RUSSIAN INSURANCE COMPANY «EUROINS» LTD

APPROVED:
By the Order №01-2701/2023 by 27.01.2023
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INSURANCE RULES #1
OF THE PROPERTY INTERESTS OF CITIZENS, TRAVELLING OUTSIDE THEIR PERMANENT PLACE OF RESIDENCE

(edition of 2023, effective since 01/02/2023**)**

Moscow, 2023

Section I. GENERAL PROVISIONS

1. INSURED SUBJECTS

1.1. Based on these "Insurance Rules No.1 of the property interests of citizens traveling outside their permanent place of residence" (hereinafter the "Insurance Rules") and the current legislation of the Russian Federation, the Limited Liability Company "Russian Insurance Company "EUROINS" (hereinafter the "Insurer") concludes insurance contracts of property interests of citizens traveling outside their permanent place of residence with legal entities and individuals with full legal capacity (hereinafter the "Policyholders"), hereinafter collectively referred to as "Parties",

Insurance in respect of citizens traveling outside the permanent place of residence who have citizenship in the country where the trip is made (except for the territory of the Russian Federation) does not apply to the territory of the country in which the Policyholder has citizenship, unless otherwise stipulated by the Insurance Contract.

1.2. Policyholders have the right to conclude insurance contracts in favor of third parties (hereinafter - the Insureds). If the Policyholder – an individual has concluded an insurance contract of his property interests, he is also an Insured.

1.2.1. Policyholders - legal entities enter into insurance contracts with the Insurer for the benefit of the latter - the Insureds.

1.2.2. The insurance contract is considered to be concluded in favor of the Insured, if the contract does not name another person as the Beneficiary.

1.3. At the conclusion of the insurance contract on the terms contained in these Insurance Rules, these terms are an integral part of the insurance contract and are binding for the Policyholder and the Insurer.

1.4. The insurance contract shall be deemed concluded under these Insurance Rules, if the contract clearly states its application and the Insurance Rules and/or an extract from the Insurance Rules are enclosed to the contract. The Insurance Rules and/or extracts from the Insurance Rules handing to the Policyholder upon conclusion of the insurance contract shall be certified by the fact of payment of the insurance premium by the Policyholder.

1.4.1. The Insurer has the right to form appropriate additional conditions and insurance programs (insurance products) on the basis of these Insurance Rules and the current legislation of the Russian Federation.

In this case, under the additional terms and conditions are understood special rules (conditions) of insurance, drawn up on the basis of these Insurance Rules, applicable to a particular type (type) of insurance contracts (insurance policies), the segment of consumers of insurance services, insurance program (insurance products), etc., reflecting the insurance conditions, namely: the insurance subjects; objects to be insured; a list of claims (risks); the minimum amount of insurance or procedure for its determination; term and procedure for payment of the insurance premium (insurance fees); the term of the insurance contract; the procedure for determining the amount of the insurance payment; other provisions.

1.4.2. The Policyholder / Insured examines the terms and conditions of insurance, insurance programs (insurance products), the calculation of the insurance premium and other information on the website of the Insurer.

1.4.3. When concluding the insurance contract, the Policyholder and the Insurer have the right to agree on any other additions, exceptions, clarifications to the insurance contract, not prohibited by the current legislation of the Russian Federation, to exclude certain provisions of these Insurance Rules, stating these exceptions are not related to a particular contract, fixing it in the text of the insurance contract and/or in the text of the additional agreement to such a contract.

In this case, the terms of the insurance contract (insurance policy) will take precedence over the Insurance Rules.

1.5. The Policyholder, by concluding the insurance contract (insurance policy), in accordance with the Federal Law №152-FZ "On Personal Data" expresses his consent to the processing, storage and other use of personal data for the performance of obligations under the insurance contract (insurance policy)

by the Insurer and its representatives.

2. MAIN DEFINITIONS

Basic terms and concepts used in these Insurance Rules:

2.1. **Outpatient Medical Center** - a health care facility that is licensed to provide outpatient, surgical treatment and care.

2.2. **Outpatient treatment** is a treatment given at home or when patients themselves visit a treatment facility in connection with an illness, poisoning, or injury.

2.3. **Baggage** - Baggage accessories (suitcase, travel bag, backpack, handbag, briefcase, etc.), the contents of the Baggage carried during the Trip, , registered at passport and customs control when taking the Baggage out of the Russian Federation, transferred for transportation to the transport organization (air carrier), with issuing a supporting document (baggage receipt, check, other documents of the transport organization that carries the Baggage).

The luggage also includes baby carriages and wheelchairs, sports equipment, provided that it is used by the Insured (Insureds) during the Trip.

2.4. **Close relatives** - father / mother, stepfather / stepmother, son / daughter, including children of the Insured's spouse from previous marriages, including adopted (including those under guardianship or custody), siblings, grandparents (great-grandparents), grandchildren, legal husband or wife, non-related father / mother (raising or having raised children from previous marriages).

Close relatives (spouse) does not include persons who live together, have a common household, etc., but are not formally married.

2.5. **A hospital** is a medical facility that:

- works in accordance with the law of the country in which it is registered, for providing care and treatment for the sick and wounded;
- has a diagnostic and surgical department;
- provides 24-hour care by licensed/certified professionals;
- is supervised by one or more physicians.

The following cannot be considered a hospital: an obstetric ward; a convalescent ward or geriatric ward in cases where the patient is mostly bedridden and needs nursing care (palliative care); a sanatorium, rest home, or nursing home.

2.6. **Sick leave list** is a certificate of work incapacity (including in electronic form, a scan of the electronic sick leave list), which is issued to insured citizens of Russia, permanently or temporarily residing in our country foreigners and stateless persons. This is an official financial, legal and accounting and statistical document, which certifies the inability to work of the employee during a certain period of time. Sick lists can be issued only by state clinics and medical centers, which have passed state accreditation.

In the case of an illness/accident, students of educational institutions of primary, secondary, higher profissional education and institutions of postgraduate vocational education shall be issued an extract from the medical card of an outpatient (inpatient) patient.

2.7. **Physician** - a specialist with a completed and duly registered medical education who is not a relative of the Policyholder/Insured and who is acting within the scope of his/her license/certification.

2.8. **Return of the body (remains)** - the return of the body (remains) of the Insured from the country / place of temporary stay to the country / place of permanent residence organized by the Insurer / Service Company / governmental service of the state.

2.9. **Beneficiary** - a party to the insurance contract, as a rule, the Insured named in the contract, unless another person is named as the Beneficiary.

In the event of the death of a person insured under a contract in which no other Beneficiary is named, the Beneficiaries are recognized as the heirs of the Insured.

The Beneficiary under the contract concluded by the Policyholder - a legal entity - in favor of the Insureds may be the Policyholder himself/herself, if he/she incurs medical, transportation and other expenses incurred in connection with the claim, which occurred to the Insured while travelling outside the permanent place of residence. This rule also applies to the Policyholder - a legal entity under the

risks of Chapter 32 of these Insurance Rules, provided that he/she is the payer for the services of organizing the trip of the Insured outside his/her permanent place of residence.

2.10. **Forced return of travel documents** - the process of travel documents return (airline tickets, railway tickets, water transport tickets, etc.), associated with the refusal to issue a visa, death or serious illness of the Insured, or his/her close relative, provided by the rules of the carrier.

2.11. **Pediatric infections** - specific childhood infections (chickenpox, measles, rubella, scarlet fever, whooping cough, mumps, polio, pneumococcal infection), as well as meningococcal disease, infectious mononucleosis, diphtheria.

2.12. **Identity document** - a document that allows identifying the Policyholder (Insured, Beneficiary) in accordance with the requirements of regulations and laws of the Russian Federation - article 7 of the Federal Law by 07.08.2001 № 115-FZ "On Counteraction of Legalization (Laundering) of Criminal Proceeds and Terrorist Financing" (in the current version); the Russian Government Resolution by 08.07.1997 № 828 "On Approval of the Regulations on the Passport of a Citizen of the Russian Federation, sample form and description of the passport of a citizen of the Russian Federation"; Russian Government Decree by 06.08.2015 № 813 "On Approval of the Regulations on the state system of migration and registration registration, as well as production, execution and control of circulation of identity documents". The main identity document in the Russian Federation is the passport of a citizen of the Russian Federation.

2.13. **Ban on entering the country of temporary residence** - a ban on entering the country, established in accordance with the regulations of any public authorities and / or administration, and / or statement of officials of the country of temporary stay in respect of an unlimited number of people (all citizens) and / or a particular group of people.

The Policyholder/Insured is responsible for his/her awareness of the prohibition of entering the country of temporary stay.

2.14. The refusal on entering the country on medical grounds (including the absence of certificates/tests/analyses/inoculations/certificates/questions/QR-codes, etc. for dangerous diseases, infections, and other in accordance with the requirements/rules of the country of stay) is not a ban on entering the country of temporary residence. **Prohibition to leave the country of permanent residence (Russian Federation)** - a ban on departure from the country, established in accordance with the regulations of any public authorities and/or administration, and/or a statement of state officials in respect of an unlimited number of persons (all citizens) and/or a certain group of persons. The Insured/Policyholder is responsible for his/her awareness of the prohibition to leave the Russian Federation.

The refusal on entering the country on medical grounds (including the absence of certificates/tests/analyses/inoculations/certificates/questions/QR-codes, etc. for dangerous diseases, infections, and other in accordance with the requirements/rules of the country of stay) is not a ban on entering the country of temporary residence.

2.15. **Insured Trip (hereinafter - the Trip)** - a trip within or outside the territory of the Russian Federation with the condition of leaving the territory of the Russian Federation, confirmed by nominal transport documents (air, rail, water transport tickets), documents for accommodation during the Trip. In the case the Insured travels without personal transportation documents and/or documents for accommodation, the insurance coverage validity shall commence at a distance of 200 (two hundred) kilometers or more from the administrative border of the place of permanent residence and/or place of registration of the Insured in the Russian Federation, unless otherwise provided for in the insurance contract (insurance policy).

Relocation of the Insured for the purpose of changing his/her place of residence is not a Trip.

2.16. **Disability** is a social disability due to a health disorder with an enduring disorder of the body functions, leading to a limitation of vital activities and the need for social protection.

2.17. **The disability group** is established in accordance with the requirements and on the basis of the conclusion of a medical and social expert assessment (hereinafter referred to as MSE), characterizes the degree of disability and determines the requirements for care, indications, and contraindications of a medical nature. The MSE requirements stipulate the establishment of 3 (three)

disability groups.

2.18. **Disability groups**

а) The first disability group is a social insufficiency due to health disorders with an enduring, significant disorder of the functions of the organism, caused by illnesses, the consequences of trauma, or defects, leading to a restriction of day-to-day activities.

б) The second disability group is social insufficiency due to health disorders with an enduring, severe disorder of the functions of the organism, caused by illnesses, the consequences of traumas or defects, leading to a restriction of day-to-day activities.

в) The third disability group is a social insufficiency due to health disorders with an enduring, insignificantly or moderate disorder of the functions of the organism, caused by illnesses, the consequences of traumas or defects, resulting in not sharply or moderate restrictions on day-to-day activities.

2.19. **Foreign nationals and/or stateless persons** who are legally present in Russia may be insured under these Insurance Rules only on special terms and conditions, separately provided for in the Insurance Contract and/or the Insurance Program.

2.20. **Quarantine** is a set of restrictive administrative and medical-sanitary measures to prevent the entry and spread of quarantine (dangerous) diseases, imposed on a particular Insured on the basis of regulations / orders / documents of medical and sanitary supervision and control services of the state with mandatory testing / testing to confirm the disease.

Quarantine is imposed on Insureds with positive tests/tests for a dangerous disease that does not require inpatient treatment in the form of isolation (in a house, apartment, hotel room, cabin, etc.) or in a quarantine facility (observatory).

2.21. **Travel companion** - a third person participating in a joint trip, who is not a close relative of the Policyholder (Insured) and:

(a) if the following criteria are met:

– living with the Insured in a booked and paid room, apartment, villa, bungalow, located on the territory of one hotel complex/hotel, or cabin of one cruise ship;

– or specified with the Insured in one contract for a tour product with the tourist organization (if there is such a contract);

– or included with the Insured in one insurance contract (insurance policy);

b) when insuring only travel documents, the Companions shall follow one flight and/or one vehicle to the Trip's destination and be insured under one insurance contract (insurance policy).

Under clauses "a" and "b" the insurance payment under one insurance contract (insurance policy) is made to the Insured and his Companions of 4 (four) people (including the main Insured), observing the conditions under paragraph 11.14 of these Insurance Rules.

2.22. **Liability limit** - the established limit of the insurance payment for the insured risk, claim or in respect of the Insured. Liability limit can be established both by these Rules of Insurance and by the insurance contract (insurance policy).

2.23. **Medical expenses** are expenses for treatment given or prescribed by a qualified physician.

2.24. **Proper notice** - notification by one or more of the methods provided for in the insurance contract and in these Insurance Rules. The Insurance Rules may provide for any or a specific method of interaction from those listed below:

1. by personal delivery of the notice with taking the signature when the Policyholder / Insured / Beneficiary to the office of the Insurer (representative of the Insurer) or by using courier services;

2. by sending a written notice/application/documents by mail through the operators of Russian Post JSC:

– when notifying the Insurer - to the official address of the Insurer or to the address specified by the Insurer in the insurance contract, or to the address for sending correspondence specified on the website of the Insurer;

– when notifying the Policyholder/ Insured - by mail to the address specified by the Policyholder/ Insured at the conclusion of the insurance contract, or in the application on the claim;

3. sending of notifications/applications/documents to the e-mail of the Insurer or the Policyholder (Insured, Beneficiary), which is confirmed by the receipt of the message proving its delivery and reading*;
4. notification on the Insurer's website, including the Mobile application or personal account (on the website of the Insurer and/or Assistance Company), or other means of electronic interaction using the Internet*;
5. SMS-notification to the mobile phone number specified in the insurance contract (Policyholder and Insurer);
6. by telephone (including fax) to the contact numbers of the parties specified in the insurance contract.

The Insurer establishes the means of proper notification in the insurance contract (insurance policy).
* At the request of the Insurer under clauses 3 and 4 of this paragraph the Policyholder / Insured / Beneficiary shall send all necessary documents in accordance with paragraphs 1-2 of this paragraph. The Policyholder (Insured) is obliged to keep the originals of all documents for 6 (six) months and provide them upon request to the Insurer.

2.25. **Emergency medical care** - care provided for sudden acute illnesses, conditions, exacerbation of chronic diseases without clear signs of threat to the patient's life.

2.26. **Accident** - a momentary, sudden physical impact of various external factors (mechanical, thermal, chemical, etc.) on the body of the Insured, which occurred against the will of the Insured and resulted in bodily injuries, disorders of physiological functions of the body of the Insured or his death.

Accidents, for example, include an attack by intruders or animals (including insects, reptiles and other animals); falling of an object on the Insured; falling of the Insured himself; sudden suffocation; sudden poisoning by harmful products or substances; injuries received during the movement of vehicles or during their accident, when using machines, mechanisms, tools and all kinds of tools and others. The accidents also include the impact of external factors: explosion, burns, frostbite, drowning, electric current, lightning strike, sunstroke, and other external impacts, other cases with signs of probability and accident, which caused harm to life and health of the Insureds.

All forms of acute, chronic and hereditary diseases are excluded from accidents.

2.27. **Dangerous diseases** - diseases coded A36, A22, A15, A00, A20, B34.2, U07.1, U07.2 (U0.9, U09.9, U08, U08.9, U04.9, U10.9, U10, including consequences from these diseases) according to ICD-10* classification, representing danger to the environment and requiring quarantine measures, included in the list of such diseases by the RF Government Decree by 0112.12.2004 No. 715 (in edition valid at the time of the claim) "On Approval of the List of Socially Significant Diseases and the List of Diseases Constituting a Threat to the Environment".

** ICD-10 - International Statistical Classification of Diseases and Related Health Problems (10th revision).*

2.27.1. **Illness (disease)** is a disruption of the normal vital functions of the organism that occurs in response to pathogenic factors. The beginning of an illness in the Insured is considered to be the presence of ill health or the initial symptoms of the disease, which appeared before the establishment of the diagnosis by the doctor. Confirmation of an illness (disease) is a diagnosis established by a medical institution on the basis of determining the essence and characteristics of the deviation of the state of health of the Insured from the normal.

2.28. **Denial of entry into the country of temporary residence** - the decision of the border service of the country of temporary residence to personally deny the Insured to enter the country of temporary residence.

The refusal on entering the country on medical grounds, including the absence of certificates/tests/analyses/inoculations/certificates/questions/QR-codes, etc. for dangerous diseases, infections, and other in accordance with the requirements/rules of the country of permanent residence is not a claim.

2.29. **Carrier** - any registered carrier engaged in the transportation of passengers by land, water or air, licensed for this type of transportation and performing it on a particular route.

2.30. **Period of insurance** - the duration of insurance (number of days), during which the liability of

the Insurer for the insured risks specified in the insurance contract (insurance coverage) extends. The insurance covers events that occurred only during the specified insurance period. The insurance contract (insurance policy) may provide for the limitation of the insurance period within the specified period (number of days) for specific risks, which is reflected in the insurance policy in a separate column.

2.31. **Cooling-off period** - the period of time during which the Policyholder - an individual has the right to cancel the insurance contract and receive a refund of the paid insurance premium in part or in full on the terms specified in these Insurance Rules and (or) the contract. The period of cooling off period is established by the normative documents of the insurance market regulator, exercising control and supervision over the insurance activities of insurance organizations.

2.32. **Payment document** - a cashier's check or payment order confirming payment for goods/services, etc.:

a) cash voucher (including electronic) - the primary accounting document formed in electronic form and (or) printed with the use of cash registers at the time of payment between the user and the buyer (client), containing information about the settlement, confirming the fact of its implementation and complying with the requirements of the legislation of the Russian Federation on the application of cash registers;

b) payment order - settlement (payment) document, order of the payer to the bank to transfer funds from the payer's account in this bank to the beneficiary's account in this or another bank.

2.33. **Permanent place of residence** - a place within the administrative boundary of the settlement where a citizen permanently resides or has permanent registration.

At the same time, for foreign citizens and stateless persons temporarily, permanently or predominantly residing in the Russian Federation, such a settlement in the Russian Federation may be determined on the basis of the presence of a permit and/or residence permit in the Russian Federation (temporary residence permit, residence permit) issued by the authorized state authorities, and/or temporary registration in accordance with the migration legislation of the Russian Federation.

2.34. **Unlawful acts** are an offence, i.e. an action (inaction) of an individual for which administrative responsibility is established.

2.35. **Professional sport** is an activity whose purpose is to satisfy the interests of professional athletes who have chosen sport as their profession, aimed at obtaining the highest achievements in sport and monetary rewards/payments. A professional athlete is an individual who systematically engages in a chosen sport, competes in sports competitions and/or has a sports passport and receives payment for participating in such competitions.

2.36. **Expenses** - the costs of the Insured or made in favor of the Insured, confirmed by documents executed in accordance with the law, related to payment for services provided by third parties (medical institutions, travel agencies/operators, lawyers (attorneys) in the event of events defined by these Insurance Rules as a claim.

2.37. **Child (Children)** - **Insured** - an individual between the ages of 0 to 23 years inclusive, specified in the insurance contract (taking into account that in the period from 18 to 23 years is a student (student, pupil).

A minor child is a person under the age of 18 (eighteen) years (in accordance with the Federal Law № 124-FZ by 24.07.1998 (version by 31.07.2020) "On the Basic Guarantees of the Rights of the Child in the Russian Federation").

2.38. **Scheduled flights** - domestic and international air transportation of passengers, baggage and cargo by scheduled flights and additional flights.

2.39. **Prescription** - a written prescription (including electronically) given by a doctor to use medical drugs.

2.40. **Assistance company** - a specialized organization that, on behalf of the Insurer, provides round-the-clock organization or assistance in obtaining the services provided by these Insurance Rules.

Contact information of the Service Center is specified in the insurance contract (insurance policy) or transferred to the Policyholder by electronic means.

2.41. **Natural disaster** is a natural phenomenon of emergency nature, which leads to the disruption

of normal activities of the population, loss of life, destruction and devastation of property, such as: forest and peat fires, landslides, avalanches, glacier collapses, volcanoes, earthquakes, mudflows, floods, tsunamis, etc.

2.42. **Sport** - an organized by certain rules activity of people (athletes), consisting in comparing their physical and (or) intellectual abilities, as well as training for this activity, a part of physical culture, in which the main emphasis is placed on the physical development of a person, the strengthening of his health and well-being. The Insurer shall have the right to apply increasing coefficients to the insurance premium when insuring sports risks depending on the category and type of sport, which must be reflected in the insurance contract:

2.42.1. ***Outdoor Activities*** is a way of spending free time, a kind of hobby, in the process of which the vacationer is engaged in active activities that require active human participation or active physical work of the body, not related to competition. Outdoor activities include:

- activities in the sea and/or pool, beach activities, entertainment in hotels, parks, attractions, etc.;
- hiking, jogging, excursions, tourist safari (without hunting), cross-country skiing, roller skating, skateboarding, hiking, including with the participation of animals (animal rides) and similar activities;
- movement with means of personal mobility, bicycles, motorcycles, taking into account the rules of the road and safety requirements (Clause 10.3 of these Insurance Rules);
- travel as a passenger, excursionist on airplanes, yachts, boats, boats, cars, etc.;
- river rafting (sightseeing and tourist rafting), fishing;
- classes in fitness rooms, fitness clubs;
- official sporting events of mass character, organized, in order to cover and participate in large masses of the population, by territorial subjects of power or organizations;
- other types of active recreation, except for active activities reflected in clauses 2.42.2 and 2.42.3 of these Insurance Rules.

2.42.2. ***Dangerous sports*** are injury-prone sports that involve a high degree of physical activity, activities that require certain skills and abilities. Dangerous sports include:

- sports associated with constant and systematic training in sports clubs, schools, sections, ballet and circus studios, etc., participation in any kind of competitions organized by sports schools, businesses, organizations or interest groups, including amateur competitions of different levels;
- alpine skiing and snowboarding on marked trails, figure skating, skating and similar sports;
- speed descents in mountainous terrain on any means of transportation (bicycle, motorcycle, etc.) on the equipped routes / tracks;
- diving to a depth of 40 meters, river rafting (2-3 categories of difficulty), sailing, yachting, all kinds of surfing and similar sports;
- horseback riding, trekking up to 3,500 meters above sea level, etc.;
- sport shooting;
- similar sports, with the exception of the sports reflected in clauses. 2.42.3 of these Insurance Rules.

2.42.3. ***Extreme sport*** is a sport associated with high risks of danger to human life:

- flying on motorized and non-motorized aircraft/equipment, parachuting;
- mountaineering, descending into caves (speleology), trekking to a height of over 3500 meters above sea level and similar sports;
- river rafting (above the third category of complexity), diving to a depth of more than 40 meters using special breathing mixes, ice (sub-ice) diving, etc.;
- skiing, snowboarding on unmarked trails, professional hockey and similar sports;
- martial arts and boxing at the professional level;
- speed descents on mountainous areas on any means of transport (bicycle, motorcycle, etc.) on unequipped routes/tracks, auto- and motorcycle races and training on them;
- hunting (including safari, underwater hunting), practical and tactical shooting;
- sports events and/or competitions in extreme sports, and/or competitions held by professional

sports organizations, associations, leagues with the participation of professional athletes and the payment of cash prizes and/or rewards, etc.

2.42.4. Insurance under clauses 2.42.1-2.42.3 is carried out taking into account paragraph 18.1.29 of these Insurance Rules

2.42.5. In cases when the sport does not fit into any of the categories of par. 2.42.1-2.42.3, it must be categorized as an "extreme sport" (2.42.3).

2.42.6. According to paragraphs 2.42.2 and 2.42.3, the concept of diving includes the following stages:

- moving in equipment on the water surface, moving in equipment from the place of entry into the water or from a watercraft;
- the immersion itself;
- being in deep water;
- surfacing;
- being in equipment on the water surface;
- return by swimming in equipment on the water surface to the place of exit from the water or on a watercraft.

An event occurring at any of these stages is considered a diving event.

2.43. **Personal Mobility Means (PMM)** - a vehicle with one or more wheels (rollers), designed for individual movement of a person through the use of a motor (motors) (electric scooters, electric skateboards, gyroscooters, sigways, monocars and other similar means).

2.44. **Terms of the Trip** - the period of time during which the Insured is planned to be on the Trip. The terms of the Trip must be documented (e.g., the insurance contract and/or the contract of sale of the travel product, travel documents, accommodation documents). For trips within the T-III territory the period of the Trip shall start from the moment of crossing the administrative border of the place of permanent residence of the Insured, but not earlier than the date specified in the insurance contract as the beginning of the Trip.

2.45. **Urgent message** - the initial application of the Policyholder (Insured) to the Assistance Company by telephone, fax or other available communication, including short text messages (sms).

2.46. **Country of permanent residence** - the country or countries which are the primary or secondary place of permanent residence of the Insured.

2.47. **Insured risk** - a presumed event, having the signs of probability and randomness, established by these Rules of Insurance, against the occurrence of which the insurance is carried out.

2.48. **Claim** - an event that has occurred, included in the insurance coverage, due to the factors during the insurance period, which are provided by the insurance contract, resulting in the Insurer's obligation to make an insurance payment to the Insured, the Beneficiary or other third parties.

2.49. **The territory of insurance** - the territory within which the Insurer, when a claim occurs, is obliged to pay the insurance compensation. The insurance territory is established in accordance with the terms of Chapter 4 of these Insurance Rules, or by agreement of the parties and is specified in the insurance contract (insurance policy).

2.50. **Chronic Disease** - an illness or injury that has at least two of the following characteristics:

- have no known recognized treatments;
- can exist for an indefinite period of time;
- give relapses, or there is a possibility of relapses;
- are of a permanent nature;
- require palliative care;
- require long-term observation, consultations, examinations, tests or analyses;
- require the Insured to undergo a course of rehabilitation or special training in order to cope with the disease.

2.51. **A charter flight** is a flight by special order. This means that seats are bought by interested travel companies, which sell them to their customers. Such flights depart only if there is a demand for them or if there are no regular planes with such routes.

2.52. **Evacuation** (medical evacuation) - transportation of the Insured from the medical institution

of the country of temporary residence to the country of permanent residence organized by the Insurer / Assistance Company / governmental agency in accordance with the requirements of Clause. 17.2.2 of these Insurance Rules.

2.53. **Emergency medical care** - care provided for sudden acute illnesses, conditions, exacerbation of chronic diseases that pose a threat to the life of the patient.

2.54. **Emergency hospitalization** is hospitalization in case of urgent need, carried out directly by the admission department of the hospital (without referral) or by referral from emergency and urgent care facilities.

2.55. **Electronic signature** - information in electronic form, which is attached to or otherwise linked to other information in electronic form (the information to be signed), and which is used to identify the person signing the information.

2.55.1. A qualified electronic signature is an electronic signature that meets the following requirements:

1. obtained as a result of cryptographic transformation of information using the electronic signature key;
2. allows you to identify the person who signed the electronic document;
3. allows you to detect the fact of changes to an electronic document after it has been signed;
4. is created using the means of electronic signature;
5. the electronic signature verification key is specified in the qualified certificate.

2.55.2. A simple electronic signature is an electronic signature which, through the use of codes, passwords, or other means, confirms that a certain person has formed an electronic signature.

2.55.3. To create and verify an electronic signature, electronic signature facilities are used that have received confirmation of compliance with the requirements established by Federal Law No. 63-FZ by 06.04.2011 "On Electronic Signature".

2.56. The terms used in these Insurance Rules are specifically explained by the corresponding definitions in this chapter and further in the text of the Insurance Rules. If the purpose of any name or concept is not specified in these Insurance Rules or in the insurance contract (insurance policy) and cannot be determined on the basis of the legislation of the Russian Federation, such name or concept is used in its ordinary lexical meaning.

3. INSURANCE OBJECTS

3.1. The insurance objects under these Insurance Rules are property interests of the Insured making the Trip (except for trips to change permanent residence or to extend the residence permit), which have arisen during the Trip and in the territory specified in the insurance contract, or which have arisen during the validity of the insurance contract and may be associated with:

a) unforeseen expenses accepted by the Insurer for insurance, in case of the need to receive emergency or urgent medical care upon the occurrence of a claim to the extent provided by the insurance contract (medical and transportation costs);

b) unforeseen expenses for accommodation during the Trip, compensation in case of emergency hospitalization/ambulatory treatment, other transportation expenses, air transportation expenses, expenses when traveling by personal vehicle, legal advice;

c) by causing harm to the life and/or health of the Insured as a result of an accident (accident insurance);

d) destruction, damage, theft, disappearance (loss) of luggage (luggage insurance) belonging to the Insured;

e) the obligation of the Insured to indemnify the harm caused to life, health and/or property of third parties (civil liability insurance) when making foreign trips (i.e., except for the Territory III);

f) expenses incurred by the Insured as a result of involuntary cancellation of the Trip, early termination of the Trip or involuntary extension of the Trip (insurance of costs related to involuntary cancellation of the Trip, early termination of the Trip or involuntary extension of the Trip);

g) expenses associated with the receipt by the Insured of necessary legal (legal) assistance during a foreign trip (insurance costs associated with the receipt of necessary legal (legal) assistance

during a foreign trip).

3.2. The insurance contract may be concluded with the condition of providing insurance coverage both against all risks listed in Clause 3.1 of the Insurance Rules, and with the condition of providing coverage against one or more risks listed in Clause 3.1 of the Insurance Rules.

The Insurer has the right to assign marketing names to insurance programs formed on the basis of certain groups of risks, as well as certain groups of uniform insurance contracts concluded on the basis of these Insurance Rules, insofar as it does not contradict the current legislation of the Russian Federation.

3.3. In all cases listed in paragraph 3.1 of the Insurance Rules, the insurance coverage includes reimbursement of expenses of the Insured for telephone conversations or short text messages (sms) with the Assistance Company or the Insurer, within the limits established by the insurance contract, if the need for such telephone conversations or sms was caused by the occurrence of the claim.

4. INSURANCE TERRITORY

4.1. The Insured has the right to receive insurance services under the terms of the insurance contract, during his stay on the Trip in the territory specified in the contract, unless otherwise provided by these Insurance Rules for certain risks or the insurance contract (insurance policy):

4.1.1. ***Territory I (T-I)*** - all countries of the world, except: countries of South and North America, the Caribbean, as well as Japan, Australia, New Zealand, Philippines, Malaysia, Indonesia, Oceania, Thailand, territories/equatoria of the Arctic and Antarctic and the country of permanent residence. For citizens of the Russian Federation (hereinafter referred to as RF residents) the exception is limited to the territory within the administrative boundary of the permanent residence.

4.1.2. ***Territory II (T-II)*** - all countries of the world, except for territories/quarries of the Arctic and Antarctic, unless otherwise provided for in the insurance contract; except for the country of permanent residence entirely.

For citizens of the Russian Federation (hereinafter referred to as RF residents) the exception is limited to the territory within the administrative boundary of the permanent place of residence.

4.1.3. ***Territory III (T-III)*** - the Russian Federation, Belarus, Kazakhstan, as well as Abkhazia and South Ossetia (for Russian residents the exception to insurance coverage is the territory inside the administrative border of their permanent residence, for non-residents of the Russian Federation the exception is the country of permanent residence entirely), unless otherwise specified in the insurance contract.

Liability limits (insured sums) for T-III risks are set in Russian rubles and specified in the insurance contract (insurance policy).

Unless otherwise stipulated by the insurance contract (insurance policy), in case the Insured travels without personal transportation documents and/or residence documents, the insurance coverage applyvalidity shall commence at a distance of 200 (two hundred) kilometers and more from the administrative border of the place of permanent residence and/or place of registration of the Insured in the Russian Federation.

5. TERM OF VALIDITY OF THE INSURANCE CONTRACT

5.1. The insurance contract is usually concluded for one year or for a period not less than the period of stay specified by the Insured of his/her stay outside the place of permanent residence, unless otherwise provided by the contract.

5.2. If the insurance contract for one year provides for multiple trips of the Insured outside his/her permanent place of residence in the territory of T-II, the coverage applies to the period specified in the insurance contract (insurance policy). Thus in the column "number of days" the duration of the entire period of the insurance policy validity is indicated, i.e. "365" days.

5.2.1. If the insurance contract for a period of six months or a year provides for multiple trips of the Insured outside his/her permanent place of residence in the territory of T-I, the coverage applies to the first days of each trip, the number of which is specified in the column "number of days", unless otherwise stipulated by the contract.

5.3. If the insurance contract does not provide for multiple Trips and is concluded for a period, within which a limited number of days of the contract (insurance period) is specified in the insurance contract, then the beginning of the Insurer's liability is considered from the moment the Insured crosses the border of the country of permanent residence (for residents of Russia - administrative border of permanent residence) for the duration of the insurance contract, but in total not exceeding the number of days specified in the contract p

5.4. The insurance contract enters into force only upon payment of the insurance premium by the Policyholder.

5.5. If, by the time of expiration of the insurance contract, the return of the Insured from the place of temporary stay, for which insurance was carried out, is impossible, due to the onset of the claim(illness, injury, etc., with subsequent hospitalization, evacuation or return of the body (remains), which is confirmed by relevant documents, the Insurer fulfills its obligations related to this claim until the end of such circumstances, in accordance with the insurance contract.

5.6. Contractual insurance shall cover claims occurring within the period specified in the insurance contract.

5.7. The insurance contract enters into force no later than the date of crossing the state border of the Russian Federation by the Insured, taking into account:

5.7.1. for insurance risks specified in clauses 16.2 (medical, transportation and other expenses), 22.2 (accident insurance), 32.3 (clauses "a, b" - early termination of the Trip / delay in the Trip in case of illness, death), the insurance period begins:

- for Trips abroad (foreign Trips) - from the date specified in the insurance contract as the date of commencement of the Trip, but not earlier than the moment of crossing the border of the Russian Federation by the Insured when leaving its territory, which is confirmed by a mark of the border service in the foreign passport. For residents of the Russian Federation - from the moment of crossing the administrative border of the permanent place of residence, but not earlier than the date specified in the insurance contract as the date of commencement of the Trip;
- when Russian citizens travel through the territory of the Russian Federation - from the moment the Insured crosses the administrative border of the place of permanent residence, but not earlier than the date specified in the insurance contract as the date of commencement of the Trip;

5.7.2. for these risks the insurance period ends:

- for Trips abroad (foreign trips) - from the moment the Insured crosses the border of the Russian Federation upon entry into its territory. For residents of the Russian Federation - from the moment of crossing the administrative border of permanent residence, but no later than the date specified in the insurance contract (insurance policy) as the end date of the Trip;
- when Russian citizens travel through the territory of the Russian Federation - from the moment the Insured crosses the administrative border of the settlement of permanent residence at the entrance, in which the Insured permanently resides, but no later than the date specified in the insurance contract (insurance policy) as the end date of the Trip, or unless otherwise stipulated by the insurance contract.

5.8. For insurance risks specified in clause 28.1 (civil liability), when traveling abroad (foreign travel) insurance period:

5.8.1. begins on the date specified in the insurance contract as the date of commencement of the Trip, from the moment the Insured crosses the border of the Russian Federation when leaving its territory, which is confirmed by a mark of the border authorities in the foreign passport.

5.8.2. terminates - from the moment the Insured crosses the border of the country of permanent residence upon entry into the territory of the country of permanent residence, but no later than the date specified in the insurance contract (insurance policy) as the date of the end of the Trip.

5.9. For insurance risks specified in clauses 25.2-25.3 (loss of luggage, damage to luggage), the insurance period:

5.9.1. begins:

- for Trips abroad (foreign Trips) - from the moment the Insured crosses the border of the Russian Federation when leaving its territory, which is confirmed by a mark of the border guards in the

foreign passport, but not earlier than the date specified in the insurance contract as the date of commencement of the Trip;

- when Russian citizens travel through the territory of the Russian Federation - from the moment the Insured crosses the administrative border of the place of permanent residence, but not earlier than the date specified in the insurance contract as the date of commencement of the Trip.

5.9.2. ends:

- for Trips abroad (foreign Trips) - from the moment the Insured crosses the border of the country of permanent residence at the entrance to its territory, but no later than the date specified in the insurance contract (insurance policy) as the date of the end of the Trip;
- when traveling within the territory of the Russian Federation - from the moment the Insured crosses the administrative border of the settlement of permanent residence at entry, in which the Insured permanently resides, but no later than the date specified in the insurance contract (insurance policy) as the date of the end of the Trip, or unless otherwise provided by the insurance contract.

5.10. For insurance risks specified in clause 25.4 (luggage delay), the insurance period:

5.10.1. begins:

- for Trips abroad (foreign Trips) - from the moment the Insured crosses the border of the Russian Federation when leaving its territory, which is confirmed by a mark of the border guards in the foreign passport, but not earlier than the date specified in the insurance contract as the date of commencement of the Trip;
- when Russian citizens travel within the Russian Federation (within Russia and abroad) - from the moment the Insured crosses the administrative border of the place of permanent residence, but not earlier than the date specified in the insurance contract as the start date of the Trip.

5.10.2. ends:

- in the case of Trips abroad (foreign Trips) and Trips within the territory of the Russian Federation (and T-III) - by the fact of arrival of the Insured to the destination of the Trip (to the territory/area/state of temporary stay).

5.11. For the insured risks specified in clauses 32.2. "a-e (forced Trip cancellationl), the insurance period begins at 00:00 o'clock on the day following the day on which the insurance premium is paid and ends:

- When traveling abroad (foreign Trips) - from the moment of crossing the border of the Russian Federation on the start date of the Trip when leaving the territory of the Russian Federation.
- For Trips within the Russian Federation - at 23:59 of the start date of the Trip.

5.12. For the insured risks specified in clauses. "g" clauses 32.2 (forced cruise cancellation) and clauses 32.3 (interruption of the cruise). "c" clause 32.3 (cruise interruption), the insurance period begins at 00:00 o'clock on the day following the day on which the insurance premium is paid and ends:

- when traveling abroad (foreign Trips) - from the moment the Insured crosses the border of the country of permanent residence at the entrance to the territory of the country of permanent residence;
- when traveling in the territory of the Russian Federation - from the moment the Insured crosses the administrative border of the settlement of permanent residence, unless otherwise stipulated by the insurance contract.

5.13. For the insured risks specified in subparagraphs "f" clause 32.2 (denial of entry), the insurance period begins when the Insured travels abroad (foreign Trips) - from the moment of crossing the border of the Russian Federation and ends at the moment of crossing the country of temporary stay upon entry into its territory.

5.14. For insurance risks specified in clauses 17.3.9 (delay of regular flight) and 17.3.13 (delay of charter flight), the insurance period begins from the time of the intended departure, specified in the ticket of the Insured, on the day of the beginning of the Trip or on the day of its return and ends at the moment of the aircraft boarding.

5.15. For insurance risks specified in Chapter 36 (legal help), the insurance period:

5.15.1. begins - from the moment of crossing the border of the country of permanent residence when the Insured leaves the territory of the country of permanent residence, which is confirmed by a mark of the border guards in the foreign passport;
5.15.2. ends - from the moment the Insured crosses the border of the country of his permanent residence at the entrance to its territory.
5.16. In the case of detention (arrest) of the Insured within the framework of a criminal case, the term of the contract is extended until the case is sent to court for consideration on the merits, and if the Insured is recognized as a victim of a criminal case - until the end of the preliminary investigation period established by the legislation of the country of temporary residence.

6. INSURANCE CONTRACT: CONCLUSION AND TERMINATION

6.1. The insurance contract is concluded on the territory of the Russian Federation in writing by drawing up a single document (insurance contract/insurance policy) or delivery/sending of the insurance policy to the Policyholder by the Insurer or its authorized representative on the basis of Policyholder's written or oral application, unless otherwise provided for in the insurance contract.
6.1.1. Application for insurance, drawn up in writing on paper, is signed by the Policyholder in his own hand and is an integral part of the insurance contract.
6.1.2. Application for insurance in electronic form, sent to the Insurer and signed by a simple electronic signature of the Policyholder - an individual, is recognized as an electronic document, equivalent to a document on paper signed by the handwritten signature of this individual.
6.1.3. At the request of the Policyholder and from his words, the application for the insurance contract and the attached documents (inventory, lists, questionnaires, etc.) can be filled out by the Insurer's representative in compliance with the following requirements:
- the use of formulations that does not allow for ambiguous interpretation;
- if filled out by hand - legible filling.
6.2. In accordance with Article 160 of the Civil Code of the Russian Federation, an insurance policy may be certified by a facsimile reproduction of the signature of the Insurer by mechanical or other copying means, or by an enhanced qualified electronic signature of the Insurer.
6.3. To conclude the insurance contract, the Policyholder shall submit to the Insurer an application in oral or written form. When submitting an application in writing, the application form of the established form is used. The form in which the application must be submitted is determined by the Insurer in each case.
6.4. In order to identify the users of insurance services, the Insurer at the conclusion of the insurance contract has the right to request from the Policyholder (including for Insureds in cases where the insurance premium exceeds the amount established by the legislation of the Russian Federation):

- details of the identity document (series, number, who and when issued, subdivision code, date of birth, place of birth);
- data of the foreign passport;
- information about registration at the place of residence, telephone, e-mail address;
- the data of the agreement on the sale of the travel product;
- data of other documents confirming the intention to carry out the Trip (confirmation of hotel reservation (hotel), travel documents, etc.).

6.5. The fact of conclusion of the insurance contract is certified by the insurance policy issued by the Insurer to the Policyholder upon payment of the insurance premium.
6.5.1. The insurance contract is considered to be concluded on the terms and conditions contained in these Insurance Rules if the insurance contract (insurance policy) expressly refers to their application, and the Insurance Rules and/or extracts from the Insurance Rules (insurance conditions, insurance programs) are attached to the insurance contract and are an integral part thereof, and/or the insurance contract (insurance policy) contains a link / hyperlink to the Insurance Rules posted on the official website of the Insurer on the Internet.
6.5.2. These Insurance Rules can be provided to the Policyholder (Insureds) in electronic form on one or more electronic resources - the Insurer's website, in Personal Account, Mobile application,

and/or sent to the e-mail address specified by the Policyholder (Insured), or provided to him/her in hard copy.
If the Insurance Rules were provided to the Policyholder without delivery of the text of the document on paper, the Insurer shall be obliged, at the request of the Policyholder, to give him the text of the Insurance Rules on paper.
6.5.3. At the conclusion of the insurance contract in the form of an electronic document, the fact of familiarity of the Policyholder with the terms of insurance, insurance documents (Insurance Rules, Memo on Insurance, personal data processing policy, etc.) can be confirmed by special marks (confirmations) in the electronic form of purchase of the insurance contract, entered by the Policyholder electronically on the website of the Insurer or its representatives.
6.5.4. In accordance with Art. 160, 435, 438 of the Civil Code, the consent of the Policyholder to enter into an insurance contract (insurance policy) on the conditions proposed by the Insurer, including the terms of these Insurance Rules, is confirmed by the acceptance of the Insurer's insurance contract (insurance policy) (including signed by the facsimile signature of the Insurer) and/or the payment of the insurance premium.
6.5.5. At the conclusion of the insurance contract on the terms contained in these Insurance Rules, these terms are an integral part of the insurance contract and are binding for the Policyholder and the Insurer.
6.6. The Policyholder, by concluding the insurance contract, in accordance with the Federal Law №152-FZ "On Personal Data" gives its consent and confirms the receipt of such consent from the Insureds specified in the insurance contract (insurance policy) for the processing, storage and other use of personal data for the performance of obligations under the insurance contract (insurance policy). The Policyholder shall be obliged to provide the Insurer with the consents of the Insureds (Beneficiaries) named in this paragraph and shall be personally responsible for the failure to fulfill or improper fulfillment of this obligation.
6.6.1. The Insurer with the help of its software and hardware ensures the processing and indefinite secure storage of personal data.
6.6.2. In order to ensure the performance of the concluded insurance contract, the Insurer shall collect, systematize, accumulate, store, clarify (update, change), use, distribute (including transfer, including cross-border transfer of personal data), depersonalize, block, destroy personal data both on paper and electronic media. To implement the above purposes, the Insurer is entitled to transfer personal data that has become known to him in connection with the conclusion and execution of the insurance contract, to third parties with which the Insurer has concluded appropriate agreements to ensure the reliable storage and prevention of unlawful disclosure (confidentiality of personal data).
6.6.3. In order to meet the requirements of the Federal Law № 115-FZ "On Counteraction of Legalization (Laundering) of Proceeds of Crime and Terrorist Financing" when concluding the insurance contract, the Policyholder (Insureds, Beneficiaries) shall be obliged to provide additional information and/or documents necessary for their identification upon request of the Insurer.
6.6.4. To withdraw consent to the processing of personal data, the Policyholder shall send the Insurer an application in the form developed by the Insurer. In this case, such withdrawal can be executed by the Insurer only if the Policyholder terminates the insurance contract or after the expiration of the insurance contract and subject to the submission of such an application from all the Insureds and/or Beneficiaries listed in the insurance contract (insurance policy).
6.7. At the conclusion of the insurance contract the Insured:
6.7.1. Exempts Physicians from confidentiality obligations to the Insurer as they relate to the claim.
6.7.2. Exempts the Insurer from confidentiality obligations to relatives (adult children and grandchildren, legally capable parents, siblings, grandparents, adopted and adoptive parents, legal spouse who are in an official civil marriage) on information obtained by the Insurer as a result of its professional activities on the Insured (Policyholder, Beneficiary), their state of health, as well as their property status in cases where the condition of the Insured does not allow him/her to decide on the provision of information about his/her health condition, diagnosis, treatment (coma, acute mental disorders, HIV infection, artificial ventilation of lungs, unconscious state, etc.).

6.7.3. Exempts the Insurer from the obligations of confidentiality at the request of other Insurers, competent authorities and organizations.
6.8. The insurance contract is terminated before the date for which it was concluded, in the case of:
6.8.1. performance by the Insurer of its obligations to the Insured under the insurance contract in full (termination of obligations by execution);
6.8.2. if after the insurance contract entred into force the possibility of occurrence of the claim has disappeared, and the existence of the insured risk ceased due to circumstances other than the claim (Article 958 of the Civil Code of the Russian Federation);
6.8.3. in case of non-payment of the insurance premium by the Insured within the period specified in the insurance contract, unless otherwise provided by the insurance contract;
6.8.4. liquidation (as well as other cases of termination) of the Insurer;
6.8.5. liquidation (as well as other cases of termination of activity) of the Insured - for legal entities; death - for individuals;
6.8.6. other grounds stipulated by the current legislation of the Russian Federation and the insurance contract.
6.9. If the Policyholder (individual) withdraws from the insurance contract during **the cooling-off period**, the paid insurance premium is refundable by the Insurer, provided that on the date of withdrawal from the insurance contract no claims occurred.
6.9.1. If, after the entry into force of the insurance contract, the Insurer has received notice of the occurrence of an event having the characteristics of a claimunder the insurance contract, the return of the insurance premium shall be suspended until a decision is made on the event having the characteristics of a claim.
6.9.2. To cancel the insurance contract with the return of the insurance premium, the Policyholder must, during the cooling-off period, provide the Insurer an application for withdrawal from the insurance contract, signed in his own hand, the insurance contract, the document confirming the payment of the insurance premium, and a copy of an identity document of the Policyholder, by sending the specified package of documents to the Insurer by proper notification (paragraph 2.24 of paragraphs 1 - 4).

- When withdrawing from the insurance contract in accordance with the requirements of clause.6.9.5 a copy of all pages of the foreign passport - all pages – is additionally required.

6.9.3. The insurance contract is terminated:

- since the the Insurer receives a written application of the Policyholder to withdraw from the insurance contract, submitted directly to the office of the Insurer (including by e-mail, through personal account) or another date as agreed by the parties;
- since the date of submission by the Policyholder of a written application for withdrawal from the insurance contract to the postal organization for mailing to the Insurer or another date as agreed by the parties.

6.9.4. If the Policyholder (an individual) withdraws from the insurance contract during the cooling-off period from the date of its conclusion until the entry into force of the contract, the Insurer shall return to the Policyholder the paid insurance premium in full.
6.9.5. If the Policyholder withdraws from the insurance contract during the cooling-off period and after the entry into force of the contract and provided that in this period there were no events with the signs of claims, the Insurer is entitled to a part of the insurance premium in proportion to the time during which the insurance contract was in force.

- In this case, the Policyholder (Insured) is obliged to document **the absence of** a valid visa for the Trip and/or the **failure of** the Insured **to travel** during the period of the Trip specified in the insurance contract (Clause 6.9.2).
- If the insurance contract (insurance policy) was used/provided for obtaining an entry visa, as evidenced by the marks on the visa in the passport of the Insured received after the date of the insurance contract (insurance policy), the insurance premium is not refundable.
- If the insurance contract was concluded, including for the risk of failure to obtain a visa, delay in obtaining a visa, or obtaining a visa within a period other than that requested, and the visa was

obtained, which is confirmed by a mark on the issue of the visa in the foreign passport of the Insured, received by him after the date of the insurance contract (insurance policy), then the insurance premium is not refunded.

6.9.6. The Insurer returns the insurance premium no later than 7 (seven) working days from the date of receipt by the Insurer of the relevant written application of the Policyholder to withdraw from the insurance contract with the specified package of documents, or from another date by agreement of the Policyholder with the Insurer.

6.10. To terminate the insurance contract, the Policyholder must provide the Insurer an application for termination of the insurance contract in the form of the Insurer, handwritten by the Policyholder, properly executed (readable and scalable) and sent to the Insurer by any of the methods of proper notification according to clauses 2.24 (paragraphs 1 - 4).

6.10.1. Upon receipt of unsigned and/or improperly executed applications and documents to them, the Insurer has the right to request from the Policyholder the properly executed documents no later than 7 (seven) working days from the date of receipt by the Insurer of the Application and one of the ways provided for in clause 2.24 (par. 1-4) of these Insurance Rules.

6.10.2. Upon request for documents, the Insurer suspends consideration of the Policyholder's application for termination of the insurance contract and resumes the review process since the date of receipt of properly executed documents.

6.11. If the insurance contract is terminated prematurely outside the cooling-off period, due to circumstances other than a claim or if the Insurer fails to provide information on the insurance, or provides incomplete or false information in the form of a key information document (since 01.04.2023), the Insurer is entitled to part of the insurance premium in proportion to the time during which the insurance was in effect.

6.11.1. The premium to be compensated is returned to the Policyholder (payer under the insurance contract) within 7 (seven) working days since the date of receipt of the application by the Insurer (subject to the requirements of paragraphs 6.10.1-6.10.2).

6.12. The Policyholder has the right to withdraw from the insurance contract at any time, if by the time of withdrawal the possibility of a claim has not disappeared due to circumstances other than the claim.

- Early termination of the insurance contract unilaterally on the initiative of the Policyholder is recognized as an early withdrawal of the Policyholder from the insurance contract.
- If the Policyholder withdraws from the insurance contract prematurely, the insurance premium paid to the Insurer is not refundable.

6.13. The insurance premium is not refunded if the Insured does not travel to the country specified in the insurance contract, if the latter has a valid visa for the trip, as well as if the Insured declares his/her non-exit after the expiration of the insurance period specified in the insurance contract (insurance policy).

6.14. At receipt of an application for insurance contract termination , which ended during the cooling-off period or after the completion of the insurance contract - the insurance contract is not terminated and the insurance premium is not refundable.

6.15. Under these Insurance Rules, a collective insurance contract may be concluded, with a list of Insureds attached to the application for insurance.

6.16. The insurance contract for the risks specified in clause 32.2. of these Insurance Rules is concluded within 5 (five) calendar days from the date of confirmation of the travel product, purchase of ground service, travel documents, etc., but before the submission of documents by the Policyholder and/or by the Insured to obtain an entry visa.

6.17. Insurance contract for the risks specified in Clauses 16.2, 22.1, 25, 28.1, 36.2 of the Insurance Rules may be concluded by Russian citizens during the Trip, if it is stipulated in the insurance contract and/or agreed with the Insurer and under insurance programs determined by the Insurer.

6.18. If the insurance contract (insurance policy) and/or insurance program provides for the conclusion of the insurance contract strictly before the start of the Trip, in case of violation of this condition, the insurance contract is not considered to come into force and the Insurer's liability does not arise.

6.19. When contacting the Insurer in the form of an electronic document, the fact of familiarity of the Insured / Policyholder with the terms of processing personal data, insurance terms, conditions and procedures for obtaining insurance benefits (etc.) can be confirmed by special marks (confirmations) in the electronic form of the application for an event or in the application for termination of the insurance contract, or in the application to the Insurer, entered by the Policyholder in electronic form on the website of the Insurer or its representatives.

7. SUM INSURED

7.1. The sum insured is the amount of money determined by the insurance contract, within which the Insurer is responsible for fulfilling its obligations under the insurance contract, and on the basis of which the amount of the insurance premium (insurance premium) and the insurance payment are set.
7.2. At the conclusion of the insurance contract, the parties may establish a limit on the amount of insurance payments per claim, per insured risk, per one object of property interests, etc. (indemnity limits) of these Insurance Rules. The insurance payment, under no circumstances can exceed the limits of indemnity established in the insurance contract.
7.3. If the treatment or other expenses exceed in total the sum insured (indemnity limit) set by the insurance contract, the share of expenses exceeding the sum insured shall remain at the Insured's own expense.
7.4. The limit of insurance indemnity is set in the insurance contract in the section "Special conditions" or separately stipulated in these Insurance Rules.
7.5. The sum insured is set in the insurance contract (insurance policy).
7.6. The insurance contract establishes an aggregate (decreasing) sum insured.
The Insurer and the Policyholder by agreement of the parties may set a non-aggregate insured amount, which is specified in the insurance contract (insurance policy).
7.7. In the insurance contract, the Parties may specify the amount of uncompensated by the Insurer part of the incurred expenses - the deductible, which relieves the Insurer from compensation for damage not exceeding a certain amount.
7.7.1. These Insurance Rules establishe an unconditional deductible, which is set both as a percentage of the amount of the sum insured and in absolute terms. If an unconditional (deductible) deductible is set, in all cases the expenses are compensated after deducting the amount of the deductible for each Insured.
7.7.2. Excess may be provided both for the whole package of risks, and for certain risks, except for the object of insurance specified in clause 3.1 "b" of these Insurance Rules.
7.8. By agreement of the parties in the insurance contract (insurance policy), the sum insured is specified in a foreign currency, the equivalent of which is the corresponding amount in rubles (hereinafter - insurance with currency equivalent).
7.8.1. The sum insured cannot be lower than the requirements of the country of residence and not less than the amount established by the federal legislation of the Russian Federation.
7.8.2. The sum insured for the territory T-III (clause 4.1.3 of these Insurance Rules) is set in Russian rubles with the indication (reflection) in the insurance contract (insurance policy).
7.9. When insuring the costs of the claims specified in Clause 16.2 of these Insurance Rules, the sum insured is established by the insurance contract (insurance policy), taking into account the prices of medical, including dental services, medical evacuation, transportation of return of the body (remains), etc., applicable in the area where the Insured travels.
The sum insured cannot be lower than the requirements of the country of residence and not less than the amount established by the federal legislation of the Russian Federation.
7.10. At the conclusion of the insurance contract in respect of the costs of payment for urgent messages, the insurance amount is set by the insurance contract (insurance policy), based on the cost of sending such messages, valid in the area where the Insured travels, but not more than the limits set by the insurance contract.
7.11. At the conclusion of the insurance contract in respect of the costs of obtaining legal assistance, the insurance amount is set by the insurance contract (insurance policy), based on the cost of

providing legal services in the area where the Insured travels.
7.12. At the conclusion of the insurance contract in respect of costs associated with the loss or damage of personal motor vehicle as a result of an accident or breakdown of the motor vehicle, the sum insured is set by the insurance contract (insurance policy).
7.13. At the conclusion of the insurance contract for the risk of involuntary cancellation of the Trip, the insurance amount is set by the insurance contract (insurance policy) based on the amount of costs incurred by the Insured to organize the Trip (purchase of the travel product, payment of the consular fee, payment for a booked hotel room, apartments, etc.), as well as the cost of tickets (air, rail, etc.).
7.14. At the conclusion of the insurance contract in respect of civil liability insurance, the insured amount is established by the insurance contract (insurance policy).

8. INSURANCE PREMIUM

8.1. The insurance premium means the payment for insurance, which the Policyholder (Beneficiary) is obliged to pay in the manner and within the time limits established by these Insurance Rules.
8.2. The insurance premium is calculated based on the amount of the sum insured, with the application of tariff rates and adjustment coefficients, taking into account specific insurance conditions, the degree and risk factors.
8.3. The Insurer has the right to apply increasing or decreasing coefficients to the base tariff rates based on the circumstances that are essential for determining the degree of insurance risk. The question of the application of upward or downward coefficients to the base tariff rates is decided by the Insurer independently and individually in each case.
8.4. The insurance premium shall be payable in a lump sum payment at the conclusion of the insurance contract, unless the insurance contract establishes other procedure and terms of payment of the insurance premium. Payment of the insurance premium can be made in cash or by bank transfer.
8.5. If the insurance premium is paid by bank transfer, the date of its payment shall be considered the day of receipt of funds to the current account of the Insurer. If the insurance premium is paid in cash, the day of its payment shall be considered the day of payment of the insurance premium in the cashier's office of the Insurer or his representative.
8.6. The consequences of untimely and (or) incomplete payment of the insurance premium - if the insurance premium is not paid by the date stipulated in the insurance contract, the insurance contract is considered not in force and no obligations arise for the Insurer, unless the insurance contract provides otherwise.
8.7. The insurance premium is set in Russian rubles. By agreement of the parties in the insurance contract, the insurance premium may be specified in a foreign currency, the equivalent of which is the corresponding amount in rubles.
8.8. For insurance with foreign currency equivalent the insurance premium shall be paid in rubles at the exchange rate of the Bank of Russia established for the foreign currency on the date of payment (transfer).
8.9. On behalf of the Policyholder, the insurance premium can be paid by any other person, without acquiring any rights under the insurance contract (except for clause 12.4.6). The Policyholder is responsible for the actions of such a person.

9. INSURANCE RISK. CLAIM. VOLUME OF INSURANCE COVERAGE

9.1. Insurance risk is an assumed event, which has the characteristics of probability and randomness, against the occurrence of which the insurance is carried out.
9.2. The claim is an event that has occurred as a result of the factors stipulated in the insurance contract, resulting in the Insurer's obligation to make an insurance payment to the Policyholder, the Insured, the Beneficiary or other third parties.
9.3. The insurance payment is made by the Insurer in the case of claims provided for in the insurance contract, within the insurance amounts specified in the insurance contract, and, if provided for in the insurance contract - within the limits of compensation for certain risks.

9.4. The insurance payment may be made by the Insurer:

a) directly to the Insured before the commencement of the Trip or after his/her return to the country of permanent residence in the form of compensation of his/her expenses for the payment of services - for the organization of the Trip or rendered to him/her in connection with the occurrence of the claim and paid by him/her independently, provided that all norms stipulated by these Insurance Rules are observed;

b) organization, specified in the insurance contract (insurance policy) as the Assistance Company, in accordance with the contract between the Insurer and the Assistance Company, under which the latter on behalf of the Insurer provides the round the clock organization or assistance in obtaining by the Insured the services provided by these of Insurance Rules, the primary payment for the services provided by third parties (medical institutions, etc.) and agreed with the Insurer;

c) to the organizer of the Trip, if such organizer is a legal entity. In this case, the Insured has the right to indicate this legal entity as the beneficiary of the insurance indemnity in the application for payment of the insurance indemnity.

9.5. The insurance payment can also be made directly to the medical institution, with which the Insurer has concluded a corresponding contract for the provision of medical care to the Insured within the framework of the provision of insurance services, in accordance with these Insurance Rules of the insurance contract (insurance policy), provided that the Insurer has agreed with the medical institution such actions in each case.

9.6. The Insurer at the conclusion of the insurance contract reserves the right to assess the risk unilaterally.

9.7. Insurance risks are specified in the special conditions of the insurance contract (insurance policy). In cases where the risks are not reflected in the insurance contract (insurance policy), the insurance is not carried out on them and the Insurer is not responsible.

10. EVENTS NOT CONSIDERED AS CLAIMS, NOT ACCEPTED FOR INSURANCE AND EXPENSES NOT SUBJECT TO REIMBURSEMENT

10.1. The Insurer does not cover the following costs anyway:

10.1.1. related to reimbursement:

a) moral damages under the insurance contract (insurance policy), concluded in accordance with these Insurance Rules, including those related to the quality of services provided by third parties (medical institutions, etc.);

b) of lost profits;

c) social compensations;

d) compensations (guarantee payments) in order to reimburse the costs associated with the performance of labor and/or professional duties by the Insured (labor compensations);

e) salary compensations in case the Insured is on sick leave;

f) any other compensation, and/or security payments, and/or benefits, and/or reimbursements, and/or penalties, and/or interest;

g) any commissions charged by banks, payment systems, collection agencies and other organizations engaged in financial transactions.

10.1.2. Incurred by the Insured on events that occurred before the date of the insurance contract and/or the beginning of the insurance period, including as a result of a claim during the insurance contract, the causes of which began to operate even before the entry into force of the insurance contract;

10.1.3. which are not separately agreed upon and are not reflected in the insurance contract (insurance policy);

10.1.4. which took place after the return of the Insured from the Trip to the country of permanent residence / territory of permanent residence, including the costs of treatment in the Russian Federation (when traveling in Russia) outside the administrative boundaries of the Trip territory;

10.1.5. exceeding the established sums insured and internal limits of indemnity, reflected in the "special conditions" of the insurance contract (insurance policy);

10.1.6. related to the treatment of injuries, diseases caused by sports activities in violation of the rules and requirements of safety and fire safety, qualified as administrative offenses and/or criminal offenses, organized in areas prohibited for such activities (for example: parkour, descents on forbidden routes, roofing, street acrobatics, climbing on buildings, jumping from high-rise buildings with a parachute or in special equipment and similar activities;
10.1.7. on trips made from the territory of a state other than the Russian Federation;
10.1.8. any expenses for upgrading the comfort level of the hospital room, hotel, accommodation (including when quarantined in a hotel/observatory), flight, additional services, etc.;
10.1.9. on the translation of documents of foreign countries into Russian.
10.2. The following factors are not covered when an event that has the characteristics of a claim occurs:
10.2.1. being under the influence of alcoholic, narcotic and/or toxic intoxication or psychotropic and toxic substances (except for cases of poisoning by legally purchased low-quality alcoholic beverages);
10.2.2. committing criminal or illegal actions by the Insured, as well as during his participation in political demonstrations, strikes or military actions;
10.2.3. Intentional acts or gross negligence, including but not limited to violations of the rules of conduct, security or order in the territory/place of temporary stay (country, hotel, hotel, etc.);
10.2.4. suicide or attempted suicide, self-harm of the Insured;
10.2.5. the effects of a nuclear explosion, radiation, radioactive or other type of contamination;
10.2.6. as a result of military actions, as well as maneuvers or other military activities, civil war, strikes, rebellions, insurrections, riots, mass disturbances, and popular unrest;
10.2.7. presence in the territory where there are armed collisions, military actions, counter-terrorist, military and/or special operations, martial law and other actions of a military nature.
10.2.8. service of the Insured in any armed forces and formations, conscription of the Insured for military service (including fixed-term military service, military training, mobilization);
10.2.9. occupation by the Insured in dangerous professional and industrial activities (including as a circus performer, ballet or theater artist, miner, builder, electrician, etc.), except for cases of special insurance on special conditions, with the application of correction factors established by the Insurer and reflected in the insurance contract (insurance policy);
10.2.10. the Insured's Travel undertaken with the intention of receiving medical treatment;
10.2.11. a ban on visiting the country/region imposed by the state authorities/authorities/medical control and supervision, if at the same time the Insured has made an entry to this country/regions through third countries/regions after the date of such a ban;
10.2.12. Introduction of restrictions by administrative/state authorities/medical and sanitary control and supervision of the country, territories, regions (districts, regions, republics, cities, settlements, etc.) on self-isolation/isolation/quarantine with respect to age categories of citizens, citizens with a certain list of chronic diseases, other categories of citizens united by any characteristics;
10.2.13. declaration of quarantine by administrative/governmental authorities/medical and sanitary control and supervision for a specific region/territory (settlement, city, region, district, etc.), or for a sea/river cruise ship (all passengers), or for all passengers on an aircraft (plane), or for all residents in one hotel/hotel;
10.2.14. restrictive measures imposed by a state on persons entering the country in accordance with the internal rules of entry into the country and other regulations of the state, authorities/government/medical control and supervision;
10.2.15. refusal to leave the Russian Federation for reasons of tax debts, fines, enforcement proceedings from the bailiff service and other restrictions established by the legislation of the Russian Federation.
10.3. The Insurer in any case does not cover the expenses under the insurance contract related to the accident that caused injury, illness or death of the Insured, occurred as a result of a traffic accident, including when using a car, bicycle, motorcycle, moped, hydraulic and quad bikes, motorcycle, snowmobile, boat, motor boat, etc., if:

a) The insured drove the vehicle without a proper driving license (required in the country of

residence) or while under the influence of alcohol, narcotic or toxic intoxication or psychotropic and toxic substances;

b) The Insured has transferred control of the vehicle to a person who does not have the appropriate driver's license;

c) The Insured was in a vehicle (as a passenger), except for public transport, which was driven by a person who was under the influence of alcohol, narcotic or toxic intoxication or psychotropic and toxic substances;

d) The Insured has neglected and failed to use safety equipment (protection) both together and separately, such as: seat belt, helmet, helmet, life vest, as well as other safety equipment provided for by the rules of vehicle operation.

10.4. The Insurer has the right not to recognize the event as a claim, if the following took place:

10.4.1. failure by the Insured to comply with the obligations stipulated in these Insurance Rules;

10.4.2. if the information and documents submitted by the Insured to the Insurer in order to receive the insurance payment or at the conclusion of the insurance contract is insufficient or contains incomplete, unreliable, inconsistent or deliberately false information about the causes and circumstances of the claim, as well as the types and cost of services rendered in connection with the claim;

10.4.3. restriction (prohibition) of entry/exit from/to the country in accordance with the acts of state authorities and/or offices and/or statements of officially authorized persons;

10.4.4. if the expenses for medical and other services can be paid by another insurance policy held by the Insured, or are included in the cost of any public or private program (including the state fees arising in such cases, established by the country of residence) carried out in the country/territory/location where the claim occurred, or medical services are provided, or can be provided and/or provided under the system of mandatory health insurance in the Russian Federation;

10.4.5. other cases stipulated by the legislation of the Russian Federation.

10.5. Subjective attitude of the Policyholder/ Insured (fear, panic, fear of mass gatherings of citizens, terrorist acts or riots, etc.) to the situation in the country / territory of residence, which, in his opinion, does not allow to go on a trip at the planned time, is not a claim and does not fall under the insurance policy (insurance contract).

10.6. The Insurer shall notify the Insured of the decision not to recognize the event as a claim in writing with a reasoned justification within 3 (three) working days from the date of the decision.

11. INSURANCE PAYMENT

11.1. When a claim occurs, the Insurer is obliged to make an insurance payment in accordance with the terms of the insurance contract (insurance policy).

11.2. If the Insured for a good reason (force majeure, severe physical condition, difficult access to the place of residence, technical problems with the telephone system, etc., which must be confirmed by appropriate documents) was not able to contact the Assistance Company or the Insurer before receiving medical and other necessary assistance, he must, if possible, to inform the Assistance Company or the Insurer before his departure from the country of temporary stay and notify about the incident.

11.2.1. If the Insured has independently incurred expenses (or part thereof) under Chapters 17, 25, 29, 36 arising in connection with the claim, then upon arrival at the place of residence he must apply to the Insurer for compensation of such expenses within 2 (two) years from the date of the claim:

– If the expenses incurred in connection with a claim with the Insured have been paid by another person, the latter has the right to apply to the Insurer for reimbursement of costs with the full set of documents provided for in chapters 19, 27, 31, 35 of these Insurance Rules, including the original documents confirming the payment of these costs.

11.2.2. In the case of payment of costs that are not related to the claim that occurred to the Insured, and / or costs that were not accepted for insurance - are not subject to compensation from the Insurer.

11.3. Upon occurrence of events for the risks stipulated by Chapter 22 of the present Insurance Rules, the Insured himself (or a representative of the Insured by a notarized power of attorney) shall apply

to the Insurer with an application about the claim, and provide documents in accordance with the requirements of Chapter 24 of the present Insurance Rules.

11.4. Upon occurrence of claims for the risks specified in Chapter 32 of these Insurance Rules, the Insured (or a representative of the Insured under a notarized power of attorney) shall apply to the Insurer with an application about the occurrence of the claim and provide documents in accordance with the requirements of Chapter 35 of these Insurance Rules.

If the organizer of the Trip is a legal entity, the Insured has the right to indicate this legal entity as the beneficiary of the insurance indemnity in the application for insurance indemnity.

11.5. When the Insured applies to the Insurer with an application about the claim, in order to reimburse the incurred costs and for the purposes of identification of the recipient of insurance services, the Insured (Beneficiary, other persons) shall present to the Insurer an identity document.

11.6. All documents submitted to the Insurer in a foreign language must be translated into Russian and certified by a notary.

11.7. The Insured / Beneficiary shall send an application on the claim with all the necessary documents (originals or certified copies of documents), confirming the fact of the event and payment of expenses incurred in connection with the occurrence of the claim, to the Insurer by one of the specified and agreed with the Insurer ways*:

11.7.1. in person at the Insurer's office or its authorized representative;

11.7.2. by sending a package of documents through the operators of the JSC "Russian Post" with a mandatory list of documents and notification of delivery or through courier services;

11.7.3. via email*;

11.7.4. through the application form on the Insurer's website, personal account or mobile application, through individual authorization*.

***** under clauses 11.7.3-11.7.4 at the request of the Insurer the Insured / Beneficiary must provide in accordance with clauses 11.7.1-11.7.2 the application and/or all necessary documents in the form (originals, certified copies, etc.) requested by the Insurer.

11.8. The terms of consideration of documents on claims, decision-making on the recognition of the event as a claim or on the refusal of the insurance payment, the implementation of the insurance payment begin to run:

11.8.1. upon submission of documents in accordance with clauses 11.7.1-11.7.4 - since the next day from the date of receipt by the Insurer of the application and all necessary documents.

11.9. The amount of costs incurred by the Insured and the insurance payment is determined by the Insurer on the basis of documents received from the law enforcement bodies of supervision and control (fire, emergency and other services), on the basis of economic and accounting materials and calculations, accounting documents, payment documents, conclusions and calculations of legal, consulting and other specialized organizations, and also in terms of insurance of the risk of civil liability for obligations arising as a result of harm to life, health and/or property of third parties – on the basis of a court decision that has entered into force (with the attachment of notarized translations of the original documents drawn up in a language other than English and German) or a substantiated property claim for compensation damage caused, recognized by the Insured with the written consent of the Insurer.

11.10. The iIsurer has the right to request information related to the claim from law enforcement agencies, medical institutions, other enterprises, institutions and organizations that have information about the circumstances of the claim, and also has the right to independently clarify the causes and circumstances of the claim.

11.11. In the event of a dispute between the parties as to the cause and amount of expenses, each party shall have the right to request an expertise. The expertise is carried out at the expense of the party who requested it. If the results of the expertise will be established that the recognition by the Insurer of the event as uninsurable was unfounded, the Insurer assumes a share of the costs of the expertise corresponding to the ratio of the amount initially recognized as not subject to compensation, and the amount of compensation paid after the expertise. The costs of the expertise on the events recognized after its performance as not insured events shall be charged to the account of the Insured.

11.12. The Insurer has the right to postpone payment of the insurance indemnity in case:

a) the emergence of disputes over the eligibility of the Insured to receive the insurance indemnity - until the necessary evidence is provided;

b) if on the facts related to the occurrence of the claim, the relevant bodies of internal affairs initiated a criminal case, initiated a trial or an administrative investigation is conducted against the Insured or its authorized persons, as well as the investigation of the circumstances that caused the costs, until the end of the investigation (process) or trial and determination of the innocence of the Insured;

c) sending by the Insurer requests to third parties to provide information (information, documents, etc.), having information about the circumstances of the event that occurred to the Insured, including the competent authorities to establish (investigate) the causes and determine the amount of costs incurred, as well as in the case of requests to third parties for clarification - until the receipt of answers to requests of the Insurer;

d) if the recipient of the insurance payout is not the person who has applied to the Insurer with an application for the insurance payout, it is necessary to provide a document certifying the identity of the recipient of the payout. In this case, the decision-making period (a single period of settlement of the claim for the insurance payout) begins to be calculated from the date of receipt by the Insurer of this document.

11.13. If the documents provided for the insurance payment (including bank details) are not sufficient for the Insurer to make a decision on the recognition of the event as a claim and make the insurance payment, and/or are not properly executed in accordance with the requirements of the insurance contract and/or these Insurance Rules, the Insurer:

- accepts them, unless otherwise provided for a particular type of insurance by the legislation of the Russian Federation, and the period of consideration of documents and making a decision on the insurance payment begins to be calculated from the date of submission of the last of the missing and/or duly executed documents;
- within a period not exceeding 15 (fifteen) working days from the date of receipt of the Application on the claim, properly notifies (par. 2.24. items 1-4 of these Insurance Rules) the applicant about it, specifying the list of missing and/or improperly executed documents.

In this case, the period for providing answers is not more than 60 (sixty) calendar days from the date of sending the request. If the answer to the request is not received within the specified period, the Insurer within 3 (three) working days from the date of the decision sends a notice of the termination of consideration of documents and inability to make the insurance payment, or has the right to make the insurance payment in the uncontested and confirmed part.

11.14. If the insurance contract (insurance policy) specifies more than four (4) Insureds who are Companions on the Trip (paragraph 2.21 of these Insurance Rules), the Beneficiaries entitled to receive the insurance compensation shall be determined by the Policyholder in a written "Application for reimbursement of costs" to the Insurer.

11.15. The total period of settlement of a claim shall not exceed 45 (forty five) business days from the date of receipt of the application on a claim and all necessary and duly executed documents.

11.15.1. The notice of refusal of the insurance payment shall be sent to the Insured / Beneficiary within 3 (three) working days from the date of the decision in writing with a justification of such decision and with references to the rules of law and/or the terms of the insurance contract and the insurance rules, based on which the decision to refuse is taken. The notification of refusal is sent by one or more of the methods stipulated by Art. 2.24. (items 1-4) of the Insurance Rules.

11.15.2. The Insurer at the written request of the Policyholder within a period not exceeding 30 (thirty) days shall provide documents (including copies of documents and (or) extracts from them), justifying the decision to refuse, free of charge once per event, except for documents that indicate possible illegal actions of the Policyholder (Insured, Beneficiary), aimed at receiving the insurance payment).

11.16. The insurance payment is made in Russian rubles in non-cash form (to the account of the Insured according to the bank details).

11.16.1. In the event of a claim for the risks specified in Chapters 16, 22, 25, 28, payment is made in Russian rubles at the exchange rate of the Central Bank of the Russian Federation on the date of the accident/claim.
11.16.2. In the event of a claim for the risks specified in paragraph 32.2, the payment is made in Russian rubles at the exchange rate of the Central Bank of the Russian Federation on the date of the insurance contract.
11.17. If the claim for the risks specified in clause 32.3 occurs outside the borders of the Russian Federation, the insurance payment is made in Russian rubles at the exchange rate of the Central Bank of Russia on the date of the accident/claim.
11.18. In cases where the reimbursement documents do not contain a currency designation (only a numerical value), the calculation of the insurance compensation and the insurance payment shall be based on the exchange rate of the national currency of the host country (according to the exchange rate of the Central Bank of Russia on the date of the claim).

12. RIGHTS AND OBLIGATIONS OF THE PARTIES

12.1. **The Insurer shall**:
12.1.1. To familiarize the Policyholder (Insured) with these Insurance Rules and the information specified in Clause 12.4.1 in any of the ways specified in Clause 12.4.2.
12.1.2. Notify the Policyholder of your contact phone number or the contact phone number of its representative, the Assistance Company providing services when events occur.
12.1.3. In cases recognized by the Insurer as insured, to make in a timely manner the insurance payment within the period specified in these Insurance Rules.
12.1.4. In the absence of legal grounds for the insurance payment (the decision to refuse/not to recognize the event as a claim) - within 3 (three) working days, to inform the Insured of its decision in writing with a reasoned justification of the reasons and with references to the rules of law and (or) the terms of the insurance contract and the Insurance Rules, based on which the decision to refuse/not recognize the event as a claim was taken.
12.1.5. When drafting an insurance contract, formulate clear and unambiguous provisions for interpretation.
12.1.6. Not to disclose information about the Policyholder, his health and property status, except in cases stipulated by the current legislation of the Russian Federation.
12.1.7. Upon receipt of requests from the Policyholder (Insured, Beneficiary) within 30 (thirty) calendar days to provide information and documents (if possible to identify the recipient of insurance services in accordance with the requirements of the Federal Law by June 27, 2006 № 152-FZ "On personal data"):
12.1.7.1. Upon written request, provide information on the procedure and methodology for calculating the amount of the insurance payout, including an exhaustive list of rules of law and/or the terms of the insurance contract and these Insurance Rules, the circumstances and documents on the basis of which the calculation and/or decision on the insurance payout, or the decision to refuse the insurance payout was made.
12.1.7.2. Upon oral, written request, including in electronic form, after making a decision on the insurance payment, provide information on the calculation of the amount of the insurance payment, which shall include:

1. the sum insured (its part) under personal insurance (except for health insurance) to be paid, or the final amount of insurance compensation to be paid under property insurance;
2. the procedure for calculating the insurance payout;
3. an exhaustive list of the rules of law and (or) the terms of the insurance contract and insurance rules, the circumstances and documents on the basis of which the calculation was made.

12.1.8. Provide free of charge once a year at the written (including electronic) request of the Insured:
12.1.8.1. Under valid insurance contracts - copies of the insurance contract (insurance policy) and other documents that are an integral part of the insurance contract (insurance rules, program, plan,

additional conditions, etc.), except for non-public information (personal data and insurance terms of other insureds, on the amount of the insurance premium on the collective insurance contract, etc.).
12.1.8.2. Calculation certified by the Insurer of the amount of insurance premium in connection with the termination or early termination of the insurance contract (insurance policy) with written explanations and references to the rules of law, the rules of insurance on the basis of which the calculation was made.
12.2. **The Policyholder/Insured shall**:
12.2.1. At the conclusion of the insurance contract to inform the Insurer about all the circumstances known to him, which are important for determining the probability of occurrence of a claim and the amount of possible expenses from its occurrence, if these circumstances are unknown and should not be known to the Insurer, as well as about all existing and concluded insurance contracts in respect of the property accepted for insurance by the Insurer. At least the circumstances stipulated in the Application for Insurance shall be deemed material. Information and circumstances relating to the determination of the degree of risk may also be recognized as material, if the Insurer proves that, knowing such information and/or circumstances, it would never have accepted this risk for insurance or would have accepted it under different conditions.
12.2.2. To provide the Insurer at his request the required information and documents, including those in accordance with Clauses 6.10 (including Clauses 6.10.1-6.10.2) and 11.12 ("c"), Clauses 12.3.10 of these Insurance Rules.
12.2.3. During the validity of the insurance contract, immediately notify the Insurer of all significant changes in the risk accepted for insurance.
12.2.4. Timely pay the insurance premium in the amount and within the period specified in the insurance contract (insurance policy).
12.2.5. Comply with the rules and regulations established by law or other regulatory acts on fire safety, security of premises and valuables, work safety or other similar standards.
12.2.6. Comply with the laws of the country of residence.
12.2.7. To confirm the injuries/body injuries received as a result of the event, which has signs of a claim, to come to a mandatory medical examination and/or examination (expertise) in the place, time and time period determined by the Insurer.
12.2.8. The Insurer undertakes to obtain the Insured's consent to receive information in accordance with Article 13 oby the Federal Law of the Russian Federation by November 21, 2011 № 323-FZ "On the basis of health protection of citizens in the Russian Federation.
12.2.9. In pursuance of the requirements of the Federal Law by 07.08.2001 #115-FZ "On Counteraction of Legalization (Laundering) of Proceeds of Crime and Terrorist Financing" the Insured shall provide the Insurer, upon its request, with documents and information for identification of the Policyholder, its representative, Beneficiary, Beneficial Owner, and if necessary update this information.
12.2.10. Within one month after receipt of the insurer's written claim, reimburse its costs for which, according to the insurance contract, the Insurer should have been liable under the insurance contract.
12.3. **The Insurer has the right**:
12.3.1. Check the information provided by the Policyholder (Insured) and the fulfillment of the terms of the insurance contract.
12.3.2. Immediately unilaterally terminate the insurance contract or demand additional payment of the insurance premium if the original characteristics of the insured object, specified in the application for insurance, change.
12.3.3. To demand from the Insured the documents certifying the occurrence of the claim, as well as confirming the amount of the insurance compensation to be paid; including, if necessary, to demand from the Insured the original documents certifying the occurrence of the claim, if they were originally submitted in copies.
12.3.4. To appoint and conduct a medical examination, and/or examination, and/or examination of injuries / bodily injuries of the Insured, received as a result of the event, having signs of an claim.
12.3.5. To send inquiries to third parties, including competent authorities, on issues related to the

establishment/investigation of the causes and determination of the amount of costs incurred. The Insurer has the right to extend the period of consideration of documents on the claim until a response is received.

12.3.6. Independently clarify the causes and circumstances of the claim, the amount of costs incurred.

12.3.7. Conduct verification of submitted documents.

12.3.8. Request information from organizations that have information about the circumstances of the claim.

12.3.9. In cases where the competent authorities or other organizations have materials that give reason for the Insurer to recognize the case as not insured claim - to, postpone the decision on the insurance payment until all the circumstances are clarified.

12.3.10. The Insurer has the right to request from the Policyholder / Insured / Beneficiary the duly executed documents, additional documents certifying the fact of making/not making the Trip (all pages of the foreign passport, including blank ones), receiving/not receiving the visa, and other documents established by legislative and regulatory acts of the Russian Federation, including identity documents.

12.3.11. The Insurer has the right to request from the Policyholder (Insured) a notarized power of attorney on behalf of the Insurer's representative to obtain information from medical and expert institutions (information about health status, diagnosis, treatment conducted and the decision taken to establish disability, etc.).

12.3.12. To bring claims in the order of subrogation against the persons responsible for the caused damage within the limits of the amounts of the paid insurance indemnity.

12.3.13. Postpone the drawing of the Insurance act and payment of the insurance indemnity in the case if:

- an independent examination of the causes and circumstances of the claim and the amount of damage. The postponement occurs until the examination is completed and the relevant document is drawn up;
- there is a legal proceeding, the result of which may affect the amount of costs incurred and/or the circumstances of the event that occurred. Deferral may take place until the judicial act enters into legal force in the absence of an appeal. In the case of an appeal, the deferment takes place until the judicial act that is not subject to appeal is adopted;
- as well as in other cases stipulated by these Insurance Rules and the current legislation of the Russian Federation.

12.3.14. To demand from the Insured the fulfillment of obligations under the insurance contract, including the obligations that lie on the Policyholder, but not fulfilled by him, when the Insured makes a claim for the insurance payment. The risk of the consequences of non-performance or untimely performance of duties, which should have been performed earlier, is borne by the Insured.

12.3.15. Deduct from the amount of compensation for the expenses of the Insured the cost of unused travel documents that have not been transferred to the Insurer in the event of the events specified in Clauses 17.3.5-17.3.7 of these Insurance Rules.

12.3.16. To demand the recognition of the contract as invalid, if after the conclusion of the insurance contract it will be found that the Policyholder has informed the Insurer knowingly false information about the circumstances known to him, which are essential for determining the probability of the claim and the amount of possible losses from its occurrence.

Significant circumstances are the circumstances expressly specified by the Insurer in the standard form of the insurance contract (insurance policy) or in his written request.

12.3.17. Require the transfer of claims in the amount within which medical expenses are covered, if the Policyholder (Insured) has claims against a third party for compensation for damage to his health and these claims do not affect the legal aspect of insurance.

12.3.18. Exempt from the obligation to pay the insurance indemnity as far as the Insured from the claim against third parties could receive compensation, if the Insured waives such claim without the consent of the Insurer.

12.3.19. Not to make the insurance payment if the Insured or his representative:

a) has not submitted all the necessary documents to make a decision on the payment of insurance compensation (including bank details when choosing a non-cash method of receiving the insurance compensation);

b) failed to inform the Insurer of all the information relevant to the assessment of the degree of risk;

c) If the claim was the fault of the employer;

d) if the claim occurred during the performance by the Insured of any type of work not provided for in the terms of his employment agreement (contract);

e) if the Policyholder (Insured) has informed the Insurer knowingly false information about the health of the Insured and/or about the volume and cost of medical services rendered, other information necessary for the conclusion of the insurance contract.

12.3.20. To represent the interests of the Insured.

12.3.21. Take such steps as he deems necessary to reduce costs, assume, upon written order of the Insured, the defense of his rights, and handle all cost settlement matters.

12.4. **The Policyholder/Insured has the right**:

12.4.1. Read:

- the information about the Insurer;
- these Insurance Rules;
- the information on the terms of insurance at the conclusion of the insurance contract, including in the form of a Key Information Document (KID);
- the procedure for withdrawal from the insurance contract during the cooling-off period or in case of termination of the contract;
- the procedure for applying for the insurance payment;
- the exclusions from insurance benefits not accepted for insurance of objects;
- the information on the procedure of appeals in pre-trial and judicial settlement of claims, including the organizations exercising supervision and control over the activities of the Insurer;
- the text of the Basic Standard for protection of rights and interests of individuals and legal entities - recipients of financial services provided by members of self-regulatory organizations that unite insurance organizations (approved by decision of the Financial Supervision Committee of the Central Bank of the Russian Federation (Bank of Russia)).

12.4.2. The Policyholder (Insured) has the right to get acquainted with this information in any convenient way:

- on the Insurer's website;
- receiving information in the form of a memo, KID, insurance rules to the e-mail specified by the Policyholder, through a personal account;
- on paper (memos, booklets, recommendations).

12.4.3. To timely receive a set of insurance services included in the insurance coverage in accordance with the terms of the insurance contract, within the limits of the amounts set at the time of entering into the insurance contract.

12.4.4. To timely insurance payment when the event is recognized as a claim (when the Insured has independently paid the costs included in the insurance coverage under the insurance contract in accordance with these Insurance Rules).

12.4.5. To receive a duplicate of the insurance policy in case of its loss (or a copy of the insurance policy certified by the Insurer).

In this case, instead of the lost insurance policy, the policyholder is issued a duplicate. After the duplicate is issued, the lost policy (insurance contract) is considered invalid, and no payments are made under it.

12.4.6. Early withdrawal from the insurance contract in accordance with these Insurance and the legislation of the Russian Federation. Rules

Upon termination of the insurance contract, the Policyholder / Insured when returning the insurance premium or part thereof shall be entitled to specify as the recipient of payment the third party, which the Policyholder instructed to make payment of the insurance premium under the insurance contract.

12.4.7. Obtain information about the Insurer in accordance with the legislation of the Russian Federation.
12.4.8. Send a request to the Insurer:
- verbal or written, including in electronic form, on explanations of calculation of the insurance premium and/or insurance indemnity;
- written request for information and documents (including copies and extracts), on the basis of which the Insurer made a decision on the insurance payment or refusal of the insurance payment.

12.4.9. To appeal in the order established by law the decision of the Insurer on the recognition of the case as not insured (Chapter 14 of these Insurance Rules).
12.5. The parties to these Insurance Rules have other rights and perform other duties stipulated by other sections of the Insurance Rules, as well as the legislation of the Russian Federation.

13. FORCE MAJOR

13.1. The parties shall be released from liability for partial or full non-performance, as well as improper performance of obligations under the insurance contract, if this non-performance or improper performance of obligations was a consequence of circumstances of extraordinary nature, which arose after its conclusion, which the Parties could neither foresee nor prevent.
13.2. Emergency circumstances include: floods, fires, earthquakes, storms, land subsidence and other natural phenomena, as well as epidemics, pandemics, war and hostilities, explosions, acts of terrorism, and strikes in an industry or region.
13.3. The possible failure to fulfill obligations under the insurance contract must be in a direct causal connection with the circumstances specified in this subparagraph.
13.4. The Parties shall prove force majeure by relevant documents, certificates from competent state authorities, officially published documents (regulatory acts), etc.

14. DISPUTE RESOLUTION PROCEDURE

14.1. All disputes under the insurance contract between the Insurer and the Policyholder (Insured) shall be resolved by mutual agreement of the parties:
- in the pretrial order when the Policyholder (Insured, Beneficiary) with an appeal (claim) to the Insurer;
- using mediation procedures (clause 14.2).

14.2. If the Parties have not come to an agreement and the amount of property claims of the Insured (Beneficiary) is less than 500 (five hundred) thousand rubles, then the Insured (Beneficiary) shall be entitled to apply to the Financial Ombudsman in the manner and terms defined in Chapter 3 of FL-123 "On the Ombudsman for Financial Services Consumer Rights".
Information on how to contact the Financial Ombudsman is available on the Insurer's website.
14.3. If the Insured (Beneficiary) does not agree with the decision of the Financial Ombudsman or the amount of property claims is more than 500 (five hundred) thousand rubles, all disputes shall be referred to a court of law.
14.4. The right to file claims against the Insurer for the payment of insurance compensation under the insurance contract is maintained within the limitation period established by the legislation of the Russian Federation, provided for property types of insurance.

15. PROCEDURE FOR CHANGING THE TERMS OF THE INSURANCE CONTRACT

15.1. By agreement between the Policyholder and the Insurer, the insurance contract concluded in accordance with these Insurance Rules may be supplemented or amended, based on the specific needs of the Policyholder to insure his property interests or the interests of a third party in whose favor the Policyholder has entered into the insurance contract.
15.2. All amendments and additions to the current insurance contract shall be executed in writing in duplicate and shall come into force within the time limits established by agreement of the parties.

Section II. INSURANCE FOR MEDICAL, TRANSPORTATION EXPENSES

16. CLAIM

16.1. The claim is an accomplished event included in the insurance coverage and occurring during the insurance period as a result of the factors provided by the insurance contract, resulting in the Insurer's obligation to make an insurance payment to the Insured, the Beneficiary or other third parties.

16.2. According to these Insurance Rules, claims are events, upon the occurrence of which the Insured has incurred or may incur expenses in providing him urgent qualified medical and other necessary assistance, namely:

16.2.1. *Bodily injury* - an injury resulting from an accident caused by an apparent external force (including injuries resulting from damage to an airplane, ship, bus or other vehicle on which the Insured was traveling during the Trip).

16.2.2. *Sudden illness* - an illness that occurred unexpectedly while the Insured was making the Trip and requires urgent medical intervention;

16.2.3. *Exacerbation of a chronic illness* - a chronic illness that has acutely manifested itself during the period of the Insured's Travel and threatens the life and health of the Insured, for which the Insuredhas received treatment before, but which, according to a doctor's opinion, does not constitute an obstacle to the Travel.

16.2.4. *Death* - the death of the Insured as a result of injury, sudden illness or exacerbation of chronic disease, except for diseases that are excluded from the insurance coverage under paragraph 18.1. of these Rules of Insurance.

16.2.5. *Flight delay* - flight delay of more than 3.0 (three) hours, unless otherwise specified in the insurance contract.

16.2.6. Loss, theft or destruction of the passport and/or transport documents of the Insured carried by him/her during the Trip.

16.2.7. *The need for the Insured to receive the first legal advice,* which is caused by the occurrence of *the* claim

16.2.8. *Breakdown, loss (theft, theft) or damage of the land vehicle,* on which the Insured carries out a trip outside the borders of the Russian Federation.

16.3. In all cases of threats to the life and health of the Insured, compensation shall be made for the cost of emergency and urgent medical care during the trip within the limits of the insurance sums set by the insurance contract.

17. EXPENSES REIMBURSED BY THE INSURER

If during the Trip the events listed in paragraph 16.2. of this section of the Insurance Rules occur, the Insurer indemnifies (makes payments):

17.1. Medical expenses:

17.1.1. Medical expenses for outpatient and/or inpatient treatment in case of the occurrence or exacerbation of diseases during the Trip, which include:

17.1.1.1. payment for medical services, including outpatient treatment (including remote consultations with a doctor online using the information and communication network of the Internet and organized by the Service Center);

17.1.1.2. The cost of diagnostic tests followed by treatment (including magnetic resonance imaging (MRI) and computerized tomography (CT) scans);

17.1.1.3. Expenses for inpatient treatment, including necessary (reasonable and sufficient) medical examinations, treatment, surgical interventions and postoperative care, physical therapy (as part of hospitalization treatment prescribed by a physician), and treatment for caesarean illness in a compression barometric chamber;

17.1.1.4. expenses for local ambulance services (if the reason for the call was sufficient medical grounds), including expenses for transportation by ambulance or other means of transport (including, but not limited to, a sanavia airplane and/or helicopter) from the place of accident to the nearest medical institution or doctor in the immediate vicinity of the country or place of temporary stay, to

provide emergency medical care in case the Insured is in a critical condition and does not have the physical ability to go to the nearest medical facility independently without medical support.

17.1.1.5. expenses for the purchase of medicines and dressings (as prescribed by the attending physician, necessary only for the treatment of the disease, the risk of which is insured, and only for the purpose of relieving an acute condition);

17.1.1.6. expenses for the payment of the means of fixation prescribed by a doctor (in this case, the Insurer can pay both the purchase and rental of the means of fixation). The means of fixation within the framework of these Terms of Insurance include, in particular, crutches, special shoes for walking, wheelchairs and other orthopedic equipment.

17.1.2. ***Expenses for medical care in emergency and urgent forms:***

17.1.2.1. necessary to prevent an immediate threat to life or health or related to the management of acute pain for diseases known to the Insured at the time of entering into the insurance contract, including exacerbation of chronic diseases, manifestations of any form of hepatitis and epileptic seizures;

17.1.2.2. necessary to prevent an immediate threat to life or health in cases of cancer, benign neoplasms, including hemoblastosis, and their complications, until the diagnosis is made and for events that occurred outside the territory of the Russian Federation.

In this case, the Insurer's liability is limited to the amount of 1,000 (one thousand) US dollars/euros in Russian rubles equivalent (when insured on the territory of T-III the limit of insurance payment is set in rubles in the insurance contract (insurance policy) - paragraph 4.1.3 of these Insurance Rules).

17.1.3. ***Expenses for emergency dental care, exactly:***

17.1.3.1. Costs associated with pain treatment of a natural tooth, including extraction, for an accidental tooth injury;

17.1.3.2. Costs associated with painful treatment of a natural tooth, including its extraction, in case of acute inflammation of the tooth as well as the surrounding tissues (anesthesia, opening of the inflamed tissue and drainage, stopping bleeding);

17.1.3.3. Expenses for emergency dental care are covered within the agreed indemnity limit, reflected in the "special conditions" of the insurance contract (insurance policy).

17.1.4. ***Expenses associated with the provision of necessary outpatient and/or inpatient care as a result of a sudden*** **complication of pregnancy** that threatens the life and health of the Insured, or the consequences of a documented accident.

In any case, the gestational age on the date of the event must not exceed twenty-four (24) weeks inclusive.

In this case, the Insurer pays the necessary medical expenses for outpatient and/or inpatient care, as well as medical transport and other transportation costs within the limit of the sum insured established in the insurance contract (insurance policy).

17.2. Medical andtransportation expenses:

17.2.1. ***Medical and transportation expenses, which include****:*

17.2.1.1. the expenses for carriage (transportation) from the place of the accident to a medical institution and back from the medical institution or clinic of a private practitioner to the place of temporary stay of the Insured, organized by the Insured himself/herself, are covered by the Insurer in an amount not exceeding the amount, equivalent to 500 (five hundred) dollars/euro in Russian rubles (when insured in the T-III territory the limit of insurance payment is set in rubles in the insurance contract (insurance policy) - paragraph 4.1.3 of these Insurance Rules).

17.2.2. ***Medical evacuation expenses, which include:***

17.2.2.1. *Expenses for medical evacuation by an* adequate means of transport, including the costs of an escort (if such escort is prescribed by a doctor) or accompaniment by medical personnel, and/or availability of appropriate medical equipment (if such accompaniment is prescribed by an attending physician), from the Insured's place of residence to his/her place of permanent residence or to the nearest medical facility at home, provided that the place of temporary residence lacks the capacity to provide the required medical care. Medical evacuation is carried out only in cases where its necessity is documented by the conclusion of the attending physician and agreed with the Insurer (Assistance

Company), provided that there are no medical contraindications. Expenses for emergency medical evacuation are covered up to the amount specified in the insurance contract.

17.2.3. ***The expenses for returning the body (remains),*** which include:

17.2.3.1. payment for the coffin or cremation, as well as the registration of the necessary documents, transportation of cargo 200, authorized by the Assistance Company (Service Center) or made independently by relatives of the Insured, but necessarily agreed with the Assistance Company (Service Center) or the Insurer, to the country of permanent residence of the Insured, if his death occurred as a result of the claim. Expenses for the return of the body (remains) are covered up to the amount specified in the insurance contract. In this case, the Insurer does not pay the costs of funeral services in the territory of permanent residence of the Insured.

17.2.3.2. The Insured shall indemnify the Insurer for all actual expenses incurred by the latter due to the refusal of the Insured to be evacuated to his country of permanent residence, which the Insurer has arranged with the consent of the Insured.

17.2.4. ***Search and rescue expenses, which include****:*

17.2.4.1. Expenses associated with search and rescue activities to locate the Insured in the mountains, sea, desert, jungle or other remote areas, including the costs of air/sea search and evacuation to shore from the ship or sea.

Costs of search and rescue in an accident, distress in the mountains or at sea, the Insurer will reimburse within the limit set in the insurance contract (insurance policy).

17.3. **Other incidental expenses, which include**:

17.3.1. ***Expenses for an inpatient stay*** **for an** ***adult*** (parent, guardian, or close relative) for an emergency hospitalization of a child under 18 (eighteen) years of age.

17.3.2. ***Return expenses (only payment of the economy class travel document to the place of permanent residence) of one Companion and his/her minor children*** who are on the Trip together with the Insured, in case of forced early return from the Trip or delay of the latter's stay due to evacuation or return of the body (remains) of the Insured, which occurred as a result of a сдфшь.

17.3.3. ***Expenses for the return of minor children*** *(one-way travel in economy class, confirmed by travel documents),* which are with the Insured during his/her stay outside the place of permanent residence, to the place of their permanent residence in case the children were left unattended as a result of the claim, as well as payment of travel expenses of one adult who accompanies the child or children. If the Insured is unable to name such a person, the Insurer will arrange and pay the costs of an appropriate escort.

17.3.4. ***Expenses for the visit of an adult third party in*** cases of hospitalization or death of the Insured traveling alone or with minor children. In this case, the third person's expenses for round-trip travel in economy class (confirmed by travel documents) from the place of permanent residence and back are indemnified. The Insurer also reimburses the third person's hotel accommodation expenses, but not more than the amount of 300 (three hundred) US dollars/euros in Russian rubles equivalent (for T-III insurance the limit of insurance payment is set in rubles in the insurance contract (insurance policy) - item 4.1.3 of these Insurance Rules).

A visit of an adult third party is allowed in cases where as a result of the event all the Insureds under the insurance contract (or the only adult Insured) have suffered (hospitalized, death is established), provided that all injured (ill) Insureds are members of one family (close relatives).

17.3.5. ***Expenses for accommodation and travel of the Insured in case he/she is delayed on the Trip due to*** *quarantine illness and/or emergency hospitalization or medical contraindications to the flight, which occurred on the day before or on the day of return from the Trip*.

In this case, the costs of accommodation and payment for travel in economy class to the permanent place of residence (in the presence of supporting documents), if there were quarantine diseases (childhood infections, dangerous diseases) that led to the quarantine of the Insured (with positive tests / tests for a dangerous disease), as well as injuries and diseases that required emergency hospitalization; or medical contraindications to flight (confirmed by medical documents) that occurred on the day before or on the day of departure.

Hotel accommodation expenses are reimbursed within the limits established by the insurance contract

(insurance policy). When insured on the territory T-III, the limit of insurance payment is set in rubles in the insurance contract (insurance policy) - clause 4.1.3 of these Insurance Rules. In this case, accommodation is arranged by the Assistance Company or by the Insured himself/herself, but subject to mandatory agreement with the Assistance Company.

17.3.6. ***Expenses of the Insured for one-way travel to the place of permanent residence*** (payment of travel only in economy class to the place of permanent residence, confirmed by travel documents), including transfers to the airport, in case his departure did not take place in time, i.e. on the day specified in the travel documents in the hands of the Insured, due to the occurrence of a claim, ***which resulted in the need for the Insured to stay in hospital medical treatment***.

17.3.7. ***Expenses for the early return of the Insured to the place of permanent residence*** (payment of travel only in economy class to the place of permanent residence, confirmed by travel documents) in case of sudden illness (subject to emergency hospitalization) or unexpected death of a close relative (including a close relative of the spouse) in the country of permanent residence.

17.3.8. ***To reimburse the expenses of the Insured for telephone conversations or short text messages (sms)*** *with the Assistance Company and/or the Insurer* in the event of a claim, bills for telephone conversations and sms must be attached to the application of the Insured. The insurance payment is limited to the amount established in the insurance contract, reflected in the section "Special conditions" of the insurance contract (insurance policy).

17.3.9. ***If a regular flight is delayed*** *by more than 3 (three) hours from the time* indicated on the Insured's ticket, provided that the relevant documents issued by an authorized representative of the airline company confirming such delay are presented:

17.3.9.1. The amount of insurance payment for each claim per Insured is specified in the insurance contract (insurance policy).

17.3.9.2. The limit of the insured sum for the risk is specified in the insurance contract (insurance policy) for the totality of all claims for the entire period of insurance.

17.3.10. ***Expenses in case of loss, theft or damage of a foreign passport and/or transport documents of the Insured***:

17.3.10.1. On registration of duplicates of the lost documents on the territory of the Trip (passport with visa, travel documents) within the limits of the amounts specified in the insurance contract.

The Insurer compensates expenses up to the amounts specified in the insurance contract for restoration of documents on the basis of the application and documents confirming expenses (receipts of payment for photographs, receipts of payment for travel to the consulate/embassy).

All documents submitted to the Insurer in a foreign language, other than English and German, must be translated into Russian and certified by a notary or translation agency.

17.3.11. ***Costs of organizing and paying for the first legal consultation of the Insured***, including the services of an interpreter during such consultation, if necessary, and in cases where the latter is prosecuted in accordance with the civil legislation of the host country as a result of unintentional damage caused by the Insured to a third party, unintentional violation of the regulations of the host country, excluding damages and violations related to the use, possession and storage of vehicles, narcotic The insurance payout cannot be more than the amount specified in the insurance contract.

17.3.12. ***Unforeseen expenses of the Insured in case of breakdown, loss (theft, stealing) or damage of the personal motor vehicle*** - on which the Insured makes a trip outside the borders of the Russian Federation:

17.3.12.1. the expenses for towing (evacuation) of the accident-damaged or inoperable personal motor vehicle in which the Insured travels to the nearest place of repair in the country of residence. The insurance payment cannot exceed the amount specified in the insurance contract (insurance policy) or the established limit;

17.3.12.2. expenses for transportation of passengers, including the driver, to the place of residence in the country of residence in case of loss (theft, stealing), breakdown or damage of personal vehicles. The insurance payment cannot exceed the amount specified in the insurance contract.

Insurance indemnity is paid to the Insured on the basis of an application for insurance indemnity on

the fact of damage, breakdown or loss of the motor vehicle (MV) with all available documents attached (for example, if issued: a protocol from the accident site, an invoice of the towing and/or repair brigade, paid by the Insured, with the documents confirming payment). All documents submitted to the Insurer in a foreign language, except English and German, must be translated into Russian and certified by a notary or translation bureau.

17.3.13. ***In the event of delay of a charter flight,*** the insurer shall make an insurance payment in the amount of the limit of the sum insured specified in the insurance contract (insurance policy), providing documents confirming the delay of the flight.

17.3.13.1. The limits of insured sums for each claim per Insured and for the entire period of insurance are established by the insurance contract (insurance policy).

17.3.13.2. The time of delay of a charter flight is set by the insurance contract.

17.4. Insurance risks under clauses 17.1-17.3 are specified in the special conditions of the insurance contract. In cases where the risks are not reflected in the insurance contract (insurance policy), the insurance is not carried out on them and the Insurer is not responsible for them.

18. EVENTS NOT CONSIDERED AS CLAIMS, NOT ACCEPTED FOR INSURANCE AND EXPENSES NOT SUBJECT TO REIMBURSEMENT

18.1. If the events listed in Clause 16.2 occur during the Trip, the Insurer will not cover or indemnify:

18.1.1. costs associated with the treatment of the consequences of accidents and/or injuries that occurred to the Insured prior to the start of the Trip;

18.1.2. expenses for diagnostic services and activities (including consultations and laboratory tests), general medical examinations, vaccinations without subsequent treatment or prescription, and without establishing a diagnosis, including a presumptive diagnosis;

18.1.3. expenses associated with high-tech operations on the heart and vessels, including angiography, angioplasty, bypass surgery, etc., except for conditions associated with an immediate threat to the life and health of the Insured (AMI, STEMI);

In this case, if these costs can not be separated from the total bill for treatment, the Insurer does not pay for the first two (2) days of stay of the Insured in the hospital;

18.1.4. expenses associated with the receipt by the Insured of medical services not related to sudden illness or accident;

18.1.5. any expenses associated with the treatment of diseases accompanied by chronic renal or hepatic failure and requiring regular program (scheduled) hemodialysis, except the removal of the acute condition, when hemodialysis is carried out in order to save the life of the Insured;

18.1.6. expenses associated with treatment in sanatoriums and preventive clinics, with accommodation and treatment in nursing homes, water, spa, nature clinics, sanatoriums or similar facilities or hospitals;

18.1.7. expenses associated with cosmetic or plastic, elective surgery performed to improve the psychological or physical condition of the Insured, including those for skin diseases (calluses, papillomas, warts and nevi, condylomas), including any complications that are caused by these types of procedures and surgical treatments performed for aesthetic or cosmetic purposes;

18.1.8. expenses associated with treatment using manual therapy, reflexology (acupuncture), chiropractic, massage, homeopathy, phyto- and naturo-therapy, physiotherapy (not related to treatment and not prescribed by a doctor or prescribed during outpatient treatment), etc., including the consequences of such treatment;

18.1.9. expenses associated with persistent behavioral disorders, neuroses (panic attacks, depression, hysteria syndromes, etc.), paroxysmal disorders of the nervous system, sleep disorders, demyelinating diseases of the nervous system, as well as their complications and any other consequences (injury, illness or death), caused by these conditions in the Insured or his close relatives, close relatives of the spouse of the Insured, except in cases requiring emergency medical care if there is a threat to life;

18.1.10. expenses associated with reconstructive surgery, reconstructive surgery, prosthetics of all kinds, including dental and eye prosthetics, and complications resulting from these treatments;

18.1.11. expenses related to contraception, sterilization (or reverse procedure), fertilization, IVF, vasectomy, sex reassignment or other sexual conditions, infertility or related health conditions related to artificial insemination, fertility treatment and costs of preventing conception or other forms of artificial reproduction;
18.1.12. expenses of routine vaccinations of the Insured, vaccinations (including routine and/or when traveling for the purpose of vaccination), with the exception of cases arising from vaccinations/vaccinations and requiring emergency medical care;
18.1.13. expenses associated with the examination and treatment of diseases using methods that are not scientifically recognized;
18.1.14. expenses associated with the provision of services by a medical institution (treating physician in the country of residence) that does not have an appropriate license, or if the license has been suspended;
18.1.15. expenses for medical treatment in the Russian Federation, which are or may be provided under the system of compulsory medical insurance;
18.1.16. the costs of treatment in the Russian Federation outside the administrative boundaries of the territory of the Trip/territory of occurrence of the claim;
18.1.17. any expenses for upgrading the comfort level of the hospital room, hotel, accommodation (including when quarantined in a hotel/observatory), flight, additional services, etc;
18.1.18. expenses in connection with the purchase of non-certified medications (or the composition of which is concealed by the originator), as well as expenses associated with the purchase of food products, strengthening agents, weight loss products and laxatives issued by prescription, cosmetics, dietary supplements, mineral water and bath water supplements;
18.1.19. expenses for medical treatment, which was carried out by relatives of the Insured;
18.1.20. expenses associated with the provision of services that are not medically necessary or with treatment not prescribed by the treating physician in the country of residence;
18.1.21. expenses associated with the purchase of eyeglasses, contact lenses, hearing aids, prosthetics, as well as the costs of all types of prosthetics;
18.1.22. expenses associated with the treatment of radiation sickness;
18.1.23. expenses associated with organ and tissue transplants;
18.1.24. expenses associated with the management of pregnancy, childbirth, abortion and induced termination of pregnancy, except as separately agreed in the insurance contract.
The Insurer shall not be liable for and shall not reimburse any expenses incurred in connection with the care, medical supervision, treatment, transportation, evacuation and return of the Insured's newborn baby;
18.1.25. expenses related to any claims arising during the Trip undertaken despite medical contraindications;
18.1.26. expenses incurred as a result of the Insured's voluntary refusal to comply with the doctor's orders received in connection with an appeal concerning a claim;
18.1.27. expenses associated with being under the influence of alcoholic, narcotic and/or toxic intoxication or psychotropic and toxic substances (except in cases of poisoning by legally purchased poor quality alcoholic beverages);
18.1.28. inpatient treatment costs not authorized by the Insurer through the Assistance Company, except in cases of objective circumstances that prevent the agreement of hospitalization at the time of the claim, under the mandatory condition of agreement of such costs at the first opportunity by the Insured or his representative before the return of the Insured from the Trip to the country of permanent residence;
18.1.29. expenses associated with the treatment of injuries, diseases caused by sports activities in violation of the rules and requirements of safety and fire safety, qualified as administrative offenses and / or criminal offenses, organized in the areas prohibited for such activities (for example: parkour, descents on forbidden routes, rufing, street acrobatics, climbing on buildings, jumping from high buildings with a parachute or in special equipment and similar activities).
In cases where the sport is not covered by this paragraph (18.1.29), it must be categorized as an

"extreme sport" (2.42.3);
18.1.30. expenses associated with the treatment of injuries, diseases caused by the Insured engaged in dangerous professional activities (including as circus and theater artists, gymnasts, ballet dancers, etc.), or industrial activities (as a miner, builder, electrician, industrial climber, etc.), unless otherwise provided in the insurance contract (insurance policy), which must be reflected in the insurance contract and entails an increase in the insurance premium, according to the developed by the Insurer tariff
18.1.31. expenses associated with the treatment of injuries, illnesses received in direct or indirect relation to the presence of civil war, popular unrest of all kinds, strikes, insurrections, riots, mass disturbances and their consequences, the introduction of a state of emergency or a special situation by order of the military and civil authorities;
18.1.32. transportation/evacuation expenses for minor illnesses or injuries that, in the opinion of a medical advisor appointed by the Insurer, are amenable to local treatment and do not prevent the Insured from continuing the Trip;
18.1.33. expenses in respect of any evacuation and/or return of the body (remains) not organized by the Insurer or the Assistance Company (except in cases of inability to agree on the evacuation and transportation for good reasons - force majeure, severe physical condition, due to being in a difficult location, technical problems with the telephone communication system, etc.);
18.1.34. expenses with respect to any evacuation and/or return of the body (remains) as a result of cancer;
18.1.35. expenses due to intentional (planned) treatment abroad.
18.2. *If the events listed in Clause 17.2.3 occur during the Trip, the Insurer shall not indemnify the expenses for the return of the body (remains) if the death was caused by the following circumstances, namely:*
18.2.1. if death was caused by suicide, attempted suicide, or intentional self-mutilation;
18.2.2. ingestion of narcotic, toxic, potent and psychotropic substances, alcoholic beverages (except for poisoning by legally purchased substandard alcoholic beverages), as well as due to the treatment of injuries, where the Insured was under the influence of the aforementioned substances;
18.2.3. due to intentional (planned) treatment abroad;
18.2.4. due to the treatment of diseases by methods that are not scientifically recognized, as well as the use of non-certified medications;
18.2.5. the consequences of cancer.
18.3. If the events listed in Clause 16.2.8 occur during the Trip, the Insurer shall not indemnify the expenses in case of breakdown, loss (theft, theft) or damage of the personal vehicle (MV) of the Insured, if they occurred in connection with:
18.3.1. the expenses associated with compensation for damages under the civil liability of owners of vehicles;
18.3.2. incurring costs associated with the breakdown and/or accident of the vehicle transporting passengers for a fee, with and without a permit.
18.4. The Insurer has the right not to pay the insurance indemnity if the Insured refuses to undergo a medical examination and/or examination (expertise) appointed by the Insurer.

19. THE ACTIONS OF THE PARTIES WHEN A CLAIM OCCURS. THE PROCEDURE FOR MAKING THE INSURANCE PAYMENT

19.1. Upon the occurrence of the events stipulated in clause. 16.2:
19.1.1. The Insured or his representative before receiving medical and/or other necessary assistance must contact the Insurer's representative - the Assistance Company - by phone specified in the insurance contract and inform the dispatcher about the incident. The costs of negotiations with the Assistance Company or a specialized service center are reimbursed to the Insured upon presentation of supporting documents within the limits established by the insurance contract.
The Assistance Company is contacted 24 hours a day, 7 days a week by the multi-channel phone number indicated in the insurance policy.
19.1.2. When contacting the Assistance Company, the Insured or his/her representative is obliged to

inform the number of the insurance policy, the surname and name of the Insured with whom the claim occurred, his/her location and telephone number for feedback, the circumstances of the claim, as well as other information that the coordinator of the Assistance Company will request.
If the Insured refuses to provide the requested data (information), all costs shall be paid by the Insured himself/herself.
19.1.3. The Insured agrees to strictly follow the instructions of the Assistance Company.
19.1.4. After receiving the information, the Insurer or the Assistance Company (specialized service center) organizes or assists the Insured in obtaining the necessary medical, medical transport and other services provided by the insurance contract, as well as pays the costs of the Insured in accordance with the insurance contract to institutions (both directly and through intermediaries), which provided such services to the Insured.
19.1.4.1. If, for objective reasons beyond the control of either the Assistance Company or its intermediaries, the Insured is asked to pay directly to the institution, he or she may, upon return, apply to the Insurer for reimbursement under the terms of these Insurance Rules.
19.1.5. If it is not possible to call the Assistance Company before consulting a doctor or being sent to a clinic, the Insured must do so, if possible, before leaving for his/her country of permanent residence. In any case, when hospitalized or going to the doctor, the Insured must present the insurance contract to the medical personnel for further coordination of his actions with the Insurer through the Assistance Company.
19.1.6. The Insured in connection with the claim has the right to independently contact the nearest medical institution, a doctor and call an ambulance, if he had no objective opportunity to contact the Assistance Company for a good reason, namely:
19.1.6.1. due to the absence of telephone (landline or mobile) communication at the location of the Insured;
19.1.6.2. in connection with a serious condition of the Insured, which does not allow him to conduct telephone conversations.
19.2. If it is impossible to contact a representative of the Insurer or the Assistance Company (specialized service center), the Insured may apply independently to the nearest medical institution, presenting the insurance policy. In this case, before returning to his/her country of permanent residence, the Insured must agree, if possible, with the Assistance Company or the Insurer on the payment of the necessary assistance. If the Insured has independently incurred expenses related to the claim, he/she must upon return from the Trip inform the Insurer in writing (Clauses 11.7.1-11.7.4) about the accident and submit the following documents:
19.2.1. application for reimbursement of expenses related to the claim;
19.2.2. a copy of an identity document;
19.2.3. original or copy of the insurance policy; insurance information (if available);
19.2.4. A copy of the child's birth certificate (if the insurance costs were related to the provision of medical or other services to the child);
19.2.5. a copy of the Insured's foreign passport (the first page and the page with the marks of crossing the border of the Russian Federation (exit and entry) within the period of the claim);
19.2.6. payment documents (originals), confirming the fact of payment for treatment, medicines and other services (stamp of payment and/or bank confirmation of the amount transfer or cashier's check):
19.2.6.1. doctor's report with a diagnosis, prescribed treatment, invoice from medical institution indicating patient's name, diagnosis, date of treatment, treatment mode (outpatient, inpatient, day hospital), duration of treatment (treatment period), with a list of services provided, with their dates and cost, with the total amount payable - for reimbursement of treatment costs;
19.2.6.2. Prescriptions issued by a doctor in connection with the disease with a pharmacy stamp and the cost of each medication purchased - for reimbursement of the cost of medication;
19.2.6.3. A referral issued by a physician for laboratory tests and a laboratory bill with a breakdown by date, name, and cost of services rendered - for reimbursement of laboratory tests;
19.2.6.4. documents of the state/regional health control and supervision services and/or medical services of the hotel/airport/port/vessel/liner and other institutions having such rights, confirming the

fact of quarantine of the Insured, relocation of the Insuredto quarantine areas of the hotel/hotel/vessel or quarantine institution (observatory) with positive results of tests/examinations;
19.2.6.5. documents for treatment in a medical institution on the territory of the Russian Federation (territory of the Trip) when traveling within the Russian Federation, indicating the period of treatment, diagnosis, treatment plan; copy of the MHI policy (policy number, region of the policy issue).
19.3. All documents submitted to the Insurer in a foreign language other than English and German must be translated into Russian and certified by a notary or translation agency.
19.4. The insurance payment in the form of compensation for the expenses incurred by the Insured is made by the Insurer after receipt of all requested documents, and if necessary, their certified translations, within the period specified in the insurance contract, but no more than 45 (forty-five) working days from the date of submission of all necessary and duly executed documents.
19.5. In case of breakdown, loss (theft, stealing) or damage of a personal motor vehicle as a result of an accident in which the Insured is travelling from the territory of the Russian Federation and beyond its borders, he/she must report about the event to the traffic police and obtain a document confirming the occurrence of a road traffic accident (RTA), describing the event and the received damages of the land vehicle, as well as data on the guilty and the injured parties. If the territory of the accident provides for a different scheme of registration of the accident, the Insured follows this scheme and receives documents in the form established by the local authorities for subsequent presentation to the Insurer.
19.5.1. If it is necessary to call a service team for the subsequent towing of the land vehicle to the nearest repair place on the territory of temporary stay, the Insured can contact the Assistance Company to clarify the phone numbers of local car services. Further mutual settlements with the towing service and the repair team in the service center the Insured makes independently, while receiving all necessary documents confirming the amount of incurred expenses and the nature of the work performed. Upon return, the Insured shall apply to the Insurer to submit an application for the insurance indemnity on the fact of damage, breakdown or loss of the land vehicle with attachment of all available documents.
19.5.2. All documents submitted to the Insurer in a foreign language other than German or English must be translated into Russian and certified by a notary or translation agency.

Section III. ACCIDENT INSURANCE FOR THE DURATION OF THE TRIP

20. INSURED ENTITIES

20.1. Under the insurance contract may be insured the life, health and disability of the Insured or other individuals specified in the contract of insurance, hereinafter referred to as the Insureds.
20.2. The Policyholder with the consent of the Insured expressed in writing, or at the personal expression of will of the Insured has the right to appoint any person (or several persons in an established proportion) as a beneficiary of the insurance compensation (Beneficiary) in case of death of the Insured. If several Beneficiaries are appointed under the insurance contract and the proportion of insurance compensation is not established, the insurance compensation shall be paid to the Beneficiaries in equal proportions, but no more than the limit of the insurance sum established in the insurance contract (insurance policy). If no Beneficiary is appointed under the insurance contract, then in case of death of the Insured, the Beneficiaries shall be the heirs of the Insured.

21. INSURED OBJECTS

21.1. The object of insurance are the property interests of the Insured associated with his life and ability to work, as well as incurring additional expenses caused by harm to life, health, disability of the Insured.

22. CLAIM. VOLUME OF INSURANCE COVERAGE

22.1. The claim is an accomplished event, included in the insurance coverage, which occurred during

the insurance period as a result of the factors provided by the insurance contract, resulting in the Insurer's obligation to make an insurance payment to the Insured, the Beneficiary or other third parties within the limit of the insurance amount established in the insurance contract (insurance policy) for this risk.

22.2. Claims are events that are a direct consequence of an accident (accidents) that occurred during the validity of the insurance contract (insurance policy). The insurance contract may provide for insurance against one or more risks from the following list.

The following events are recognized as claims:

22.2.1. death of the Insured, including as a result of a traffic accident (RTA), which occurred within one year after the accident and was a direct consequence of it. Payout for this risk is 100% of the limit of the sum insured;

22.2.2. burns of the Insured as a result of an accident. Payout for this risk is determined by the following proportion:

Table 1.

Nature of damage	Amount of insurance payout (% of the sum insured limit)
Third Degree burns, accompanied by the development of burn disease and soft tissue scarring (30% or more of the entire body surface)	80%
Third Degree Burns without the development of burn disease (up to 30% of the total body surface)	30%

22.2.3. disability of the Insured as a result of an accident. The payment for this risk is determined by the following proportion:

Table 2.

Disability group	Amount of insurance payout (% of the sum insured limit)
I (first) disability group	100%
II (second) disability group	75%
III (third) disability group	50%

For children's insurance, only the concept of "disability" applies without assigning disability groups, but with assignment of the "disabled child" category. Payout for this risk is 100% of the sum insured limit.

22.3. The events specified in clause 22.2 are recognized as claims if they occurred during the validity period of the insurance contract and are confirmed by documents issued by the competent authorities in the manner prescribed by law (civil registration authority, medical institutions, MSE, the court).

23. EVENTS NOT CONSIDERED AS CLAIMS, NOT ACCEPTED FOR INSURANCE

23.1. The events listed in clause 22.2 are not claims if they occurred as a result of:

23.1.1. The effects of a nuclear explosion, radiation, and radioactive, chemical, or bacteriological contamination;

23.1.2. military operations, as well as maneuvers or other military activities;

23.1.3. civil war, popular unrest, and strikes;

23.1.4. unless expressly provided for in the insurance contract (insurance policy), exceptions to insurance include participation of the Insured in sports activities, training, competitions (except amateur sports such as running, soccer, volleyball, table tennis, as well as other games not associated with increased injury);

23.1.5. intentional actions of the Poilicyholder, the Insured or the Beneficiary (or any other person directly or indirectly interested in the occurrence of the claim), aimed at the occurrence of the claim, including suicide (attempted suicide) of the Insured and causing bodily harm to himself;

23.1.6. committing or attempting to commit an intentional crime or other offense by the Insured,

which affected the occurrence of the claim;
23.1.7. use of alcohol, narcotic, psychotropic and toxic substances by the Insured (except for poisoning by legally purchased low-quality alcoholic beverages);
23.1.8. events that are named in these Insurance Rules or in the insurance contract (insurance policy) as exceptions to insurance.
23.2. The events and acts listed in Clause 23.1 of these Insurance Rules are recognized as such on the basis of the decision or sentence of the court, which came into legal force, the prosecutor's decision or other documents proving the fact of the offense, in accordance with the procedure established by law.

24. THE ACTIONS OF THE PARTIES OCCURRENCE OF A CLAIM. THE PROCEDURE FOR INSURANCE INDEMNITY PAYMENT

24.1. Payment of insurance compensation is carried out by the Insurer in accordance with the terms of these Insurance Rules, the tables of insurance payments and the insurance contract on the basis of a written application of the Insured, Beneficiary, heirs of the Policyholder, documents confirming the occurrence of the claim, as well as other documents.
24.2. The amount of insurance payment is determined in accordance with this paragraph and the principles set out in paragraph 22.2 of these Insurance Rules and the terms of the insurance contract.
24.2.1. Upon the occurrence of claims specified in Section III of these Insurance Rules, the Insurer shall pay the sum insured in the amount of the insurance payments provided by paragraph 22.2.3 of these Insurance Rules. If the Insured has previously been paid under the insurance contract, the insurance indemnity shall be paid after deduction of previously paid amounts.
24.2.2. Upon the occurrence of the event stipulated in Clause 22.2 of these Insurance Rules, the amount of the insurance payment depends on the degree of disability and is determined on the basis of the diagnosis made in accordance with the proportions set out in these Insurance Rules.
24.3. The payment of insurance compensation (or the amount of insurance compensation paid for the entire period of validity of the insurance contract) in no case can exceed the sum insured, established by the insurance contract.
24.4. If the insurance contract (insurance policy) establishes separate insurance amounts for different risks, the amount of insurance compensation for a separate risk may not exceed the insurance amount for this risk.
24.5. In case of the claim *"death of the Insured"* Clause 22.2.1, the insurance indemnity is paid in the following order - the insurance indemnity is paid to the Beneficiary or the legal heirs of the Insured in the amount of 100% of the Sum insured.
24.6. In case of the claim "burns of the Insured" Clause 22.2.2, the insurance indemnity is paid in accordance with the proportions established by these Insurance. Rules
24.7. Upon occurrence of the claim "disability of the Insured" Clause 22.2.3, the insurance benefit is paid in the amount stipulated by Clause 22.2.3 of these Insurance Rules. At the same time, the amounts paid for earlier claims, if such events have caused the occurrence of disability of the Insured, are deducted from the payment.
24.8. The insurance contract may stipulate that if during the period of validity of the insurance contract, there is a change in the Insured's disability group towards an increase in its degree, then the Insurer makes an additional payment in the amount of the difference between the insurance sum payable for the higher degree of disability and the insurance sum paid to the Beneficiary for the lower degree of disability established earlier.
24.9. If n insured child is assigned the category of *"disabled child"* insurance payment is made in the amount of 100% of the sum insured, established by the contract of insurance.
24.10. When applying for the insurance payout, the Insurer shall be provided with one of the methods specified in clauses 11.7.1-11.7.4. the following documents shall be provided:
24.10.1. By the Insured in case of total permanent, partial permanent or temporary total disability: insurance contract or insurance information; application for payment of insurance compensation (can be drawn up on the form of the Insurer or in any form); copy of an identity document (of the claimant

and the recipient of insurance compensation); documents of medical institution, confirming the diagnosis and, if necessary, the duration of disability (original or copy certified in the prescribed form)
24.10.2. By the Beneficiary in the event of death of the Insured: insurance contract or insurance information (copy); application for payment of insurance compensation (can be made on the Insurer's letterhead or in any form); notarized copy of the death certificate of the Insured; detailed medical report on death (original or copy certified in the prescribed manner); copy of an identity document. If a preliminary investigation into the Insured's death was conducted, the decision to initiate criminal proceedings/the decision not to initiate criminal proceedings (the original or a duly certified copy) shall be provided in addition.
24.10.3. By the heir (heirs) of the Insured in the event of his death: the documents listed in clauses 24.10.1-24.10.2; certificate of right to inheritance (original or notarized copy).
24.10.4. The Insurer has the right to require the Insured / Beneficiary to provide other documents related to the claim (including X-rays, as well as other documents confirming the fact of the claim and the right of the claimant to receive the insurance payment).
24.11. To determine the cause of the claim and the circumstances of its occurrence, the Insurer has the right to apply to the competent authorities, as well as to demand that the person who applied for the insurance payment, provide other documents (including X-rays for fractures, the conclusion of the medical examiner on the cause of death of the Insured, extracts from medical history).
24.12. The Insurer has the right to appoint a medical examination and/or examination (expertise) of the Insured in order to confirm the injuries / bodily injuries by the latter. If the Insured refuses to undergo a medical examination and/or examination (expertise), the Insurer is entitled to refuse to pay the insurance compensation.
24.13. The Insurer has the right to postpone the payment of insurance compensation until the person who submitted the claim for payment provides all the necessary documents in the form and to the extent requested by the Insurer, and if the specified person refuses to provide the necessary documents, the Insurer has the right to refuse to pay the insurance compensation.
24.14. After submitting all the necessary documents, the Insurer within the time period specified in Clause 11.15, makes a decision on the payment of insurance compensation or the recognition of the case as not insured.
24.15. If the decision is made to recognize the event as not a claim, the Insurer shall send to the Beneficiary in writing a reasoned refusal within 3 (three) working days after making the decision.

Section IV. LUGGAGE INSURANCE

25. ClAIM

25.1. Claims under the "Baggage Insurance" risk shall be deemed to be the events occurred during the Trip related to the loss, damage or delay of the baggage belonging to the Insured and delivered to the baggage department of the air carrier.
25.2. In the event of total destruction (damage) or loss of the baggage delivered to the baggage compartment of the air carrier, the Insurer shall pay the insurance sum up to the limit of liability specified in the insurance contract in accordance, but not more than for 2 (two) pieces of baggage. The Insurer pays the insurance indemnity for each kilogram of baggage, unless other amounts are stipulated in the insurance contract (insurance policy):

Travel Territory	**Amount per kg of weight for business class**	**Amount per kg of weight for economy class**
Foreign Trips (excluding T-III territory)	50 (Fifty) US dollars/euros	25 (Twenty five) U.S. dollars/euros
Territory T-III	2,000 (Two thousand) rubles	1000 (One thousand) rubles

25.3. ***If a luggage accessory*** (suitcase, travel bag, backpack, handbag, briefcase, stroller, etc.),

except hand luggage, ***is damaged***, the Insurer pays an insurance sum equivalent to 70 (seventy) US dollars/euros per unit of luggage, but not more than for 2 (two) units under the insurance contract.
25.3.1. In Trips within the territory of T-III the Insurer pays the insurance sum for damage to a unit of luggage in the amount of 5000 (five thousand) rubles (unless another amount is set by the insurance contract), but not more than for 2 (two) units under the insurance contract.
25.4. ***If the luggage is delayed at the airport of*** the place/country of temporary stay for more than 6 (six) hours from the moment of arrival of the Insured at the airport of the place/country of temporary stay:
25.4.1. On foreign Trips (except for Territory T-III) the Insurer pays an insurance sum equivalent to 100 (one hundred) US dollars/euros per 1 (one) person (if other amount is not established by the insurance contract). For the number of Insureds of 3 (three) and more persons specified in one insurance contract, the Insurer pays the insurance amount equivalent to 300 (three hundred) dollars/euros for all Insureds (unless other amounts are specified in the insurance contract).
25.4.2. For Trips in the territory of T-III the Insurer pays the insurance sum of 3000 (three thousand) rubles per 1 (one) person (unless other amounts are established by the insurance contract). For the number of Insureds of 3 (three) or more specified in one insurance contract, the Insurer pays an insurance sum of 9000 (nine thousand) rubles (unless other amounts are not specified in the insurance contract).

26. EVENTS NOT CONSIDERED AS CLAIMS, NOT ACCEPTED FOR INSURANCE AND EXPENSES NOT SUBJECT TO REIMBURSEMENT

26.1. In case of damage to the luggage, the Insurer shall have no liability in respect of the property which is the contents of the luggage (items, things and other things inside the luggage unit).
26.2. The Insurer for the risk "Baggage Insurance" does not accept for insurance and has no obligations with regard to luggage transported by land and water transport.
26.3. The Insurer in any case does not cover expenses as a result of theft of the Insured's luggage left in airports, railway stations and other places, i.e. not handed over to the air carrier.
26.4. The Insurer shall not recognize as claims and shall not reimburse the luggage insurance costs, if they occurred in connection with:

- damage by insects or rodents;
- scratches, scuffs, peeling of paint, other changes in the appearance of the property that have not caused a disruption of its functions;
- damage to luggage sent separately (CARGO) or by mail;
- arrest, confiscation or other lawful seizure of luggage.

26.5. The Insurer shall not pay insurance compensation as a result of delay of the luggage upon arrival (return) of the Insured to the airport of the country / place of residence.

27. THE ACTIONS OF THE PARTIES UPON OCCURRENCE OF A CLAIM. THE PROCEDURE FOR INSURANCE INDEMNITY PAYMENT

27.1. In case of loss, damage or delay of the luggage delivered to the carrier's luggage department, the Insured is obliged to apply to the carrier's authorized persons to obtain documents fixing the fact of loss, damage or delay of the luggage, including photo and/or video materials (if applicable).
The refusal of these persons to provide or properly execute the relevant documents must also be in writing.
27.2. Insurance payment for the loss of luggage is made in addition to the compensation of the carrier on the basis of confirmation of total loss of luggage and only after receipt of such compensation by the Insured from the carrier.
27.3. After returning from the Trip, the Insured sends one of the ways specified in clauses 11.7.1-11.7.4. 11.7.1-11.7.4. to the Insurer an application for the insurance indemnity with a copy of an identity document (of the applicant and the beneficiary), copies of the foreign passport (all pages) and/or other information confirming the Travel at the time of the claim, as well as, depending on the category of the claim, originals and/or copies of documents listed in this section.

Section V. TRAVEL LIABILITY INSURANCE

28. CLAIM

28.1. A claim under the risk "Liability insurance" is an event that occurred during a foreign Trip, as a result of which the Insured is obliged to compensate harm caused to the life, health and/or property of third parties. In this case, the event is insured if the harm and/or damage is caused as a result of unintentional actions of the Insured, which is confirmed by a valid decision of judicial authorities. If the damage is caused only to the property of third parties, the Insurer has the right to recognize the case as insured on the basis of a reasonable pretrial property claim of the injured third party to the Insured.

29. EXPENSES REIMBURSED BY THE INSURER

29.1. If during a trip abroad (foreign trips) events occur as a result of which the Insured is obliged to indemnify for harm caused to the life, health and/or property of third parties, the Insurer indemnifies:

29.1.1. direct real property damage caused to a third party, as a result of damage (destruction) or destruction of property belonging to the third party by right of ownership (or on the basis of a legal documented liability relationship), within the actual value of the property or the cost of its restoration (repair). In this case, the Insurer's liability is limited to the amount within the limit specified in the Insurance Contract (insurance policy);

29.1.2. property damage caused to a third party, not exceeding the amount equivalent to one thousand (1,000) US dollars/euros:

- the insurance payment is made on the basis of documents confirming the costs of compensation for the damage caused;

29.1.3. property damage caused to a third party, exceeding the amount equivalent to one thousand (1,000) US dollars/euros:

- the insurance payment is made on the basis of documents confirming the costs of compensation for the damage caused and documents of competent authorities (court certificates, police orders, etc.) of the Trip territory;

29.1.4. physical harm (harm to health and/or life) caused to a third party to the extent of:

a) the amount of expenses required for medical treatment and/or subsequent rehabilitation recovery of the injured person based on the judicial acts of the Traveling Territory;

b) the amount of the part of the earnings which, in the event of the victim's death, the dependents of the victim are deprived of on the basis of judicial acts of the Territory of Travel;

c) the amount of funeral expenses incurred - in the event of the death of the injured person on the basis of judicial acts of the Traveling Territory.

29.2. In this case, the Insurer's liability is limited to the amount within the limit specified in the insurance contract (insurance policy).

30. EVENTS NOT CONSIDERED AS CLAIMS, NOT ACCEPTED FOR INSURANCE AND EXPENSES NOT SUBJECT TO REIMBURSEMENT

30.1. The Insurer shall not indemnify the expenses under the risk "Liability Insurance" in case of liability for damage to life, health and property of third parties, if they occurred in connection with:

30.1.1. professional (labor) activities of the Insured under an employment or civil law contract;

30.1.2. the infliction of moral damage;

30.1.3. indirect losses, including lost profits;

30.1.4. damage or injury caused by gambling, betting or wagering;

30.1.5. liability arising from the use or operation by the Insured of motor, motorcycle, aircraft and water vehicles;

30.1.6. liability of any kind arising directly or indirectly or in part from pollution of the atmosphere, water or soil and other pollution of the natural environment;

30.1.7. damage or injury caused as a result of the action or inaction of the Insured while under the

influence of alcoholic, toxic, narcotic intoxication or psychotropic and toxic substances, or their consequences;
30.1.8. by unlawful acts of third parties, of the Insured himself or by a crime;
30.1.9. in violation of copyright and other exclusive rights to objects of intellectual property;
30.1.10. fishing or hunting;
30.1.11. damage caused by an animal belonging to the Insured;
30.1.12. transmission of the disease to another person (infection, etc.);
30.1.13. any internal family relations of the Insured in relation to members of his family;
30.1.14. damage or loss of property rented by the Insured (except for hotel/apartment property) or lent to him or entrusted to his care and/or custody.

31. THE ACTIONS OF THE PARTIES UPON OCCURRENCE OF A CLAIM. THE PROCEDURE FOR INSURANCE INDEMNITY PAYMENT

31.1. If during the Trip the events specified in Clause 29.1 of these Insurance Rules occur, the Insured shall be obliged:
31.1.1. Take all possible measures to reduce or prevent damage to property and/or to save the life and/or health of third parties.
31.1.2. To the extent possible and in compliance with the laws of the country of Travel, make photo, audio and video recordings of the events in order to protect your interests and/or determine the extent of the damage caused.
31.1.3. Obtain documents confirming the fact of property damage and the cost of damages:
31.1.3.1. In case of damage not exceeding the amount equivalent to USD/EUR 1000 (one thousand) - documents confirming expenses for damage compensation (invoice with a note on payment, Property Damage Act, payment documents (clause 2.32 of these insurance rules) on payment for repair works, payment documents confirming the fact of damage compensation, etc.).
31.1.3.2. In case of damage, the amount of which is more than the amount equivalent to USD/EUR 1000 (one thousand), the documents confirming the expenses for damage compensation (invoice with a note on payment, Property Damage Act, payment documents (cl. 2.32 of the present Insurance Terms and Conditions) on payment for repair works, payment documents confirming the fact of damage compensation, including the expertise (calculation), documents of organizations on repair / on the cost of damage compensation, etc.), as well as documents of competent authorities (judicial acts, police decisions, court decisions, etc.) of the State of the Trip.
31.1.4. Contact the competent authorities and by any available means directly notify the Insurer about the event, reporting the circumstances and details of the event and providing, if possible, written testimony of witnesses, data of the victim (or his official representatives) and other documents (including photo, audio and video recordings), which allow to assess the extent and nature of the event.
31.1.5. To follow the Insurer's recommendations. Without the written consent of the Insurer, not to make any promises/guarantees to the injured party orally and/or in writing on behalf of oneself and/or the Insurer and not to admit partially or completely one's guilt.
31.1.6. The Insured has the right not to sign documents whose meaning he does not understand.
31.1.7. Independently organize the protection of their interests in court, including finding witnesses, paying for the services of a lawyer and drawing up the necessary documents.
31.2. After returning from the Trip, the Insured shall send one of the ways specified in clauses 11.7.1-11.7.4. 11.7.1-11.7.4, the application to the Insurer for the insurance payment with the following documents attached:

a) a copy of a document proving identity;

b) copy of the foreign passport (all pages), with the marks of crossing the border of the Russian Federation and/or other information confirming the Trip during the time when the claim occurred, as well as a copy of the insurance policy/information on insurance;

c) documents confirming the extent of damage to the life, health and/or property of a third party (including photo, audio and video recordings, if applicable);

d) original of the enforceable court decision (in case of court proceedings), including payment documents confirming payment by the Insured of compensation for damage to life, health and/or property of a third party;

e) only in cases of property damage: the original of the pretrial property claim of the injured third party to the Insured, including documents confirming payment by the Insured of the property damage caused to the third party.

31.3. If the invoice for the damage caused to a third party is not paid by the Insured after his/her return from the Trip, the Insurer shall independently pay the invoice to the third party, provided that all necessary documents are submitted.

31.4. The Insurer has the right not to make the insurance payment if the Insured reimbursed the damage to a third party without the written consent of the Insurer.

Section VI. INSURANCE OF EXPENSES RELATED TO INVOLUNTARY CANCELLATION OF A TRIP, EARLY TERMINATION OF A TRIP OR INVOLUNTARY EXTENSION OF A TRIP

32. CLAIM

32.1. The claim is an occurring event included in the insurance coverage and occurring during the insurance period as a result of events specified in the insurance contract, resulting in the Insurer's obligation to make an insurance payment to the Insured, the Beneficiary, or other third parties (under a notarized power of attorney).

32.2. According to these Insurance Rules, a claim is an involuntary cancellation of a planned trip (trip cancellation) - the inability of the Insured to make the intended Trip outside the permanent place of residence due to:

a) death; sudden illness (i.e. emergency hospitalization and further treatment in a hospital (except day hospital); or outpatient treatment that ended with hospitalization during the planned Trip); trauma of any complexity (if there are medical indications according to the conclusion of the CEK (clinical-expert commission) that prevent the Trip within the specified terms of the Trip), dangerous diseases *, as well as childhood infections**, arising from the Insured or a close family member;

* - *paragraph 2.27 of these Insurance Rules;*

** - *paragraph 2.12 of these Insurance Rules;*

b) death or sudden illness (subject to emergency hospitalization and further treatment in the hospital (except day hospital), outpatient treatment of dangerous diseases) of the Insured's spouse or his/her close relative;

c) damage or loss of property (except a vehicle) belonging to the Insured as a result of a natural disaster, flooding, failure of engineering networks, traffic accidents, actions of third parties, including actions that led to a fire, which resulted in significant damage (destruction of more than 70% of property) and significantly affects the financial situation of the Insured, or in accordance with the legislation of the Russian Federation, requiring personal presence of the Insured in the place of his permanent residence / in a place outside the territory of the Trip;

d) the need for personal (independent) participation of the Insured in criminal and/or administrative proceedings (court proceedings) initiated during the insurance period as a victim, witness and/or expert;

If the Insured participates in criminal and/or administrative proceedings (court proceedings) as a representative and/or if the Insured performs professional or labor functions, the case is not insured, the Insurer shall not reimburse the expenses of the Insured;

e) refusal to obtain an entry visa, if the Insured and/or his/her close relative participating in the Trip with the Insured and specified in the same contract with the tourist organization, in the same booked and paid hotel room, apartment, insurance contract, etc., submitted documents for its receipt (registration) in the territory of the Russian Federation, subject to timely submission of documents for the visa, provided that the required consular requirements for the documents submitted for the visa, and also subject to the absence of previously received refusals of a visa / pro-visa / e-visa and other permitting documents (except in cases of cancellation of this refusal or after 3 (three) months after the date of refusal for all participants of the Trip).

** Medical documents do not qualify as authorization documents for entry into the country of temporary stay*;

f) cancellation of the Trip (early termination of the Trip) of the Insured and/or his/her close relatives due to refusal to enter the country of temporary stay, which is confirmed by the absence of a border authorities' entry mark in the Insured's passport and/or confirmation of refusal to enter the country of temporary stay;

g) technical failures, malfunctions, failure of machinery and other unforeseen circumstances that occurred to the means of water transport (liner, boat, icebreaker, motor ship, yacht, etc.), performing a cruise on the planned route, which led to the cancellation of the Trip.

32.3. According to these Insurance Rules, a claim is the early termination of the Trip already started or forced prolongation of the Trip as a result of:

a) early return of the Insured from the Trip to the country of permanent residence, if such return is caused by illness (subject to the need for hospital treatment) and / or death of a close relative or a close relative of his wife / spouse in the country of permanent residence;

b) forced delay of the Insured in the trip after its termination, caused by death, accident, sudden illness (subject to treatment in the hospital) of a close relative traveling with him/her, accompanying the Insured on the trip and specified with him/her in the same contract with the travel organization or in the same booked and paid hotel room, apartment, cabin, etc;

c) technical failures, malfunctions, failure of machinery and other unforeseen circumstances that occurred with the means of water transport (liner, boat, icebreaker, motor ship, yacht, etc.), performing a cruise on the planned route, which led to an interruption of the already started Trip.

32.4. Subjective attitude of the Insured (fear, phobias, etc.) to the situation in the country of temporary stay is not a claim and is not covered by the insurance policy (insurance contract).

33. EXPENSES REIMBURSED BY THE INSURER

33.1. Upon occurrence of the events listed in clauses 32.2 and 32.3. The Insurer indemnifies expenses for compensation of losses incurred as a result of the forced refusal of the Insured to travel outside his/her domicile or expenses for compensation of losses incurred as a result of early termination of the Trip already started or forced prolongation of the Trip, namely

33.1.1. Expenses incurred by the Insured in the cases stipulated in Clause 32.2 "a, b, c, d" and related to the forced return of travel documents, refusal of a booked hotel room and other services related to the organization of the Trip, paid by the Insured, and not subject to full or partial compensation by the transport company, consulate, hotel, tour operator, cruise company, etc., confirmed by the relevant documents.

Expenses incurred by the Insured in connection with the forced return of travel documents are compensated when the transport company (carrier) confirms the refusal to reimburse the costs for the return of tickets, or a partial reimbursement of expenses for the return of tickets.

33.1.2. Expenses incurred by the Insured for the reasons specified in clause 32.2 "e" and associated with the payment of consular fees of the embassy of the destination country, as well as the purchase / exchange of air, rail tickets and other transport tickets and making payments for ground services, accommodation in hotels, apartments, etc., which is confirmed by the relevant documents.

- The Insurer can make payment of insurance compensation for the unused part of the tour / trip (the cost of travel documents, transfers, unlived days in the hotel / apartments, etc.), if the start date of the Trip is postponed by the Insured to a later date (but not more than 3 (three) days) in connection with the occurred claim. The insurance payment is made within the limit of liability established in the insurance contract (insurance policy).

33.1.3. Expenses incurred by the Insured for the reasons stipulated in Clause 32.2 "e" and related to the forced refusal of a booked hotel room and services related to the organization of the Trip (except for used services - obtaining visas, transfers, travel tickets, etc.) as a result of an entry ban into the country of temporary stay, paid by the Insured and not fully or partially compensated by such organizations, and confirmed by the relevant documents.

33.1.4. Expenses incurred by the Insured for the reasons stipulated in clause 32.2 "g", in case of

cancellation of the planned Trip - to the extent of the confirmed cost of living in the cabin for the unused Trip, as well as the cost of purchasing new or reissuing existing air or railway tickets in connection with the need to return to the place of permanent residence.

33.1.5. Expences incurred by the Insured in connection with forced cancellation of the Trip (cancellation of the planned Trip) for the reasons stipulated by subparagraphs. "a-g" of clause 32.2, related to:

a) with withholding the travel agent's commission established by the tour operator for the travel agent under the terms of the tour formed by the tour operator, or determined by the contract between the tour operator and the travel agent and not subject to return to the Insured in case of his/her refusal from the trip (including the surcharge established by the travel agent itself to the product of the tour operator, but not exceeding 10% (ten percent). In this case, the cost of the tour product / tour package is specified in the sale contract for of the tour product and is included in the sum insured, as well as confirmed by payment documents (Clause 2.32.), on the sale of such a tour product / tour package;

b) by withholding a surcharge on certain services offered by the travel agent to the Insured in an amount not exceeding 10% (ten percent) of the nominal value of the service (transportation, accommodation (including on a cruise), visa).

33.1.6. Expenses incurred by the Insured upon his/her early return from the Trip, caused by the reasons stipulated in clause 32.3 "a", within the insurance sum specified in the insurance contract. In this case, the expenses for the purchase of economy class travel tickets, one-time urgent message transmission (telephone, fax, telegram, etc.), as well as reimbursement of the confirmed cost of living in a hotel room, apartments, etc. for the unused part of the period of stay outside the permanent place of residence.

Expenses for the purchase of travel documents are reimbursed only if the original ticket cannot be replaced. When reissuing travel documents, the Insurer indemnifies documented and substantiated costs associated with the reissue of travel documents.

33.1.7. Documented expenses incurred by the Insured as a result of his/her delayed return after the end of the Trip due to the reasons provided for in Clause 32.3 "b", within the insurance sum specified in the insurance contract. In this case the Insured's expenses for hotel accommodation in the amount not exceeding the amount of 300 (three hundred) US dollars/euros in Russian rubles equivalent (for travel within T-III territory - 9000 (nine thousand) rubles), purchase of economy class travel tickets, transmission of a single urgent message (telephone, telefax, telegram), unless otherwise provided for in the insurance contract.

Expenses for the purchase of travel documents are reimbursed only if the original ticket cannot be replaced. When reissuing travel documents, the Insurer indemnifies documented and substantiated costs associated with the reissue of travel documents.

33.1.8. Expenses incurred by the Insured for the reasons stipulated in clause 32.3 "c", when the Insured returns from the Trip ahead of schedule - within the confirmed cost of living in the cabin for the unused part of the period of stay outside the place of permanent residence, as well as the costs of purchasing new or reissuing existing air or railway tickets in connection with the need to return to the place of permanent residence ahead of schedule .

34. EVENTS NOT CONSIDERED AS CLAIMS, NOT ACCEPTED FOR INSURANCE AND EXPENSES NOT SUBJECT TO REIMBURSEMENT

34.1. In case of occurrence of the events listed in clauses 32.2 and 32.3. The Insurer shall not indemnify the expenses for compensation of losses incurred as a result of involuntary cancellation of the Trip or involuntary interruption of the Trip or involuntary extension of the period of stay on the Trip, if they have occurred:

34.1.1. when the Insured or his close relative, a close relative of his spouse in alcoholic, narcotic or toxic intoxication;

34.1.2. when the Insured or the Beneficiary, his close relative, a close relative of the spouse of the Insured or interested third parties, commit intentional actions, if such actions are aimed at the

occurrence of the claim;
34.1.3. in case of suicide (attempted suicide) of the Insured or his close relatives, close relatives of the spouse of the Insured;
34.1.4. in cases of natural disasters and their consequences, adverse weather conditions. This exclusion does not apply to the events stipulated in subparagraph "c" clause 32.2 of these Insurance Rules;
34.1.5. when epidemics, pandemics, and general quarantine are declared;
34.1.6. in the organization of rehabilitation and recreational treatment, including sanatorium treatment, treatment in sanatoriums/pension centers and similar institutions;
34.1.7. when any acts are issued by any governmental authorities and/or administration, as well as statements of state officials, including bans on entry/exit from/to the country. Illness/injury/death occurring at or after the issuance of such regulatory/legislative acts and/or statements of officials is not a claim, and the costs of such events are not indemnified;
34.1.8. in case of failure to obtain an entry visa, if the Insured or his/her close relative, accompanying the Insured on the Trip and indicated with him/her in the same contract with the travel organization or in the same booked and paid hotel room, apartments, etc., has previously had cases of refusal of a visa (except cases of cancellation of this refusal or after 3 (three) months after the date of refusal) or visa violations, including the failure to meet the required consular requirements for the documents submitted for visa; and also, if there have been cases of bringing him to criminal, administrative or any other responsibility on the territory of the host country;
34.1.9. failure to obtain an entry visa/delayed visa issuance due to the closure of visa processing and issuing agencies (embassies, consulates, etc.);
34.1.10. in case of refusal to obtain a visa due to mistakes made in the preparation of documents (electronic questionnaires) by the Insured;
34.1.11. in case of failure to obtain an entry visa in the territory of another state (not in the Russian Federation);
34.1.12. a ban to enter the country of temporary residence due to the provision of insufficient/incomplete set/package of documents required to cross the border of the country of temporary residence (country of Trip);
34.1.13. when illegal actions (constituting grounds for cancellation (interruption) of the Trip) are committed by the Insured, his/her close relative, a close relative of the Insured's spouse (spouse);
34.1.14. in case of liquidation/bankruptcy/financial insolvency of the tour operator, travel agent, hotel, etc. or if there is no tour operator, travel agent, hotel, etc. at the legal/actual address known to the Insurer;
34.1.15. in case of non-performance or improper performance of obligations by the tour operator, travel agent, hotel, etc.;
34.1.16. in case of exacerbation or complication of existing cancer diseases, as well as in the case of the first time diagnosed cancer disease in the Insured or his close relatives, close relatives of the spouse of the Insured, with the exception of cases of death;
34.1.17. for seizures, epilepsy, mental and behavioral disorders, neuroses (panic attacks, depression, hysterical syndromes, etc.), episodic and paroxysmal disorders of the nervous system, sleep disorders, demyelinating diseases of the nervous system, as well as their complications and any other consequences (injuries, diseases or death) caused by these conditions in the Insured or his close relatives, close relatives of the spouse of the Insured;
34.1.18. if the Insured needs care for the sick and close relatives (palliative care);
34.1.19. during routine vaccinations, routine vaccinations in accordance with the scheduled vaccination calendar (including the children's vaccination calendar) of the Insured and/or his/her close relatives;
34.1.20. in case of planned pregnancy management, natural course of pregnancy at any term, including planned hospitalization for pregnancy and childbirth of the Insured or his close relatives;
34.1.21. for planned hospitalizations and surgeries of the Insured or his/her close relatives;
34.1.22. in case of non-compliance with the requirements of the consular services for visas for foreign

travel by the Insured or his/her close relative, participating with the Insured in the trip and specified with him/her in the contract with the tourist organization or in the same booked and paid hotel room, apartment, insurance contract, etc.;
34.1.23. in case of non-compliance with the requirements when leaving the Russian Federation and/or entering the country of temporary stay to provide documents with QR codes and/or certificates confirming the necessary vaccinations, tests for the presence/absence of disease, tests, etc.;
34.1.24. during the service of the Insured in any armed forces and formations, during the call of the Insured for military service (including conscription, military training, mobilization).
34.2. If during the Trip the events listed in Clause 32.2 "e" occur, the Insurer shall not be liable and shall not reimburse the expenses for the services already provided (used) (travel tickets, visa, transfer, etc.) due to refusal of entry at the border crossing point of the country of temporary stay.
34.3. The Policyholder (Insured) is notified that the Insurer shall pay the insurance compensation (under Clause 33.1.5 "a, b" of these Insurance Rules) in the amount of the value of the travel product formed by the tour operator or the cost of individual travel services. If the insurance policy is issued for an amount exceeding the cost of the tour product formed by the tour operator or the cost of separate services, the insurance contract in the part of the sum insured, which exceeds the cost of the tour product or the cost of separate services, is null and void. The amount of loss in excess of the cost of the tour product formed by the tour operator / cost of separate travel services is not subject to compensation by the Insurer, the excess part of the insurance premium paid in this case is not refundable.
34.4. When insuring only the visa risk specified in sub-clause "e" of Clause 32.2. "e" of Clause 32.2, the Insurer shall not be liable for the risks of cancellation of the Trip or early termination of the Trip.

35. INSURANCE INDEMNITY PAYMENT PROCEDURE

35.1. Upon occurrence of the events specified in clauses 32.2 and 32.3. the Insured shall be obliged to notify the Insurer in one of the ways specified in Clauses 11.7.1-11.7.4 not earlier than the date of commencement of the intended Trip. The Application must specify the nature and circumstances of the claim, the intermediary who formed the tour group or the address of the hotel, apartments, etc.
35.2. The following documents must be attached to the Application (if necessary, certified translations of the original documents drawn up in a language other than Russian):
35.2.1. copy of a document certifying the identity (of the applicant and the recipient of the payment);
35.2.2. original or copy of the insurance contract (insurance policy); original or copy of the insurance information (if any);
35.2.3. copies of all pages of the Insured's foreign passport (including blank pages) (in case of refusal of a visa or delayed issuance of a visa); the first page of the foreign passport and pages with marks of border crossing at the time of the claim (in case of early return or delayed return);
35.2.4. a copy of the child's birth certificate (if the expenses are related to providing services to the child);
35.2.5. documents (copy) confirming the relationship between the Insured and a close relative (when the event occurred with a close relative or one of the Insured - a participant of the Trip);
35.2.6. original or copy of the contract for the provision of travel services, reservation and confirmation of payment for the hotel room, apartments, as well as payment documents (Clause 2.32 of these Insurance Rules), confirming the payment of expenses for the organization of the Trip;
35.2.7. documents confirming the return of the travel agency, hotel, apartments, airline, other organizations to the Insured a part of the amount of money under the contract to provide travel services or under the terms of the reservation (information about the return of funds from the travel agency in the form of the Insurer, the calculation of return, a payment document);
35.2.8. documents of the tour operator, hotel, apartments and other organizations, whose services the Insured used to organize the trip abroad, confirming the existence of losses associated with the cancellation of paid services (calculation of the cancellation of the tour, certificate of actual costs, the official notification of the tour operator of the amount of the penalty and the refund amount);

35.2.9. Documents from the state/region's health control and supervision services/health services confirming that quarantine has been imposed on the Insured, based on positive test results/analysis for a dangerous disease/children's infection;
35.2.10. documents of the transportation company, consulate, hotel and other organizations, whose services the Insured used to organize the trip abroad, confirming the existence of losses associated with the forced return of travel documents (airline tickets, train tickets, other tickets (travel documents)), rejection of the booked hotel room;

a) documents and information necessary to establish the nature of the claim, if unable to travel due to illness, injury or death:

– originals or copies of: a standard certificate of incapacity for work (including a scan of the electronic sick list), an extract from the medical card of an outpatient (hospital) patient and/or a certificate indicating the diagnosis and period of treatment, discharge epicrysis of the official medical institution (hospital) with the circumstances of injury (if traumatic injury), full diagnosis, treatment period, treatment and diagnostic measures;

– copy of the death certificate, copy of the death certificate indicating the cause of death, documents confirming the relationship of the Insured and a close relative;

b) if it is impossible to make the Trip due to damage or destruction of property belonging to the Insured - originals or copies of protocols of the police or relevant administrative services, confirming the fact of damage;

c) when it is impossible to travel due to court proceedings - a court summons (copy) and court decision, judgment, ruling (copy certified by the court);

d) in case of refusal to obtain an entry visa - an official refusal of the consular service of the embassy (if any) and copies of all pages of the foreign passport (including blank ones) of the Insured;

e) in case of a delay in obtaining, or obtaining an entry visa within a different timeframe from that requested - copies of all pages of the Insured's foreign passport (including blank pages);

f) in case of early return of the Insured and his/her close relatives from the Trip due to refusal to enter the country of temporary stay - documentary confirmation of this refusal. And also the air ticket and boarding pass, confirming both the fact of arrival of the Insured to the country of temporary stay and the fact of his/her return to the territory of permanent residence, dated the day of arrival or the day following it;

35.2.11. as a result of delayed return of the Insured from the Trip in accordance with clause 32.3 "a" must be provided: travel tickets and documents confirming their cost or documents confirming the cost of reissuing travel documents; a document confirming the cost of urgent single communication; a document confirming the cost of additional accommodation in a hotel;
35.2.12. as a result of delayed return of the Insured from the Trip in accordance with subparagraph "b" clause 32.3 must be provided: travel tickets and documents confirming their cost or documents confirming the cost of reissue of travel documents; a document confirming the cost of an urgent single communication; a document confirming the cost of additional accommodation in a hotel;
35.2.13. As a result of the cancellation of the planned Trip / early return of the Insured from the Trip, caused by the reasons stipulated in clauses 32.2 "g" and 32.3 "c", it is necessary to provide:

a) documents confirming the fact of interruption of the cruise as a result of technical failures, malfunctions, failure of machinery and other unforeseen circumstances that occurred with the means of water transport (liner, boat, icebreaker, motor ship, yacht, etc.);

b) when cruising on the planned route - the fact of payment for the cost of accommodation in the cabin for the duration of the Trip; travel tickets and documents confirming their cost, or documents confirming the cost of reissuing travel documents.

35.3. Insurance payment in the form of compensation for the expenses incurred by the Insured is made by the Insurer after receipt of all requested documents (and, if necessary, their certified translations) within the period specified in the insurance contract, but not more than 45 (forty-five) working days.

35.4. The Insurer has the right to send an official request to the tour operator, travel agent or hotel, etc. to determine or confirm the amount of costs incurred by the Policuholder (Insured), and also has the right to request the original documents provided and additional information on the case.

- The Insurer has the right to make payment of insurance compensation upon submission of supporting documents from the tour operator in the amount of its final actual costs.
- The Insurer has the right to postpone the decision on the insurance payment until these documents are provided.

35.5. The Policyholder (Insured) is obliged to immediately notify the tour operator or travel agent, hotel, etc. about the cancellation of the Trip or its postponement in order to maximally reduce the tariff penalties established in the contract for the provision of travel services or according to the terms of reservation.

Section VII. INSURANCE OF EXPENSES RELATED TO OBTAINING NECESSARY LEGAL (LEGAL) ASSISTANCE DURING A TRIP ABROAD

36. CLAIM

36.1. A claim is an occurring event specified in the insurance contract, with the occurrence of which there is an obligation of the Insurer to make an insurance payment.

36.2. The claim is an actually occurred, sudden, unforeseen and unintentional event, as a result of which the Insured required urgent legal assistance as a result of his involvement in judicial or extrajudicial (administrative) proceedings due to:

36.2.1. damage to health, property, property interests of the Insured by third parties;

36.2.2. damage to life, health or property of third parties, resulting in the emergence of civil liability of the Insured.

36.3. In accordance with these Insurance Rules, the Insurer does not cover the costs of the events referred to in clause 36.2, resulting from:

36.3.1. any intentional act (omission) of the Insured, except for acts of necessary defense;

36.3.2. insulting a third party by the Insured.

37. EXPENSES REIMBURSED BY THE INSURER

37.1. The Insurer undertakes to arrange for the provision of legal assistance and to make payment of insurance compensation for the following expenses:

37.1.1. expenses for consultations, advice, opinions on legal issues, references on the legislation of the country of temporary stay. Consultations are provided by phone, e-mail, orally and in writing in the lawyer's office. There is no departure of a lawyer for consultations;

37.1.2. defense costs for civil cases, cases of administrative offenses, criminal cases, in which the Insured is a plaintiff / defendant, suspect, accused, victim. Departure of a lawyer and an interpreter is carried out in cases stipulated by the legislation of the country of residence, or at the discretion of the Insurer's representative - the Assistance Company;

37.1.3. expenses for the protection of the rights of the Insured in conflict situations arising when the Insured crossed the state border and customs control zone of the Russian Federation and other countries. Departure of a lawyer and an interpreter is carried out in cases stipulated by the laws of the country of residence, or at the discretion of the Insurer's representative - the Assistance company.

37.2. The Insurer covers the expenses specified in Chapter. 36 of these Insurance Rules, associated with the organization and provision of legal assistance to the Insured exclusively through the Assistance Company or other persons/organizations that have contractual relations with the Insurer, within the insurance amount specified in the insurance contract.

37.3. The costs referred to in Chapter. 36. of these Insurance Rules shall be paid by the Insurer directly to the Assistance Company or other persons/organizations that provide legal (legal) assistance to the Insured and have contractual relations with the Insurer.

37.4. The insurance indemnity payments provided for in these Insurance Rules cannot exceed the sum insured specified in the insurance contract.

37.5. For the quality of legal assistance provided to the Insured under these terms, the person who has provided legal (legal aid) assistance to the Insured shall be directly responsible.

38. NOT CONSIDERED AS CLAIMS, NOT ACCEPTED FOR INSURANCE AND EXPENSES NOT SUBJECT TO REIMBURSEMENT

38.1. The Insurer does not cover the costs of providing legal assistance to persons accused of terrorism.

38.2. The Insurer does not cover the costs of providing legal assistance to family members of the Insured (except for family members of the Insured whose legal representative the Insured is), his friends, companions, fellow travelers, companions, etc.

38.3. The Insurer does not cover expenses for the provision of legal assistance, not organized by the Insurer or his representative and made by the Insured himself.

38.4. The Insurer does not cover the costs of providing legal assistance on issues related to the protection of consumer rights of the Insured.

38.5. The Insurer does not cover legal and extrajudicial costs of the Insured, such as notary fees, payment of state fees and other mandatory charges, payment of fines, awarded (imposed by the authorized body) monetary penalties.

38.6. The Insurer also does not cover the costs of providing legal assistance to persons in other cases stipulated in Chapter 10. of these Terms and Conditions of Insurance.

39. THE ACTIONS OF THE PARTIES WHEN A CLAIM OCCURS. THE PROCEDURE FOR INSURANCE INDEMNITY PAYMENT

39.1. When an event occurs, the Insured must immediately, within no more than 24 hours from the time of the charge, claim, etc., contact the telephone number specified in the insurance policy, the 24-hour contact center of the Insurer's representative - the Assistance Company - and follow all their instructions.

If the Policyholder (Insured) violates the obligation stipulated in this paragraph, the case is not recognized as insured according to these Insurance RULES, and the Insurer does not cover the costs of providing legal assistance.

39.2. In the event of an accident, the Insured must accurately follow all the recommendations of the persons coming from the Insurer's representative who provide legal assistance, if necessary, to give these persons (person) a power of attorney.

39.3. When applying for reimbursement (pp. 11.7.1.-11.7.4.) the following documents must be attached (if necessary, certified translations of the original documents drawn up in a language other than Russian):

39.3.1. original or copy of the insurance contract (insurance policy); original or copy of the insurance information (if any);

39.3.2. copy of a document certifying the identity (of the applicant and the recipient of the payment);

39.3.3. copies of the completed pages of the Insured's foreign passport; the first page of the foreign passport and the pages with the marks of border crossing at the time of the claim;

39.3.4. documents (copies) confirming the relationship of the Insured and/or his/her close relative (when the event occurred with a close relative or one of the Insured - participant of the Trip);

39.3.5. documents confirming expenses for the provision of legal services (contract for legal services, payment document confirming the fact of payment for services).