benefit shall be reduced with all and any amounts paid down to the Insured under this policy for Traumas or/and Loss of working capacity. If the amount of insurance benefits previously paid for Traumas or/and Loss of working capacity is equal to the sum set in the policy in respect of the Accident risk, no insurance benefit for death is payable.
- 9.3.** If the Insured dies as a result of the Accident and no benefits have been paid for Traumas or/and Loss of working capacity before his/her death, the benefit shall be paid for death only.
- 9.4.** If You suffer a Trauma indicated in the Table of Benefits enclosed in Annex 1 to the Regulations, We shall pay the insurance benefit calculated as percentage from the sum insured specified in the policy in respect of the Accident risk. If multiple Traumas are suffered at the same time, the benefit shall be paid on a per Trauma basis, but not exceeding the amount specified for this type of risk.
- 9.5.** 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 Accident insurance risk :
  - 9.5.1.** Insurance benefit is calculated as a percentage of the Accident insurance sum insured on the basis of the degree of Lost working capacity or disability;
  - 9.5.2.** Insurance benefit is payable when Loss of working capacity established by a competent authority of Republic of Lithuania is 50% or greater or disability is established;
  - 9.5.3.** Insurance benefit for persons under 18 is payable in the following procedure:

- 9.5.3.1.** if severe disability is established – 100% of the sum insured in respect of this insurance risk;
  - 9.5.3.2.** if medium disability is established – 75% of the sum insured in respect of this insurance risk;
  - 9.5.3.3.** if mild disability is established – 50% of the sum insured in respect of this insurance risk.
- 9.5.4.** 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.
- 9.6.** We have the right to order Your additional medical examination in order to determine or update the circumstances of occurrence of the event and to determine the extent of damage caused to Your physical condition and health.
- 9.7.** In order to receive insurance benefit, upon occurrence of the event You must immediately apply for Emergency Medical Aid to a medical facility in the country where the event occurred. In addition, You must apply for insurance benefit within 30 days after the end of the Trip (except for cases when this is impossible due to serious reasons) and submit Us description of the circumstances of the event and the following requested documents:
  - 9.7.1.** certificate issued by the foreign medical facility (signed and sealed by the doctor). The certificate must specify the following: Your first and last names, date of the event, date of applying to the medical institution, and diagnosis;
  - 9.7.2.** a certificate of the established degree of Loss of working capacity or disability issued by a competent authority of Republic of Lithuania;
  - 9.7.3.** in case of the Insured's death – doctor's statement of the cause of death and death certificate (original or copy thereof);
  - 9.7.4.** other documents requested by Us (if necessary, with their translation into the national language) necessary to confirm the fact of the risk covered (certificates issued by law enforcement institutions, etc.).

## **10. CASES OF INVALIDITY OF INSURANCE COVER**

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**10.1.** In case of Accident insurance, all exclusions listed in section 7 of the Regulations shall apply.

## **BAGGAGE INSURANCE**

### **11. WHAT IS COVERED**

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- 11.1.** The insurance object shall be a property interest related to Your Baggage. Baggage insurance is based on the principle of reimbursement when direct losses incurred by You as a result of risks in paragraph 11.2 are compensated:
- 11.2.** Risks covered include:
  - 11.2.1.** delay of the Baggage registered by the Carrier through the fault of the Carrier;
  - 11.2.2.** loss of or damage to the Baggage registered by the Carrier through the fault of the Carrier;
  - 11.2.3.** Theft of the Baggage while in Your custody.

### **12. WHAT IS COMPENSATED AND HOW**

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- 12.1.** The sum insured for Baggage shall be the total sum set in the policy in respect of Baggage Loss, Damage or Theft risks.
- 12.2.** A maximum limit set for each individual Baggage item is EUR 150. If there are two and more items of the same type (kind), Our liability is limited to EUR 250 in respect of each group (type) of items, except for skiing inventory, subject to the 20% deductible applicable to the amount of loss.
- 12.3.** The following groups of items shall be singled out in accordance with the Regulations: outerwear, underwear, cosmetics, sanitary articles, souvenirs, skiing inventory, prams and pushchairs, etc.
- 12.4.** The sum insured set for loss of or damage to the skiing inventory registered as Baggage by the Carrier shall be limited to EUR 500.
- 12.5.** Skiing inventory shall be deemed covered only if the Winter Sports option is chosen in the policy.
- 12.6.** If Your losses incurred as a result of reasons specified in paragraph 11.2 above are compensated by the Carrier, We shall indemnify only the difference between Your losses and the amount compensated by the Carrier.
- 12.7.** In case of Baggage delay through the fault of the Carrier:
  - 12.7.1.** Insurance cover is valid only if upon arrival to the final destination of the Trip where You will stay for more than 24 hours the Baggage is delayed for more than 6 hours through the Carrier's fault;
  - 12.7.2.** We shall indemnify Your expenses related to the acquisition of basic articles only: personal sanitary articles and clothing corresponding to the local climate which must be acquired by You in place of the articles contained in the delayed baggage. In case of skiing inventory delays, We shall compensate the costs of renting analogous inventory;
  - 12.7.3.** Indemnified shall be only those expenses which You suffered before the return of Your Baggage;
  - 12.7.4.** We shall not indemnify any expenses, if the Baggage was delayed or detained when You were returning from the Trip to the Country of Residence.

- 12.7.5.** To receive compensation of Your expenses, on Our request You must provide Us with original documents confirming the purchase of basic articles and/or rent of skiing inventory, Carrier's certificate confirming the delay/return of the Baggage, copies of boarding passes.
- 12.8.** In case of Baggage loss through the Carrier's fault (Baggage is considered lost when it is not found within 14 days after being established missing) or Theft while in Your custody, we shall pay compensation in the amount equal to the market value of the Baggage before the event:
- 12.8.1.** If you are not able to produce documents confirming the actual value of the lost Baggage before the event insured, We shall determine the actual value of such Baggage as the sum of money for which it was possible to buy the item right before the event insured. The 20% annual rate of wear and tear shall apply to all cases of loss or theft of baggage;
- 12.8.2.** In case of Baggage Theft while in Your custody, We shall compensate the cost of acquisition of basic articles if they were acquired within 48 hours after establishing the fact of Theft. The acquired items have to be analogous to the stolen items and do not exceed the amount set in paragraph 12.2 above.
- 12.9.** In case of insured events covered against the risks in paragraph 11.2 of the Regulations, wear and tear shall not apply if Your loss does not exceed EUR 100 and there is documentary proof, i.e. Carrier's certificate, purchase receipt, etc.
- 12.9.1.** To be paid insurance benefit, You are required to provide Us with the baggage check for the lost Baggage, Carrier's certificate of Baggage loss, list of lost items and a document confirming the amount of the compensation paid down.
- 12.10.** Insurance benefit for damaged Baggage shall be paid by Us on the basis of the costs of repairs:
- 12.10.1.** If the costs of repairs exceed the market value of the Baggage before the insured event or repair is not possible, We shall pay benefit in accordance with paragraph 12.8.1 of the Regulations;
- 12.10.2.** Once the decision is taken to pay down the insurance benefit for the damaged Baggage in the amount of the market value of the Baggage on the date of the event, We have the right to claim for the damage Baggage and pay the insurance benefit only after the damaged Baggage is delivered by You to Us;
- 12.10.3.** In order to receive insurance benefit, You are required to provide Us with the baggage check for the damaged Baggage, Carrier's certificate of damage to Baggage, a document confirming the amount of the compensation paid down, and photographs of the damaged Baggage allowing for objective determination of damages.

### **13. CASES OF INVALIDITY OF INSURANCE COVER**

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- 13.1.** Expenses caused by the following reasons shall not be covered:
- 13.1.1.** fragile items, including damage to chinaware, glassware, and sculptures;
- 13.1.2.** damage to, loss or Theft of dentures, other prosthesis, eye-lens, hearing-aids;
- 13.1.3.** detention, seizure or confiscation of property by national authorities (e.g. customs, police, etc.) on valid or invalid grounds;
- 13.1.4.** damage to, Theft, loss or delay of illegally transported Baggage;
- 13.1.5.** damage to the Baggage or lessening of the Baggage value caused by moths or other insects;
- 13.1.6.** depreciation of the Baggage, lessening of the Baggage value, damage to the Baggage (scratches, surface damage) or destruction of the Baggage caused by dyeing, renovation, repair and restoration works, etc.
- 13.1.7.** loss, damage, destruction, acquisition or Theft of video, audio or photo equipment, computer hardware, electrical appliances and their fittings, mobile phones, smart phones and accessories thereof, jewellery; articles from precious stones, leather or silk articles; decorations, perfume, optics, antiques; food and alcohols, money, bank payment cards, cheques, travel tickets, securities, payment cards for fuel or other payment cards, coupons, personal identity documents;
- 13.1.8.** spillage of liquid transported in the Baggage;
- 13.1.9.** scratches on skiing inventory, prams, etc. due to scratches on any other item of the Baggage;
- 13.1.10.** spoilage of articles in the Baggage resulting from their specific inherent properties;
- 13.1.11.** damage to, loss or Theft of items that do not belong to You or are not used personally by You only.

### **THIRD PARTY LIABILITY DURING THE TRIP**

#### **14. WHAT IS COVERED**

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- 14.1.** The insurance object shall be property interests related to Your third party liability arising while travelling.
- 14.2.** The risk covered shall be your acts or omissions resulting in a bodily injury of third parties or damage to their property, whereas a third party's claim for damages is filed against You or Us during the insurance period or within 30 days of the last day of the insurance contract.

#### **15. WHAT IS COMPENSATED AND HOW**

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- 15.1.** We shall indemnify for direct expenses incurred in relation to:
- 15.1.1.** expenses for medical aid provided to a third party subject to these Regulations;



- 15.1.2.** restoration of the damaged third party's property to its condition before the risk covered or replacement of the destroyed third party's property by equivalent property of the same condition which existed before the event.
- 15.2.** We shall also indemnify your expenses awarded by court and legal costs agreed upon with Us in writing within the limits of the sum insured, but not exceeding EUR 1,000.
  - 15.2.1.** Deductible in respect of each risk covered shall be EUR 100.
  - 15.2.2.** We shall have the right, but not the obligation, to organise your representation before court which examines the case related to claims submitted by third parties concerning Your third party liability during the Trip. If We conduct the process on Your behalf, You must furnish us all the required documents and provide the required assistance.
- 15.3.** Your third party liability during Winter Sports activities shall be covered only if the Winter Sports risk has been opted in the policy.

## **16. CASES OF INVALIDITY OF INSURANCE COVER**

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- 16.1.** The following expenses shall not be covered:
  - 16.1.1.** losses associated with any type of Your business or commercial activities;
  - 16.1.2.** any penalties or sanctions, or other payments of this sort;
  - 16.1.3.** indirect expenses or non-gained profit;
  - 16.1.4.** damage caused by exposure to asbestos dust, asbestos, diethylstyrolene, dioxin, ureaformaldehyde;
  - 16.1.5.** damage caused by Your or Policyholder's relatives or close persons or persons travelling together with You and indicated in the same policy;
  - 16.1.6.** losses that You are obliged to cover under contractual relations;
  - 16.1.7.** damage resulting from breakage, damage or loss of property which is possessed or used by You under whatsoever conditions;
  - 16.1.8.** damage made by You to third parties by a motor vehicle possessed or used by You, including damage to the motor vehicle itself;
  - 16.1.9.** damage caused by animals held in Your possession or under your care, as well as animals belonging to persons for whom You are responsible in accordance with laws;
  - 16.1.10.** damage inflicted by Your intentional acts, intoxication with alcohol or narcotic substances, or damage that could be reasonably foreseen by You taking into account the reasons and circumstances of Your acts or omissions;
  - 16.1.11.** damage inflicted by You in a result of using any item not according to its purpose and/or user instruction;
  - 16.1.12.** damage which must be indemnified according to any employment relations wherein You are one of the parties;
  - 16.1.13.** cases listed in paragraphs 7.1.3, 7.2.2, 7.2.4, 7.3 and 36 of the Regulations.

## **17. STEPS TO BE TAKEN UPON OCCURRENCE OF THE EVENT**

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- 17.1.** Upon occurrence of the event, Our payment of insurance benefit shall be conditional upon satisfying the below listed conditions by You:
  - 17.1.1.** immediately, as soon as possible, notifying Us in writing about each event which might give rise to property claims against You or Us. If the investigation is initiated or the writ of summons is received or any other legal actions are taken with regard to the event, or You have received a claim, you must immediately notify Us in writing to this effect and provide copies of the received documents;
  - 17.1.2.** following our instructions in order to reduce losses and take all possible efforts to find out the circumstances of the event, obtaining information and required documents necessary for the assessment of damage;
  - 17.1.3.** You shall not partly or fully accept and satisfy any claims lodged by third parties in relation to Your third party liability during the Trip without having this agreed with us in advance.
- 17.2.** If You default on any of the conditions listed in paragraph 17.1 above, We shall have the right to reduce the amount or refuse payment of the insurance benefit.

## **FINANCIAL LOSS INSURANCE**

### **SCHEDULED TRIP CANCELLATION INSURANCE**

#### **18. WHAT IS COVERED**

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- 18.1.** The insurance object shall be Your property interests related to the cancellation of the scheduled Trip due to reasons listed in paragraph 18.2 below.
- 18.2.** The risk covered shall be the cancellation of a Trip that You miss due to any of the following reasons:
  - 18.2.1.** a sudden and serious health disorder/Trauma, diagnosed/occurring before the scheduled date of the Trip and treated until after the date of scheduled start off, as a result of which You needed at least 10 days outpatient treatment or at least 3 days' Hospitalisation and this is confirmed by a sick-leave certificate;

- 18.2.2.** due to the circumstances mentioned in paragraph 18.2.1 above Your family member needed Your nursing and this is confirmed by medical documents and prevents You, in the opinion of the doctor in charge, from taking the Trip;
- 18.2.3.** Severe, Acute Illness or Trauma of Your minor children requiring at least 10 days outpatient treatment or at least 3 days' Hospitalisation and continuous care/nursing provided by You, provided that the Severe, Acute Illness was diagnosed at least 7 calendar days before the scheduled date of the Trip and treatments lasts until after the date of scheduled start off. In this case, You must have a sick-leave certificate issued to take care of and nurse your minor children (except for cases when the Insured Person is on a statutory child-care leave, in which case he/she must produce a medical certificate from a medical facility confirming the diagnosis and the need for care and nursing);
- 18.2.4.** if the Insured Person is being detected pregnancy after the Trip has been fully paid for and before the scheduled date of start-off there occurred any pregnancy-related complications requiring Hospitalisation, provided that on the date of scheduled return from the Trip the pregnancy would be less than 28 weeks and no complications of the kind have ever occurred before;
- 18.2.5.** death of Your Family Member, if the death occurs no more than 7 days before the beginning of the Trip and if the Trip was paid in full before the occurrence and You are able to provide legal documents confirming the death of the Family Member;
- 18.2.6.** damage to property situated in the Country of Residence, provided that the amount of damage is at least EUR 1,500 and damage occurs no more than 3 days before or on the scheduled date of starting off;
- 18.2.7.** other reasons agreed with Us in advance and indicated in the policy.

## **19. WHAT IS COMPENSATED AND HOW**

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- 19.1.** Insurance benefit shall be paid only when the scheduled trip was cancelled while You still were in the Country of Residence, i.e. before the beginning of the Trip, and the insurance contract was concluded and the premium was fully paid in at least 10 days before the scheduled date of the Trip.
- 19.2.** The insurance benefit paid by Us shall be equal to the amount paid by You to the Trip organiser for the scheduled and subsequently cancelled Trip, reduced with the amount refunded to You by the Trip organiser and the deductible fixed in paragraph 19.4 below.
- 19.3.** If you arranged the Trip Yourself, booked tickets, hotel, apartments and car rent, paid full or partial price for services, We shall indemnify You only the costs of penalty imposed on You by the service provider for the refusal to use the booked and paid up services, reduced with the deductible fixed in paragraph 19.4 below.
- 19.4.** The deductible set for each insured person shall be 10% of the Trip price.
- 19.5.** In order to receive insurance benefit, You are required to inform Us in writing and submit the required documents within 30 calendar days after the event (except for cases when this is impossible due to serious reasons):
  - 19.5.1.** application to pay insurance benefit with enclosed description of the circumstances of the event;
  - 19.5.2.** medical or other documents justifying the reason of non-taking the Trip;
  - 19.5.3.** a contract confirming the order of the Trip (its copy) if the Trip is organised by the Trip organiser;
  - 19.5.4.** documentary proof of paying for Trip services (tickets, hotel services, etc.);
  - 19.5.5.** documentary proof of payment of/refusal to pay compensations by the Trip organiser in relation to the Trip cancellation, as well as a document evidencing fines imposed for the cancellation of the Trip.

## **20. CASES OF INVALIDITY OF INSURANCE**

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- 20.1.** We shall not pay insurance benefit in the following cases:
  - 20.1.1.** You concluded the insurance contract and paid the full amount of the insurance premium less than 10 days before the beginning of the scheduled Trip;
  - 20.1.2.** the cancellation of the scheduled Trip could have been expected before its booking and payment, or before concluding the insurance contract;
  - 20.1.3.** the trip is cancelled due to the events specified in section 6 of the Regulations suffered by You or Your Family Members;
  - 20.1.4.** You did not follow the treatment prescribed by a physician which might have essentially speeded up the process of curing;
  - 20.1.5.** The Trip is cancelled due to pandemic or epidemic, including influenza pandemic or epidemic;
  - 20.1.6.** The Trip is cancelled due to an Accident occurring while You or Your Family Members are engaged in Activities Posing Increased Risk;
  - 20.1.7.** You have failed to notify the Trip organiser in writing about the need to cancel the service within 24 hours of occurrence of the event indicated in paragraph 18.2 of the Regulations.
- 20.2.** Your expenses related to courses, seminars or any other type of training shall not be indemnified.

## **MISSED FLIGHT INSURANCE**

## **21. WHAT IS COVERED**

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- 21.1.** The insurance object shall be Your property interest related to late arrival to a scheduled or chartered flight for reasons mentioned in paragraph 21.2.
- 21.2.** The risk covered shall be late arrival to a scheduled or chartered flight due to a road traffic incident involving a vehicle carrying You to the airport or unannounced disruptions and disturbances of public transport (except taxis) due to technical failures of the transport on the road You are going to the airport (e.g. train accident, etc.).

## **22. WHAT IS COMPENSATED AND HOW**

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- 22.1.** The sum insured for late arrival to the flight, as set in the policy in respect of this risk, shall be distributed as follows:
- 22.1.1.** purchase of a new economy class ticket - 50% of the sum insured. The new ticket(s) should be purchased only for the same Trip that was previously scheduled and missed due to late arrival to the flight. The purchase of the ticket should be pre-agreed with Us;
  - 22.1.2.** expenses for the booked and paid up hotel services at the point of destination of the Trip up to EUR 100 per day for the days not spent by You at the hotel, but no more than 50% of the sum insured set in the policy in respect of this risk.
- 22.2.** In order to be paid insurance benefit, You are required to inform Us in writing within 30 calendar days after the event (except for cases when this is impossible due to serious reasons) and submit the required documents:
- 22.2.1.** police certificate (its copy) on the traffic incident or accident statement signed by all parties involved in it;
  - 22.2.2.** documentary proof of traffic disruption on the road;
  - 22.2.3.** documentary proof of purchase of a new ticket for the Trip;
  - 22.2.4.** documentary proof of booked and paid up hotel services.

## **23. CASES OF INVALIDITY OF INSURANCE COVER**

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- 23.1.** Insurance benefit shall not be paid if You:
- 23.1.1.** fail to submit Us the documents listed in paragraph 22.2 above;
  - 23.1.2.** you failed to use the opportunity offered by Us or the Carrier to reach the point of previously chosen Trip destination by another possible flight (with or without transshipment), as set forth in paragraph 22.1.1.

## **FLIGHT DELAYS, CANCELLATIONS, DENIAL OF BOARDING, MISSED CONNECTIONS INSURANCE**

### **24. WHAT IS COVERED**

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- 24.1.** The insurance object shall be Your property interest related to the delay or cancellation of a scheduled flight due to the reasons listed in paragraph 24.2 below.
- 24.2.** The risks covered include:
- 24.2.1.** delay or cancellation of the scheduled flight due to weather conditions;
  - 24.2.2.** delay or cancellation of the scheduled flight due to technical conditions of the aircraft;
  - 24.2.3.** refusal to provide a passenger seat on flight (denial of boarding).

### **25. WHAT IS COMPENSATED AND HOW**

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- 25.1.** Where the flight is delayed for more than 4 hours or is cancelled, We shall indemnify expenses for meals, hotel and transport to the hotel and back from it, provided that the expenses are incurred from the moment of checking in until actual departure by the scheduled flight;
- 25.2.** The limit for the expenses in paragraph 25.1 above is 40% of the sum insured set in the policy in respect of this risk, not exceeding the daily limit of EUR 100.
- 25.3.** If due to the flight delay or cancellation, or denial of boarding You miss the next scheduled connective flight, We shall indemnify the following:
- 25.3.1.** expenses to replace the ticket to the nearest flight or purchase a new economy class ticket or a ticket for a different transport mode in replacement of the ticket You had and could not use;
  - 25.3.2.** Your expenses for the booked and paid up hotel services at the point of Trip destination for days not spent by You at the hotel. The compensation shall be calculated by multiplying hotel accommodation per day by the number of days not spent by You at the hotel, but no more than EUR 100 per day.
- 25.4.** The limit for the expenses in paragraphs 25.3.1 and 25.3.2 is 60% of the sum insured set in the policy in respect of this risk.
- 25.5.** Insurance benefit shall be paid only if all the conditions below have been observed:
- 25.5.1.** You booked and paid for air tickets to several flights (minimum 2 in one direction) no later than 5 days before the flight, and also fully or partially paid for the hotel at your point of Your Trip destination no later than 5 days in advance;
  - 25.5.2.** the insurance contract is concluded no later than 24 hours before the first flight in the scheduled flight chain;

- 25.5.3.** the requirements in paragraph 25.6 have been met.
- 25.6.** Connection time between scheduled flights in the flight chain should be in accordance with airport's requirements, but no shorter than:
  - 25.6.1.** 2 hours when the transshipment takes place in one airport of both arriving and departing flights;
  - 25.6.2.** 10 hours when the airports of Your arrival and departure flights are different.
- 25.7.** In case of any disputes about the date and time of flight and the place of transshipment, Amadeus booking system or another similar ticket booking system shall be referred to.
- 25.8.** In order to be paid insurance benefit, You are required to inform Us in writing within 30 days after the event (except for cases when this is impossible due to serious reasons) and submit the required documents:
  - 25.8.1.** documents confirming the delay or cancellation of the flight;
  - 25.8.2.** confirmation of checking-in for the particular flight and a copy of the boarding pass of the particular flight;
  - 25.8.3.** receipts for meals, hotel services and transport costs to/from the airport;
  - 25.8.4.** documents confirming Your expenses to replace the ticket or purchase a new economy class ticket.

## **26. CASES OF INVALIDITY OF INSURANCE COVER**

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- 26.1.** Expenses shall not be compensated in the following cases:
  - 26.1.1.** You have not checked in for the flight;
  - 26.1.2.** the flight has been postponed or cancelled by the airport management, aviation commission, or other national authority;
  - 26.1.3.** Your expenses have been covered by another person (Carrier, etc.);
  - 26.1.4.** expenses are related to the delay, cancellation of or late arrival to a chartered flight;
  - 26.1.5.** You have failed to provide Us with Carrier's confirmation of the flight delay or cancellation, confirmation of compensation paid to You by the Carrier, documents confirming your expenses for meals, hotel services and transport costs to/from the airport.
- 26.2.** Expenses in paragraph 25.1 shall not be compensated if the flight is delayed or cancelled in your Country of Residence.
- 26.3.** Expenses for alcohol drinks shall not be compensated.

## **TRAVEL DOCUMENTS INSURANCE**

### **27. WHAT IS COVERED**

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- 27.1.** The insurance object shall be Your property interest related to the acquisition of a Travel document abroad in place of the passport or personal identity card lost during the Trip/Travel.

### **28. WHAT IS COMPENSATED AND HOW**

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- 28.1.** We shall compensate Your reasonable and documentary proved expenses suffered while travelling in relation to the acquisition of a new Travel document, not exceeding the limit of the sum insured set in the policy in respect of this risk:
  - 28.1.1.** stamp duties;
  - 28.1.2.** notarial services;
  - 28.1.3.** passport or personal ID card photos;
  - 28.1.4.** consular services;
  - 28.1.5.** postal services;
  - 28.1.6.** phone calls to the nearest embassy of the Republic of Lithuania.
- 28.2.** In order to be paid insurance benefit, You are required to inform Us in writing within 30 days after the event (except for cases when this is impossible due to serious reasons) and submit the required documents:
  - 28.2.1.** receipts or invoices confirming Your expenses for the acquisition of the necessary Travel document;
  - 28.2.2.** a statement issued by a law enforcement authority or another competent authority confirming the event;

## **29. CASES OF INVALIDITY OF INSURANCE COVER**

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- 29.1.** Compensation shall not be paid in the following cases:
  - 29.1.1.** expenses incurred are related to the acquisition of other person's (other than You) Travel document necessary to return to the Country of Residence;
  - 29.1.2.** the fact of loss or theft of the passport or personal ID card was not notified to local law enforcement bodies within 24 hours and the confirmation thereof was not received with regard to the aforementioned fact.

## **LEGAL ASSISTANCE INSURANCE**

### **30. WHAT IS COVERED**

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- 30.1.** The insurance object shall be Your property interest related to payments for legal assistance abroad due to the reasons listed in paragraph 30.2 below.
- 30.2.** The risk covered shall be legal assistance provided to You in case:

- 30.2.1.** You unintentionally disregard the rules of conduct and traditions established in the country of Your visit;
- 30.2.2.** You unintentionally violate legal acts of the country to which the insurance contract applies resulting in losses to third parties.

### **31. WHAT IS COMPENSATED AND HOW**

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- 31.1.** We shall indemnify You against invoices issued to You for the provided legal assistance within the limits of the of sum insured set in the policy in respect of this risk.
- 31.2.** You are required to submit Us the following:
  - 31.2.1.** a copy of a claim lodged against You;
  - 31.2.2.** agreement (its copy) concluded with the lawyer specifying for what purpose the legal assistance was provided;
  - 31.2.3.** a documentary proof of payment for the aforementioned lawyer's services.

### **32. CASES OF INVALIDITY OF INSURANCE COVER**

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- 32.1.** Insurance benefit shall be disallowed in the following cases:
  - 32.1.1.** legal assistance was related to a claim lodged against You for the use and/or keeping of a motor vehicle, as well as for the violation of the rules of the road and driver's third party liability;
  - 32.1.2.** the event in relation to which the legal assistance was provided occurred before coming into force of the insurance contract;
  - 32.1.3.** the event in relation to which the legal assistance was provided occurred as a result of Your criminal acts;
  - 32.1.4.** the legal assistance was provided in relation to employment relations or defaulted contractual obligations;
  - 32.1.5.** You have failed to submit Us the documents listed in paragraph 31.2 above.

### **TRIP TERMINATION INSURANCE**

#### **33. WHAT IS COVERED**

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- 33.1.** Insurance cover shall be provided to Your property interest related to the need to return to the Country of Residence due to Hospitalisation of your Family Member as a result of Severe, Acute Illness or death of the Family Member.

#### **34. WHAT IS COMPENSATED AND HOW**

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- 34.1.** We shall compensate Your Travel costs within the limits of the price for an economy class airline ticket or first class train ticket in cases of Hospitalisation of Your Family Member in Your Country of Residence due to a diagnosed Severe, Acute Illness or death of the Family Member.
- 34.2.** If the sum insured is higher than Your expenses for the acquisition of a new ticket:
  - 34.2.1.** We shall indemnify, within the sum insured set in respect of this risk, Your expenses for hotel services paid in advance before the Trip and not used by You due to involuntary return to the Country of Residence (for the number of days unspent by You). This benefit shall not exceed 30% of the sum insured set in the policy in respect of the risk at issue.
- 34.3.** In order to be paid insurance benefit, You are required to inform us in writing within 30 days after the event (except for cases when this is impossible due to serious reasons) and submit the required documents:
  - 34.3.1.** documentary proof of relationship to the person You are going to visit;
  - 34.3.2.** medical certificate from a medical facility confirming the Severe, Acute Illness diagnosed to Your Family Member or a copy of his/her death certificate;
  - 34.3.3.** documents confirming the acquisition of Your unused ticket;
  - 34.3.4.** documents confirming the acquisition of Your new ticket, boarding pass.
  - 34.3.5.** documents confirming the booking of and payment for hotel services.

#### **35. CASES OF INVALIDITY OF INSURANCE COVER**

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- 35.1.** Insurance benefit shall not be paid in the following cases:
  - 35.1.1.** occurrence of the event could have been foreseen before the beginning of the Trip;
  - 35.1.2.** Your Family Member died due to exacerbation or complications of a Chronic Disease;
  - 35.1.3.** the event occurred due to the reasons listed in section 7 of the Regulations.

#### **36. GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THE REGULATIONS**

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- 36.1.** The following losses shall not be compensated, if they are directly or indirectly related to:
  - 36.1.1.** global disasters or natural calamities, epidemics and/or pandemics;
  - 36.1.2.** voluntary assumption of risks, except for saving of human life.
- 36.2.** Expenses shall not be compensated if You or the Policyholder:
  - 36.2.1.** have provided Us, whether wilfully or by gross negligence, wrong, misleading, incomplete information or have failed to notify Us on the change of any circumstances in respect of the insurance object, risks covered or provisions of the insurance contract;

**36.2.2.** have failed to submit U the necessary documents confirming the fact and circumstances of the event insured, and the amount of expenses suffered during the risk covered (event insured).

### **37. THE USE OF MEANS OF DISTANCE COMMUNICATION TO CONTRACT FOR INSURANCE**

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**37.1.** If You acquire Your policy online or using any other means of distance communication, or issued on behalf of a third person, the policy shall come into force at least 24 hours after payment of the full payment of the total insurance premium specified in the policy.

### **38. MISCELLANEOUS**

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**38.1.** Prior to entering into the insurance contract, We have the right to withdraw from it without indicating any reasons whatsoever.

**38.2.** All and any issues omitted in the Regulations shall be settled in accordance with the legislation of the Republic of Lithuania.

**38.3.** The Regulations are available on our website at [www.bta.lt](http://www.bta.lt).

**38.4.** The Regulations shall apply to all insurance contracts concluded as from 19.08.2019 unless otherwise agreed by the parties upon entering into the insurance contract.

**TABLE OF INSURANCE BENEFITS**

<b>Consequences of accident</b>		<b>Payable benefit (of the sum insured), %</b>
<b>1.</b>	<b>Central and peripheral nervous system:</b>	
1.1.	Cerebral or spinal cord concussion or contusion	2
1.2.	Paralysis of one side of the body (hemiplegia), paralysis of the lower extremities (paraplegia)	50
1.3.	Paralysis of the upper and lower extremities (tetraplegia), decortication (brain death)	70
<b>2.</b>	<b>Visual organs</b>	
2.1.	Total loss of vision (unaided)	40
2.2.	Unilateral total loss of vision (unaided)	20
<b>3.</b>	<b>Auricular organs</b>	
3.1.	Irrecoverable loss of hearing in both ears	40
3.2.	Unilateral loss of hearing	15
3.3.	Pinna injury (total or partial loss)	5
<b>4.</b>	<b>Traumatic injuries of teeth and jaw</b>	
4.1.	Dislocation of the jaw	3
4.2.	Loss of 1 healthy tooth	2
4.3.	Loss of 2-4 healthy teeth	4
4.4.	Loss of 5 and more healthy teeth	8
<b>5.</b>	<b>Respiratory system</b>	
5.1.	Damage to lungs causing removal of a part of one lung	10
5.2.	Damage to lungs causing removal of the entire lung	40
5.3.	Loss of voice	20
<b>6.</b>	<b>Abdominal and pelvic injuries</b>	
6.1.	Loss of stomach, intestine, pancreas, spleen, one kidney or their functions (min. 50%)	25
6.2.	Partial unilateral or bilateral nephrectomy	15
6.3.	Bilateral nephrectomy	40
6.4.	Unilateral removal of ovary, Fallopian tube, testicle; hysterectomy in women over 40	15
6.5.	Bilateral removal of ovaries, Fallopian tubes, testicles; hysterectomy in women under 40; penis removal in men	30
<b>7.</b>	<b>Fractures</b>	
7.1.	Fracture of facial bones (excl. nasal bones)	4
7.2.	Fracture of nose	2
7.3.	Cranial cavity fracture	8
7.4.	Skull base fracture	10
7.5.	Vertebral (body, arches) fractures, 1-2	8
7.6.	Vertebral (body, arches) fractures, 3 and more	15
7.7.	Sternum fracture, fracture of rib bones	3
7.8.	Fracture of 1 upper extremity bone (in particular, radius and ulna)	5
7.9.	Fracture of 2 upper extremity bones, incl. humerus	10
7.10.	Fracture of 3 upper extremity bones	15
7.11.	Fracture of 1 lower extremity bone (in particular, tibia and fibula)	5
7.12.	Fracture of 2 lower extremity bones, incl. femur	10
7.13.	Fracture of 3 lower extremity bones	15
7.14.	Fracture of fingers, toes	3
7.15.	Fracture of hand and foot bones	1
7.16.	Fracture of pelvic bones (os ilium, os pubis, os ischii, os coxae), incl. pubic symphysis separation	5



7.17.	Sacral and acetabular fractures	10
<b>8.</b>	<b>Loss of extremities or irreversible disorder of extremity function</b>	
8.1.	Loss of arm at the shoulder joint	70
8.2.	Loss of arm above hand	60
8.3.	Loss of hand	45
8.4.	Loss of hand finger(s)	5
8.5.	Loss of thumb	7
8.6.	Loss of leg above the knee joint	70
8.7.	Loss of leg above the tarsal joint	60
8.8.	Loss of foot	45
8.9.	Loss of toe(s)	5
8.10.	Loss of big toe	7
<b>9.</b>	<b>Soft tissues</b>	
9.1.	Facial disfigurement: severe deformation, unusual pigment formations; disfiguring scars	30

General provisions applicable to the Table of Benefits:

1. Benefits for bone fractures, dislocations, syndesmolyse shall be paid only if the mentioned injuries are confirmed by a radiograph examination (computed tomography scan or magnetic resonance imaging).
2. Multiple fractures of one bone shall be considered one fracture.
3. No insurance benefit shall be paid for ruptured transplants.
4. No insurance benefit shall be paid for implant dislocations and/or fractures.
5. Insurance benefit for injuries to one organ suffered as a result of one risk covered shall not exceed the sum fixed for the loss of such organ.
6. No insurance benefit shall be paid for splitting (chipping) of bone fragments, injury to the tangential bone surface integrity.
7. Insurance benefits payable for loss of a part of body/organ function shall be reduced with the benefits paid down for injuries to such organ.
8. Insurance benefit for the injuries suffered as a result of one trauma shall be paid only under one respective paragraph defining the most severe organ injury.
9. If insurance benefit is payable for bone fractures and/or dislocated bones and surgery, no benefit shall be paid for injuries to ligaments and/or tendons in the same area.
10. Insurance benefit for the injury (trauma) to soft tissues and articular structures of the same joint shall be paid only once. No insurance benefit shall be paid in relation to repeated injuries/traumas.
11. In case of severe injuries not listed in the table, decision as to the payment of insurance benefit shall be taken by Insurer's medical expert.