APPROVED
Board of Directors
IC "Freedom Finance Insurance" JSC
Minutes No. 48
dated October 13, 2022

Insurance Company "Freedom Finance Insurance" Joint Stock Company
Voluntary Overseas Travel Insurance
Rules

Amendments and alternations approved by resolution of the Board of Directors (date, number):

No.	Approved Amendments and Alternations	Date	No.	Reg. No,
		dated _____, 20__	No._____	Reg. No._____
		dated _____, 20__	No._____	Reg. No._____
		dated _____, 20__	No._____	Reg. No._____

Repealed by resolution of the Board of Directors (Minutes No. _____ dated _____, ____).

Almaty – 2022

TABLE OF CONTENTS:

1. General Provisions
2. Insurable Interest
3. Policy Holders and Insured
4. Insured Event
5. Amount of Coverage Determining Procedure. Franchise. Premium, its Form and Payment.
6. Exemptions from Insured Events and Limits of Insurance. Refusal to Pay the Insurance Benefit.
7. Insurance Policy Execution Procedure
8. Term and Place (Territory) of the Insurance Policy
9. Rights and Obligations of the Parties
10. Actions of the Policy Holder/Insured in Case of the Insured Event
11. Consequences of an Increase in Insurance Risk during Validity of the Insurance Policy
12. Terms of Termination of the Insurance Policy. Issue of Duplicate
13. List of Documents Confirming Occurrence of the Insured Event. Procedure and Terms of the Insurance Benefit Payment
14. Replacement of Policy Holder/Insured
15. Dispute Resolution
16. Supplementary Provisions
17. Force Majeure

1. General Provisions

1.1. These Voluntary Overseas Travel Insurance Rules (hereinafter referred to as the Insurance Rules) are developed in accordance with the laws of the Republic of Kazakhstan that govern the types of insurance for which the Insurance Company "Freedom Finance Insurance" Joint Stock Company (hereinafter referred to as the Company) is issued an insurance license by the government authority and contain the terms and conditions of Voluntary Overseas Travel Insurance Policy (hereinafter referred to as the Policy) to be executed with individuals and/or legal entities, hereinafter referred to separately as the "Policy Holder" and collectively as the "Policy Holders".

1.2. According to these Insurance Rules, legal entities (their branches and representative offices) of any legal form and capable individuals can be the Policy Holders.

1.3. In these Rules the expressions set out below have the following meanings:

Outdoor Activities mean a way of spending free time, during which the vacationer is engaged in vigorous activities that require active physical work of the body, the muscles work of the whole body with an increased risk of injury. For the purposes of these Rules, the Outdoor Activities include the following activities of the Insured: activities in the water (including banana rides and other water games); trainings in gyms; car racings, motorcycle racings, tracking, skiing and cross country skiing, rafting, surfing, windsurfing, snowboarding, skateboarding, kiting, kayaking, sky-jumping, hiking climbs, caving, volcano travel, amateur (sports) tourism; rest in alpine camps, at tourist or sports bases, and in areas located above 1000 m above sea level; military tourism, mountain bike, parkour, digging, bungy jumping, and other outdoor activities including by using jet skis, motorbikes, water skis, towed inflatables and parachutes, motor bicycles, motor bikes, scooters, snowmobiles, all types pf bicycles (road and mountain biking, bike motocross, bike track, bike trial).

Close Relatives mean parents (adoptive parents) of the Insured, spouse that is in a registered marriage with the Insured, children, including adopted children, and brothers, sisters, grandparents, grandchildren of the Insured;

Policy's Recipient means a person who, in accordance with these Insurance Rules, is the beneficiary of the insurance benefit.

When entering into Policy, the Policy Holder may appoint any person to receive the insurance benefits under the Policy - the Policy's Recipient (the Policy's Recipient can be the Insured himself or a service company that organized the medical and other services), and also replace the Policy's Recipient at own discretion before occurrence of the insured event by notifying the Insurer in writing.

Designation and replacement of the Policy's Recipient under the Policy is allowed only with the written consent of the Insured.

If and when the Policy's Recipient fulfilled any of the obligations under the Policy or submitted an insurance benefit claim to the Insurer, the Policy's Recipient may not be replaced by another person.

If no Policy's Recipient has been designated in the Policy, then in the event of the death of the Insured upon occurrence of the insured event, the Policy's Recipient will be recognized as the person who is the heir of the Insured;

Acute Disease means an acute, newly diagnosed pathological disorder of the body that has progressed during the period of the Insurance Policy, in the territory of the Insurance Policy, clinically manifested by damage to organs and systems, which is not an exacerbation or complication of another pathological process, leading to temporary disability and requiring emergency medical intervention;

Civil War means an armed confrontation between two or more parties related to the same country, but belonging to different ethnic, religious or ideological groups. This definition includes armed insurrection; revolution; sedition; rebellion; coup d'état; the consequences of martial law;

Insurance Policy (hereinafter referred to as the Insurance Policy/ Policy/ Certificate of Insurance) means a document that confirms an existence of valid insurance coverage in respect of the Insured and contains information on the terms of the insurance coverage for insurance risks accepted for insurance cover within the amount of coverage executed by the Insurer, whereby one party (the Policy Holder) undertakes to pay a premium and the other party (the Insurer) undertakes upon occurrence of the insured event to pay the insurance benefit to the Policy Holder or to another person in whose favor the Policy is entered into (the Policy's Recipient);

Insured means an individual in respect of whom the insurance is maintained. In accordance with these Insurance Rules, the Insured is considered to be a person temporarily leaving the Republic of Kazakhstan. For COVID-19 insurance, the Insured is a person whose age is from 0 to 75 years as of the date of the Insurance Policy;

Internet Resource means an electronic information resource displayed in text, graphic, audiovisual or other form, hosted on a hardware and software complex that has a unique network address and (or) domain name and runs on the Internet;

Clinical Guideline (hereinafter referred to as the current clinical practice guideline approved by the Ministry of Health of the Republic of Kazakhstan) means a document that establishes general requirements for provision of

medical care to a patient with a specific disease or clinical situation approved by the government authority in the field of healthcare;

Bed-day means a unit of counting the time of stay (one day) spent by one person in a hospital;

Personal Account means a personal section of the Policy Holder on the official website of the Insurer in the Internet which is created by the Policy Holder or by the Insurer on behalf or with the consent of the Policy Holder, and can be used to create and exchange information between the Insurer and the Policy Holder in electronic form for the execution, performance, amendment, early termination of the Insurance Policy, as well as for other purposes that comply with these Rules and the current law of the Republic of Kazakhstan;

Medical Expenses mean expenses for payment for medical services prescribed to the Insured in accordance with medical grounds (in accordance with the clinical practice guidelines approved by the Ministry of Health of the Republic of Kazakhstan) that resulted from emergency medical care;

Medical institutions of Assistance (Service Company) mean specialized medical institutions that have entered into service agreements with Assistance and on behalf of the Insurer provide the Insured with the services stipulated for in the Insurance Policy;

Medical Institutions and/or Doctors mean medical institutions or employees operating in the territory of insurance, whose services the Insured has employed independently without involving Assistance employees;

Accident means a one-time sudden impact of various external factors (physical, chemical, technical, etc.), the nature, time and place of which can be unambiguously determined, which occurred against the will of a person and led to bodily injuries, impaired body functions of the Insured or his/her death that occurred during and at the place of insurance coverage outside the territory of the Republic of Kazakhstan, regardless of other reasons, which entailed unforeseen expenses. Accidents do not include any form of acute, chronic and hereditary disorders;

Emergency Medical Care means a medical care provided in case of sudden acute diseases, conditions and/or accidents, without obvious signs of a threat to the life of the patient. The volume of emergency medical care includes relief (control) of acute pain syndrome;

Exacerbation of a chronic disease means an acute presentation of a chronic disease during the period of validity of the Insurance Policy, which is not an obstacle to making a travel;

Observation means a medical observation in isolation of persons who have been in contact with patients with quarantine infections or who travel outside the focus of quarantine disease. Observation is set for the period of the maximum incubation period of the corresponding disease from the moment of separation from the sick persons or residents of the Quarantine Zone. Observation includes a set of isolation-restrictive, treatment-and-prophylactic and anti-epidemic measures aimed at preventing the spread of infectious diseases;

Travel means a travel abroad (outside the country of permanent residence) for the purpose of recreation, study, working visit, tourism, participation in competitions, etc.;

Insurance Program means a list of expenses that are covered in case of the insured event. Types of programs and coverages are specified in Annex No. 1 hereto. The amount of coverage is specified in the Insurance Policy. There are also sub-limits depending on the type of coverage, which are specified in Annex No. 1 hereto;

Carrier means any registered carrier, which is licensed to transport passengers by land, water or air and operates on a specific route;

Repatriation means arranging by Assistance transportation of corpse of the Insured from the host country to the international port of the permanent residence country or the country which citizenship the Insured had during lifetime, or to the international airport in the Republic of Kazakhstan or the country which citizenship the Insured had during lifetime that is nearest to the burial place. At the same time, the insurer does not bear the costs of ceremonial services, burial, and transportation of the corpse within the country of permanent residence. Exception: expenses for the repatriation of the corpse without the knowledge and consent of the Insurer or its representative /Assistance Company;

Service Company/Assistance means a representative of the Insurer who, in accordance with the cooperation agreement with the Insurer, arranges, coordinates and provides services to the Insured in the host country during the period stipulated by Insurance Policy executed with the Insured under the selected Insurance Program and in accordance with the terms of the Insurance Rules;

Policy Holder means an individual or legal entity that has entered into Insurance Policy with the Insurer. The Policy Holder (individual) can be the Insured at the same time;

Insurer means a legal entity that provides insurance, i.e. the person which undertakes, upon the occurrence of an insured event, to pay the insurance benefit to the Policy Holder or another person in whose favor the Policy (Policy's Recipient) is entered into, on the terms and within a certain amount (amount of coverage) stipulated by the Policy;

Premium means an amount that the Policy Holder should pay to the Insurer for the undertaking by the latter of the obligation to pay the insurance benefit to the Policy Holder (Policy's Recipient) in the amount and in the manner stipulated by the Insurance Policy;

Amount of Coverage means an amount for which the insurable interest is insured, and which constitutes the maximum amount of the insurer's liability in case of an insured event;

Insurance Benefit means an amount to be paid to the Policy's Recipient by the Insurer within the amount of coverage to compensate for losses caused by the occurrence of an insured event. The Insurer pays actual expenses for the services rendered, but in any case within the amount of coverage under the Insurance Policy;

Insured Event means an event upon the occurrence of which the insurance benefit should be paid under the Policy. For coronavirus infection, the Insured Event is the fact of occurrence of unforeseen expenses (losses) of the Insured for emergency hospitalization due to COVID-19 disease diagnosed for the first time during the period of insurance coverage, caused by coronavirus infection SARS-CoV- 2 during the period of validity of the Policy and in the territory of insurance;

Service Expenses mean expenses incurred as a result of employing non-medical services (patient evacuation services, repatriation (transportation of the deceased), arranging the return of children, etc.);

Sub-limit means a part of the amount of coverage stipulated in the Insurance Policy, for which the insurable interest is insured under a separate position, and which constitutes the limiting amount of the Insurer's liability in case of the insured event under such position. For COVID-19 coverage, the amount of the sub-limit is stipulated by agreement of the parties based on the amount of the sub-limit of the amount of coverage chosen by the Policy Holder, taking into account the territory of insurance. The sub-limit cannot be changed after the start of the insurance period;

Territory of Insurance means a territory outside the Republic of Kazakhstan, where the Insurer's insurance cover is applied during the period of temporary stay of the Insured;

Host Country means any country included in the list of insurance territories of the Insurer, where the insured person temporarily leaves, except for the country whose citizenship he/she has and the country where he/she permanently resides or has a residence permit;

Alcohol, drugs test means a biochemical method for determining the presence of alcohol, psychotropic, narcotic substances in a person's blood;

Telemedicine means provision of medical services at distance by the Insurer (monitoring of the patient's condition and consultations) and the interaction of health care professionals with each other using telecommunication technologies;

Injury means damage to organs and tissues of the body with violations of their integrity and functions that is result of an accident;

Service Company Network Members mean medical institutions, international service organizations, physicians in private practice, pharmacies, opticians, dental clinics, carriers, rescue services, funeral services, other entities that provide services to the Insured, which entered into service agreements with the insurer's representative. If medical institutions provide services to the Insured in accordance with the Insurance Policy, such medical institutions become Policy's Recipients and receive insurance benefits through the Service Company. The insurance benefit is paid in the amount of expenses for the services provided according to the cost of such services, but in any case within the amount of coverage;

Conventional Unit means a unit of the amount of coverage currency under the Insurance Policy;

Franchise a release of the Insurer from compensation for damage not exceeding a particular amount stipulated by the terms of insurance. Franchise can be conditional (non-deductible) and unconditional (deductible).

For a conditional franchise, the Insurer is exempt from compensation for damage not exceeding the designated deductible amount, but should compensate the damage in full if the damage amount is greater than such designated amount.

For unconditional franchise, the damage is reimbursed in all cases minus the designated amount.

The franchise is set as a percentage of the amount of coverage or in absolute value.

Chronic condition means disease that has at least two of the following characteristics:

- is a long-lasting disease (from 6 months and above) that is characterized by periods of exacerbation (or there is a possibility of relapse) and remission;
- is permanent;
- requires long-term palliative care;
- requires periodic monitoring, consultations, examinations, tests or analyses;
- the person should be given a course of rehabilitation or special training to cope with the disease;

Electronic Insurance Policy means a unique insurance policy number assigned by the organization that generates and maintains the database, according to the methods of reconciliation (verification) of the information

specified in the application by conducting through the Unified Insurance Database (hereinafter referred to as the UIDB) with data from the information systems of government authorities and organizations subordinate thereto, integrated with the UIDB information system;

Evacuation to the Country of Permanent Residence means arrangement and payment for medical transportation of the Insured from the hospital of the host country to the international port of the country of permanent residence, the need for which is determined by the Assistance doctors and the attending physician;

Evacuation of Insured Children Under the Age of 16 in Case of Hospitalization/Death of the Insured means arrangement by the Assistance of departure of children under the age of 16 to the Republic of Kazakhstan or the country of permanent residence of the child, in case of hospitalization/death of the Insured in the territory of insurance during the period of insurance coverage under the Insurance Policy; The Insurer covers the cost of an economy class flight for each child from the airport at its location (the location closest to its location) to the airport in the city of the Republic of Kazakhstan (or the country in which the child permanently resides/has citizenship) closest to the settlement where the child lives.

The insurer reserves the right to return the ticket to the carrier company and receive compensation or exchange the ticket in the carrier company for an earlier or later date to evacuate children.

Expenses for evacuation to the Republic of Kazakhstan of insured minor children who are in the territory of insurance, are covered by the Insurer only in case of evacuation through the Assistance. The evacuation of children under the age of 16 arranged by the relatives of the Insured or any other persons independently without the participation of the Assistance and written agreement with the Insurer is not paid by the Insurer.

COVID-19 means a potentially severe acute respiratory infection, for the avoidance of doubt, infectious disease includes (but is not limited to) SARS-CoV-2 coronavirus disease (2019-nCoV), any mutation or variation thereof;

Emergency hospitalization provides for the hospitalization of the Insured in the intensive care unit and/or surgical intervention within the first 24 hours from the moment of admission to the hospital;

Emergency Medical Care means medical care that is provided to preserve the vital functions of the body, in order to prevent the irreversible consequences of pathological processes, the failure or delay in which may lead to the development of severe irreversible conditions of the body up to death.

1.4. The Insurer may refuse to enter into the Policy with or in relation to a person that as of the date of the Policy falls into one of the following categories of persons that:

1) are over 80 years of age;
2) as of the date of the Policy, are established disability or determined the degree of loss (full or partial) of working capacity (general or professional) and/or occupational disease;
3) use/used drugs; use/used toxic substances for the purpose of toxic intoxication; are/were alcoholic;
4) have enduring nervous and mental disorders who are/were thereby registered with a psychoneurologic dispensary;
5) are injured or had/ have diseases or their consequences resulting from alcohol, narcotic or psychotropic intoxication (of any degree);
6) deliberately inflicted bodily harm on themselves, including those who attempted suicide;
7) are injured or had/ have diseases or their consequences resulting from diseases of a mental nature, epilepsy, degenerative-dystrophic and demyelinating diseases of the nervous system;
8) persons who are as of the date of the Policy in the proposed territory of insurance;
9) for the COVID-19 option: persons over 75 years of age, unless otherwise designated in the Insurance Policy.

1.5. By signing the Policy, the Policy Holder confirms the consent of the Insured/ Policy's Recipient to transfer their personal data to the Insurer, Assistance for the fulfillment of the Insurance Policy, and also gives its consent to the transfer the Insured, Policy's Recipient information classified as the insurance privileged information in accordance with Article 830 of the Civil Code of the Republic of Kazakhstan to the Assistance for the fulfillment of obligations by the Insurer under the Insurance Policy.

2. Insurable Interest

2.1. The object of insurance is the property interests of the Policy Holder (the Insured) that do not contradict the law of the Republic of Kazakhstan due to the insured risk and are related to the expenses of the Insured for employing services in accordance with the chosen insurance program, arising from a sudden acute illness or an accident that occurred during the period of insurance coverage designated in the Insurance Policy. The Insurer shall be liable only during the validity of the Insurance Policy, including inpatient treatment.

3. Policy Holders and Insured

3.1. Unless otherwise provided by the Insurance Policy, the Policy Holder is simultaneously the Insured and indicated in the Insured column. If the Policy Holder is not designated in the list of insured persons, then the Policy Holder remains only the Policy Holder, if other insured persons are indicated in the Insurance Policy (Policy/Certificate of Insurance).

3.2. The Policy Holder may designate another person as the Insured in the Insurance Policy. The Insurance Policy can be executed both in favor of one Insured (standalone) and in favor of several Insured (collective).

3.3. The Policy Holders can be capable citizens of the Republic of Kazakhstan, foreign citizens permanently residing in the territory of the Republic of Kazakhstan, persons who have a residence permit in the Republic of Kazakhstan, and legal entities of any legal form.

3.4. The Insured can be citizens of the Republic of Kazakhstan, foreign citizens permanently residing in the territory of the Republic of Kazakhstan, and persons who have a residence permit in the Republic of Kazakhstan.

4. Insured Event

4.1. The insured event is an actual, sudden, accidental, unforeseen and unintended event (accident and/or sudden acute illness), occurred during the term of the Insurance Policy in the territory of insurance, which caused a harm to the life and/or health of the Insured that is resulting in expenses (losses) (except COVID-19, if such option is not available):

A) Emergency Medical Care Expenses, namely:

a) visits and consultations of medical specialists, medical examinations necessary to determine and/or confirm the diagnosis;

b) emergency hospitalization in a standard ward, including consultations, examinations, in-hospital control, surgical and/or medication treatment of the Insured;

c) when paying for the additional risk of COVID-19, hospital care for the emergency medical care, including the necessary diagnostic tests and drug therapy, based on the main diagnosis of coronavirus infection, for up to five (5) days of hospitalization for the entire period of the insurance coverage, except the Schengen area, but not more than the sub-limit designated by the Insurance Policy/ Certificate of Insurance;

d) for the Schengen area: when paying for the additional risk of COVID-19, hospital care for emergency medical care, including the necessary diagnostic tests and drug therapy, according to the main diagnosis of coronavirus infection, for up to eight (8) days of hospitalization for the entire period of the insurance coverage, but not more than the sub-limit designated by the Insurance Policy/ Certificate of Insurance.

B) Emergency Dental Care Expenses, namely expenses associated with:

a) the pain syndrome of the tooth and its surrounding soft tissues: therapeutic treatment, anesthesia, removal;

b) the treatment of purulent-inflammatory processes in the oral cavity: anesthesia, opening, drainage, bleeding control;

c) acute pain syndrome of the tooth and its surrounding soft tissues as a result of traumatic injury in an accident;

The following exceptions are not covered by the Insurer: orthodontics, cosmetology, scaling, surface/ advanced caries, panoramic/ 3D x-ray images, prosthetics and preparation thereto, neoplasms in the oral cavity of various origins, etc.

C) Expenses for the Insured transportation/ evacuation arranged by the Assistance, namely:

a) emergency medical transportation of the Insured by using ambulance car by the recommendation of the Assistance employees from the scene of the accident/ place of the insured event to the nearest medical institution or a doctor in the territory of insurance.

b) transportation of the Insured from the hospital to the nearest international airport in the territory of insurance for further independent return to the Republic of Kazakhstan, or to the country which citizenship the Insured has. The need for transportation is determined by the Assistance doctors.

c) medical evacuation of the Insured to the Republic of Kazakhstan, or to the country which citizenship the Insured has, if necessary, in the opinion of the Assistance employees:

- to the nearest international airport in the Republic of Kazakhstan or in the country which citizenship the Insured has.

D) Repatriation of corpse of the Insured to the Republic of Kazakhstan or to the country which citizenship the Insured had during lifetime, including due to coronavirus infection when paying for the additional risk of COVID-19, namely:

a) cost of coffin/ cremation urn that meets the requirements of international transportation;

b) costs associated with the arranging, storage, cremation and transportation of the remains of the Insured to the nearest international airport to the place of burial in the Republic of Kazakhstan or in the country which citizenship the Insured had during lifetime;
c) repatriation expenses are covered only if it is arranged through the Assistance. Repatriation of corpse of the Insured that are arranged by the relatives of the Insured or any other persons without the participation of the Assistance and/or written agreement with the Insurer is not paid.
4.2. For the coronavirus infection, the insured event is a disease caused by COVID-19 coronavirus infection, which is diagnosed for the first time during validity of insurance coverage that results in emergency hospitalization of the Insured validity of insurance coverage. Additionally, the costs of PCR (COVID-19 RNA) analysis are covered upon first positive PCR (COVID-19 RNA) result after seven (7) days of stay in the territory of insurance within the sub-limit of the amount of coverage according to the Insurance Policy. Thereat, for the additional risk of COVID-19, the period of validity of insurance coverage is not more than thirty (30) calendar days inclusive from the date of the Insurance Policy. Under the Multitrip Business program, the period of validity of insurance coverage for the additional risk of COVID-19 is not more than thirty (30) calendar days inclusive for each trip.
4.2.1. accommodation expenses for the period of Observation (if such option is available):
The Insurer reimburses, within the sub-limit set in the Insurance Policy, unforeseen accommodation expenses of the Insured during isolation (observation) at the request of the authorities of the host country. Such expenses include:
4.2.1.1. accommodation expenses of the Insured in quarantine centers/observatories, or additional accommodation expenses of the Insured during the period of isolation in a hotel, provided that the period of required isolation exceeds the previously planned stay/booking period;
4.2.1.2. expenses actually incurred by the Insured to pay for purchased food (including soft drinks).
4.3. Upon the occurrence of the insured event and the fulfillment by the Policy Holder (the Insured) of the requirement to notify of its occurrence in the manner and within the time limits stipulated by the Insurance Policy. The scope of the Insurer's obligations (insurance expenses) is determined based on the Insurance Program that is chosen by the Policy Holder's, which is specified in the Insurance Policy (Policy/ Certificate of Insurance). The types of all Insurance Programs are specified in **Annex No. 1** hereto.

5. Amount of Coverage Determining Procedure. Franchise. Premium, its Form and Payment.

5.1. **The amount of coverage** means an amount specified in the Insurance Policy, within which the Insurer is liable for fulfilling its obligations under the Insurance Policy. The amount of coverage is the limit of the Insurer's liability, in any case, the maximum insurance benefit (maximum liability) for each insured event does not exceed the amount of coverage, or the sub-limit for a separate position designated in the Insurance Policy.
5.2. The amount of coverage is set by agreement of the parties, based on the number of insured persons, the program and territory of insurance chosen by the Policy Holder and specified in the Insurance Policy. The amount of coverage cannot be changed after the start of the insurance period. Depending on the Program that is chosen by the Policy Holder and in accordance with these Insurance Rules, the sub-limits for certain types of coverage are also applied.
5.3. For additional risk of COVID-19, expenses for emergency hospitalization for the underlying disease - Coronavirus disease (according to the of Cub-clause A) of Clause 4.1 of Section 4) and one-time PCR diagnostics for COVID-19 RNA (according to the Clause 4.2. Section 4) are covered within the sub-limit of the mount of coverage stipulated by the Insurance Policy.
5.4. **Franchise** means a release of the Insurer from compensation for damage not exceeding a particular amount.
5.4.1. The franchise can be conditional or unconditional.
1) when a conditional franchise is set in the Policy, the Insurer is released from liability for damage if the damage amount does not exceed the amount of the franchise, but should compensate the damage in full if the damage amount is greater than the conditional franchise;
2) when an unconditional franchise is set in the Policy, the amount of the unconditional franchise is deducted from the amount payable by the Insurer in accordance with the terms of the Policy.
5.4.2. Franchise is set and its amount is determined by agreement of the parties when entering into the Insurance Policy. The franchise may be recorded as a percentage of the amount of coverage or as an absolute value. Franchise can be provided for both as a whole for a package of risks, and separately for certain risks;
5.4.3. Unless otherwise provided by the Insurance Policy, an unconditional franchise in the amount of 50% (fifty) percent for any insured event is automatically set for the Insured over 61 (sixty-one) years old.
5.5. **Premium** means an amount that the Policy Holder should pay to the Insurer for the undertaking by the latter of the obligation to pay the insurance benefit to the Policy Holder (Policy's Recipient) in the amount designated in the Insurance Policy.

5.5.1. the premium that is due under the Insurance Policy is calculated based on the selected insurance program, territory and term of insurance;
5.5.2. the premium is payable by the Policy Holder in a lump sum, in cash or by wire transfer no later than the term of the Insurance Policy, unless otherwise provided by the Insurance Policy;
5.5.3. the premium should be paid in the national currency of the Republic of Kazakhstan - tenge;
5.5.4. in case of failure to pay the premium within the period stipulated by the Policy, such Policy is considered not become effective, and the Insurer is released from the obligation to pay the insurance benefits;
5.5.5. day of premium payment is the date when the funds are credited into the bank account or received by cash desk of the Insurer.
5.6. The list of services, the costs of which are covered by the Insurer, and procedure for their receipt, are determined by the selected insurance program (Annex No. 1).

6. Exemptions from Insured Events and Limits of Insurance. Refusal to Pay the Insurance Benefit.

6.1. The Insurer shall not pay the insurance benefit:
1) non-medical expenses incurred (for example: telephone calls, transport services - calling and traveling by taxi);
2) expenses for emergency medical care to the Policy Holder (Insured) associated with the suicide or an illegal act or attempt thereof that, in accordance with the current law of the sojourn country, entailed an administrative penalty or criminal prosecution against the Insured, except use of excessive force in self-defence;
3) losses caused outside the territory of insurance or the period of validity of insurance coverage;
4) indirect losses (lost profit, penalties, contractual penalties, etc.);
5) non-pecuniary damage;
6) costs of litigation;
7) costs of proceedings related to the insured event and its evidencing in any authorities (stamp duties, costs for photocopies, notary certification, valuation/ examination, payment for lawyer, representative, translator services, etc.);
8) expenses directly or indirectly caused by forfeiting, eminent domain, seizure, destruction, damage to the Insured's property by order of any government, state or local authorities of the host country;
9) professional/any medical personnel medical advice by telephone/video-Internet connection, except professional medical advice via the Insurer's telemedicine;
10) evacuation costs in case of minor illnesses or injuries that are amenable to local treatment and do not prevent continuation of the Insured's travel;
11) expenses for the purchase/ exchange of tickets for air, railway and/or other transport companies that were done independently without the participation of the Assistance;
12) expenses for the evacuation of minor children of the Insured that are independently arranged by close relatives of the Insured or any other persons without the participation of the Assistance and/or agreement with the Insurer;
13) expenses associated with transportation (including accommodation and meals) of minor children of the Insured from the nearest international airport to their place of residence to their place of direct residence;
14) expenses for transportation of the remains of the Insured from the nearest to the place of burial international airport to the place of burial of the Insured;
15) expenses for the repatriation of corpse of the Insured that are arranged independently by the relatives of the Insured or any other persons without participation of the Assistance and/or written agreement with the Insurer;
16) any expenses for the funeral of the Insured in the Republic of Kazakhstan or in the country which citizenship the Insured had during lifetime;
17) expenses incurred by the Policy Holder (Insured) in the course of translation into Russian or Kazakh languages and/or notary certification of documents required by the Insurer to make a decision about payment of the insurance benefit;
18) transportation costs of the Insured for a trip to a medical institution with no confirmation of its necessity, namely, recommendations of the Assistance employees in its necessity on the basis of documents from the local attending physician;
19) the transportation costs of the Insured from the medical institution to the place of temporary residence in the territory of insurance;
20) expenses related to the insured event, if the Insured, upon the Policy becomes effective, has acquired citizenship/residence permit of the territory of insurance designated in the Insurance Policy;
21) expenses for telephone call of the Policy Holder (the Insured), exception telephone/fax communication with the Insurer or the representative of the Insurer (within 5,000 (five thousand) tenge) in connection with the occurrence of an insured event;

22) costs of additional comfort, namely: 1-2-bed ward, such wards as "VIP", "luxury", TV, telephone, air conditioner, humidifier, services of a hairdresser, massage therapist, beautician, translator, etc.;
23) the Policy Holder has failed to pay the premium within the period stipulated by the terms of the Policy;
24) if the treatment/ medical services were the purpose of the Insured travel, and in the case of treatment/ medical services in spa retreats, clinics, resorts and other facilities of a resort type;
25) the Insured was provided with medical care by a doctor of a sports team or provided by the organizers of sports competitions/gatherings;
26) as of the date of the Policy, the Insured was established disability and/or loss (full or partial) of working capacity (general or professional) and/or occupational disease, and it was the direct reason for seeking medical care;
27) outpatient and/or inpatient treatment, drug provision, and/or dental care in case of deterioration of health, complications, or death associated with any diseases and conditions, that the Insured suffered before the start of the insurance period (at the time of execution of the Insurance Policy), regardless of whether they were treated or not, whether the Insured knew about them or not, the costs incurred related to such treatment, and if the trip was contraindicated for the Insured for health reasons and/or could aggravate the course of the existing disease (cause its exacerbation);
28) the Insured failed to comply with the Insurer's requirement for medical examination and/or alcohol/drug intoxication medical test, and/or failed to provide the results of such examination/test. The obligation to prove non-using the above solution and/or substances lies is imposed on the Insured;
29) the Insured is sick with COVID-19, which is included in the list approved by order of the Minister of Health and Social Development of the Republic of Kazakhstan dated May 21, 2015 No. 367 "On approval of the list of socially significant diseases and diseases that pose a danger to others." Exception: if the "COVID-19" purpose of the travel/category/option is chosen in the Policy, and the above risks are paid for with an additional premium taking into account the adjustment factor;
30) the Insured got a positive PCR test for COVID-19, as of the date of the Insurance Policy;
31) if the Insured is diagnosed with COVID-19 in the territory of insurance, which is included in the list approved by order of the Minister of Health and Social Development of the Republic of Kazakhstan dated May 21, 2015 No. 367 "On approval of the list of socially significant diseases and diseases that pose a danger to others." Exception: if the "COVID-19" purpose of the travel/category/option is chosen in the Policy, and the above risks are paid for with an additional premium taking into account the adjustment factor;
32) expenses for COVID-19 outpatient treatment, regardless of the presence or absence of this category/option in the Insurance Policy;
33) losses caused in excess of the volumes, sub-limits and amounts stipulated by the Insurance Policy;
34) **for accommodation expenses for the period of observation**, the following expenses are not covered by the Insurance Policy (they are not insured events):
34.1. expenses for the purchase of alcoholic beverages, food supplements and dietary supplements;
34.2. costs associated with improving the comfort level of accommodation in a hotel/ observatory;
34.3. expenses for additional paid services (cable TV, Internet access, beauty and wellness treatments, etc.);
34.4. compensation for the cost of previously booked and/or paid accommodation before the date indicated in the document confirming the need for quarantine (decree in the form prescribed in the host country/ medical documents indicating the need to comply with quarantine, etc.);
34.5. costs associated with observance of mandatory quarantine upon arrival in the host country.
35) expenses related to the violation by the Insured of the host country endemic diseases prevention rules, which the Insured was aware, and failure to comply with the physician's directions;
36) costs associated with medical manipulations - iatrogenic injuries.
37) expenses related to violation of safety regulations in the performance of work when hired;
38) in case of illness, injury or death of the Insured as a result of ignoring by the Insured the prohibition/warning safety signs or restrictions (the sign "no entry", the sign "no swimming", the sign "do not swim behind the flags", etc.);
39) the list of exclusions from the insured events may be amended or alternated by the Insurance Policy.

6.2. The Insurer may completely refuse paying the insurance benefit to the Policy Holder if the insured event caused by:

1) terrorist act;
2) government or local authorities orders;
3) impact of a nuclear explosion, radiation or radioactive contamination;
4) radiation or contamination with radioactive fuel or radioactive waste from the combustion of nuclear fuel or the use of fissile materials;

5) wars; intrusions; hostile actions of a foreign country; military or similar operations (regardless of whether war is declared or not) or civil war;
6) rebellion; strikes; lockouts; civil unrest escalating or escalating into a popular uprising; rebellion civil unrest; military rebellion; revolution; military seizure or usurpation of power; forfeit; seizure or eminent domain of property; acts of terrorism;
7) intentional actions (omission) of the Insured aimed at occurrence of the insured event or contributing to occurrence thereof, except actions committed in a state of necessary defense and extreme necessity;
8) actions of the Policy Holder, the Insured, the Policy's Recipient, recognized in accordance with the procedure established by law as intentional crimes or administrative offenses that are causally related to the insured event.

6.3. The Insurer may completely of partially refuse paying the insurance benefit to the Policy Holder if the following cases:

1) the Policy Holder (Insured, Policy's Recipient) knowingly provides the Insurer with false information (including health status) about the insurable interest, the insured risk, the insured event and its consequences;
2) the Policy Holder (Insured) failure to notify the Insurer of a change in the type of activity or occupation of the Insured, the purpose of the travel, if such change was a direct or indirect cause of event that has patterns of the insured event;
3) intentional failure of the Policy Holder, the Insured, to take measures to mitigate losses from the insured event;
4) obstruction by the Policy Holder, the Insured to the Insurer in investigating the circumstances of the insured event and in determination of the amount of loss caused thereby;
5) failure to notify or untimely notification of the Insurer about occurrence of the insured event;
6) diagnosis and/or treatment, which is not confirmed by the relevant documents in accordance with the terms of the Policy and/or if the information and documents submitted by the Insured to the Insurer for the purpose of receiving insurance benefit or when executing the Insurance Policy, are insufficient, or contain incomplete, inaccurate or deliberately false information about the causes and circumstances of the insured event, as well as the types and cost of services rendered in connection with the insured event;
7) the Policy Holder's, the Insured's, the Policy's Recipient's failure to fulfill or improper fulfillment of the terms of the Insurance Policy;
8) In case of inpatient treatment, the Insurer covers the costs of diagnosing and treating only the underlying disease, which is the reason for the hospitalization of the Insured, within the limits of the amount of coverage set by the Insurance Policy, in accordance with the terms of the insurance program. In the event of an emergency hospitalization due to a previously undiagnosed disease (condition) that threatens the life of the Insured, the Insurer, when determining a clinical diagnosis, which is an exception to the insured events, covers the cost of inpatient treatment only until such a diagnosis is made, but not more than 3 bed-days, The Insured should pay independently for further stay in the hospital for such a disease;
9) other cases provided by the law of the Republic of Kazakhstan.

6.4. Persons who are over 80 years of age at the time of execution of the Insurance Policy are not underwritten for insurance cover.

6.5. Persons who are outside the Republic of Kazakhstan at the time of execution of the Insurance Policy are not underwritten for insurance cover against the additional risk of COVID-19.

6.6. The following events are not recognized as the insured events and the damage caused thereby is not indemnified:

1) failure of the Policy Holder (Insured) to comply with law of the host country when carrying out any types of activities;
2) carrying out of activities for which special permits are required by the Policy Holder (Insured) in the host country;
3) serving or appropriate training in the military and (or) law enforcement agencies;
4) voluntary refusal of the Policy Holder (Insured) to comply with the physician's directions, from medical evacuation (flight of the Insured accompanied by a medical professional);
5) actions of the Policy Holder (Insured) committed in a state of alcoholic, toxic, narcotic or other intoxication or under the influence of medicinal or psychotropic drugs, and the consequences thereof;
6) medical services that are not emergency medical care and/or not prescribed by the attending physician in case of emergency treatment;
7) chronic conditions, their exacerbations/complications that did not endanger the life of the Insured, except in cases where the exacerbation/complication of chronic conditions caused by accident or injury. A chronic condition is determined by its duration (before the start of the insurance period), periods of exacerbations and remission, and clinical signs of its prescription. The degree of prescription of a chronic condition is determined by the physician

who provided medical care to the Insured in the host country, or by the expert physician/ commission during the examination in the territory of the Republic of Kazakhstan. Due to the lack of awareness of the physician in the host country about the state of health of the patient before his/her departure from the country, the Insurer may challenge the physician's diagnosis by investigating the documents and requesting an extract from the medical records at the place of registration;

8) rehabilitation, restorative treatment in spa retreats, clinics, resorts and other facilities of a medical or resort type;

9) diagnosis and/or treatment of malignant and/or benign neoplasms, hyperplastic processes, and any complications caused by or associated with them;

10) expenses for any kind of transplantation, implantation and/or prosthetics, including endoprosthesis; expenses for surgical intervention, osteosynthesis, osteoplasty, surgical repair, any operations using various fixations (pins, screws, bolts, wires, plates, bone sutures, compression distraction apparatus, coronary artery bypass grafting, stenting, etc.), organ and tissue transplantations. Exception: skin transplantation in case of burns to save the life of the Insured;

11) diagnostics and/or treatment of the reproductive system, namely:

a) consultative and diagnostic examinations and treatment of the Insured for the progestational purpose, treatment of pregnancy complications, normal or premature births, and the C-section, artificial termination of pregnancy (abortion). Exception: emergency abortion when the pregnancy is not exceeding 12 weeks, the need for which caused by an accident with the Insured, which may be recognized as the insured event;

b) artificial insemination, diagnosis and treatment of infertility/impotence, prostatitis; asexualization, and any methods of contraception, including the introduction/removal of an intrauterine device (IUD);

c) diagnosis and/or treatment of any disorders of the menstrual cycle, metabolism.

12) diagnosis and/or treatment of mental disorders, depression, sexually transmitted diseases, HIV and AIDS, alcoholism or drug addiction, tuberculosis, diabetes mellitus and their consequences;

13) expenses related to the care and treatment of a newborn child, medical supervision and movement (including evacuation and/or repatriation);

14) diagnosis and/or treatment of any congenital, hereditary diseases and/or congenital/acquired anomalies/malformations of the body, including pathological bone fractures;

15) diagnosis and/or treatment (including surgery) associated with myopia/hyperopia, astigmatism, cataracts, glaucoma, retinal separation;

16) expenses for emergency hospitalization for a period of more than 5 (five) days for the entire period of validity of the Insurance Policy, excluding hospitalization for COVID-19 if this option is available. Additionally, there is a limit for emergency hospitalization in the US region: the limit of USD 5,000 (five thousand US dollars), excluding hospitalization for COVID-19 if this option is available; the limit for emergency hospitalization in the Schengen countries is EUR 5,000 (five thousand euros);

17) expenses exceeding 500 (five hundred) conventional units for the entire period of insurance that are related to any diseases of the bile ducts and conditions/complications caused by such diseases;

18) diagnosis and/or treatment of hepatic cirrhosis, any type of hepatitis and their consequences;

19) diagnosis and/or treatment of stroke, epilepsy, convulsive spasms;

20) diagnostics and/or treatment of infections and infestations requiring isolation of the Insured and/or hospitalization in an infectious diseases hospital, diseases included in the list of diseases, which treatment is prohibited in the non-public healthcare sector approved by the Order of the Ministry of Health of the Republic of Kazakhstan No. 526 dated October 14,2009, and diseases designated in the Order of the Minister of Health of the Republic of Kazakhstan dated September 23, 2020 No. KR DSM-108/2020 "On approval of the list of socially significant diseases" and diseases designated in the Order of the Minister of Health of the Republic of Kazakhstan "On approval of the restrictive measures, including quarantine, rules and the list of infectious diseases, in case of the threat of occurrence and spread of which restrictive measures, including quarantine, are introduced" dated December 21, 2020 No. KR ДСМ-293/2020, therefore, including but not limited to: HIV infection (AIDS), TB, plague, cholera, amarillic typhus amarillosis, viral hemorrhagic fevers, typhoid fever and paratyphoid fevers, FMD, rabies, leptospirosis, listeriosis, Francis disease, febris undulans, echinococcosis, yersiniosis, salmonellosis, rickettsial diseases, tick-borne encephalitis, dysentery, malignant anthrax, diphtheria, pertussis, rubeola, rubella, epidemic parotiditis, viral hepatitis, infectious meningitis, atypical pneumonia, ebola, epidemic flu, coronavirus infection caused by a new subtype of the virus (except for cases where this option is available in the Policy/Certificate), etc. and their consequences, regardless of the clinical form and stage of the process;

21) diagnosis and/ or treatment of a disease in accordance with the current clinical diagnosis and treatment practice Guidelines of the Ministry of Health of the Republic of Kazakhstan, if they are not necessary;

22) plastic surgery, cosmetic diagnostics/treatment and any other types of diagnostics/treatment related to the correction of inaesthetism or bodily anomalies, gender reassignment surgery, weight/form correction, diagnosis/treatment of obesity or malnutrition;
23) diagnosis and/or treatment of cat and dog bites, insects; burns of any marine animals/inhabitants, burns/injuries from sea corals/urchins and marine vegetation;
24) diagnosis and treatment of the consequences of direct and/or indirect exposure to solar, ultraviolet or other types of radiation (sunburn, photodermatitis, etc.), and fungal and dermatological diseases, including allergic (except Quincke's oedema/ anaphylactic shock) and food dermatitis, psoriasis and its complications; lamellar exfoliation of the newborn, eczema, calvities, atopic dermatitis, neurodermatitis, vitiligo, warts, acne disease, demodicosis, as well as any kind of lichen, regardless of nosology;
25) consultations and treatment related to the obstruction of the acoustic meatus with cerumen impaction;
26) diagnosis and treatment of diseases that required treatment during the last 6 months before the start of the insurance period, diseases requiring surgical intervention, including surgical treatment on the visual organ, except for injuries, and therapeutic treatment before the start of the travel;
27) preventive research/ examinations, medical screenings, care and vaccination, medical examinations, certificates for educational and other institutions;
28) expenses for materials for osteosynthesis/osteoplasty; selection, purchase and repair of medical devices (lens, glasses, earphones, BG meters, bands, crutches, wheelchairs, diapers, orthesis, orthopedic shoes, compression stockings, etc.), and the light-hardening lightweight cast application;
29) surgical interventions or treatment that may be delayed until the return of the Insured to the Republic of Kazakhstan and/or which has not been approved by the Assistance;
30) dental care, except emergency care referred to in Sub-Clause A) of Clause 4.1 of Section 4 hereof;
31) ocular prosthetics; endoprosthesis replacement, orthopedic restoration, including any type of prosthetic dentistry (removal of braces, removal and replacement of prostheses, fillings, etc.);
32) treatment and/or diagnosis by non-traditional methods (phytotherapy, leeching, aromatherapy, apitherapy, music therapy, treatment in a altichamberr, hydromassage, hydrocolonotherapy, bioresonance therapy, homeopathic treatment, floating bath, dry and underwater traction, fangotherapy, and other non-traditional, non-fundamental methods), restorative (rehabilitation) treatment, and any physiotherapy treatment methods;
33) services of a psychotherapist, nutritionist, geneticist, speech therapist, cosmetologist, massage therapist, hairdresser, stylist, translator;
34) treatment and/or diagnostics undertaken by persons who do not have permission to engage in medical practice or a medical institution that does not have an appropriate license;
35) performance of any form of hazardous work in connection with any business, trade or profession (drivers, pilots, sailors, miners, builders, assemblers, etc.);
36) engaging in any kind of physical labor, any work at height or digging pits, or working in mines at depth;
37) participation in dangerous extreme sports and entertainment, entailing a high risk of harm to health in the form of injury or death, including:
- swimming, synchronized swimming, rowing, table tennis, trampoline, weight-lifting, gorodki, golf;
- figure skating, bobsledding, luge, tennis, squash, badminton, skating, skiing, water skiing, biathlon, orientation, firefighting sports, shooting, fencing, excluding jet skis, bananas, water rides, water parks;
- baseball, softball, basketball, polo, acrobatics, diving, spearfishing, pentathlon, weightlifting and athletics, sambo, judo, aikido, tennis, golf, gymnastics, triathlon, sailing, equestrian sport, springboard diving, windsurfing, quad biking, jet skis;
- hockey, iceboat, football, rugby, mountain climbing, rock climbing, roller, handball, volleyball, basketball, power triathlon, safari;
- Alpine skiing, snowboarding, freestyle, cycling, motoball, sky-jumping, paragliding, hang gliding, rafting, snowboard drafting, snowboarding);
- kickboxing, karate, hand-to-hand combat, taekwondo, wushu, Greco-Roman wrestling, freestyle wrestling, etc.
The above sports are covered in case of entering into the Insurance Policy under the "Sports" program.
38) treatment of the consequences of any type of massage, SPA procedures;
39) computed tomography (CT), magnetic resonance imaging (MRI), except cases that threaten the life of the Insured;
40) expenses incurred by the Insured after the expiration of the Policy, even if the insured event occurred during the validity of the Policy;

41) expenses for PCR analysis (COVID-19 RNA) for COVID-19, except one-time coverage of expenses for the first determined positive PCR result (COVID-19 RNA) for COVID-19 after 7 (seven) days of stay in the insurance territory, provided that the terms of the insurance program includes an option for COVID-19;
42) procedures that are not recognized by medical science and/or medical procedures based on medical technologies that are not generally applicable at the time of the insured event;
43) treatment with alternative medicine methods used for the purpose of diagnosis, treatment and rehabilitation, except for cases expressly provided for by the Insurance Policy;
44) mutilations and injuries as a result of driving a vehicle in a state of alcoholic, narcotic toxic intoxication or under the influence of psychotropic drugs, desensitizing sedatives that cause drowsiness, disorientation, impaired mental alertness;
- The Insured drove the vehicle without the appropriate driver's license;
- The Insured transferred the vehicle control to a person who does not have the appropriate driver's license;
- The Insured was in a vehicle (as a passenger) driven by a person who was in a state of alcoholic intoxication or under the influence of drugs or toxic intoxication, except for public transport;
45) self-treatment, treatment that is prescribed by a non-physician or a family member of the insured;
46) deterioration of health due to the use of drugs that cause alcohol intoxication, when the blood alcohol level is more than 0.3 ppm (0.3 mg per 100 grams of blood weight), drug intoxication, or the use of drugs of both plant origin and produced by chemical synthesis, causing alcohol, narcotic or toxic intoxication;
47) voluntary written refusal of the Insured from evacuation to the country of permanent residence, when it is permitted for medical reasons. Expenses arising from the moment of a written refusal to evacuate are not reimbursed;
48) voluntary refusal of the Insured to comply with the prescriptions and directions of the attending physician received by the Insured in connection with the application due to the insured event;

6.7. Expenses (losses) for purchase of the following drugs, including those for inpatient treatment, are not recognized as insured expenses:

a) contraceptives;
b) biologically active additives, food additives, biological excitors (for example: ginseng tincture);
c) homeopathic preparations;
d) anorexant drugs;
e) cosmetics;
f) nootropic drugs;
g) fat burners;
h) drugs affecting potency/libido;
i) lipid-lowering drugs, statins;
j) immunomodulators, anti-depressants;
k) hepato-chondroprotectors;
l) vitamin preparations;
m) drugs prescribed for prophylactic purposes.

6.8. If COVID-19 is suspected or determined, expenses will not be reimbursed in the following cases:

6.8.1. if the insurance program does not include a COVID-19 coverage option;
6.8.2. if the insurance program includes a COVID-19 coverage option, the PCR test (COVID-19 RNA) performed to the Insured 7 days before crossing the border of the Republic of Kazakhstan or taken upon arrival in the territory of insurance during the first 7 (seven) days of stay will not be covered, and also after 7 (seven) days with a negative result;
6.8.3. outpatient care, including medication;
6.8.4. hospitalization (inpatient treatment), except hospitalization for emergency reasons, subject to the purchase of the program that includes a COVID-19 coverage option in accordance with the Sun-clauses c) and d) of Clause A) of Section 4.

6.9. If the Insured fails to notify the Insurer or Assistance Company in a timely manner of occurrence of the insured event and the need to arrange emergency medical care in accordance with Clause 10.3 of Clause 10 hereof, the Insurer may fully or partially refuse to pay the insurance benefit. Thereat, the Insured must prove the fact of attempts to notify within the first 24 hours from occurrence of the insured event.

6.10. The Insurance Policy may provide for a different list of exclusions from insurance and other insurance restrictions.

6.11. The Insurer should send the Policy Holder and Policy's Recipient a written substantiated refusal of insurance benefit within 15 (fifteen) business days from the date of obtaining of all necessary documents.

7. Insurance Policy Execution Procedure

7.1. The Insurance Policy is executed on the basis of the Policy Holder application form in designated format in accordance with the internal documents of the Insurer, in which the Policy Holder should indicate accurate and complete information about the insurable interest and other necessary information in accordance with the details of the application form. The insurance application form is an integral part of the Insurance Policy.
7.2. The information that is submitted to the Insurer as a result of a health check is strictly confidential. However, the Insurer may transfer the necessary scope of the Insured data to the reinsurer or other insurer to assess the degree of risk and to execute a reinsurance or co-insurance policy. The transfer of the Insured data to the Assistance is allowed only to the extent necessary for the purposes of insurance.
7.3. The Policy is executed without a preliminary medical examination of the Insured. At the request of the Insurer, the Insured must fill out a questionnaire form (application-questionnaire) proposed by the Insurer. When executing the Insurance Policy, the Insured releases physicians from confidentiality obligations (doctor-patient confidentiality) to the Insurer insofar as it relates to the insured event.
7.4. The Insurance Policy is executed in writing by:
a) execution and signing of the Insurance Policy by the parties;
b) accession of the Policy Holder to these Rules, developed unilaterally and issue to the Policy Holder of a certificate of insurance/ insurance policy by the Insurer.
The forms of the insurance policy/ certificates of insurance are approved by the internal documents of the Insurer.
The insurance policy/certificate of insurance may be executed by issuing an electronic insurance policy by the Insurer.
7.5. If after the execution of the Insurance Policy it is revealed that the Policy Holder has knowingly provided false information about the health status of the Insured, the Insurer may demand to recognize the insurance policy as invalid and to apply consequences in accordance with the law of the Republic of Kazakhstan, as well as to refuse paying the insurance benefit.
7.6. The Insurer may refuse to execute the Policy with the Policy Holder without justification. Persons who are over 75 years of age are not underwritten for insurance cover under the COVID-19 option, unless otherwise stipulated in the Insurance Policy.
7.7. When selling an insurance product through the Internet resource of the Insurer or its partner:
a) the Policy Holder fills in the data in the electronic application form;
b) the certificate of insurance is executed by accession the Policy Holder to these Rules. The certificate of insurance may be issued in two ways:
1) at the location of the person selling such insurance product, by issuing an insurance policy/certificate of insurance to the Policy Holder;
2) on the official Internet resource of the Insurer or its partners, by issuing an electronic insurance policy/certificate of insurance and sending it to the Policy Holder's email address indicated when filling in the data on the Insurer's Internet resource with SMS notification.
7.8. Prior to execution of the insurance policy/certificate of insurance, the Policy Holder must notify the Insurer in writing:
a) whether he/she (the Policy Holder) is a foreign public official or his family members are a foreign public official or not;
b) whether the beneficial owner is another person (other than the Policy Holder).
7.9. In case of execution of the Insurance Policy with a person who is a resident of the Republic of Kazakhstan and outside the Republic of Kazakhstan as of the date of the Policy, the insurance coverage for all risks becomes effective no earlier than 7 (seven) calendar days from the date of the Insurance Policy.

8. Term and Place (Territory) of the Insurance Policy

8.1. The term of the Insurance Policy is set by agreement of the parties and is indicated in the Insurance Policy, but not more than 12 (twelve) calendar months.
8.2. The Insurance Policy becomes effective and binding to the parties from 00:00 a.m. of Nur-Sultan time and expires with the return, when the Insured crosses the border of the country of permanent residence, or at 24.00 hours of the day designated in the Insurance Policy as the last day of its validity.
8.3. The Insurance Policy is executed for a specific trip (travel, hike, journey, business trip, etc.) of the Insured abroad (territory of insurance), for the insurance period designated in the Insurance Policy (estimated duration of the Insurance Policy) or several trips within a certain period based on the Insurance Policy.
8.4. The validity of the insurance coverage in respect of the Insured that are excluded from the list of the Insured is terminated from the date designated in the supplementary agreement to the Insurance Policy.

8.5. If the Insurance Policy is executed for one-year period (or less than one year), and provides for multiple trips of the Insured abroad (territory of insurance), the insurance cover is valid for the duration of the actual stay of the Insured abroad (territory of insurance). The actual number of days during which the Insurance Policy is valid is designated in the Insurance Policy.
8.6. In the case of insurance under the **Multitrip Business** program, which provides for multiple trips abroad of the Republic of Kazakhstan, the Policy is valid within the number of days designated therein. Each time the Insured travels abroad of the Republic of Kazakhstan, the insurance period is automatically reduced by the number of days spent in the territory of insurance. The Policy under the **Multitrip Business** program is terminated upon the expiration of the number of days of insurance designated therein.
8.7. The validity of the Insurance Policy is applied exclusively to the territory designated therein.
8.8. The territory of insurance is the territory of those countries or geographical limits designated in the Insurance Policy. In all cases, the territory of the Republic of Kazakhstan, the country of permanent residence of the Insured and the country of which the Insured is a citizen are excluded from the territory of insurance.
8.9. Additionally, the following territories are excluded from the Insurance Policy:
a) countries on whose territory hostilities are conducted;
b) countries subjected by UN sanctions;
c) territories of countries within which foci of epidemics are discovered and recognized, as well as quarantine is declared, unless otherwise provided by the Policy.
8.10. The Insurance Policy/Certificate of Insurance sold through the Internet resource becomes effective from the day designated therein. Payment of the premium is made on the Internet resource of the Insurer or its partner in accordance with Paragraph 2 of Art. 394 and Paragraph 3 of Art. 396 of the Civil Code of the Republic of Kazakhstan, upon awareness with the standard insurance terms and conditions stipulated by the laws and regulations of the Republic of Kazakhstan, or with these Insurance Rules, which is recognized as full and unconditional consent (acceptance) to enter into the Insurance Policy/ Certificate of Insurance, and acceptance of all the terms and conditions stipulate herein, and empowers and authorizes the Insurer to collect and process personal data in accordance with the Personal Data and Their Protection Law of the Republic of Kazakhstan. When the acceptance is made, the Policy Holder is issued an electronic version of the insurance policy/certificate of insurance by directing it to the e-mail designated by the Policy Holder when filling in the data on the Internet resource of the Insurer or its partner.
8.11. If necessary, the Policy Holder undertakes to provide all the necessary documents requested by the Insurer to comply with the requirements of the AML/CFT laws of the Republic of Kazakhstan.
8.12. By signing the Application Form, the Policy Holder confirms that the such transaction is not related to the money laundering and the terrorism financing.
8.13. If, as of the date of the Policy, the Insured, who is a resident of the Republic of Kazakhstan, is outside the Republic of Kazakhstan, the insurance coverage for all risks becomes effective no earlier than 7 (seven) calendar days from the date of the Insurance Policy.

9. Rights and Obligations of the Parties

9.1. The Policy Holder may:
1) get acquainted with the Insurance Rules and the rates of insurance premiums;
2) early terminate the Insurance Policy with the mandatory execution of a written application for termination of the Insurance Policy;
3) obtain a duplicate of the Insurance Policy in case of its loss;
4) appeal against the refusal of the Insurer to pay the insurance benefit in court.
9.2. The Policy Holder undertakes to:
1) pay the premiums in the amount, manner and within the time limits stipulated in the Insurance Policy;
2) when executing the Insurance Policy, inform the insurer of all circumstances known to him/her that are essential for assessing possibility of the insured event and causing damage thereby (insured risk) and submit the documents requested by the insurer;
3) immediately, but no later than 48 hours, notify the Insurer of any significant changes that become known to the Insurer in the circumstances reported to the Insurer at the execution of the Policy, if such changes may significantly increase the insured risk;
4) immediately notify the Insurer or its representative of the insured event. If the Policy Holder is not insured, such obligation is imposed on the insured;

5) if the degree of risk increases, amend the Policy and/or pay an additional premium within 3 (three) business days from the date of receipt by the Policy Holder of the notice of amendments to the Policy and/or payment of the additional premium;
6) if the Insured (Policy Holder) independently pays for the medical services, which the Insurer/Assistance was notified in advance in accordance with Sub-clause 10.3 of Clause 10, the Policy Holder (Insured) or his/her authorized representative should provide, within 48 hours from the moment of crossing the border of the Republic of Kazakhstan, necessary documents confirming the occurrence of the insured event designated herein and in the Insurance Policy;
7) take measures to reduce losses caused by the insured event.

9.3. The Insurer may:

1) verify information and documents provided by the Policy Holder, and check the Policy Holder compliance with the requirements, terms and conditions of the Insurance Rules;
2) refuse to underwrite for insurance;
3) terminate the Insurance Policy, if the Policy Holder fails to pay the premium within the terms designated by the Policy;
4) partially or completely refuse to pay the insurance benefit in cases where:
- the Insured employed medical services that are not stipulated by the Insurance Policy;
- medical services are not employed by the Insured, who is designated in the Insurance Policy;
5) refuse to reimburse the insured for the costs associated with the medical care as a result of complications arising from the refusal (oral/written) of the Insured from the initially proposed medical transportation due to an acute illness/accident;
6) refuse to pay insurance benefit if the Insurer or its representative is not notified of the occurrence of the insured event in accordance with Sub-clause 10.3 of Clause 10 hereof;
7) require a test for alcohol/ narcotic/ psychotropic substances in the blood and refuse to pay insurance benefit, if the insured event occurred as a result of alcohol, narcotic intoxication or under the influence of psychotropic drugs; or if the Insured refused medical examination, refuse to pay insurance benefit.
8) independently investigate the causes and circumstances of an event that has patterns of the insured event, including request the relevant government authorities, law enforcement agencies, medical institutions, travel agencies/ operators, other enterprises, institutions and entities that possess information about the circumstances of the insured event based on and in accordance with their rights and powers, for documents that confirm the fact of the insured event and the amount of damage caused;
9) request the Policy Holder/Insured/Policy's Recipient for information/documents necessary to determine the fact of the insured event, and the circumstances of occurrence thereof;
10) The Insurer may transfer information about the Insured, the Policy's Recipient, related to personal data, insurance secrets in accordance with Article 830 of the Civil Code of the Republic of Kazakhstan, to the Assistance to enable the Insurer to fulfill its obligations under the Policy;
11) The Insurance Policy may stipulate other rights and obligations of the Insurer that do not contradict the laws of the Republic of Kazakhstan.

9.4. The Insurer undertakes to:

1) upon occurrence of the insured event, pay the insurance benefit in the amount and in the manner stipulated by the Insurance Policy within the agreed period after receipt of all necessary documents, or reasonably refuse to pay the insurance benefit;
2) ensure the secrecy of insurance;
3) in case of loss of the Insurance Policy by the Insured, issue its duplicate, valid in the same scope and for the same period (except for cases when the Insurance Policy (Certificate of Insurance) is executed in electronic form;
4) aware the Policy Holder with these Insurance Rules and provide (send) a copy of the Rules, upon request;
5) reimburse the Insured for the expenses incurred by him/her to reduce losses in case of the insured event;
6) in cases where the Policy Holder, the Insured or their representative fails to provide all the documents necessary for payment of the insurance benefit, notify them of the missing documents within 5 (five) business days. The Insurance Policy may stipulate a different notice period.

9.5. The rights and obligations of the parties described in this Section are not comprehensive; the Parties also have the rights and bear the obligations that are stipulated in other clauses of these Insurance Rules, the terms of the Insurance Policy and the current law of the Republic of Kazakhstan.

10. Actions of the Policy Holder/Insured in Case of the Insured Event

10.1. The burden of proof the occurrence of the insured event, and the losses caused thereby lies with the Policy Holder (Insured).
10.2. The Insurer appoints the Assistance Company as its representative to coordinate arranging and provision of medical care to the Insured in the host country. The terms, conditions, procedure and contact details of the Assistance Company are designated in the Insurance Policy.
10.3. Upon occurrence of any event that has patterns of the insured event and/or which may cause occurrence of the insured event, i.e. before seeking medical care/services or other additional care/service, the Insured/Policy Holder or his/her representative should immediately, but no later than 24 hours from the moment of occurrence, contact the 24-hour hot line of the Assistance Company, report the occurrence of the insured event and provide full information about the incident:
- surname, given name, patronymic (if any) of the Insured;
- number and date of the Insurance Policy/ Certificate of Insurance;
- name of the Insurer;
- host country and city;
- date, time and place of the insured event;
- all known information about the circumstances of the acute illness or accident and what assistance is required;
- code and telephone number by which it is possible to contact the Insured in the host country.

10.4. After receiving instructions from the Assistance Company, the Policy Holder (Insured) must act in strict accordance with such instructions.
10.5. In case of the insured event that is stipulated by the Insurance Policy, the Assistance Company, on behalf of the Insurer, ensures providing the Insured with medical care (services) and other additional services within the limits of the Insurance Program and the amount of coverage that are stipulated by the Insurance Policy.
10.6. In an emergency, if an urgent call was not made before applying for medical services, and the Insured is already receiving medical care, the Insured (his/her representative) should:
1) immediately, but no later than 24 hours from the occurrence of the insured event, contact the 24-hour hot line of the Assistance Company, inform about occurrence, and provide full information about the incident;
2) immediately take reasonable and available in the current situation measures to reduce losses associated with the event that may give rise to claims;
3) provide documentation of the event in the competent authorities;
4) at the request of the Insurer and/or the Assistance Company, provide documentation of treatment related to the insured event, and opportunity to get acquainted with the medical records by releasing the attending physician from the obligation to keep doctor-patient confidentiality.
10.7. In case of emergency hospitalization, the Insured should immediately, but no later than 24 hours from the moment of occurrence of the insured event (i.e. from the moment of emergency hospitalization), notify the 24-hour hot line of the Assistance Company about it. If the Insured is in an unconscious state upon the occurrence of the event, such notification of the occurrence of the event must be made to the service company within 24 hours from the moment of occurrence of the event by the relatives or representative of the Insured, who could do it for him/her. In case of delay in notification or failure to notify of the Insured's hospitalization, the Insurer shall pay insurance benefit in accordance with the Sub-clause 10.12 of Clause 10 hereof.
10.8. Timely application to the Assistance Company and approval of the Insured's expenses related to the expenses and services covered by insurance in accordance with the Insurance Policy is a prerequisite to payment of the insurance benefit.
10.9. If the insured event is the death of the Insured, the obligation to notify the Insurer about the insured event lies with the Policy Holder, and if the Policy Holder is the Insured at the same time, then with the Policy's Recipient.
10.10. The Policy Holder (Insured, Policy's Recipient) should provide all further information about the insured event and provide the necessary assistance to the Insurer in the investigation of the insured event.
10.11. Upon request, the Policy Holder (Insured, Policy's Recipient) should provide the Insurer with information related to the insured event, including information constituting a trade secret or doctor-patient confidentiality.
10.12. The Policy Holder (Insured) failure to notify or delay in notification of the Assistance Company and/or the Insurer about occurrence of the event, which may cause occurrence of the insured event, gives the Insurer the right to refuse paying the insurance benefit, in whole or in part.
10.13. The Policy's Recipient may notify the Insurer of occurrence of the insured event under all circumstances, regardless of whether the Insured did so or not.
10.14. Be examined for alcohol/ drugs in accordance with the law of the host country, in case of suspicion of alcohol/drug intoxication during occurrence of the insured event.

10.15. To carry out the evacuation by the Insurer/Assistance, to take, if possible, all actions necessary to exchange a ticket with a change in the date of departure through the Assistance employees or in agreement with them, if the Insured is forced to return ahead of schedule or be delayed.
10.16. At the request of the Insurer, be additionally examined in relation to the insured event, which is necessary for making a decision on coverage.
10.17. Take other actions stipulated by these Rules.

11. Consequences of an Increase in Insurance Risk during Validity of the Insurance Policy

11.1. After execution of the Insurance Policy, the Policy Holder (Insured) is not entitled to take or allow any actions leading to a change in the degree of insured risk. If the Policy Holder becomes aware of any circumstances leading to a change in the degree of insured risk, the Policy Holder should immediately notify the Insurer in writing.
11.2. In the event of a change in the degree of insured risk, the Insurer may renegotiate the Insurance Policy on new terms or without consent of the Policy Holder and terminate the Insurance Policy ahead of schedule from the moment such change occur.
11.3. The Insurer, which is notified of the circumstances entailing an increase in insured risk, may demand to alternate the Insurance Policy and payment of additional premium in pro rata the increase in risk.
11.4. If the Policy Holder and/or the Insured objects to alternate the Insurance Policy or pay the additional premium, the Insurer may demand termination of the Insurance Policy in accordance with these Insurance Rules and the law of the Republic of Kazakhstan.
11.5. If the Policy Holder or the Insured fails to fulfill the obligation to notify the Insurer of the circumstances entailing an increase in insured risk, the Insurer may demand termination of the Insurance Policy and reimbursement of expenses associated with the fulfillment of obligations thereunder.
11.6. The Insurer is not entitled to demand termination of the Insurance Policy if the circumstances entailing an increase in insured risk no longer exist.

12. Terms of Termination of the Insurance Policy. Issue of Duplicate

12.1. In addition to the general grounds for termination of obligations stipulated by the Civil Code of the Republic of Kazakhstan, the Insurance Policy is terminated in the following cases:
1) expiration of the Insurance Policy that leads to the termination of the insurance coverage, even if the insured event occurred during the term of the Insurance Policy (including inpatient treatment);
2) from the moment of payment of the insurance benefit for the first insured event, provided that the cost of the Insurance Policy is less than 15,000 (fifteen thousand) tenge per Insured;
3) death of the Insured;
4) the Policy Holder fails to pay the premium as stipulated by the Insurance Policy, the Policy Holder (Insured) fails to fulfill obligations under the Insurance Policy;
5) at the request of the Policy Holder, in case of breaching the terms of insurance by the Insurer;
6) the court adjudged to recognize the Insurance Policy as invalid;
7) by agreement of the parties (the parties should notify each other in writing of the intention to terminate the Insurance Policy no later than 1 day before the date of the proposed termination);
8) winding-up of the Insurer in accordance with the procedure established by the current law;
9) winding-up of the Policy Holder - legal entity, if the Insured, with the consent of the Insurer, has not assumed the obligations of the Policy Holder to pay the premium and fulfill the Insurance Policy.
12.2. If the Policy Holder withdraws from the Policy (paragraph 2 of Article 841 of the Civil Code of the Republic of Kazakhstan), and if such withdrawal is not related to the circumstances stipulated in the first part of paragraph 1 of Article 841 of the Code or in parts two and three of this Clause, the premium paid to the Insurer are non-refundable, unless otherwise provided by the Policy. If the Policy Holder-individual, withdraws from the Insurance Policy within fourteen calendar days from the date of execution thereof, the Insurer should refund the received premium(s) to the Policy Holder-individual minus a part of the premium(s) pro rata the time when the insurance was valid and costs associated with the termination of the Insurance Policy, but not exceeding ten percent of the received premium(s).
12.3. Thereat, the Policy Holder should submit an application for termination to the Insurer and provide the Insurer with a supporting document, including the refusal of the embassy in writing (original), a notary certified copy of the death certificate of a close relative, etc.
12.4. In cases where the early termination of the Insurance Policy is caused by breaching thereof by the Insurer, the latter should refund the premium(s) to the Policy Holder in full.

12.5. The Insurer issues a duplicate Policy based on the written Policy Holder's request. The Insurer issues a duplicate of the Policy within 1 (one) business day from the date of the Policy Holder's request. When issuing a duplicate Policy, the Insurer withholds the cost of the form in the amount of 0.1 MCI.
12.6. The Insurer may refuse to issue a duplicate Policy, if the request is submitted after the expiration of the Policy.
12.7. Conditions for early termination of the Insurance Policy that are not stipulated by these Insurance Rules are regulated by the Civil Code of the Republic of Kazakhstan.
12.8. The part of the premium subject to refund in accordance with the above Sub-clauses of this Clause should be paid by the Insurer by lump-sum within 15 (fifteen) business days from the date the Insurer's application for termination of the Policy is delivered.

13. List of Documents Confirming Occurrence of the Insured Event. Procedure and Terms of the Insurance Benefit Payment

13.1. Upon the occurrence of the insured event, the Insurer should pay the insurance benefit in accordance with these Rules.
13.2. The total amount of the insurance benefit under the Policy cannot exceed the amount of coverage designated in the Policy for each insured.
13.3. If the total amount of expenses to be reimbursed by the Insurer exceeds the amount of coverage designated in the Policy, the expenses for emergency medical care are paid first.
13.4. The insurance benefit is paid as follows:
13.4.1. to the Assistance designated in the Insurance Policy under the cooperation agreement entered into between the Insurer and the Assistance, according to which the Assistance, on behalf of the Insurer, provides the Insured with the around the clock arrangement and provision of services provided for by the Policy in the territory of insurance.
13.4.2. to the Insured/Policy's Recipient, if he/she solely paid for the services stipulated by the Policy and these Rules.
13.5. The Policy Holder (Insured/ Policy's Recipient) should provide the following documents required for payment of the insurance benefit:
1) application for insured event;
2) insurance policy (copy);
3) identity documents of the Policy Holder, the insured and the Policy's Recipient;
4) original or notary certified medical documents confirming the fact of receiving medical services and payment therefor (extract from discharge report, medical certificate from the trauma center or other medical documents that confirm the medical care provided to the Insured, and/or contain an accurate description and nature of the injury, illness, affixed with the seal of the medical institution);
5) original prescriptions, invoices, fiscal receipts, sales receipts, medical institution receipts that confirm payment for medical care, procedures given, appointments with physicians, which contain the name of each procedure, appointment, their number, cost, date of payment and full name of the Insured. If there is no indication of the currency of payment in invoices, fiscal receipts, sales receipts, or other documents confirming payment, the Insurer automatically calculates the insurance benefit in tenge at the official exchange rate of the National Bank of the Republic of Kazakhstan to the currency of the host country as of the date of the insured event;
6) originals or notary certified copies of the epicrisises and prescriptions of the attending physician for the procedures, for which invoices were issued, which contain the date of appointment, the diagnosis presenting symptoms and full name of the Insured;
7) notary certified copies of the out-patient medical record, patient medical record or extracts from such documents, certified by authorized person and affixed with the seal of the relevant medical institution; original x-ray images;
8) if the insured event occurred as a result of a traffic accident, unlawful actions of third parties, fire, etc., additionally: originals or copies certified by authorized persons of the relevant documents of the competent authorities (documents of internal affairs bodies, prosecutor's offices, investigations, inquiries; judicial authorities; fire supervision authorities, etc.) that confirm occurrence of the insured event, caused harm, identifying persons liable for the harm;
9) if the Insured was issued duplicate documents: a receipt for payment of the consular fee for re-issue of passport with visa, a receipt for payment for photographs for issuing relevant documents, a receipt for payment of the transport company services for re-issue of travel documents;
10) originals or notary certified copies of documents that confirm the costs of the Policy Holder (Insured) phone calls to the numbers of the Assistance 24-hours hot line designated in the Policy. The bill for a call to the Assistance hot line must contain the following information: date of the call, telephone number, duration of the conversation and amount paid;

11) the Policy's Recipient bank account details; upon death of the Insured, additionally: a notary certified copy of the certificate of heirship;
12) original or notary certified documents of the relevant competent authorities that confirm occurrence of the event that has patterns of the insured event (including copies of records, resolutions and other acts of the fire service, law enforcement agencies, etc.);
13) in case of death of the Insured, the Policy Holder (Policy's Recipient) should submit additionally:
a) copy of documents stipulated by laws or regulations that contain data on the cause of death of the Insured (forensic report, C.O.D. certificate, etc.);
b) original or notary certified copy of the death certificate;
c) post mortem examination report, if requested by the insurer;
d) documents that confirm the Policy's Recipient's rights to receive the insurance benefits.
14) the Policy Holder's (Insured) passport copies with stamps of exit and entry into the host country;
15) in case of costs associated with the observation in accordance with Sub-clause 33) of Clause 6.7 of Section 6 hereof:
a) original document that confirms the need to be in quarantine/ observation/ isolation (decree in the form adopted in the host country/ medical documents indicating the need to comply with quarantine, etc.);
b) original or copy of the document that confirms the cost and payment for accommodation in quarantine/ observation/ isolation;
c) original bills/ receipts that confirm the fact and amount of purchase of food, soft drink during the quarantine/ observation/ isolation.
16) other documents confirming the fact and reasons for occurrence of the insured event, the amount of expenses incurred.

13.6. The Insurance Policy may provide for a different list of documents required to pay the insurance benefit.
13.7. The documents are provided to the Insurer in the original or in the form of a notary certified copy signed by authorized person of a competent organization.
13.8. All documents listed in this Section should be provided to the Insurer in Russian or Kazakh, or translated into Russian or Kazakh, and the translation should be certified by notary.
13.9. The Insurer may reduce the above list of documents or request additional documents, if the Insurer believes that lack of such documents makes it impossible to establish the fact of occurrence of the insured event and determine the amount of loss.
13.10. The Insurer reserves the right to verify all submitted documents and conduct its own investigation up to conduct of a medical examination of the Insured by professionals and independent clarification of the causes and circumstances of the insured event. In this case, the Policy Holder (Insured) should provide the Insurer with access to all necessary documents indicating the state of health of the insured before and after the insured event, necessary for payment of the insurance benefit, and also, at the request of the Insurer, have a medical check at the expense of the Insurer in a medical institution by the specified Insurer and provide its results.
13.11. The amount of insurance benefit is determined by the Insurer based on documents confirming the expenses incurred by the insured. If the Insurance Policy provides for a franchise, the insurance benefit is paid minus such franchise amount.
13.12. The Insurer should make a decision whether to pay the insurance benefit and to pay the insurance benefit to the Policy's Recipient within 15 (fifteen) business days from the date than all necessary documents are received.
13.13. For the additional risk of COVID-19, the insurance benefit is paid within the sub-limit designated by the Insurance Policy/ Certificate of Insurance.
13.14. The procedure and terms of payment of the insurance benefit may be amended (supplemented) by the Policy.

14. Replacement of Policy Holder/Insured

14.1. In the event of death or winding-up of the Policy Holder, who has entered into the Insurance Policy in favor of the Insured, the rights and obligations of the Policy Holder thereunder are transferred to the Insured with the consent of such Insured. If the Insured is not able to fulfill obligations under the Insurance Policy, relevant representative may exercise rights and obligations of such Insured.
14.2. In case of corporate restructuring the Policy Holder (legal entity) during validity the Insurance Policy, the rights and obligations of such Policy Holder under the Insurance Policy are transferred, with the Insurer's consent, to the successor in the manner prescribed by the law of the Republic of Kazakhstan.
14.3. The Insured who is not a Policy Holder may be replaced by another person. Thereat, the Insurance Policy may be appropriately amended by agreement of the parties changes, or the parties may terminate the current Policy and enter into a new one if the Policy was executed in the form of a Certificate of Insurance.

14.4. The Insured may be replaced only with the mutual consent of the parties as per the terms of the Insurance Policy.

15. Dispute Resolution

15.1. All disputes between the Insurer and the Policy Holder under the executed Insurance Policy are resolved through negotiations. Should the parties fail to agree, such dispute should be resolved in the manner prescribed by the current law of the Republic of Kazakhstan by the court at the location of the Insurer.
15.2. The Policy may stipulate a different procedure for resolving disputes that does not contradict the law of the Republic of Kazakhstan.

16. Supplementary Provisions

16.1. The Insurance Policy may be amended with other terms and conditions (insurance clauses, definitions, exemptions, etc.) by agreement of the parties and in accordance with these Insurance Rules.
16.2. In the event of a conflict between the terms and conditions of the Insurance Policy and these Insurance Rules, these Insurance Rules shall prevail. If certain sections of these Insurance Rules allow for other regulation of the insurance conditions, the parties include the relevant conditions in the Insurance Policy. Such conditions are not supplementary conditions and do not require the Insurer to amend of alternate the insurance Rules.
16.3. All amendments and alternations to the Insurance Policy are legally binding provided that they are executed in writing and signed by authorized representatives of the parties.

17. Force Majeure

17.1. The Parties are released from liability for full or partial failure to fulfill obligations under the Policy, if such failure caused by force majeure circumstances.
17.2. For the purposes of this Section, the "force majeure" means an event beyond the control of the Parties and of an unforeseen nature. Such events may include, but are not limited to, acts of war, natural disasters, quarantines, epidemics, and states of emergency, embargoes, and others.
17.3. In the event of force majeure circumstances, the Party which becomes unable to fulfill its obligations under the Policy should send a written notice to the other Party about such circumstances and their reasons within 5 (five) calendar days from the date of their occurrence. The effect of force majeure circumstances must be confirmed by the relevant documents of the competent authorities.

Annex No. 1
IC "Freedom Finance Insurance" JSC
Voluntary Overseas Travel Insurance Rules

Costs and Sub-limits Covered by the Insurer Depending on the Type of Programs/ Coverage

Program name	"Single Travel", "Guest", "Education"		"Family Travel"		"Business Trip", "Multitrip Business"		"Sport"	
Type of Coverage	Coverage (+/-)	Sub-limit Amount*	Coverage (+/-)	Sub-limit Amount*	Coverage (+/-)	Sub-limit Amount*	Coverage (+/-)	Sub-limit Amount*
1. 24-hours Call-Center (arrangement of medical and other services)	+		+		+		+	
2. Arrangement and provision of emergency hospitalization in a hospital	+		+		+		+	
3. Arrangement and provision of outpatient care	+		+		+		+	
4. Arrangement and provision of emergency hospital care (life-threatening conditions)	+		+		+		-	
5. Arrangement and provision of emergency dental care for acute toothache, with a sub-limit	+	15 000	+	15 000	+	20 000	+	30 000
6. Evacuation to the nearest international port of the country of permanent residence	+		+		+		+	
7. Repatriation to the nearest international port of the country of permanent residence	+		+		+		+	
8. Arrangement of return of children under 16 years of age in case of hospitalization or death of an adult Insured to the country of permanent residence. Thereat, the Insurer may use their travel tickets (exchange or refund the tickets)	-		+		-		-	
9. Payment for a round-trip ticket to a relative of the Insured (economy class), if the Insured is on inpatient treatment and needs additional care according to the attending physician	-		-		+		+	

Note:

1) The particular type of the Insurance Program selected by the Policy Holder is indicated on the Bordereaux/Certificate of Insurance.

2) * sub-limits for expenses in tenge.

3) "Multitrip" means multiple trips with limitation of the actual days of stay abroad.