

**GENERAL TERMS (RULES)
OF THE VOLUNTARY HEALTH INSURANCE ABROAD
Sinoasia B&R Insurance Company JSC**

The subject of these Rules is insurance of property interests of the Insured (Insured Person) related to the need to receive urgent medical and medical transport assistance in the event of an insured event during their stay abroad.

1. DEFINITIONS

Basic concepts used in these Rules:

- 1.1. **Insurer** – a person carrying out insurance, obliged to make an insurance payment to the Insurant or other person in whose favor the Agreement is concluded (Beneficiary) within the amount (insurance amount) specified in the Agreement upon occurrence of an insured event. An insurer may only be a legal entity registered as an insurance organization and licensed to carry out insurance activities in accordance with the legislation of the Republic Kazakhstan. For the purposes of these Rules, the Insurer is Sinoasia B&R Insurance Company JSC;
- 1.2. **Insurant** – a person who has entered into an Insurance Agreement with the Insurer;
- 1.3. **Insurance Agreement** means the Insurance Agreement (Voluntary Medical Insurance Agreement or Insurance Agreement for Accidents and Illnesses of Persons Traveling Abroad) concluded between the Insurer and the Insured in favor of the Insured Persons;
- 1.4. **Electronic Insurance Agreement** is a unique number of the insurance contract assigned by the organization for the formation and maintenance of 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 Unified Insurance Database) through the State Service for Access Control to Personal Data (hereinafter referred to as the CDP), with data from the information systems of state bodies and their subordinate organizations, integrated with the information system of the the Unified Database Management System;
- 1.5. **Internet resource** – an electronic information resource displayed in text, graphic, audio-visual or other form, placed on a hardware and software complex, having a unique network address and (or) a domain name and operating on the Internet. The Insurer's Internet resource is placed on the insurance policy;
- 1.6. **The Insured Person (Insured)** is an individual traveling abroad, in whose favor the Insurance Agreement is concluded. The Insured Person must be indicated in the Insurance Agreement or declared by the Insured in the manner prescribed by the Insurance Agreement.
- 1.7. **Insurance Certificate** – confirmation of the provision of insurance coverage to the Insured Person when he/she travels abroad on the terms, conditions and taking into account the restrictions of the Insurance Agreement, if the Insurance Agreement is concluded with a legal entity or in favor of several Insured Persons;
- 1.8. **Beneficiary** – a legal entity or an individual who, in accordance with the Insurance Agreement, is the recipient of the insurance payment;
- 1.9. **Accident** – a sudden, short-term event (incident) that occurred against the will of a person as a result of an external mechanical, electrical, chemical, thermal or biological impact on the Insured's body, resulting in harm to health, injury or death;
- 1.10. **Acute illness** is a sudden health disorder that requires urgent/emergency medical care and is characterized by the following symptoms (conditions):
 - acute pain symptoms;

- increase in body temperature over 37 ° C;
 - fever, convulsions, loss of consciousness;
 - symptoms of suffocation, swelling, sudden changes in the skin;
 - symptoms of changes in blood pressure; heart rhythm disorders;
 - profuse bleeding, shock;
 - acute poisoning, trauma, burns, frostbite.
- 1.11. **Insurance Indemnity** – the amount of money paid by the Insurer to the Insured (Beneficiary) within the Insurance Amount determined by the Insurance Agreement, in the event of an insured event or several insured events on the terms and conditions of the Insurance Agreement;
- 1.12. **Insurance premium** – the amount of money that the Insured is obliged to pay to the Insurer for the latter's assumption of obligations to make an insurance payment in accordance with the terms of the Insurance Agreement;
- 1.13. **Insurance amount (insurance limit)** - the maximum amount of the Insurer's liability in the event of an insured event or several insured events in accordance with the terms of the Insurance Agreement;
- 1.14. **Insured Event** – an event that has occurred under the terms of the Insurance Agreement, upon the occurrence of which the Insurer is obliged to make an insurance payment to the Insured or the Beneficiary;
- 1.15. **Insurance Territory** - the territory to which the insurance coverage under the Insurance Agreement applies;
- 1.16. **The insurance period** is the period starting from the moment of arrival of the Insured Person to the insurance territory and ending at the moment when the Insured Person leaves the insurance territory within the time period (**as evidenced by the mark in the passport of the Insured Person upon arrival at the insurance territory**) or (**as evidenced by the mark in the passport of the Insured Person about departure from the permanent place of residence**) specified in the Insurance Agreement (declared when the Insured Person was included in the Insurance Agreement) or in the Insurance Certificate;
- 1.17. **Baggage** - personal belongings of the Insured (excluding hand luggage), accepted by the carrier under its responsibility for its safety in accordance with the passenger transportation agreement, except for money, jewelry, precious metals, precious stones, bank and discount cards, slides, photographs, film copies, fur products, antiques, documents, plants and animals, sports equipment, any types of weapons, religious objects, any types of prostheses, animals, plants and seeds;
- 1.18. **Loss of baggage** is a circumstance in which the carrier is unable to issue the baggage accepted for transportation to the Insured, regardless of whether it occurred as a result of its actual loss or theft.

2. OBJECT OF INSURANCE

- 2.1. The object of insurance is the property interests of the Insured (Insured) related to the need to receive urgent medical and medical transport assistance in the event of an insured event in the territory of insurance.

3. PROCEDURE FOR DETERMINING INSURANCE AMOUNTS. LIMITS

- 3.1. The sum insured under the Insurance Agreement shall be established by agreement of the Parties. The insured amount is set for each Insured separately and does not exceed the amount of 50,000 (fifty thousand) euros in tenge at the exchange rate of the National Bank of the Republic of Kazakhstan. The limit of liability for the provision of dental care is 130 (one hundred and thirty) euros at the exchange rate of the National Bank of the Republic

of Kazakhstan in tenge. The insurance contract may provide for other insurance amounts and liability limits (including the introduction of liability limits for certain services or costs of the Beneficiaries).

- 3.2. The sum insured when paying for additional risks in case of coronavirus infection Covid-19 caused by the SARS-CoV-2 virus is set for each Insured separately and does not exceed the following amounts in accordance with the insurance program:
 - 3.2.1. 700 (seven hundred) US dollars in tenge at the exchange rate of the National Bank of the Republic of Kazakhstan, but not more than the cost of the air ticket;
 - 3.2.2. 3,500 (three thousand five hundred) US dollars in tenge at the exchange rate of the National Bank of the Republic of Kazakhstan, but not more than the total cost of the return ticket and accommodation, except for meals;
 - 3.2.3. 10,000 (ten thousand) US dollars in tenge at the exchange rate of the National Bank of the Republic of Kazakhstan, but not more than the cost of medical expenses.

4. PROCEDURE FOR DETERMINING INSURANCE PREMIUMS

- 4.1. The amount of the insurance premium payable under the Insurance Agreement is calculated according to the Insurer's insurance rates (Appendix 1), depending on the territory of insurance, period of stay, purpose of the trip, etc.
- 4.2. Payment of insurance premiums is carried out in the national currency of the Republic of Kazakhstan - Kazakhstan tenge.
- 4.3. The insurance premium is payable by the Insured in a lump sum, in cash or by non-cash payments.
- 4.4. When concluding an insurance contract, the amount of the insurance premium provided for in clause 4.1. of this Article, may be increased by the insurer based on the results of the assessment of insurance risk carried out by it.

5. LIST OF INSURED EVENTS

- 5.1. An insured event is an actual occurred, sudden, unforeseen and unintentional event, as a result of which harm was caused to the health of the Insured or his death occurred, and expenses for the provision of medical and/or medical transport assistance arose.
- 5.2. An insured event is the occurrence of an acute disease and/or accident during the insurance period and in the territory of insurance in accordance with the definition given in section "Definitions" of these Rules. Expenses incurred as a result of the occurrence of an insured event shall be the amount of the Insurance Indemnity and shall be payable or reimbursed to the Insured or the Beneficiary. The insurance period and the territory of insurance are established for each Insured Person separately and are indicated in the Insurance Agreement (Insured's declaration) and in the Insurance Certificate issued to the Insured Person.
- 5.3. Upon the occurrence of an event recognized as an insured event, and the Insured Person or the Insurant fulfills the requirement to notify of its occurrence, the Insurer undertakes to organize the provision of medical and medical-transport assistance and make an insurance payment in connection with the following expenses of the Insured (Insured), which he has incurred or will have to incur:
 - A. Expenses for the provision of medical care:**
 - a) expenses required for evacuation, transportation to the hospital for hospitalization,
 - b) expenses for hospitalization, surgery, drug treatment in the hospital;
 - c) expenses for the provision of medical care, drug treatment on an outpatient basis;
 - d) expenses for dental examination, X-ray examination, extraction or filling of teeth in connection with acute inflammation of the tooth and/or tissues surrounding the tooth or injuries received as a result of an accident, within the limits of the Insurer's liability specified in clause 2.1 of these Rules and/or in the Insurance Agreement;
 - e) expenses for the provision of medicines in emergency circumstances;

- f) expenses for the provision of specialist medical services;
- g) laboratory tests, diagnostics - in outpatient treatment only in acute diseases to establish a diagnosis.

B. Expenses related to the provision of medical and transport assistance;

C. Expenses related to the repatriation of the body (remains) of the Insured;

6. EXCLUSIONS FROM INSURED EVENTS AND LIMITATION OF INSURANCE

- 6.1. In accordance with these Rules, the following are not subject to insurance compensation (i.e. are not subject to inclusion in the amount of the Insurance Payment):
 - 6.1.1. unconditional franchise, if its application is provided for by the Insurance Agreement;
 - 6.1.2. evacuation expenses in case of minor illnesses or injuries which, in the opinion of the medical consultant appointed by the Insurer, are amenable to local treatment and do not prevent the continuation of the Insured's trip;
 - 6.1.3. expenses in respect of any evacuation and/or repatriation not organized or agreed with the Insurer, as well as expenses incurred as a result of the Insured's voluntary refusal to evacuate to the Republic of Kazakhstan in cases where it is prescribed for medical reasons;
 - 6.1.4. costs associated with plastic and/or reconstructive surgery, and all types of prosthetics, including ocular prosthetics, orthopedic prosthetics, hearing aids, organ and tissue transplants; the cost of medical equipment, spectacle optics, hearing aids and medical devices, including those intended for patient care (except for the cost of purchasing crutches and/or renting a wheelchair) for any diseases;
 - 6.1.5. expenses for angiography, as well as expenses for any surgical interventions on the heart and blood vessels (angioplasty, stenting, bypass grafting, coronary artery bypass grafting, etc.), the purchase of pacemakers and other medical devices used in angiography or surgical operations on the heart and blood vessels (kits for angiography, angioplasty and stenting, etc.), even if there are medical indications for their emergency performance;
 - 6.1.6. If it is impossible to separate from the total invoice the cost of manipulations or medical devices specified in subpara. 6.1.3 and 6.1.5 of these Rules, their cost shall be taken as equal to two days of hospitalization (the day of the operation and the subsequent one) and shall be deducted from the total bill for hospitalization;
 - 6.1.7. expenses related to the provision of services that are not urgent and medically necessary, or related to treatment not prescribed by a doctor; expenses for examinations, tests, taking medicines that are not necessary for the diagnosis and/or treatment of an acute disease or injury as a result of an accident that is an insured event, as well as with changes at the request of the Insured (contrary to the recommendations of the doctor appointed by the Insurer) in the treatment of such an acute disease or injury as a result of an accident;
 - 6.1.8. in the event that the Insured Person refused to receive medical care or hospitalization offered by the Insurer (or its appointed representatives/doctor) upon the occurrence of an insured event, the Insurer has the right to refuse to pay the insurance indemnity for such an insured event, or to cover the costs of such an insured event or in connection with such an insured event upon the subsequent application of the Insured Person for medical care, or for reimbursement of expenses;
 - 6.1.9. expenses associated with diagnosis and treatment by methods of alternative and/or folk medicine) – manual therapy, acupuncture, manual and other diagnostics by non-traditional methods, energy informatics, hirudotherapy, homeopathy, phytotherapy, apitherapy, etc.;
 - 6.1.10. massage expenses; expenses for rehabilitation, physiotherapy, sanatorium-and-spa treatment, sanatorium, therapeutic or guardianship care;
 - 6.1.11. costs associated with the normal or pathological course of pregnancy and childbirth;
 - 6.1.12. expenses for termination of pregnancy in any cases, unless otherwise provided by the Insurance Agreement;

- 6.1.13. expenses associated with any preventive examination, general medical examinations, medical examinations, vaccinations (except for emergency vaccination of especially dangerous infectious diseases - tetanus, rabies, tick-borne encephalitis, etc.); expenses for medical examinations, laboratory and diagnostic tests not related to the occurrence of an insured event; the cost of certificates and any other supporting documents issued to the Insured Person or provided to any third parties at the request of the Insured Person, the Insured or the Beneficiary;
- 6.1.14. expenses for the treatment of any diseases or injuries if the Insured Person is a carrier or infected with the immunodeficiency virus/AIDS, viral hepatitis (except for hepatitis type A and E);
- 6.1.15. expenses incurred as a result of the Insured Person's military service in the armed forces of any country;
- 6.1.16. expenses that can be covered from other sources, including civil liability of the guilty party or on the basis of other insurance policies;
- 6.1.17. non-medical expenses, for example, telephone conversations, except for cases of telephone/fax communication with the Insurer or the Insurer's representative (within 10,000 (ten thousand) tenge, in connection with the occurrence of an insured event;
- 6.1.18. expenses related to the provision of additional comfort, namely: 1-2-bed room, luxury room, TV, telephone, air conditioner, humidifier, hairdresser, massage therapist, cosmetologist, translator, etc.;
- 6.1.19. expenses associated with the commission or attempt to commit an illegal act, regardless of whether or not it entailed, in accordance with the legislation of the insurance territory, an administrative penalty or criminal prosecution against the Insured Person;
- 6.1.20. expenses related to an acute illness and/or accident resulting from the use of any vehicles, if it was driven by a person who does not have a license to drive vehicles of this type (driver's license, license to drive, etc.); when using a vehicle for which confirmation of the right to drive is not required under the legislation of the country of the insurance territory (scooters, mopeds, ATVs, etc.), if such additional risk was not included by payment of the relevant additional insurance premium, expenses related to the participation of the Insured Person in an interpersonal conflict, which resulted in an injury or a gunshot (stabbed), as well as in the event of a traffic accident through the fault of the Insured Person;
- 6.1.21. expenses related to the treatment and/or care of the Insured Person, carried out by his/her relative, even if he/she is a certified medical professional, as well as expenses related to the stay of a relative of the Insured Person in the territory of insurance in connection with his/her treatment and with the accompaniment of the Insured Person upon his/her return to the country of permanent residence, unless otherwise provided by the Insurance Agreement;
- 6.1.22. expenses related to the provision of services by a medical institution (doctor) that does not have the appropriate license, or if at the time of the provision of medical care the license was suspended;
- 6.1.23. expenses related to the occurrence of an acute illness and/or accident that occurred before or after the end of the insurance period, as well as expenses incurred by the Insured Person outside the territory of insurance and/or after returning to the country of permanent residence, regardless of whether such expenses are related to the insured event or not;
- 6.1.24. claims of the Insured Person related to compensation for moral damage and lost profits, as well as payment of a penalty; and other expenses that are not expenses specified in clause 5.3 of these Rules.
- 6.1.25. When performing operations to restore or reposition bone fragments, the materials used are wires, metal structures and other devices at the expense of the insured person.
- 6.1.26. Costs associated with harm when receiving such services as piercing, massage, permanent makeup, hairdresser, make-up artist, cosmetic procedures, etc. are not covered.
- 6.1.27. The limit of the Insurer's liability for loss of baggage is 20 (twenty) US dollars for each kilogram of baggage, taking into account the reduction of the amount of payment by the amount of compensation received by the Insured (Insured) from the carrier airline.

- 6.2. The following diseases, as well as any deterioration in the state of health or death of the Insured Person, which is in a causal relationship with the following diseases and/or events and/or conditions, are not recognized as insured events:
- 6.2.1. diseases diagnosed in the Insured Person before the beginning of the insurance period, for which the Insured Person received treatment or such treatment was required by the Insured Person before the date of departure to the insurance territory; if the trip was contraindicated to the Insured Person for health reasons and/or could aggravate the course of the existing disease (cause its exacerbation);
 - 6.2.2. chronic diseases and their exacerbations, the symptoms and conditions of which do not correspond to the signs of an acute disease, as specified in the "Definitions" section of these Rules; conditions and/or complications resulting from a pre-existing pathology (cerebral palsy, congenital diseases and/or anomalies, absence of any limb, spinal diseases, etc.), regardless of whether treatment related to such pathology was carried out, diabetes mellitus (types 1 and 2) and its complications;
 - 6.2.3. sexually transmitted diseases and any sexually transmitted diseases;
 - 6.2.4. mental illnesses, epilepsy (primary and symptomatic) and their exacerbations (regardless of whether the Insured Person knew about them before the trip or not), behavioral disorders, including alcoholism, drug addiction, substance abuse, as well as related diseases and injuries;
 - 6.2.5. malignant and benign neoplasms, as well as complications caused by them, including blood diseases of a tumor nature, hemophilia, sickle cell anemia;
 - 6.2.6. sunburn and other acute changes in the skin caused by exposure to ultraviolet radiation, as well as fungal and dermatological diseases (except infectious), including allergic (except for angioedema) and food dermatitis; psoriasis and its complications, chickenpox; bites and burns of marine animals, burns received from sea corals and marine vegetation;
 - 6.2.7. Consultation with a doctor and/or medical expenses in the absence of symptoms or conditions of an acute disease specified in the "Definitions" section of these Rules, or in the absence of an injury resulting from an accident that occurred during the insurance period and in the territory of insurance; if the diagnosis and/or treatment of the disease was the purpose of the trip; as well as any deterioration in the state of health or death of the Insured in connection with the treatment of diseases that are not recognized as an insured event in accordance with clause 13.2 of these Rules;
 - 6.2.8. performance of any form of dangerous work in connection with any business, craft or profession (drivers, pilots, sailors, miners, builders, installers, etc.);
 - 6.2.9. amateur, organized, professional sports, mountaineering, rock climbing reasonably requiring the use of ropes and/or guides, canoeing/rafting in mountain rivers, descent into caves, boxing, wrestling, underwater descent; injuries sustained in the water, diving and other dives in water, diving without insurance, immersion in a bathyscaphe, weightlifting, military arts and other forms of contact combat, motorball, rugby, American or Australian football, various types of outdoor activities (amateur tourism, amateur sports, surfing, windsurfing, sports games, outdoor sports games, visits to water attractions and water parks, water slides, diving with and without a springboard, water entertainment with the use of towed watercraft, water skiing, jet skiing, riding or traveling on boats, rafts, small boats and other vessels, cycling of all kinds, hiking, traveling through caves, jeepsafari, trips and trips on horses and other animals, beach soccer, volleyball, tennis, camping, etc.), winter outdoor activities (alpine skiing, snowboarding, snowmobiling, etc.), participation in horse races, cars, bicycles and motorcycle races, including any driving when achieving high speed is the goal; any forms of flights, including flights on non-motorized aircraft, motor gliders, ultralight aircraft; jumps and parachute flights; unforeseen expenses (losses) of the Insured Person in connection with coronavirus infection (COVID19) caused by the virus "severe acute respiratory syndrome coronavirus - 2 (SARSCoV-2)". Inclusion of any additional risks specified in clause 6.2.9 of these Rules may be carried out by payment of the corresponding additional insurance premium;
 - 6.2.10. engaging in any kind of physical labor, any work at height, or digging pits, or working in

- mines at depth.
- 6.2.11. commission of illegal actions by the Insured Person; suicide or attempted suicide; intentional infliction of bodily injury by the Insured Person on his/her own or actions of the Insured Person, exposing him/her to unjustified risk.
 - 6.2.12. any consequences of war (declared or undeclared), military actions, manoeuvres or other military measures; civil war, popular unrest of all kinds, strikes; terrorist acts; the impact of a nuclear explosion, radiation or radioactive contamination; actions and decisions of state authorities that prevent the Insurer from fulfilling its obligations.
 - 6.2.13. infectious diseases included in the list of socially significant diseases and diseases that pose a danger to others, approved by the Order of the Minister of Health of the Republic of Kazakhstan No 526 dated 14.10.2009, namely: smallpox, poliomyelitis (caused by wild poliovirus), cholera, plague, yellow fever, Lassa fever, Marburg virus disease, Ebola virus disease, West Nile fever, Dengue fever, Rift Valley fever (Rift Valley), meningococcal infection, infection with the human immunodeficiency virus, acquired immunodeficiency syndrome, Crimean hemorrhagic fever, hemorrhagic fever with renal syndrome, leprosy, rabies, tuberculosis, tularemia, brucellosis, anthrax, foot-and-mouth disease, malaria, diphtheria, carriage of diphtheria, typhoid fever and paratyphoid A, B.
 - 6.3. Any acute diseases and/or injuries that have arisen and/or received by the Insured Person under the influence (after consumption) of alcohol-containing, narcotic, toxic substances and/or other psychotropic/psychoactive substances, as well as as a result of the transfer of driving a vehicle by the Insured Person to a person under the influence of alcohol-containing, narcotic, toxic substances and/or other psychotropic/psychoactive substances or to a person who has not who has the right to drive this vehicle. The presence of signs of the use of alcohol-containing, narcotic, toxic substances and/or psychotropic/psychoactive substances can be reflected in medical reports/reports/blood tests, recorded in the testimony of witnesses and other documents related to the event. The fact of proof of the absence of the use of the above drugs and/or substances lies with the Insured;
 - 6.4. The Insured's (Insured's) expenses shall not be reimbursed in cases of evacuation or transportation to a medical institution (from one medical institution to another) not organized by the Insurer or its authorized representative and made without prior agreement with the Insurer. This provision does not apply if the evacuation was caused by extraordinary circumstances, or if the stay of the Insured (Insured) at the initially determined place of treatment created a direct threat to his life (health) due to the lack of necessary funds and/or equipment there. Expenses for transport services (or taxi or other) are not reimbursed if transport services are not organized and/or agreed with the Insurer. Any expenses related to evacuation or repatriation shall not be reimbursed, if as such they were incurred outside the territory of the Republic of Kazakhstan.
 - 6.5. Expenses in case of COVID-19 disease are not reimbursed in the following cases:
 - 6.5.1. A PCR test conducted by the insured 7 days before crossing the border of the Republic of Kazakhstan or taken upon arrival at the insurance territory within 48 hours shows the presence of COVID-19 infection;
 - 6.5.2. Symptoms of COVID-19 disease that began within 7 days after crossing the border of the Republic of Kazakhstan, while the PCR test was not passed either before crossing the border of the Republic of Kazakhstan, or within 48 hours upon arrival at the insurance territory.
 - 6.6. Events and/or related expenses that are not provided for in these Rules shall not be recognized as insured events. Any expenses associated with the occurrence of an event if the Insurance Certificate was issued after crossing the Border of the Republic of Kazakhstan are not subject to reimbursement. Any expenses associated with the occurrence of an event if the Insured Person's flight to the insurance territory was not from the territory of the Republic of Kazakhstan are not subject to reimbursement. Expenses related to the purchase of an air ticket (or other travel document) shall not be reimbursed if the Airline (Airline Agency, Travel Agency or other) can refund or compensate for these expenses.
 - 6.7. Exemption of the Insurer from making the insurance payment to the Insured Person on the

grounds provided for by these Rules shall at the same time release the Insurer from making the insurance payment to the Beneficiary and/or the Insured.

- 6.8. The terms of the Insurance Agreement may provide for other grounds for refusal of insurance payment, if they do not contradict the current legislation of the Republic of Kazakhstan.
- 6.9. The Insurer's refusal to make the insurance payment may be appealed in court.

7. INSURANCE CONTRACT: PROCEDURE FOR CONCLUSION, TERM AND PLACE OF VALIDITY, TERMS OF TERMINATION

- 7.1. The insurance contract can be concluded for an indefinite period. The term of insurance coverage is determined for each Insured Person in accordance with the insurance period specified for such Insured Person.
- 7.2. If there is more than one Insured Person, the Insurant shall draw up a declaration of the Insured Persons in the form established by the Insurer, which shall be attached to the Insurance Agreement and shall be an integral part thereof.
- 7.3. An insurance contract can be concluded in electronic form by:
- unilaterally acceding to the Insurance Rules and executing an electronic Internet Agreement
 - the Insurer's resource;
 - unilaterally acceding to the Insurance Rules and executing the contract in the Insurer's automated information system;
- 7.4. The Insurance Agreement shall enter into force and shall be valid until the last date for the insurance periods of the Insured Persons specified in the Insured's declarations or Insurance Certificates.
- 7.5. Insurance stipulated by the insurance contract applies to insured events that occurred during the Insurance Period and within the territory of insurance for each Insured Person, except for the country of permanent residence or citizenship of the Insured.
- 7.6. The insurance contract is terminated in the following cases:
- 7.6.1. expiration of the insurance periods of all Insured Persons (Insurance Certificates);
- 7.6.2. in relation to the Insured Person - when the Insurer fulfills its obligations on the first insured event; when paying an additional insurance premium - after the third insured event in relation to the Insured Person;
- 7.6.3. adoption by the court of a decision to invalidate the insurance contract;
- 7.6.4. termination of the contract by agreement of the parties;
- 7.6.5. termination of the insurance contract at the initiative of the Insured;
- 7.6.6. termination of the insurance contract at the initiative of the Insurer in the following cases:
- 7.6.7. liquidation/death of the Insurant or liquidation of the Insurer in the manner established by the current legislation of the Republic of Kazakhstan;
- 7.6.8.
- failure by the Insured to pay the insurance premium (its next insurance premium) within the established time limits;
 - in other cases provided for by law.
- 7.7. In case of early termination of the Insurance Agreement at the request of the Insured or the Insurer under the conditions provided for by paragraph 1 of Article 841 of the Civil Code of the Republic of Kazakhstan, within 14 (fourteen) calendar days from the date of its conclusion, the Insurer shall return to the Insured the insurance premium minus a part of the insurance premium in proportion to the time during which the insurance was in effect and the costs associated with the termination of the Insurance Agreement in the amount of 10 (ten) percent from the insurance premium received; from the 15th (fifteenth) calendar day from the date of conclusion of the Agreement, the Insurer shall return to the Insured the insurance premium minus a part of the insurance premium in proportion to the time during which the insurance was in effect and the Insurer's expenses for conducting the insurance

business in the amount of 30 (thirty) percent of the received (paid) insurance premium, according to the following formula:

$(SP - 30\% * SP) / N * n$, where:

30% – Insurer's expenses for conducting the case;

CENTIPOISE – Total insurance premium under the Insurance Agreement;

i – the number of days remaining until the expiration of the Insurance Agreement (the day of application is considered used);

N – Term of the Insurance Agreement (in days).

- 7.8. In case of early termination of the Agreement at the request of the Insured, if it is not related to the circumstances specified in paragraph 1 of Article 841 of the Civil Code of the Republic of Kazakhstan, the insurance premiums paid to the Insurer are not subject to refund.
- 7.9. The parties are obliged to notify each other in writing of the intention to terminate the insurance contract early. At the same time, the Insurance Agreement is considered terminated upon the expiration of 10 days from the date of sending a notice of termination of the Insurance Agreement to the other party, unless otherwise provided by the Insurance Agreement.
- At the same time, the insurance coverage for each Insured Person is valid until the end of the insurance period for each Insured, if the Insurer has not refunded the insurance premium for the unexpired period in accordance with clause 7.6 of the Rules. If the Insurer has refunded the insurance premium in accordance with clause 7.6 of the Rules, the insurance period for each Insured Person shall be deemed to have ended as of the date of termination of the Insurance Agreement.
- 7.10 The term of the Insurance Agreement in respect of each Insured is calculated according to the time of Astana and begins at 00-00 hours of the date specified in the insurance certificate as the beginning of the insurance period, and terminates at 24-00 hours of the date specified in the insurance certificate as the end of the insurance period.
- 7.11. The following shall be excluded from the territory of the Insurance Agreement:
- 7.11.1. states on the territory of which military operations are being conducted or military anti-terrorist operations are being conducted;
- 7.11.2. states against which UN military sanctions have been applied;
- 7.11.3 territories within which outbreaks of epidemics have been detected and recognized.

8. RIGHTS AND OBLIGATIONS OF THE PARTIES

- 8.1. The Insured (Insured) has the right to:
- 8.1.1. require the Insurer to explain the Insurance Rules, its rights and obligations under the Insurance Agreement;
- 8.1.2. obtain a duplicate of the Insurance Agreement and/or the Certificate of Insurance in case of its loss;
- 8.1.3. terminate the Insurance Agreement early. For this purpose, the Insured (Insured) shall submit a corresponding application to the Insurer and return the Certificate of Insurance;
- 8.1.4. receive an insurance payment in cases provided for by the Insurance Agreement;
- 8.1.5. perform other actions that do not contradict the current legislation of the Republic of Kazakhstan.
- 8.2. The Insured (Insured) is obliged to:
- 8.2.1. Inform the Insurer of reliable information that is essential for determining the probability of occurrence of an insured event;
- 8.2.2. pay the insurance premium in the amount, procedure and terms established by the Insurance Agreement;
- 8.2.3. inform the Insurer about significant changes in the circumstances specified at the conclusion of the Insurance Agreement, if these changes may significantly affect the increase in

- the insurance risk. Significant are: change in the terms of insurance coverage, change in the territory of insurance, etc.;
- 8.2.4. within 48 hours from the moment he/she became aware of the harm to the life or health of the Insured Person as a result of the occurrence of the insured event, notify the Insurer or the Insurer's service company of the incident by the phone numbers specified in the insurance certificate and/or the Insurance Agreement or by any other available means that allow to objectively record the fact of the message, for the purpose of Reconciliation with the service company (Insurer) of the Insured's application for medical and/or medical transport assistance and the costs associated with it;
 - 8.2.5. inform the Insurer about the state of insurance risk;
 - 8.2.6. take measures to reduce losses from the insured event; In case of non-appearance of the Insured Person for an appointment (consultation) with a doctor organized by the Insurer, the costs of cancellation of the appointment shall be borne by the Insured Person.
 - 8.2.7. provide the Insurer's doctor with the opportunity of free access to the injured Insured for examination of his condition;
 - 8.2.8. follow the recommendations and instructions of the service company (Insurer) in the course of organizing and providing medical and/or medical transport assistance;
 - 8.2.9. comply with the instructions of the attending physician received in the course of providing medical care, comply with the procedure established by the medical institution;
 - 8.2.10. ensure the transfer to the Insurer of the right of claim to the person responsible for the occurrence of the insured event;
 - 8.2.11. submit to the Insurer the documents necessary for filing a recourse claim against the person who caused the damage.
 - 8.2.12. In case of loss of baggage: contact the carrier's representative in writing to draw up an appropriate act; submit an application to the carrier for the search of baggage
 - 8.3. The insurer has the right to:
 - 8.3.1. check the information provided by the Insured, as well as his compliance with the requirements and conditions of the Insurance Agreement;
 - 8.3.2. request from the relevant state bodies and organizations, based on their competence, documents confirming the fact of occurrence of the insured event and the amount of damage caused to the Insured;
 - 8.3.3. assess the harm caused to the life and health of the Insured to establish the causes and other circumstances of the insured event;
 - 8.3.4. use the services of an independent expert to assess the amount of harm caused to the health of the Insured (Insured) and determine the amount of insurance payment in the event of an insured event;
 - 8.3.5. refuse the insurance payment on the grounds provided for by these Rules and the Insurance Agreement;
 - 8.3.6. terminate the Insurance Agreement early in accordance with the terms of these Rules.
 - 8.4. The insurer is obliged to:
 - 8.4.1. familiarize the Insured with the Insurance Rules and, at his request, submit (send) a copy of the rules, explain his rights and obligations arising from the Insurance Agreement;
 - 8.4.2. in case of loss of the Insurance Agreement or the Certificate, issue a duplicate thereof;
 - 8.4.3. in the event of an insured event, make an insurance payment in the amount, procedure and terms established by the Insurance Agreement;
 - 8.4.4. issue to the Insured (Beneficiary) a certificate indicating the full list of documents submitted for receiving the insurance payment and the date of their acceptance;
 - 8.4.5. reimburse the Insured (Beneficiary) for the expenses incurred by him to reduce losses in the event of an insured event;
 - 8.4.6. ensure the secrecy of insurance;
 - 8.4.7. if the Insured or the Beneficiary or their representative fails to submit all the documents necessary to make the insurance payment, notify them of the missing documents within the period established by the Insurance Agreement.
 - 8.5. The insurance agreement may also provide for other rights and obligations of the Insurer

that do not contradict the Laws of the Republic of Kazakhstan.

9. ACTIONS OF THE INSURED/INSURED IN THE EVENT OF AN INSURED EVENT

- 9.1. In the event of an insured event, the Insured/Insured or his/her representative, within 48 hours from the moment he/she became aware of the harm to the life or health of the Insured, shall notify the service company or the Insurer by the phone numbers specified in the insurance certificate to coordinate the application for medical and/or medical transport assistance and the costs associated with it. In this case, the following information should be provided: surname, first name of the Insured;
- number of the insurance certificate/Insurance Agreement;
 - a description of the circumstances of the incident and the nature of the assistance required;
 - location of the Insured and contact phone number for feedback.
- 9.2. In the event of an insured event for the insurance of damage caused in connection with the loss of baggage by the carrier, the Insured must provide the following documents within 24 hours from the moment when the Insured (Insured) learned or should have learned about the loss of luggage:
- insurance contract (certificate); 2.) copies of the travel document;
 - an act drawn up by the carrier's representative on the fact of loss of baggage;
 - the second copy or a copy of the application to the carrier for the search of baggage with the carrier's mark of its acceptance;
 - documents confirming the receipt of compensation from the carrier airline.
- 9.3. In addition, the Insured is obliged to:
- take all possible measures to reduce losses from the insured event; provide the Insurer or its representative with the opportunity to inspect the Insured; immediately notify the Insurer of the receipt of the amount of damage from the guilty party;
 - at the request of the Insurer, to authorize doctors, medical institutions and other persons to issue to the Insurer at its request the documents necessary for the investigation of the circumstances of the occurrence of the insured event (certificates, conclusions, etc.), in particular, to exempt the attending physician from the requirement to observe medical confidentiality.

10. LIST OF DOCUMENTS CONFIRMING THE OCCURRENCE OF AN INSURED EVENT AND THE AMOUNT OF LOSSES

- 10.1. The following shall be attached to the application for insurance payment (if the document is drawn up in a foreign language - with a certified translation into the state or Russian language):
- 10.1.1. certificate of insurance;
 - 10.1.2. originals of medical documents containing information about the date of application for medical care, the state of health of the Insured at the time of applying for medical care, diagnosis and medical manipulations performed (medicines provided) with their breakdown by date and cost (medical documents on the accident);
 - 10.1.3. an official protocol or certificate confirming the fact of the accident or injury and the circumstances of the accident;
 - 10.1.4. documents confirming the fact of payment for medical services with an indication of the currency of payment;
 - 10.1.5. pharmacy receipts/invoices for payment of medicines prescribed by a doctor in connection with the established diagnosis, with prescriptions attached, or with an indication of them in the invoice/medical report;

- 10.1.6. documents confirming the fact of payment for telephone conversations (facsimile) with the Insurer or the Insurer's representative;
- 10.2. At the request of the Insurer, the Insured is obliged to provide:
 - 10.2.1. the necessary additional information about the state of their health (medical record of an outpatient and/or inpatient patient and other primary medical documentation); The insurer has the right to independently request medical documentation necessary to resolve the issue of insurance payment in any medical and other institutions;
 - 10.2.2. foreign passport with border control marks on crossing the State Border of the Republic of Kazakhstan and/or other documents (tickets, hotel bills, etc.) confirming the fact of the Insured's stay in the insurance territory and the duration of stay within it;
 - 10.2.3. Other documents requested by the Insurer related to the insured event and/or provided for by the legislation of the Republic of Kazakhstan.
- 10.3. The insurer that accepted the documents is obliged to issue to the applicant a certificate indicating the full list of submitted documents and the date of their acceptance.
 - 10.3.1. If the Insured fails to submit a complete package of documents provided for by these Rules, the Insurer shall immediately, but not later than 5 (five) business days, notify him in writing of the missing documents.
 - 10.3.2. If the Insured and/or the Beneficiary fails to comply with the requirements of this Chapter, the Insurer has the right to refuse to make the insurance payment.

11. PROCEDURE AND CONDITIONS FOR INSURANCE PAYMENT

- 11.1. Upon the occurrence of an event recognized as an insured event and the Insured fulfills the requirement to notify about its occurrence, the Insurer undertakes to organize the provision of medical and medical transport assistance and make an insurance payment.
- 11.2. The insurance payment is made if:
 - 11.2.1. The Insured has received medical/medical transport assistance organized by a service company (representative of the Insurer), a medical institution, a doctor, a transport company, etc. will send an invoice with the attachment of the Insurance Agreement (policy) or a copy thereof directly to the service company (representative of the Insurer), which will settle the loss and make calculations;
 - 11.2.2. The Insured has independently paid the bills (or will be billed by a medical institution or a doctor) for the medical/medical transport assistance provided to him/her, the Insurer, if the event is recognized as an insured event, shall reimburse these expenses (or pay the bills) on the basis of a written application of the Insured (his/her authorized person) and original documents.
- 11.3. In the event that the medical institution that provided medical assistance to the insured person in the event of an insured event provides invoices for non-cash payment, the insurer assumes responsibility for the payment of these bills, as well as for the regulation of all issues related to them.
- 11.4. The calculation of the amount of insurance payment is carried out at the exchange rate of foreign currencies of the National Bank of the Republic of Kazakhstan on the date of filing the application on the basis of the original documents submitted by the Insured.
- 11.5. The insurer has set a deadline for submitting a written application and submitting original documents - 30 (thirty) calendar days from the date of the end of the trip.
- 11.6. The insurance payment is made in the amount of the damage caused, but not more than the insurance amount stipulated by the Insurance Agreement (policy).
- 11.7. The Beneficiary under the Insurance Agreement is the Insured or the medical organization/service company that provided/organized medical care to the Insured. By written order of the Insured, another person may be appointed as the Beneficiary.
- 11.8. The insurer has the right to refuse insurance payment in the event of:
 - 11.8.1. Failure to pay the insurance premium in respect of the Insured Person;
 - 11.8.2. obstruction by the insured person to the Insurer in the investigation of the circumstances of the occurrence of the insured accident and in establishing the amount of the loss caused by

- him;
- 11.8.3. failure to notify the Insurer of the occurrence of the insured event, within 48 hours from the moment of occurrence of the insured event;
 - 11.8.4. if the Insured, the Insured has provided knowingly false information about the insurance risk, the object of insurance, the insured event and its consequences;
 - 11.8.5. deliberate failure of the Insured to take measures to reduce losses from the insured event;
 - 11.8.6. if the Insured, when entering into the Insurance Agreement, knowingly pursued the goal of obtaining improper benefits, including its conclusion after the occurrence of an insured event;
 - 11.8.7. refusal to transfer to the Insurer the documents necessary for the Insurer to make a decision on making an insurance payment.
 - 11.8.8. in other cases provided for by the legislation of the Republic of Kazakhstan.
 - 11.9. The decision to make the insurance payment or to refuse to make the insurance payment shall be made by the Insurer within 30 (thirty) business days from the date of submission of the last of the necessary documents confirming the occurrence of the insured event, the reason for its occurrence and the right of the recipient to the insurance payment and the approval of the relevant insurance act, unless otherwise expressly stipulated in the Insurance Agreement.
 - 11.10. The insurance payment shall be made by the Insurer within 5 (five) business days from the date of the decision on the insurance payment. In case of a decision to refuse to make an insurance payment, the Insurer shall inform the Insured and/or the Beneficiary thereof in writing with a reasoned justification of the reasons for the refusal within 30 (thirty) business days from the date of submission by the Insured (Insured) of all necessary documents.

12. TRIP CANCELLATION INSURANCE

- 12.1. The policyholder undertakes to pay the agreed trip cancellation costs, which cannot be reimbursed from any other source, up to the sum insured, if:
 - 12.1.1. one of the following insured events has occurred;
 - 12.1.2. such an event could not have been foreseen at the time of the conclusion of the contract for the travel covered by insurance;
 - 12.1.3. the trip was canceled due to such an event;
 - 12.1.4. due to the events that have occurred, the Insured cannot undertake a trip covered by insurance.
- 12.2. Insured events are:
 - 12.2.1. death of the Insured or his/her close relative (spouse, children, parents);
 - 12.2.2. serious injuries as a result of an accident or unexpected illness of the Insured or his/her close relative (spouse, children, parents), subject to hospitalization;
 - 12.2.3. financial losses of the Insured related to the loss of or damage to the Insured's private property (real estate) due to fire, explosion, storm, flood, avalanche, volcanic eruption, earthquake, landslide;
 - 12.2.4. refusal to issue / untimely issuance (delay issuance) of an entry visa by the Consulate (Embassy) to the Insured Person in case of timely submission to the Consulate (Embassy) of the country of destination of a complete set of duly executed documents, under the following conditions:
 - 1) Absence of a stamp in the passport on the refusal of a visa to any of the visa countries for 12 (twelve) months preceding the planned trip.
 - 2) The insured person has received a full set of duly executed documents from the travel agent/tour operator.
- 12.3. The insurance amount for this type is determined by agreement between the Insurer and the Insured and is reflected in the insurance certificate issued to the Insured.
- 12.4. The limit of the Insurer's liability for trip cancellation insurance is 3,000 (three thousand) US dollars, but not more than the cost of the tour.
- 12.5. The insurance contract for this type must be concluded no later than the date of purchase

- (payment) of the tour.
- 12.6. The insurance contract comes into force 10 (ten) days before the date of the start of the intended trip and ends at the time of crossing the border of the Republic of Kazakhstan by the insured leaving for the tour.
- 12.7. Exceptions. Insurance coverage is not an insured event and insurance coverage is not provided:
- 12.7.1. if illness is a psychological reaction to hostilities, civil commotion, a terrorist act, aviation or other transport accident or to fear of hostilities, civil unrest or terrorist acts;
- 12.7.2. in the case of chronic mental illnesses, even if they occur episodically;
- 12.7.3. if the medical expert appointed by the Insurer does not confirm the inability to travel;
- 12.7.4. the event occurred as a result of a medical operation for the transplantation of donor organs;
- 12.7.5. if the disease is Direct consequence of any an existing early disease or congenital disease;
- 12.7.6. injury, death, or illness resulting from a suicide attempt
- 12.7.7. in any cases related to pregnancy.
- 12.8. Obligations of the Insured (Insured) in the event of an insured event
- 12.8.1. The Insured Person is obliged to cancel the trip without delay in the event of an insured reason in order to minimize the costs due to the cancellation and inform the Insured/Insurer about it.
- 12.8.2. The Insurant (Insured Person) shall submit the following documents to the Insurer:
- Insurance certificate, contract with a travel agent/tour operator, booking documents and invoice for cancellation costs, fiscal documents confirming payment for the tour;
 - in case of serious injury as a result of an accident, sudden illness – a doctor's certificate, in case of mental illness – confirmation in the form of a psychiatrist's certificate;
 - in case of death – a death certificate;
- 12.8.3. In case of damage to property, a suitable confirmation (e.g. a report from the police, the Ministry of Emergency Situations, the fire service, etc.);
- 12.8.4. at the request of the Insurer, the Insured Person is also obliged to perform or resolve the following to confirm the insured event:
- 12.8.5. provide a certificate of disability and, if necessary, a special medical report;
- 12.8.6. Provide the Insurer with the right to conduct investigations on the impossibility of travel due to a serious accident or unexpected serious illness in the form of a special medical report;
- 12.8.7. undergo an examination conducted by a medical specialist appointed by the Insurer.
- 12.8.8. If any of the above obligations is not fulfilled, the Insurer may be released from liability for the insurance payment.
- 12.9. A positive PCR test result for COVID-19 detected 48 hours before crossing the border of the Republic of Kazakhstan of the Insured Person.
- 12.9.1. The limit of the Insurer's liability for trip cancellation insurance in connection with a positive PCR test result of the Insured Person is 300,000 (three hundred thousand) tenge, but not more than the cost of the air ticket.
- 12.9.2. The insurance contract must be concluded no later than 72 hours before the start date of the intended trip and ends at the time of crossing the border of the Republic of Kazakhstan by the insured traveling abroad.
- 12.9.3. the date of conclusion of the insurance contract must be no later than the date of the PCR test (Covid-19 test) in the territory of the Republic of Kazakhstan.
- 12.9.4. The insurance contract is valid from the date of conclusion plus 3 (three) calendar days, but not earlier than the PCR test for Covid-19.
- 12.9.5. the insurance payment is made on the basis of the documents provided: an application from the Insured Person, a copy of the passport pages, the original result of the laboratory analysis of the PCR test for Covid-19 (conducted by the laboratory with the appropriate permission and/or license to conduct this type of analysis), the air ticket, the document confirming the fact of payment for the air ticket.

13. DISPUTE RESOLUTION PROCEDURE

- 13.1. The norms of the current legislation of the Republic of Kazakhstan shall apply to legal relations not directly regulated by these Rules.
- 13.2. All disputes and disagreements arising in the process of implementation of the Insurance Agreement shall be resolved by the Parties through negotiations.
- 13.3. If the negotiations have not yielded results, all disputes, disagreements, claims arising in connection with the contract or regarding its violation, termination, invalidity, shall be resolved by the International Arbitration Court "IUS", in accordance with its current rules. The decision of the International Arbitration Court "IUS" is final or in accordance with the current legislation of the Republic of Kazakhstan.

14. ADDITIONAL CONDITIONS

- 14.1. These Rules may be amended and supplemented in accordance with the current legislation of the Republic of Kazakhstan.