



Terms of Travel Insurance Agreement

Note: see insurance exclusions in following clauses 10.1, 10.1.1, 10.1.2, 10.1.3, 10.1.4, 10.1.5, 10.1.6, 10.1.7, 10.1.8, 10.1.9, 10.1.10, 10.1.11, 10.1.12, 10.1.13, 10.1.14, 10.1.15, 10.1.16, 10.1.17, 10.1.18, 10.1.19, 10.1.20, 10.1.21, 10.1.22, 10.1.23, 10.1.24, 10.1.25, 10.1.26, 10.1.27, 10.1.28, 10.1.29, 10.1.30, 10.1.31, 10.2, 10.2.1, 10.2.2, 10.2.3, 10.2.4, 10.2.5 and 10.2.6



Travel Insurance Conditions

1. Definition of terms

According to this Travel Insurance Conditions (hereinafter referred as the Conditions) and for the purpose of this text terms have the following meanings:

- 1.1 **Insurer** – JSC International Insurance Company IRAO (i/n 205023856).
- 1.2 **Policy holder** – person who concludes an Agreement with the Insurer;
- 1.3 **Insured** – person residing in Georgia permanently or temporarily in favor of whom the insurance is made.
- 1.4 **Beneficiary** – person, who according to Georgian legislation is a successor in case of death of the Insured and/or is entitled to receive an insurance reimbursement according to the Agreement/legislation.
- 1.5 **Travel Insurance policy/Insurance policy/Policy** – document that confirms conclusion of insurance agreement between the Insurer and the Policy-holder and reflects conditions of this Agreement.
- 1.6 **Travel Insurance Agreement/Agreement** – unity of conditions of travel insurance policy and this travel insurance.
- 1.7 **Insurance coverage** – service that is subject to insurance reimbursement according to the conditions of the Agreement;
- 1.8 **Insurance event** – event considered by insurance coverage, occurrence of which causes obligation of the Insurer to issue an insurance reimbursement according to conditions of the Travel Insurance Agreement.
- 1.9 **Exceptions** – event that according to Travel Insurance Agreement is not considered as insurance event and is not subject to reimbursement.
- 1.10 **Insurance period** – travel period when insurance coverage is in force.
- 1.11 **Insurance premium** – sum to be paid by the Policy holder/Insured indicated in the Insurance Policy, which is a fee for insurance service provided by the Insurer;
- 1.12 **Unearned premium** – amount of premium which complies with a period from the date of cancelling of the Policy till completion of insurance period.
- 1.13 **Earned premium** – premium earned by the Insured for the definite date during insurance period:
 - Insurance premium corresponding to the whole insurance period – if an insurance period is completed at a definite date;
 - Part of total insurance premium relevant to the whole insurance period, which amounts to number of days from the moment of starting of insurance period until the above mentioned definite date in respect to duration measured during whole insurance period – if insurance period is not completed at a definite date.
- 1.14 **Insurance reimbursement** – sum which is issued by the Insurer in case of occurrence of the insurance event according to insurance conditions.
- 1.15 **Insurance limit** – sum indicated in the Travel Insurance Agreement, which is a maximal amount of insurance coverage for definite types of services.
- 1.16 **Common Insurance limit** – sum indicated in the Travel Insurance Agreement, which is a maximal amount of insurance coverage.
- 1.17 **Deductible** – amount of percentage or fixed sum considered by Travel Insurance Agreement, which is not reimbursed by the Insurer and is deducted from Insurance reimbursement sum.
- 1.18 **Territorial limit** – territorial area/country considered by Travel Insurance Agreement;
- 1.19 **Assistance** – is a company providing a specialized service that provides telephone consultation, provides information related to insurance and organizes a medical service;
- 1.20 **Accident** – unforeseen, unexpected event caused by impact of obvious external forces (mechanical, physical, thermal, chemical), which causes death or significant deterioration of his/her health.
- 1.21 **Sudden illness** – illness that develops unexpectedly and requires urgent medical intervention, when delaying of such intervention may cause significant deterioration of health of the Insured and/or death.
- 1.22 **Chronic disease** – diseases that continue for more than 3 months or/and is characterized with repeatability;
- 1.23 **Luggage** – personal items of the Insured, which are registered by the air-company/transportation company as a luggage to be transported separately and the Insured had no access to it during travelling;
- 1.24 **Medical expenses** – value of medical outpatient, hospital, surgery and therapeutic service, expenses of medicines and bandage materials.
- 1.25 **Death of the Insured** – death caused by an accident or any natural reason.

2. General Conditions of the Agreement

- 2.1. The Insurer provides insurance of health and luggage during travel insurance policy validity term, considering the territory limit in exchange of payment of insurance premium by the Policy holder;
- 2.2. Violation and/or non-observance of the Agreement conditions by the Policy-holder is a basis for refusal to issue an insurance reimbursement and/or fulfillment of assumed obligations by the Insurer;
- 2.3. Delivery of incorrect information deliberately to the Insurer by the Policy-holder, Insured and/or beneficiary is a basis for refusal to issue an insurance reimbursement by the Insurer;
- 2.4. If an insurance policy of the Insured with the same damage/risk coverage exists at the moment of appearing of a claim, the Insurer is entitled to reimburse such proportional amount of the insurance reimbursement, which is calculated considering each insurance policy of coverage of such risks.
- 2.5. The Insurer can at his discretion conduct examination of the Insured via proxy medical-officer and/or study medical history of the Insured.
- 2.6. In case of violation/failure to fulfill conditions considered by 2.1, 2.5 and 3.2 paragraphs of the Agreement, the Insurer is relieved from obligations imposed by Travel Insurance Agreement.
- 2.7. At the moment of conclusion of Travel Insurance Agreement the Policy-holder shall be on the territory of Georgia;
- 2.8. The Insured shall receive a service according to instruction considered by travel insurance conditions and policy within the established limits.

3. Insurance period

- 3.1. Calculation of insurance period considered by Travel Insurance Policy starts from 00:00 of a date indicated in the policy, from the moment of crossing of border of Georgia and is in force including 23:59 of date of return indicated in the insurance policy.
- 3.2. If the insurance policy is signed after crossing of border of Georgia, it is considered as void. Besides, the Insured shall be on the territory of Georgia at the moment of issuance of the policy and submit foreign passport (original) of the Insured to the Insurer for conclusion of Insurance Agreement.
- 3.3. Travel Insurance is in force for an insurance period indicated in the policy;
- 3.4. Annual multi-time insurance policy is a policy of multiple use for a validity term of the policy. Besides, maximal quantity of days considered by the policy is defined by a quantity indicated in the field "days".
- 3.5. In case of purchase of multiple-use annual insurance policy, maximal quantity of days insured during the year amounts to 90 days;
- 3.6. In case of purchase of six-month policy of multiple insurance, maximal quantity of days insured during the year amounts to 45 days;
- 3.7. "Traveler" policy can be issued for a period of 1 year according to which insurance coverage is used for no more than the first 15 days from the moment of crossing of the border. Luggage insurance can work only according to conditions considered by insurance policy and insurance limits.

4. Insurance Premium and Rules of its Defining

- 4.1. The Policy-holder carries out single-time payment of insurance premium no later than at the moment of issuing of the policy.
- 4.2. Travel insurance policy is issued for a period, which is not less than 2 (two) days and a minimal amount of insurance premium is 5 (five) GEL.
- 4.3. Insurance premium and territorial limit are defined according to the countries considering the following definitions:
Europe – includes: any country, which geographically belongs to the continent of Europe, countries of schengen zone and in addition: Great Britain, Armenia, Tajikistan, Kazakhstan, Turkmenistan and Uzbekistan.
Whole world – includes all countries all over the world.
- 4.4. If the Insured is not a citizen of Georgia, the country of citizenship of the Insured together with Georgia is excluded from the Insurance limit.
- 4.5. Insurance reimbursement is not issued for insurance events, which have happened on the following territories:
 - Territory of military conflict zone;
 - Territory, which is a military occupied territory of a sovereign country according to international legislative regulations, international conventions and/or laws;
 - Territory, which is under special legislative regime as a result of military actions;

5. Insurance Limit/Deductible

- 5.1. Common Insurance limit is 50 000 USD/EUR (fifty thousand USD or Euros) or 60 000 USD/EUR (sixty thousand Euros);
- 5.2. Deductible except for 60 000 USD/EUR (sixty thousand Euros) policy emergency, medical aid and luggage insurance for each type of medical service and separate insurance event is 80 USD/EUR (eighty US dollars or Euros);
- 5.3. Insurance limit is 500 USD (five hundred US dollars) in case of purchase of luggage in respect to which a deductible in the amount of 25 USD (twenty five US dollars) is used per journey;

6. Termination of insurance policy and conditions of return of insurance premium

- 6.1. Insurance policy/Travel Insurance Agreement is considered as terminated in the following cases:
 - If validity term (insurance period) of the policy has expired;
 - If insurance limit considered by the policy is expired;
 - On the basis of written agreement of the parties;
 - By wish of the Policy-holder/Insured, on the basis of a written application, if the Insured has not left for any country indicated in the insurance policy.

Travel insurance policy can be abolished on the basis of a written application both before starting of insurance period considered by the policy also after starting of such period. If the policy is abolished, the issue is regulated according to resolution of the Insurer in compliance with this article;

- 6.2. Early termination of Travel Insurance Agreement is possible, if following reasons exist:
 - Deterioration of health condition of the Insured, which makes the journey impossible;
 - Abolishing of business trip by an employer;
 - In case of appearing of other circumstances that cause significant hazard that makes the journey impossible;
 - In case of refusal to issue a visa;
 - In case of refusal to enter the country (at each definite case, for entering the country indicated in the policy, refusal by a competent authority/person);
- 6.3. For early termination of Travel Insurance Agreement in case of occurrence of circumstances considered by 6.2 paragraph of the Agreement, the Insured shall submit following documents to the Insurer:
 - In case of deterioration of health condition – passport of the Insured, original policy and health certificate (form 100);
 - In case of abolition of business trip - passport of the Insured, original policy and a certificate of the employer on abolition of the business trip;
 - In case of occurrence of other circumstances which makes the journey impossible - passport of the Insured, original policy, statement about cancelling of the policy and an original document/evidence about the circumstances that makes the journey impossible.
 - In case of refusal to issue a visa or entry to the country - passport of the Insured, original policy and a certificate issued by a competent authority.
- 6.4. Premium can be returned according to the following rules in case of cancelling of Travel Insurance Agreement according to 6.3 and 6.4 paragraphs of the Agreement:
 - 6.4.1. If early termination of travel insurance is requested before starting of an insurance period indicated in the policy, the Insurer will return the paid insurance premium to the Policy-holder/Insured excluding expenses made by the Insurer, which is 10% of premium, no less than GEL 2;
 - 6.4.2. If early termination of travel insurance is requested after starting of an insurance period indicated in the policy, the Insurer will return the unearned insurance premium to the Policy-holder/Insured excluding expenses made by the Insurer, which is 10% of premium, no less than GEL 2. Earned insurance premium is left to the Insurer in such cases;
 - 6.4.3. If travel insurance period, which is indicated in the policy, is expired, insurance premium is not subject to returning;
 - 6.4.4. If Travel Insurance Agreement is terminated for the purpose of changing of policy conditions, the Insurer may request from the Policy-holder/Insured payment of administrative expenses 2 (two) GEL made by the Insurer;
 - 6.4.5. In case of losing of the policy the Policy-holder/Insured or an interested person may apply to the Insurer and ask issuance of copy of the policy; In case of standard insurance policy a copy of a policy is issued and a new insurance policy is issued in case of multi-policy considering the quantity of days of a remaining period. Initially issued policy will be cancelled automatically.

7. Insurance coverage:

In case of occurrence of insurance event, no later than 24 hours after the insurance event, the Insurer provides following services within the insurance limit:

- 7.1. **Urgent in-patient service**, which includes reimbursement of in-patient treatment of the Insured (including deductible indicated in the policy if any) in case of accident or sudden deterioration of health condition of the Insured (which threatens his/her life and requires urgent medical service) within a validity term of the policy, while being on a territory indicated in the policy, at licensed medical institution, when the Insured is detained at the medical institution for more than 24 hours. **Urgent cases of infection (Covid-19) caused by new coronavirus (SARS-CoV-2) and its complications will be reimbursed if such coverage is provided by the policy.**
- 7.2. **Urgent out-patient service**, which includes reimbursement of out-patient treatment of the Insured (including deductible indicated in the policy if any) in case of accident or sudden deterioration of health condition of the Insured (which threatens his/her life and requires urgent medical service) within a validity term of the policy, while being on a territory indicated in the policy, at licensed medical institution, when the Insured does not require to stay at the medical institution for more than 24 hours. **Urgent cases of infection (Covid-19) caused by new coronavirus (SARS-CoV-2) and its complications will be reimbursed if such coverage is provided by the policy.**
- 7.3. **Emergency medical assistance**, which includes reimbursement of expenses of urgent/emergency medical assistance provided at home, considering limits indicated in the policy, in respect to which no deductible is applied that is indicated in the policy; **Urgent cases of infection (Covid-19) caused by new coronavirus (SARS-CoV-2) and its complications will be reimbursed if such coverage is provided by the policy.**
- 7.4. **Urgent dentist service**, which includes reimbursement of urgent dentist service to the Insured (stopping of severe tooth-ache and urgent extraction according to diagnosis) at the relevant licensed dentist/medical institution within a validity term of the policy, while being on a territory indicated in the policy (including deductible indicated in the policy if any).
- 7.5. **Urgent Ophthalmology** treatment that includes reimbursement of urgent treatment to the Insured in case of severe traumatic eye-injury of the Insured at the relevant licensed medical institution within a validity term of the policy, while being on a territory indicated in the policy (including deductible indicated in the policy if any).
- 7.6. **Repatriation of injured/ill person or corpse**, which includes reimbursement of expenses of repatriation of corpse of the Insured in case of death of the Insured within a validity term of the policy, while being on a territory indicated in the policy (including deductible indicated in the policy if any). **Urgent cases of infection (Covid-19) caused by new coronavirus (SARS-CoV-2) and its complications will be reimbursed if such coverage is provided by the policy.**
- 7.7. **Loss of luggage;**

8. Insurance reimbursement

- 8.1. The Insurer shall reimburse expenses caused by unexpected illness or an accident, urgent in-patient and outpatient, dentist services and expenses caused by death of the Insured which have occurred while the Insured was abroad after considering Agreement exceptions and territorial limits;
- 8.2. Medical service expenses made beyond a territory limit, including after return to Georgia, is not subject to reimbursement except in case when medical evacuation is carried out by the Insurer by his offer. In such cases only expenses of treatment of 3 (three) subsequent days may be subject to reimbursement after return to Georgia, in accordance with conditions of Travel Insurance Agreement.
- 8.3. Medical service reimbursement insurance limits are defined according to Article 15 of this Agreement;
- 8.4. Regardless of the expiration of the insurance period, the Insurer will reimburse the insured event that occurred but did not end during the insurance period, based on the insured's medical testimony, up to the date of his/her transportability.

9. Rules of acceptance of insurance reimbursement

- 9.1. Rules of acceptance of insurance reimbursement in case of an accident or an illness is defined in the following way:
 - 9.1.1. Rules of applying to Assistance:
 - 9.1.1.1. In case of occurrence of insurance event the Insured or a person accompanying him/her no later than within 24 hours from the insurance event shall call to:
 - ✓ Irao Assistance to the following phone number: (+99532) 2 949 949
 - Or
 - ✓ International Assistance LTD “Geoassistance” to the following phone number (+99532) 2 120 033 or via Viber / WhatsApp - (+995) 599156969 or send an e-mail to Info@geoassistance.ge
 - Or
 - ✓ International Assistance «NOVA ASSISTANCE» LTD, which is located in *Republic Of Moldova*, to the following phone numbers:

- Egypt +20 69 366 68 56; +20 69 366 68 57
- Poland +48 221 531 006
- Greece +30 211 198 39 73
- Bulgaria +359 569 180 04
- Thailand +66 600 035 168
- Turkey +90 242 98 80 231; +90 242 98 80 235; +90 242 60 60 252
- Ukraine +380 443 745 026
- Romania +40 312 294 628
- Rest of the world +373 22 994 955

which are indicated in the policy. If, for objective reasons, the insurer fails to contact the Insurer or the International Assistance within the first 24 hours, the Insurer shall be released from the obligation to reimburse the claim if the Insurer has not been provided with information about the insurance case within 48 hours.

- 9.1.1.2. The travel policy number, name and surname and address of the insured and details of the insurance event shall be provided to the Assistance in case of calling via telephone.
- 9.1.1.3. The Insured or his/her accompanying person shall show a travel insurance policy or/and policy copy and a passport to a medical personnel in case of applying to medical institution. If an in-patient treatment is required, the medical institution shall get in touch with corresponding International Assistances which one is involved in receiving of service. However, when the medical institution fails to identify the insured and the insured or the accompanying person fails to leave the notice in accordance with paragraph 9.1.1.1 or the insured of person accompanying him / her is obliged to inform the insurer about the insurance event before the end of the treatment. Otherwise, the insurer refuses to reimburse the insured event.
- 9.1.2. Rules of getting of insurance reimbursement in case of covering of medical service expenses independently by the Insured (In cases when it is not possible to receive services with the involvement of the international assistances):
- 9.1.2.1. If the Insured covers medical service expenses independently, expenses of medical service considered by the policy will be reimbursed to him/her after returning to Georgia after submission of written application and listed documentation to the Insurer, which shall be delivered to the Insurer no later than 30 calendar days after returning to Georgia/repatriation of a corpse:
- Original of insurance policy;
 - Original passport;
 - Original medical certificates which includes the following information: name, surname and diagnosis of the Insured, list of provided medical service and its price (by break-down of each service), date of provision of service;
 - In case of accident – official certificate issued by the competent authority;
 - In case of received medical consultation and treatment – documents that confirm payment, certified by a service providing medical institution;
 - In case of dental service X ray /Visio taken before and after the services
 - In case of purchase of medicines, prescription issued for their purchase and documents confirming payment;
 - In case of repatriation of corpse following documents shall be provided to the Insurer: death certificate, doctor's conclusion about reason of death and official documentation that confirms payment;
 - Bank requisites of the Insured/beneficiary.
- 9.1.2.2. In case of necessity the Insurer can request any other document, which shall be delivered to the Insurer by the Insured or other authorized interested person no later than within 1 month from request. In case of non-submission of additional documentation, the insurer reserves the right not to reimburse the claim.
- 9.1.3. The Insurer shall issue the insurance reimbursement in national currency – GEL, in accordance to official exchange rate of USD/Euro to GEL established by National Bank of Georgia for the date of regulation of loss. Term of issuance of insurance reimbursement is defined as no later than 10 working days from submission of documentation completely;
- 9.1.4. The Insured shall provide all requested, required and/or accurate information to the Insurer based on factual circumstances of a definite event for the purpose of recognition of fact of insurance event and defining of amount of insurance reimbursement.
- 9.1.5. Repatriation reimbursement rule is defined in the following way:
- 9.1.5.1. Repatriation of the Insured shall be permitted by a doctor providing an urgent medical service;
- 9.1.5.2. The Insurer will reimburse travel expenses of an authorized accompanying person of the Insured, if according to a certificate of a qualified doctor the Insured requires an accompanying person or if it is caused by repatriation of the Insured and if it was impossible to travel by a return ticket possessed by the accompanying person.
- 9.1.5.3. If requested by the Insurer, the Insured shall allow the Insurer according to the rules established by the law to obtain necessary information from the third persons (doctors, any medical institution, transportation service etc) and also relieve such third person from obligation of observation of confidentiality of information.

- 9.1.5.4. If requested by the Insurer the Insured shall undergo medical examination, which will be carried out by an indicated doctor. Expenses of such examination shall be reimbursed by the Insurer.
- 9.1.6. The Insurer may request translation of submitted documents. The Insured shall submit translation of documents.
- 9.1.7. The Insurer is relieved from obligation of issuance of insurance reimbursement in case of misrepresentation of any important fact by the Insured, describing and informing about such facts incorrectly, concealing of any fact and/or in case of violation of obligations considered/indicated in Article 9. Facts are considered as significant if provision of such facts correctly and accurately may affect the decision of the Insurer about issuance of insurance reimbursement.
- 9.2. Rules of getting of insurance reimbursement in case of losing of luggage are as follows:**
- 9.2.1. When the Insured finds out about the fact of losing of a luggage, he/she shall inform the air-company about it no later than within 24 hours and take out documentation that confirms this event from the air-company
- 9.2.2. Claim on insurance reimbursement shall be submitted to the Insurer no later than within 30 calendar days form loss of luggage, official confirmation of loss by the air company. The Insured shall provide all information and documentation related to the insurance event to the Insurer;
- 9.2.3. The Insured shall submit following document together with application of requiring of insurance reimbursement:
- Original insurance policy;
 - Original documents that confirm insurance event and define the amount of loss;
 - Tickets, boarding pass and a passport;
 - Bank requisites of the Insured;
- 9.2.4. The Insurer is entitled to request any related additional information/documentation.
- 9.2.5. Maximal amount of sum to be reimbursed in case of insurance of luggage is 500USD despite of events occurred during insurance period and real volume of the loss.
- 9.2.6. In case of luggage loss, 25 USD reimbursement for 1 kg is considered after exclusion of deductible (25 USD);
- 9.2.7. The Insurer issues the insurance reimbursement no later than within 10 working days after submission of documentation completely.

10. Insurance exclusions

10.1. Travel insurance does not cover service fees and following standard exceptions are considered:

- 10.1.1. Events that are directly or indirectly related with war, military actions, riots, demonstrations, invasion of army of foreign countries (whether declared or undeclared), civil wars, rebellion, civil disorder, revolution, coup and usurpation of authority;
- 10.1.2. Events that are directly or indirectly related with any terrorist act of follow such acts;
- 10.1.3. Events of intoxication caused by taking of alcohol, drugs, toxic substances and medicines taken without prescription of a qualified doctor;
- 10.1.4. Events caused as a result of maneuvers and trainings of military forces;
- 10.1.5. Expenses of treatment of diseases and injuries of the Insured caused as a result of committing/participating in illegal actions;
- 10.1.6. Expenses required for treatment of injuries caused by impact of radioactive sources, contamination of environment and natural disasters;
- 10.1.7. Expenses of treatment of any injuries and/or their complications caused by pandemic and epidemics. Herewith, urgent cases of infection (Covid-19) caused by new coronavirus (SARS-CoV-2) and its complications will be reimbursed if such coverage is provided by the policy.
- 10.1.8. Medical service and corpse repatriation expenses of the Insured in case of air (including getting on and out of board of plane) and railway crash;
- 10.1.9. Cases of deliberate self-injury, suicide or their attempt;
- 10.1.10. Vaccination expenses (except for anti-tetanus, anti-rabic, botulism and anti blunt-nosed viper vaccination);
- 10.1.11. Travel designated for getting of medical consultation or treatment;
- 10.1.12. All expenses of emergency medical evacuation, which is not agreed and confirmed in advance by a service provider center, which is indicated in the policy;
- 10.1.13. Treatment of oncology diseases except for cases when provided urgent medical service aims saving of life of the Insured or mitigation of severe pains.
- 10.1.14. Any expenses related to psychic or psycho-somatic disorders;
- 10.1.15. Expenses of pregnancy and delivery; Besides, medical service expenses related pregnancy and delivery complications are subject to reimbursement;
- 10.1.16. Any expenses related to artificial fertilization, treatment of infertility, contraception and termination of pregnancy and also expenses

related to complication of these conditions;

- 10.1.17. Expenses of neuro-surgery and any surgery and/or cardio-invasive treatment of cardio-vascular system (coronary artery bypass grafting, balloon angioplasty, stenting);
 - 10.1.18. Expenses of prosthetics and transplantation;
 - 10.1.19. Expenses of any medical service related to inborn physical and mental defects;
 - 10.1.20. Expenses of treatment of venereal diseases and their complications; Expenses of Aids/HIV infection and their complications; expenses of viral hepatitis and their complications;
 - 10.1.21. Expenses of injuries and their complications received during participation in professional, amateur and extreme sport activities;
 - 10.1.22. Expenses of self-treatment and expenses of services provided by a family member, folk doctor, unlicensed medical institution or a physical person who is not authorized to be engaged with medical activities;
 - 10.1.23. Expenses of physical therapy, rehabilitation procedures, non-traditional methods of treatment and expenses of services received without medical indication; also services received at the following institutions: geriatric house, rehabilitation center, balneology health resort and sanatorium.
 - 10.1.24. Expenses of acupuncture, plasmapheresis, ozone therapy, laser therapy, homeopathy, meso therapy, speech therapist, homeopathy doctor, therapeutic exercises and massage, also expenses of treatment conducted for cosmetic reasons;
 - 10.1.25. Expenses related to selection and purchase of eye-glasses, lenses, contact lenses and hearing aid; Also expenses of non-medical, hygiene and cosmetic means; expenses of correction appliances and medical devices;
 - 10.1.26. Expenses related to getting of any medical certificate;
 - 10.1.27. Expenses that will be covered by other insurance policies according to Article 2.4 of this Agreement;
 - 10.1.28. Cases when treatment expenses are not reimbursed according to exceptions indicated in Travel Insurance Agreement, no repatriation expenses will be reimbursed as well;
 - 10.1.29. Reimbursement of such medical expenses, that are provided after completion of insurance period indicated in the policy despite of the fact whether insurance event/getting of medical service is completed or not at the moment of expiry of the insurance period;
 - 10.1.30. Reimbursement of such medical services, where insurance period considered by the policy will be expired by the moment of starting of provisions of such services;
 - 10.1.31. Reimbursement of the costs of medical services received in violation of the conditions set forth in 9.1.1.1 and 9.1.1.2.
- 10.2. Following cases are not reimbursed in case of loss of luggage:
- 10.2.1. Confiscation, seizure, suspension of luggage by official authorities;
 - 10.2.2. Loss of luggage that is caused by negligence or inactivity of the Insured;
 - 10.2.3. Loss that is already reimbursed by air-company will not be reimbursed by the Insurer;
 - 10.2.4. Such items, separate transportation of which is prohibited by air company;
 - 10.2.5. Money, jewelry and securities;
 - 10.2.6. Loss/disappearance of luggage as a result of its damage or other reasons;

11. Assignment of rights and claim compensation

- 11.1. If the Insured gets loss or other kind of compensation from the third responsible person, the Insurer is authorized to pay insurance reimbursement excluding the sum reimbursed by the third persons.
- 11.2. The Insured is not entitled to assign right of getting of insurance reimbursement to other person without prior written agreement with the Insurer.

12. Governing legislation and rules of dispute solution

- 12.1. Insurance conditions considered by the Agreement are regulated by current Georgian legislation.
- 12.2. Any dispute that may appear between the parties is solved by negotiation between the parties. If the parties fail to achieve an agreement, the dispute is solved according to material and procedural legislation of Georgia by common courts of Georgia.
- 12.3. The parties agree on judgment of common courts of Tbilisi.

13. Final provisions

- 13.1. If the Agreement is concluded in two or more languages, Georgian versions shall prevail for the purpose of definition and interpretation of Travel Insurance Agreement.
- 13.2. If any article or paragraph of the Agreement is cancelled, it will not cause canceling of whole agreement.
- 13.3. The parties agree that any confidential information which became known to them in a verbal or written form, shall not be transferred to the third parties without prior agreement of the parties, if such action is not related to fulfillment of contractual obligations and/or requirements considered by legislation. For the purpose of this Article information of the parties transferred verbally or in a written form is considered as confidential together with information, which is defined as confidential by legislation and/or is a commercial secret of the Parties.
- 13.4. The parties agree that the Policyholder declares unconditional consent and the Insurer is granted with the authority to process personal data of the Policyholder / Insured, including special categories of data, in accordance with the Georgian Legislation, within the scope and for the purposes of the present Agreement and to transfer such data to the third parties, if necessary. The Insurer is also authorized to process the personal data of the Policyholder / Insured for direct marketing purposes.
- 13.5. The Policyholder declares the consent and the Insurer is granted with the authority to request/receive from the relevant administrative body the necessary personal data of the Policyholder / Insured in accordance with the Georgian Legislation, for the purposes of the present Agreement and to the extent necessary to achieve the respective purpose.

14. Sanction Clause

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Georgia, the United Kingdom or the United States of America (provided that this does not violate any regulation or specific national law applicable to the undersigned (re)insurer).

15. Medical service reimbursement insurance limits are defined in the following way:

Common insurance limit 50 000 (USD/EUR) or 60 000 (USD/EUR)	
<u>Type of service</u>	<u>Limit</u>
Urgent in-patient service	Unlimited (in the range of common insurance limit)
Urgent out-patient service	10 000 (USD/EUR)
Urgent dentist service	1 000 (USD/EUR)
Urgent ophthalmologic service	1 000 (USD/EUR)
Repatriation of the injured/ill person	5 000 (USD/EUR)
Emergency medical service	Unlimited (in the range of common insurance)