

Approved by

**Director General
of AlfaStrakhovanie PLC**

_____ /V.Yu. Skvortsov/

July 07, 2014

RULES OF COMPREHENSIVE PASSENGER INSURANCE

| | |
|---|----|
| RULES OF COMPREHENSIVE PASSENGER INSURANCE | 1 |
| GENERAL PROVISIONS FOR ALL SECTIONS OF THESE RULES | 3 |
| 1. GENERAL PROVISIONS. INSURANCE PARTIES. DEFINITIONS | 3 |
| 2. INSURANCE COVERAGE. INSURANCE PREMIUM. FRANCHISE | 5 |
| SECTION 1. COMPREHENSIVE PASSENGER INSURANCE | 6 |
| 3. SUBJECT MATTER INSURED | 6 |
| 4. INSURANCE RISKS. LOSS OCCURRENCES | 6 |
| 5. INSURANCE CONTRACT. VALIDITY PERIOD AND CONCLUSION PROCEDURE | 7 |
| 6. PROCEDURE AND CONDITIONS OF PAYMENT OF INSURANCE BENEFITS | 9 |
| SECTION 2. COMPREHENSIVE PASSENGER MEDICAL EXPENSE INSURANCE | 12 |
| 3. SUBJECT MATTER INSURED | 12 |
| 4. LOSS OCCURRENCES | 12 |
| 5. INSURANCE CONTRACT. VALIDITY PERIOD AND CONCLUSION PROCEDURE | 15 |
| 6. PROCEDURE AND CONDITIONS OF PAYMENT OF INSURANCE BENEFITS | 17 |
| SECTION 3. PASSENGER CANCELLATION INSURANCE | 19 |
| 3. SUBJECT MATTER INSURED | 19 |
| 4. LOSS OCCURRENCES | 19 |
| 5. INSURANCE CONTRACT. VALIDITY PERIOD AND CONCLUSION PROCEDURE | 21 |
| 6. PROCEDURE AND CONDITIONS OF PAYMENT OF INSURANCE BENEFITS | 22 |
| SECTION 4. PASSENGER BAGGAGE INSURANCE | 24 |
| 3. SUBJECT MATTER INSURED | 24 |
| 4. LOSS OCCURRENCES | 25 |
| 5. INSURANCE CONTRACT. VALIDITY PERIOD AND CONCLUSION PROCEDURE | 26 |
| 6. PROCEDURE AND CONDITIONS OF PAYMENT OF INSURANCE BENEFITS | 27 |
| SECTION 5. COMPREHENSIVE PASSENGER ADDITIONAL EXPENSE INSURANCE | 29 |
| 3. SUBJECT MATTER INSURED | 29 |
| 4. LOSS OCCURRENCES | 29 |
| 5. INSURANCE CONTRACT. VALIDITY PERIOD AND CONCLUSION PROCEDURE | 31 |
| 6. PROCEDURE AND CONDITIONS OF PAYMENT OF INSURANCE BENEFITS | 32 |
| GENERAL PROVISIONS FOR ALL SECTIONS OF THESE RULES | 34 |
| 7. GENERAL EXCLUSIONS | 34 |
| 8. PROCEDURE FOR TERMINATION, AMENDMENT AND CANCELLATION OF THE INSURANCE CONTRACT | 34 |
| 9. RIGHTS AND OBLIGATIONS OF THE PARTIES | 35 |
| 10. CONSEQUENCES OF INCREASE OF INSURANCE RISK DURING VALIDITY OF THE INSURANCE CONTRACT | 36 |
| 11. PROCEDURE OF SETTLEMENT OF DISPUTES | 37 |

GENERAL PROVISIONS FOR ALL SECTIONS OF THESE RULES

1. GENERAL PROVISIONS. INSURANCE PARTIES. DEFINITIONS

- 1.1. In accordance with the civil law of the Russian Federation (hereinafter referred to as the RF), Law "On Organization of Insurance Activities in the Russian Federation", regulatory documents of the government insurance supervision authority of the Russian Federation, these Rules (hereinafter referred to as the Rules) shall regulate relations arising between the Insurer and the Policy Holder as to insurance during transportation and travel.
- 1.2. When entering into the insurance contract, the terms and conditions contained herein shall become binding on the Policy Holder, the Insurer, the Insured Persons and the Beneficiary. Terms and conditions contained herein may be amended (excluded or added) as agreed by the Parties when entering into the insurance contract or during its validity, given that such amendments are made in writing and do not contradict the applicable law. Terms and conditions of the insurance contract different from terms and conditions contained herein shall prevail.
- 1.3. Basic notions specified by definitions stated below shall be interpreted within the framework of these Rules only according to these definitions:
 - 1.3.1. **INSURER - AlfaStrakhovanie PLC**, legal entity established in accordance with applicable law of the Russian Federation to conduct insurance activities, acting in the basis of the license issued by the federal insurance supervisory authority.
 - 1.3.2. **POLICY HOLDER** - legally capable individual or legal entity who has made the Insurance Contract with the Insurer in accordance with these Rules for the period of transportation and travel.
 - 1.3.3. **INSURED** - a person, in respect of which the Policy Holder enters into the insurance contract. In the event that the Policy Holder entered into the insurance contract for his/her own benefit, he/she shall be deemed Insured.
 - 1.3.4. **BENEFICIARY** - one or several individuals or legal entities appointed by the Policy Holder subject to written consent of the Insured to receive the insurance coverage (insurance benefit) under the Contract.
The Beneficiary under the Insurance Contract is the Insured, if the Contract does not name the other person as a Beneficiary.
In cases when Beneficiaries are several persons, the Policy Holder with written consent of the Insured shall be entitled to specify the absolute or relative amount of insurance benefits which fall on each Beneficiary. If the amount of insurance benefits which falls on each Beneficiary is not specified, the insurance benefit shall be equally distributed among all Beneficiaries.
In case of Insured's death, if the Beneficiary is not appointed, the successors of the Insured shall be recognized as Beneficiaries.
 - 1.3.5. **INSURANCE CONTRACT** - written agreement between the Policy Holder and the Insured, in accordance with which the Insurer shall be obliged, for established fee (insurance premium) paid by the Policy Holder (Insured) upon occurrence of an event provided for by the contract (loss occurrence), to pay the insurance benefit within the insurance coverage specified in the insurance contract.
 - 1.3.6. **INSURANCE TERM** (period of indemnity of the Insurer) - the period of time defined by the Insurance Contract, within which the coverage shall apply to the Insured (Policy Holder). The insurance conditioned upon the insurance contract shall apply to those events only, which occurred within the specified period of time. The insurance term need not to coincide with the period of validity of the insurance contract.
 - 1.3.7. **COVERED RISK** - probable event provided for by the Insurance Contract, for which the insurance shall be provided in accordance with these Rules.
 - 1.3.8. **LOSS OCCURRENCE** - occurred event provided for by the Insurance Contract, upon the occurrence of which there is an obligation on the Insurer to pay an insurance benefit to the Insured, Beneficiary or other third parties.
 - 1.3.9. **INSURANCE COVERAGE** - sum of money established by the Insurance Contract, within which the Insurer shall be responsible for the fulfillment of his/her obligations under the

insurance contract, and on the basis of which the amount of insurance benefits and insurance premiums is determined.

- 1.3.10. **INSURANCE VALUE OF BAGGAGE** - actual value of the property at its location as of the Insurance contract; actual value shall be determined based on the amount required for acquisition of the subject matter identical with lost one, net of depreciation; for furs, jewelries (precious metal wares, precious and semi-precious stone wares), the actual value shall be determined in amount of assessment in accordance with prices for things of such kind and quality, usually established during commission trade. The insurance coverage must not exceed the insurance value of the property.
- 1.3.11. **INSURANCE BENEFIT** - the sum of money established by the Insurance Contract and these Rules and paid by the Insurer to the Insured, Beneficiary or other third parties upon loss occurrence.
- 1.3.12. **Franchise** - condition of the insurance contract providing for exemption of the Insurer from the insurance benefit on loss, not exceeding the certain amount (conditional franchise) or exemption of the Insurer from payment for a part of loss stipulated in the contract (unconditional franchise). In case of unconditional franchise, the loss is always covered by the Insurer net of established amount of franchise. The Insurance Contract may provide for other types of franchise.
- 1.3.13. **IMMEDIATE RELATIVES** - wife/husband, father/mother (including adoptive parents), children (including adopted, including children of wife, husband), whole blood brother and sisters.
- 1.3.14. **TRANSPORTATION** - transfer of the Insured by air, motor, railway, sea transport, as well as by inland water transport (river, lake and combined navigation transport).
- 1.3.15. **TRANSPORTATION "TO":**
- for transportation by motor, railway, sea transport and inland water transport: the period between Insured's boarding to the vehicle in the point of departure and the moment of his/her abandonment of the vehicle in the destination point;
 - for transportation by air transport: the period between Insured's preflight inspection for boarding in the point of departure and the moment of Insured's exit from the airport in the destination point under the supervision of authorized persons of the carrier, including the period of staying in points of stopovers, provided that the Insured is in the territory (indoor) of the airport.
- 1.3.16. **TRANSPORTATION "BACK":**
- for transportation by motor, railway, sea transport and inland water transport: the period between Insured's boarding to the vehicle in the point of destination and the moment of his/her abandonment of the vehicle in the point of departure;
 - for transportation by air transport: the period between Insured's preflight inspection for boarding in the point of destination and the moment of Insured's exit from the airport in the point of departure under the supervision of authorized persons of the carrier, including the period of staying in points of stopovers, provided that the Insured is in the territory (indoor) of the airport.
- 1.3.17. **TRAVEL** - Insured's traveling (overseas or in the RF) during and between transportation "to" and "back".
- 1.3.18. **HEALTH PROBLEMS** - physical ill-being connected with loss, abnormality of physiological, anatomical structure and/or functions of human body.
- 1.3.19. **ACUTE DISEASE** - disease first diagnosed and developed during the insurance contract validity, in the territory of the insurance contract validity, which is not an exacerbation or complication of other pathologic process.
- 1.3.20. **ACCIDENT** - sudden physical effect of various external factors (mechanical, thermal, chemical, etc.) on Insured's body occurred within the insurance period beyond Insured's will, which led to personal injuries, dysfunction of Insured's body or his/her death. Accidents include, for example, assaultive act of lawbreakers or animal attack (including insects, reptiles and other animals), falling of any objects on the Insured, falling of the Insured himself/herself, sudden asphyxiation, sudden intoxication by harmful products or substances, injuries by vehicle traffic or road accident, use of machines, mechanisms, implements of production and

various tools, etc. In addition, accidents include the following exposures: explosion, burn, frostbite, drowning, effect of current, lightning stroke, and other exposures.

- 1.3.21. **BAGGAGE** - personal belongings of the Policy Holder (Insured) carried by him/her during transportation as registered baggage of the transportation company. Carry-on baggage is recognized as a baggage only if it is expressly provided for by the insurance contract.
- 1.3.22. **AIRPORT** - territory (premises) of buildings of passenger terminals and air field of the airport system meant for passengers.
- 1.3.23. Unless otherwise provided in these Rules, the day shall mean the calendar day.
- 1.4. In accordance with these Rules, the following parts of the Rules shall be common for all Sections of the Rules:
 - 1. General Provisions. Insurance parties. Definitions.
 - 2. Insurance coverage. Insurance premium. Franchise.
 - 7. General Exclusions.
 - 8. Procedure for Termination, Amendment and Cancellation of the Insurance Contract.
 - 9. Rights and Obligations of the Parties.
 - 10. Consequences of Increase of Insurance Risk during Validity of the Insurance Contract.
 - 11. Procedure of Settlement of Disputes.
- 1.5. In accordance with these Rules, the following parts of the Rules shall be set forth separately for each Section of the Rules:
 - 3. Subject Matter Insured.
 - 4. Loss Occurrences.
 - 5. Insurance Contract: Validity Period and Conclusion Procedure
 - 6. Acts of the Parties upon Loss Occurrence, the Procedure of Insurance Benefit Payment.

2. INSURANCE COVERAGE. INSURANCE PREMIUM. FRANCHISE

- 2.1. The amount of the insurance coverage shall be established in the insurance contract on each Section, in accordance with terms and conditions provided for by Sections 1 - 5 of these Rules, and shall be a limitation of Insurer's liability.
- 2.2. The total amount of benefits on one or several loss occurrences cannot exceed the insurance coverage on events provided for by corresponding Sections of these Rules.
- 2.3. Insurance coverage in the insurance contract (policy) shall be established in Russian rubles. By agreement of the Parties, the insurance contract (policy) can be made using the "currency equivalent". Upon that, the insurance coverage, limits of liability, franchises, insurance premium and insurance indemnity may be established and/or calculated in foreign currency.

Conversion of one currency to another (including currency of insurance benefit) shall be made at the exchange rate of the ruble against each currency established by the Central Bank of Russia as of loss occurrence (event), unless other date (other rate) is established by the insurance contract (policy).
- 2.4. The insurance contract may provide for limits of liability on each subject matter insured, risk, and type of expenses.
- 2.5. The Insurance premium shall be understood as a payment for insurance which must be paid by the Policy Holder (Insured) to the Insurer in the procedure and within the period established by the Insurance Contract.
- 2.6. The insurance premium shall be established by the Insurer in accordance with actual tariffs.
- 2.7. The insurance premium may be paid in accordance with applicable law of the Russian Federation:
 - a) in rubles;
 - b) in case of insurance with currency equivalent, the insurance premium may be established in foreign currency and paid in Russian rubles at the rate of the Central Bank of Russia established for foreign currency as of Policy Holder's payment date, unless otherwise provided for in the insurance contract (policy);

- c) the insurance premium in the insurance contract (policy) may be established and paid in foreign currency in accordance with Russian law.
- 2.8. The insurance premium under the insurance contract shall be paid by the Policy Holder to the Insurer or his/her authorized representative in a lump sum by cash or by transfer, except as otherwise provided in the insurance contract.
- The date of payment of the insurance premium shall be:
- a) in case of cashless payment - the date of arrival of monetary funds to the account of the Insurer or authorized representative of the Insurer;
- b) in case of cash payment - the date of premium payment by cash to the Insurer or receipt of money by Insurer's authorized representative.
- 2.9. In case of Insurer's decision of entering into insurance contracts, which are generally insurance exclusions (in accordance with cl.4.4.6 of Section 1 and cl.4.9.23, 4.9.24 of Section 2 hereof), the insurance premium shall be paid by the Policy Holder in accordance with multiplying factors established by the Insurer.
- 2.10. The Insurance Contract may provide for a franchise. The franchise shall be established in the insurance contract in full amount or in percent of the insurance coverage or the insurance benefit. Unless otherwise expressly provided in the insurance contract, the franchise shall be unconditional and shall apply to each loss occurrence and each Insured.

SECTION 1. COMPREHENSIVE PASSENGER INSURANCE

3. SUBJECT MATTER INSURED

- 3.1. The subject matter insured shall be property interests associated with damage to health of the person, as well as with his/her death in result of an accident, during transportation and travel;

4. INSURANCE RISKS. LOSS OCCURRENCES

- 4.1. Insurance risks in accordance with this Section hereof are the following events:
- 4.1.1. **"injury" risk** - injury (bodily damage) sustained by the Insured during the insurance period in result of an accident occurred during the insurance period;
- 4.1.2. **"disability" risk** - temporary Insured's loss of the general capacity in result of an accident occurred during the insurance period (it is hereinafter understood that temporary loss of capacity is simultaneously mean temporary health problems for Insured persons under 18 years old and for non-employed Insured persons, including retirees);
- 4.1.3. **"disablement" risk** - assessment of Insured's disability of I, II, III group in result of an accident occurred during the insurance period, which took place during the insurance period or one year after such accident / establishment of "disabled child" category to the Insured child (under 18 years old) in result of an accident occurred during the insurance period, which took place during the insurance period or one year after such accident.

The Contract may provide for insurance against assessment of disability of group I, II, III (separately or collectively) caused by an accident occurred during the insurance period, which took place during the insurance contract or one year after such accident.

The Insurance Contract may provide for that the insurance benefit in case of assessment of Insured's disability shall be paid only in case of assessment of disability with 3rd (third) degree of occupational disability.

- 4.1.4. **"death" risk** - Insured's death in result of an accident occurred during the insurance period, which took place during the insurance period or one year after such accident.
- 4.2. The list of insurance risks shall be established in the Insurance Contract (Policy).
- 4.3. The Loss occurrence shall be occurred event provided for by the Insurance Contract, upon the occurrence of which there is an obligation on the Insurer to pay an insurance benefit to the Policy Holder, Insured, Beneficiary or other third parties.

- 4.4. In accordance with Section 1 hereof, the following events shall not be loss occurrences if they occurred in result of:
- 4.4.1. suicide (attempted suicide of the Insured);
 - 4.4.2. intended bodily self-harm of the Insured or willful commission of actions endangering the Insured (except in cases when it is connected with an attempt to save human life);
 - 4.4.3. direct or indirect insolation (sun burn, sun stroke, sun allergy);
 - 4.4.4. disobedience of orders of the aircraft commander, ship master and other persons, against which the liability is asserted by Russian law or other regulatory acts for passenger safety during transportation by motor, railway, sea and inland water transport.
 - 4.4.5. Insured's mental disorders or diseases;
 - 4.4.6. Insured's sports activities (professional or amateur) or Insured's dangerous activities (as a professional driver of motor transport, miner, builder, construction electrician, airman, seaman, etc.), except in cases when the insurance contract provides for coverage of such loss occurrences and the Policy Holder has paid the premium under the insurance contract subject to corrective ratios, in accordance with cl. 2.9 hereof.
 - 4.4.7. Insured's commission of wrongful acts confirmed by competent bodies of receiving country;
 - 4.4.8. Insured's being in a state of alcoholic, narcotic or other intoxication, as well as Insured's driving of motor vehicle or transfer of control to the person in a state of alcoholic or narcotic intoxication, as well as without driving license.

5. INSURANCE CONTRACT. VALIDITY PERIOD AND CONCLUSION PROCEDURE

- 5.1. Validity of the Insurance Contract.
- 5.1.1. The insurance Contract may be executed:
- a) for the period of transportation "to";
 - b) for the period of transportation "to and back";
 - c) for the period of transportation "to and back" and for the period of traveling between transportation "to and back".
- 5.1.2. The insurance contract may be executed, in accordance with terms and conditions of the insurance contract, for a certain period, within which transportations are planned ("to" or "to and back").
- 5.2. The insurance contract may be executed for several transportations planned within the period of the insurance contract.
- 5.3. The insurance contract shall come into effect from the date of the insurance premium payment and shall be valid for 15 calendar days. The period of the insurance contract shall be extended for the period required for completion of transportation, if the ticket was purchased more than 15 days before transportation and/or the flight was postponed and/or transportation was not completed within the specified period.
- 5.4. The insurance period (Insurer's liability period) may be established in the insurance contract by one of the following scenarios:
- 5.4.1. **"Acc. Transportation"** - for the period of boarding to the vehicle and till deboarding from the vehicle performing transportation. Unless the insurance contract expressly provides for the insurance scenario ("Acc. Transportation" or "Acc. Port"), it shall be deemed that the contract is executed under the "Acc. Transportation" scenario.
 - 5.4.2. **"Acc. Port"** - for the period of Insured's arrival to the territory of airport, bus station, port, station, quay, where the transportation starts (subject to payment of the insurance premium in accordance with cl.2.8 hereof) and till Insured's exit from the territory of airport, bus station, port, station, quay, where the transportation ends.
 - 5.4.3. Depending on terms and conditions of the insurance contract, in accordance with cl.5.1 of Section 1 hereof - for the period of transportation "to", "to and back", for the period of traveling

between transportations "to and back", as well as for several transportations in accordance with cl.5.2 of Section 1 hereof.

- 5.4.4. **"Acc. Air Transportation"** - for the period from preflight inspection in the airport, where the transportation starts, and till exit from the air field of the airport, where the transportation ends.
- 5.5. The territory of the insurance contract:
 - 5.5.1. The insurance contract made under the "Acc. Transportation" scenario, and in accordance with cl.5.1.1 "a", 5.1.1 "b", 5.1.2 shall be valid during Insured's being in the transportation vehicle.
 - 5.5.2. The insurance contract made under the "Acc. Port" , "Acc. Air Transportation" scenarios and in accordance with cl.5.1.1 "a", 5.1.1 "b", 5.1.2 shall be valid during Insured's being:
 - in the transportation vehicle;
 - in the territory of airport, bus station, port, station, quay, where the transportation starts and ends, except for territories (premises) not designed for passengers;
 - 5.5.3. The insurance contract made in accordance with cl.5.1.1 "c", shall also be valid in the territory of traveling, starting from the destination point specified in the insurance contract. The insurance contract may provide for a certain insurance territory, where the insurance contract is valid in terms of travel insurance.
 - 5.5.4. in the event that the Insured is a transit passenger, the following clause shall be valid: "Transit passengers shall remain insured in the territory (premises) of airport (bus station, port, station, quay), except in territories (premises) not designed for passengers, for the entire waiting period of boarding to the transportation vehicle. The coverage of transit passengers shall be automatically terminated in case of their abandonment of specified territory (premises) and resumed upon their return."
- 5.6. The insurance contract shall be made in favor of persons without age limit.
- 5.7. In order to enter into the insurance contract, the Policy Holder shall in writing or orally give notice of his/her intention to enter into the insurance contract and provide data required for the insurance contract.
- 5.8. When entering into the insurance contract, the Insurer shall be entitled to request Policy Holder's information of circumstances known to the Policy Holder, which are essential for determination of probability of loss occurrence and amount of possible losses (insurance risk), including:
 - a) name, address, banking details, phone, fax (if the Policy Holder is a legal entity);
 - b) surname, name, age, permanent residence address, phone of the Insured (Insured persons);
 - c) route, period of traveling;
 - d) presence or absence of mental diseases;
 - e) in case of entering into the contract in accordance with cl.5.1.1 "c" - the purpose of travel, presence or absence of counterindications for traveling.
- 5.9. The insurance contract shall be made in writing by:
 - 5.9.1. Making one document - the insurance contract signed by the Parties of the contract;
 - 5.9.2. Insurer's issue of the insurance policy (offer policy) (certificate, receipt) signed by the Insurer to the Policy Holder. In this case, the Policy Holder's consent to enter into the insurance contract under conditions proposed by the Insurer shall be confirmed by acceptance of the insurance policy (offer policy) (certificate, receipt) from the Insurer and payment of the insurance premium.
 - 5.9.3. If the insurance contract is made by the Policy Holder in favor of one or several persons (Insured), each Insured can receive the insurance policy (certificate, receipt), or ID card, confirming entering into the insurance contract in their favor.
- 5.10. If after entering into the insurance contract it is established that the Policy Holder has provided knowingly false information or has concealed information of circumstances essential for determination of probability of loss occurrence and amount of possible losses, the Insurer shall be entitled to require invalidation of the insurance contract in accordance with applicable law of the Russian Federation.

6. PROCEDURE AND CONDITIONS OF PAYMENT OF INSURANCE BENEFITS

- 6.1. Upon occurrence of an event having signs of loss occurrence, the Policy Holder shall be obliged to notify the Insurer thereof within 30 calendar days from the date when the event became known, in any form allowing registering the notification event. Policy Holder's obligation to notify of the event may be fulfilled by the Insured or the Beneficiary or, if absent, by successors of the Insured.
- 6.2. Upon loss occurrence, the Insurer shall be obliged to pay the insurance benefit to the Policy Holder (Insured or Beneficiary) in accordance with terms and conditions of the insurance contract.
- 6.3. The amount of the insurance benefit shall be determined as follows, unless otherwise provided for by the Insurance Contract:
- 6.3.1. upon loss occurrence on the "death" risk, in accordance with cl.4.1.4 of Section 1 of the Rules, the insurance benefit shall be paid in amount of 100 percent of the insurance coverage provided for by the Insurance Contract;
- 6.3.2. upon loss occurrence on the "disablement" risk, in accordance with cl.4.1.3 of Section 1 of the Rules, the insurance benefit shall be determined under the scenario set forth in the Insurance Contract, in percentage of the insurance coverage on this risk:
- upon assessment of disability of group I - from 50 to 100 %;
 - upon assessment of disability of group II - from 30 to 100 %;
 - upon assessment of disability of group III - from 10 to 60 %.

Unless otherwise expressly provided for by the insurance contract, one of the following scenarios of payment on "disablement" risk shall be established in the contract:

- 6.3.2.1. upon assessment of disability of group I - 100%, group II - 80%, group III - 60%;
- 6.3.2.2. upon assessment of disability of group I - 100%, group II - 70%, group III - 50%;
- 6.3.2.3. upon assessment of disability of group I - 100%, group II - 60%, group III - 40%;
- 6.3.2.4. upon assessment of disability of group I - 100%, group II - 60%, group III - 0%;

If the Insured is a child under 18, and the Insurance Contract provides for insurance benefits depending on the disability group, in order to determine the amount of the insurance benefit under these Rules, the disability group III shall constitute a category "child disabled for 1 year", the disability group II shall constitute a category "child disabled for 2 years", the disability group I shall constitute a category "disabled child up to the age of 18."

Unless otherwise provided for by the Contract, when making a lump-sum insurance benefit in case of assessment of disability group I, II or III for the Insured, the insurance on this risk shall be terminated from making of such insurance benefit.

- 6.3.3. upon loss occurrence on "injury" risk, in accordance with cl.4.1.1 of Section 1 hereof, the insurance benefit shall be paid in percentage of the insurance coverage according to the "Table of insurance coverage payable upon loss occurrences" of Appendix No.1 hereto. If after payment of the insurance benefit according to the "Table of insurance coverage payable upon loss occurrences" it is truly established and confirmed by corresponding documents that Insured's injuries appeared to be more serious than it was established before, and according to the "Table of insurance coverage payable upon loss occurrences", the Insured shall be entitled to receive more benefits than paid initially, the insurance benefits in amount of arising difference will be paid given that the Insurer was provided with corresponding documents;
- 6.3.4. upon loss occurrence on "disability" risk, in accordance with cl.4.1.2 of Section 1 hereof, the insurance benefit shall be paid for each calendar day of temporary disability and established when entering into the insurance contract under one of the following scenarios:
- 6.3.4.1. 0.1% of insurance coverage per day;
- 6.3.4.2. 0.2% of insurance coverage per day;
- 6.3.4.3. 0.3% of insurance coverage per day;
- 6.3.4.4. 0.4% of insurance coverage per day;
- 6.3.4.5. 0.45% of insurance coverage per day;
- 6.3.4.6. 0.5% of insurance coverage per day;
- 6.3.4.7. 0.6% of insurance coverage per day;

- 6.3.4.8. 0.7% of insurance coverage per day;
- 6.3.4.9. 0.8% of insurance coverage per day;
- 6.3.4.10. 0.9% of insurance coverage per day;
- 6.3.4.11. 1.0% of insurance coverage per day.

The insurance contract may provide for conditional or unconditional temporary franchise on "disability" risk. The amount of the insurance benefit cannot exceed 50% of the insurance coverage, unless otherwise provided for by the insurance contract.

- 6.4. Upon receipt of all documents required to the Insurer to make a decision on the insurance benefit, the Insurer within ten (10) working days shall make a decision on payment or refusal to pay.
- 6.5. In case of positive decision, the Insurer shall make a Claim Report in satisfactory format and shall approve it within the period specified in cl.6.4 of Section 1 hereof, unless other payment procedure is established in the Insurance Contract. The insurance benefit shall be paid within five (5) working days from approval of the Claim Report.
- 6.6. In case of making a decision of denial of the insurance benefit, the Insurer shall reasonably inform the person, which claims the receipt of the insurance benefit, thereof in writing or orally within ten (10) working days from Insurer's decision.
- 6.7. The insurance benefit may be paid by the Insurer in cash or by bank transfer to the banking account of the insurance benefit payee, or by other method as agreed by the parties.
- 6.8. The date of payment shall be the date of debiting the Insurer's account in the bank, the date of postal transfer or cash issue. The payment transfer by post, telegraph or to the banking account of the payee shall be made at the expense of the Insurer, unless otherwise specified in the Insurance Contract.
- 6.9. Unless otherwise expressly provided for by the Insurance Contract, the insurance coverage shall be established as aggregated (lump) sum on all covered risks specified in Section 1 hereof, and the total amount of insurance benefits on these risks cannot exceed the amount of the insurance coverage established on these risks.

If the Insured has received the insurance benefit on loss occurrence on risks specified in cl.4.1.1 - 4.1.2 of Section 1 hereof and/or on risk specified in cl.4.1.3 of Section 1 hereof, and afterwards, as a result of the same accident, the loss occurrence on risk specified in cl.4.1.4 of Section 1 hereof took place, the Insurer shall provide the Beneficiary with the insurance benefit net of sums paid earlier on other loss occurrences.

- 6.10. In the event that the Insurance Contract expressly establishes separate insurance coverage on each risk, the amount of insurance benefits on separate risk may not exceed the amount of the insurance coverage on this risk.
- 6.11. To make a decision on the insurance benefit to the Insurer, the following must be provided:
 - 6.11.1. upon loss occurrences specified in cl.4.1.1 - 4.1.4 of Section 1 hereof:
 - insurance claim;
 - the document of identification of the payee (Insured, Beneficiary, successors of the Insured, representative of the Beneficiary / successors of the Insured);
 - if the payment is received by the representative of the Beneficiary (successors of the Insured) - notarized power of attorney or other document provided for by applicable law, which confirms representative's powers;
 - 6.11.2. in addition, upon loss occurrence specified in cl.4.1.4 of Section 1 hereof:
 - the copy of notarized death certificate or judicial decision on declaration of Insured's death. In case of death outside the Russian Federation, it is necessary to provide confirmation of the embassy or consulate of the country, which issued documents, that received documents are this country's official certificate of death, or otherwise legalize specified documents;
 - the copy of the document provided for by applicable law, which contains information on the cause of death of the Insured (medical certificate of death, medical examination report, certificate of death, etc.);
 - the copy of the document provided for by applicable law, issued by corresponding authorized body, which definitely certifies the fact and circumstances of an accident (accident investigation act, order on institution or order to dismiss criminal complaint, etc.);

- medical discharge report indicating the pathologic diagnosis (in case of death in the hospital);
 - abstract from medical record (in case of domiciliary death);
- upon the Insurer's demand, the following documents shall be provided:
- original (copy) of the Insurance Contract (Policy) and all addenda thereto;
 - receipts (copies of receipts (payment orders)) confirming payment of the insurance premium (insurance payments) in full;
 - the copy of postmortem examination protocol (if there was no examination, the copy of the relatives' application of refusal of postmortem examination and the copy of the certificate of the department of morbid anatomy, on the basis of which the certificate of death is issued);
 - forensic postmortem examination act;
 - judicial and chemical inquiry act;
 - certificate of presence or absence of alcoholemia;
 - forensic psychiatric examination report;
 - forensic injury examination report (severity of injuries);
 - copies of medical documents (e.g. medical history, patient card).
 - the court verdict, which came into force, if the criminal case was launched;

6.11.3. upon loss occurrences specified in cl.4.1.1 - 4.1.3 of Section 1 hereof:

- medical discharge report indicating diagnoses and hospitalization terms (in case of hospital treatment) or medical record (in case of outpatient treatment);
- the copy of the document provided for by applicable law, issued by corresponding authorized body, which definitely certifies the fact and circumstances of an accident (judgment on criminal case, accident investigation act, order on institution or order to dismiss criminal complaint, etc.);
- the copy of referral to the medical and social assessment and back letter (form No.088/u-06), if the loss occurrence is connected with disability assessment;
- the copy of the certificate of the medical and social assessment institution on results of occupational disability assessment (change), if the loss occurrence is connected with occupational disability assessment.

Upon the Insurer's demand, the following documents shall be provided

- original (copy) of the Insurance Contract (Policy) and all addenda thereto;
- receipts (copies of receipts (payment orders)) confirming payment of the insurance premium (insurance payments) in full;
- the copy of disabled person's individual rehabilitation program
- examination certificate of the medical and social assessment institution of established format
- copies of medical documents (e.g. medical history, patient card, medical card/records, hospitalization records, certificates of emergency station, appointment cards for hospitalization);
- originals of diagnostic examinations (for example, X-ray patterns, CTs, spiral CTs, MR imaging) and their description
- abstract of outpatient medical record/emergency station card with an indication of date, circumstances of injury/disease history, full final diagnosis, terms of treatment, results of examinations, treatment;
- the copy of certificate issued by the Social Welfare Department at place of residence of parents, guardian, trustee.

6.11.4. upon loss occurrences specified in cl.4.1.2 - 4.1.3 of Section 1 hereof:

- medical discharge report indicating diagnoses and hospitalization terms (in case of hospital treatment) or medical record (in case of outpatient treatment);
- copies of completed work incapacity certificate certified by the HR Department of the Insured, if loss occurrence is connected with temporary disability.

Upon the Insurer's demand, the following documents shall be provided

- original (copy) of the Insurance Contract (Policy) and all addenda thereto;
- receipts (copies of receipts (payment orders)) confirming payment of the insurance premium (insurance payments) in full;
- originals of diagnostic examinations (for example, X-ray patterns, CTs, spiral CTs, MR imaging) and their description

Abstract of outpatient medical record/emergency station card with an indication of date, circumstances of injury/disease history, full final diagnosis, terms of treatment, results of examinations, treatment

- 6.12. In the event of Beneficiary's death before receipt of payable insurance benefit, the payment shall be made to his/her successors. Upon that, successors shall provide the certificate of inheritance rights;
- 6.13. Depending on circumstances of loss occurrence, the list of documents may be shortened by the Insurer.
- 6.14. All documents shall be provided in Russian or with notarized translation into Russian, unless otherwise provided for by the Insurance Contract. The documents shall be provided in printed form or legibly handwritten. The copies of documents transferred to the Insurer must be notarized by the authority (institution) issuing the original document.
- 6.15. Insurer's non-recognition of loss occurrence and/or Insurer's refusal to pay the insurance benefit may be appealed by the Policy Holder in the procedure established by the applicable law of the Russian Federation.

SECTION 2. COMPREHENSIVE PASSENGER MEDICAL EXPENSE INSURANCE

3. SUBJECT MATTER INSURED

- 3.1. The subject matter insured shall be property interests, connected with payment of organization and delivery of health and medicinal care (medical services) and other services in result of an Accident or Acute Disease.

4. LOSS OCCURRENCES

- 4.1. Loss occurrences shall be events occurred in the Insured in the territory of the insurance contract and within the insurance period, namely: Accident or Acute Disease, interpreted in accordance with definitions in cl.1.3 hereof, requiring emergency medical aid and resulting in health problems and/or death of the Insured.
- 4.2. In accordance with Section 2 hereof, upon loss occurrence, the Insurer in accordance with terms and conditions of the insurance contract, shall defray the following unforeseen expenses within established insurance coverage (unless otherwise provided for by the insurance contract):
 - 4.2.1. "Costs for treatment and medicines" - costs for:
 - a) outpatient treatment (including calling a doctor);
 - b) hospital stay and treatment, including costs for physician services, hospital stay and treatment (including surgical expenses), diagnostic examinations, procedures and hospital service;
 - c) cost of medicines (including dressings) prescribed by the physician for emergency medical aid, costs for lease of crutches, wheelchairs, lease of other medical equipment and auxiliary devices, if such devices are provided as prescribed by the doctor.
 - 4.2.2. "Costs for dental care" - costs for dental aid, if it is necessary in result of an accident or twinge of toothache. There is a limit of liability on defrayal of costs for dental care in case of twinge of toothache in amount of treatment cost of only one tooth, but not more than 6,000 rubles. The insurance contract may establish another limit of liability (on amount and number of references or number of treated teeth).
- 4.3. In addition to costs stipulated in cl.4.2.1 - 4.2.2 of Section 2 hereof, upon loss occurrence, the Insurer in accordance with terms and conditions of the insurance contract, shall defray the following unforeseen expenses within established insurance coverage (unless otherwise provided for by the insurance contract):
 - 4.3.1. "Costs for transportation":
 - a) costs for Insured's transportation to one of the nearest medical institutions or to the doctor (including costs for Insured's transportation to another medical institution strictly on medical authority or with prior consent of the Insurer or the Service Department);

- b) costs for transportation (including taxi) from the medical institution to the place of residence during traveling (once per each loss occurrence).
- 4.3.2. "Costs for transportation to the place of residence" - costs for Insured's transportation strictly in accordance with medical prescription and subject to consent of the Insurer or the Service Department (including costs for attendant, if such escort is prescribed by the doctor) by air (economy class), rail (except tickets for sleeping cars - luxurious compartments), other adequate vehicle to the station or airport nearest to the place of permanent residence or registration (in case of overseas trips - to the nearest international station or airport) with direct air/railway traffic;
- 4.3.3. "Costs for children evacuation" - costs for evacuation of children making joint trip with the Insured, left unsupervised by ill adult, for one-way transportation by air (economy class) or rail (except tickets for sleeping cars - luxurious compartments) to the station or airport nearest to the place of permanent residence or registration (in case of overseas trips - to the nearest international station or airport), and further to the place of permanent residence of children under 18 years old staying with the Insured during traveling, if children left unattended in result of Insured's loss occurrence. If necessary, the Insurer shall organize escort of children and pay expenses for air transportation (economy class) or railway transportation (except tickets for sleeping cars - luxurious compartments) of one attendant.
- 4.3.4. "Costs for emergency visit of third party" - costs for two-way transportation strictly for medical reasons by air (economy class) or rail (except tickets for sleeping cars - luxurious compartments) from the country of permanent residence and back of one immediate relative of the Insured, if the Insured traveled alone.
- 4.3.5. "Costs for repatriation of the deceased (remains)" - costs connected with repatriation of a deceased body (remains) of the Insured to the international airport or station with direct air/railway transit nearest to the place of permanent residence (or place of supposed burial), including expenses for all necessary measures in organizations of repatriation of deceased body of the Insured. The Insurer shall not reimburse costs for funeral arrangements and burial.
- 4.3.6. "Costs for attendant's living" - costs for living of one person making a joint trip with the Insured, in case of Insured's hospitalization in result of an accident, at not more than 0.2% of the insurance coverage per day and at most not more than 9,000 rubles, unless otherwise established by the insurance contract.
- 4.3.7. "Information costs" - costs for information transfer due to acute disease or accident:
a) calls or fax sending to the Insurer's service department (or directly to the Insurer) in view of notification of event or receipt of medical consultation,
b) emergency message sending to relatives of Insured persons.
- Limit of liability on information costs shall be equal to 3,000 rubles, unless otherwise established by the insurance contract.
- 4.4. In each specific case, the Insurer shall reserve the right to choose a vehicle, transportation conditions and routes, based on medical prescription and taking into account the amount of estimated expenses.
- 4.5. The Insurer shall reserve the right to use return ticket of the Insured or make additional payment for its early use.
- 4.6. Insured's expenses shall not be reimbursed and security for payment shall not be provided without prior consent of the Insurer.
- 4.7. The insurance contract may be made on one of the following scenarios:
a) **ME "Transportation"** - for the period of transportation "to" or "to and back" (depending on terms and conditions of the insurance contract), the expenses specified in cl.4.2.1 "b", 4.2.1 "c", 4.3.2, 4.3.5, 4.3.7 of Section 2 hereof shall be covered;
b) **ME "Travel"** - for the period of travel, the expenses specified in cl.4.2.1, 4.3.1 "a", 4.3.5, 4.3.7 of Section 2 hereof shall be covered.
c) **ME "Comfort Travel"** - for the period of travel, the expenses specified in cl.4.2.1, 4.2.2, 4.3.1, 4.3.2, 4.3.3, 4.3.4, 4.3.5, 4.3.6, 4.3.7 of Section 2 hereof shall be covered, as well as the expenses connected with loss occurrences provided for by cl.4.1.3 of Section 5 hereof.

- 4.8. In accordance with Section 2 hereof, the following events shall not be loss occurrences if they occurred in result of:
- 4.8.1. Insured's suicide or willful infliction of bodily self-harm;
 - 4.8.2. disobedience of orders of the aircraft commander, ship master and other persons, against which the liability is asserted by Russian law or other regulatory acts for passenger safety during transportation by motor, railway, sea and inland water transport (under ME "Transportation" scenario);
 - 4.8.3. chronic diseases, except cases of emergency medical aid for removal of direct life hazard of the Insured;
 - 4.8.4. oncology diseases, their consequences, including those newly diagnosed within the period of the insurance contract; mental diseases, their consequences, including those newly diagnosed within the period of the insurance contract;
 - 4.8.5. state of pregnancy, childbirth, artificial abortion, except cases of sudden life-threatening complication, or accident at gestational age under twelve weeks;
 - 4.8.6. HIV (human immunodeficiency virus), including AIDS (acquired immune deficiency syndrome), as well as any similar syndrome or any variation of this virus;
 - 4.8.7. sexually-transmitted diseases, as well as consequential diseases;
 - 4.8.8. contagious diseases, which could be prevented by preliminary vaccination or resulted from Insured's breach of personal hygiene, as well as preventive measures after patient cooperation;
 - 4.8.9. state of Insured's partial recovery and his/her being under treatment before traveling (or presence of medical counter indications for such travel);
 - 4.8.10. diseases known by the time of conclusion of the insurance contract, irrespective of whether there was a treatment of them or not, except where medical aid was connected with Insured's acute pain or life salvage;
 - 4.8.11. Insured's treatment and care by his/her relatives;
- 4.9. In accordance with Section 2 hereof, the following events shall not be loss occurrences if they resulted in:
- 4.9.1. costs connected with anaplastic surgery and prosthetic repair of any kind, including dental, ocular, prosthetics, hearing aid, joint prosthesis;
 - 4.9.2. costs for cardiac and vascular surgical interventions (including coronary artery bypass surgery, balloon angioplasty, stenting, etc.) even in case of medical grounds for them, except in cases when reimbursement of such costs is expressly provided for by the insurance contract;
 - 4.9.3. costs for treatment course in health resorts and recovery centers, even if it is prescribed by the doctor;
 - 4.9.4. costs exceeding the amount of the insurance coverage specified in the insurance contract;
 - 4.9.5. costs connected with purchase and repair of medical aids (glasses, hearing aid, dental prosthesis, etc.);
 - 4.9.6. costs for dental treatment, except as stipulated in cl.4.2.2 of Section 2 hereof;
 - 4.9.7. costs connected with provision of services, which are not medically necessary, but required by the Insured, or with treatment not prescribed by the doctor, or with prolongation of chronic disease management after emergency aid measures;
 - 4.9.8. costs for alternative (or complementary) ¹medical treatment;

¹ For the purpose of these Rules, the methods of alternative or complementary medicine shall be understood to mean any non-classic methods, including but not limited to the following methods: homeopathy; manipulative methods: osteopathy; manual therapy; acupuncture; acupressure; reflexology; chiropractic; methods of Tibetan, traditional oriental medicine; Ayurveda methods, cosmoenergetics, hypnotherapy; magnetotherapy; honey therapy; energetic methods (bioelectromagnetic methods and biofield medicine); naturopathy, phytotherapy (herbal medicine), aromatherapy, apiotherapy (treatment with apiculture products), thalassotherapy (treatment with seaweed, salts, muds), hirudotherapy (leechcraft), hydrotherapy (water treatment).

- 4.9.9. costs connected with rendering of services to the Insured by the medical institution, not having corresponding license, or by the person, not entitled to conduct medical activities;
- 4.9.10. costs for medicines prescribed by the doctor in order to continue chronic disease management after emergency aid to the Insured;
- 4.9.11. costs in cases when the trip was taken by the Insured in order to receive treatment and/or diagnostics;
- 4.9.12. costs for surgical treatment, which can be replaced by non-surgical (nonoperative) methods or adjourned till Insured's return home, or which was not approved by the Insurer or the Service Department;
- 4.9.13. costs for assignment of special separate ward in the medical institution (except medical grounds), as well as provision of TV set, phone, air conditioner, etc.;
- 4.9.14. expenses incurred by the Insured outside the territory of the insurance contract, if the insurance contract expressly provides for a certain insurance territory, where the insurance contract is valid in terms of travel insurance;
- 4.9.15. costs for hospital treatment, medical transportation, transportation service, repatriation of the deceased, not authorized by the Service Department or the Insurer;
- 4.9.16. costs connected with treatment of acute exacerbations of chronic diseases (except costs for emergency measures under conditions constituting life-threatening situation for the Insured);
- 4.9.17. costs connected with rehabilitation after serious diseases, including fees of recreation therapist, physiotherapeutic aid, massage, exercise therapy, acupuncture;
- 4.9.18. costs connected with treatment of tuberculosis, sarcoidosis, mucoviscidosis irrespective of clinical form and process stage;
- 4.9.19. costs connected with treatment of congenital diseases (except costs for emergency measures under conditions constituting life-threatening situation for the Insured);
- 4.9.20. costs incurred in the territory officially declared as a disaster area (flood, fire, earthquake and other natural disasters) and their consequences, epidemic, quarantine, if the Insured crosses the border of specified area and appears to be in its territory after its declaration as a disaster area;
- 4.9.21. costs connected with an event, of which circumstances the Insured provided the Insurer with knowingly false or inaccurate information;
- 4.9.22. costs connected with an event, on which the Insured has received corresponding compensation for loss from the person responsible for such loss;
- 4.9.23. costs occurred due to Insured's sports activities (professional or amateur), except in cases when the insurance contract expressly provides for reimbursement of such costs and the Policy Holder has paid the premium under the insurance contract subject to corrective ratios in accordance with cl.2.9 hereof;
- 4.9.24. costs occurred due to Insured's hazardous activities, except in cases when the insurance contract expressly provides for reimbursement of such costs and the Policy Holder has paid the premium under the insurance contract subject to corrective ratios in accordance with cl.2.9 hereof.
- 4.10. In accordance with Section 2 hereof, the following events shall not be loss occurrences if they occurred:
 - 4.10.1. upon Insured's commission of wrongful acts confirmed by competent authorities of the receiving country;
 - 4.10.2. upon Insured's being in a state of alcoholic, narcotic or other intoxication, as well as Insured's driving of motor vehicle or transfer of control to the person in a state of alcoholic or narcotic intoxication, as well as without driving license during traveling.

5. INSURANCE CONTRACT. VALIDITY PERIOD AND CONCLUSION PROCEDURE

- 5.1. Validity of the Insurance Contract.
 - 5.1.1. The insurance Contract may be executed:
 - a) for the period of transportation "to";
 - b) for the period of transportation "to and back";
 - c) for the period of traveling between transportations "to and back".
 - 5.1.2. The insurance contract may be executed, in accordance with terms and conditions of the insurance contract, for a certain period, within which transportations are planned ("to" or "to and back").
- 5.2. The insurance contract may be executed for several transportations planned within the period of the insurance contract.
- 5.3. The insurance contract shall come into effect from the date of the insurance premium payment and shall be valid for 15 calendar days. The period of the insurance contract shall be extended for the period required for completion of transportation, if the ticket was purchased more than 15 days before transportation and/or the flight was postponed and/or transportation was not completed within the specified period.
- 5.4. Insurance (Insurer's liability) shall apply to cases occurred from the period of boarding to the vehicle (subject to payment of the insurance premium in accordance with cl.2.8 hereof) and till deboarding from the transportation vehicle. Insurance (Insurer's liability), depending on terms and conditions of the insurance contract, in accordance with cl.5.1 of Section 2 hereof shall apply to cases occurred during transportation "to", "to and back", during traveling between transportations "to and back", as well as to several transportations in accordance with cl.5.2.
- 5.5. The territory of the insurance contract:
 - 5.5.1. The insurance contract made in accordance with cl.5.1.1 "a", 5.1.1 "b", 5.1.2 of Section 2 hereof shall be valid during Insured's being in the transportation vehicle.
 - 5.5.2. The insurance contract made in accordance with cl.5.1.1 "c" of Section 2 hereof, shall also be valid in the territory provided for by cl.5.5.1 of Section 2 hereof, as well as in the territory of traveling, starting from the destination point specified in the insurance contract. The insurance contract may provide for a certain insurance territory, where the insurance contract is valid in terms of travel insurance.

Upon that, the following territories shall be excluded from the territory of the insurance contract:

 - a) the territory located closer than 150 kilometers from the place of registration and/or permanent residence of the Insured, as well as the territory of foreign country, where the Insured mainly resides and is registered or which country the Insured is a citizen.
 - b) territories of countries, where the emergency state, conduct of military/police/counter-terrorism operations are declared;
 - c) countries, in respect of which military sanctions of the UN are applied or in the territory of which the military activities are conducted;
 - d) territories, where pest spots are detected and recognized.
- 5.6. The insurance contract shall be made in favor of persons without age limit.
- 5.7. In order to enter into the insurance contract, the Policy Holder shall in writing or orally give notice of his/her intention to enter into the insurance contract and provide data required for the insurance contract.
- 5.8. If the contract (in terms of comprehensive passenger medical expenses insurance during traveling) does not contain the insurance scenario, it shall be deemed that the insurance contract is made under ME "Travel" scenario.
- 5.9. When entering into the insurance contract, the Insurer shall be entitled to request Policy Holder's information of the following circumstances known to the Policy Holder, which are essential for determination of probability of loss occurrence and amount of possible losses (insurance risk):
 - a) name, address, banking details, phone, fax (if the Policy Holder is a legal entity);
 - b) surname, name, age, permanent residence address, phone of the insured (insured persons);

- c) route, period of traveling;
 - d) presence or absence of counterindications for traveling;
 - e) presence or absence of mental or oncology diseases;
 - f) in case of entering into the contract in accordance with cl.5.1.1 "c" of Section 2 hereof - the purpose of travel, presence or absence of counterindications for traveling.
- 5.10. When entering into the insurance contract the Insurer shall be entitled to refer the insured person for medical examination for assessment of actual health status. Upon demand of the Insurer, the Insured must fill in the questionnaire.
- 5.11. The insurance contract shall be made in writing by:
- 5.11.1. Making one document - the insurance contract signed by the parties of the contract;
 - 5.11.2. Insurer's issue of the insurance policy (offer policy) (certificate, receipt) signed by the Insurer to the Policy Holder. In this case, the Policy Holder's consent to enter into the insurance contract under conditions proposed by the Insurer shall be confirmed by acceptance of the insurance policy (offer policy) (certificate, receipt) from the Insurer and payment of the insurance premium.
 - 5.11.3. If the insurance contract is made by the Policy Holder in favor of one or several persons (Insured), each Insured can receive the insurance policy (certificate, receipt), or ID card, confirming entering into the insurance contract in their favor.
- 5.12. If after entering into the insurance contract it is established that the Policy Holder has provided knowingly false information or has concealed information of circumstances essential for determination of probability of loss occurrence and amount of possible losses, the Insurer shall be entitled to require invalidation of the insurance contract in accordance with applicable law of the Russian Federation.
- 5.13. The Insurer shall pay the insurance benefit according to one of the following schedules:
- a) The Policy Holder (Insured) shall get assistance upon loss occurrence through the Service Company and its representations (does not pay expenses independently) in accordance with the contract between the Insurer and the Service Company;
 - b) Upon loss occurrence, the Policy Holder (Insured) shall pay expenses independently, and receive the insurance indemnity on return from the trip on the basis of documents provided to the Insurer. Upon that, the Insurer shall reserve the right to act in accordance with cl.6.5 of Section 2 hereof.

6. PROCEDURE AND CONDITIONS OF PAYMENT OF INSURANCE BENEFITS

- 6.1. The Insured shall be obliged to take all possible measures to reduce costs on occurred insured event.
- 6.2. Upon loss occurrence, the Insured (Policy Holder) shall be obliged:
- 6.2.1. promptly upon loss occurrence (if the loss occurrence took place during traveling) to contact the Service Department of the Insurer and provide the following information by phone:
 - a) surname, name, number and duration of the insurance contract (policy);
 - b) his/her location, contact phones;
 - c) to describe briefly what happened.

Costs for phone conversations with the Service Department of the Insurer or with the Insurer shall be reimbursed to the Insured upon presentation of documents confirming these costs.
 - 6.2.2. In the event that urgent call was not made before reference to a doctor, the Insured shall be obliged:
 - a) to present the insurance contract (policy) to a doctor and specify that the treatment costs are paid by the Insurer's Service Department;
 - b) to contact the Service Department of the Insurer immediately after doctor's appointment and provide data in accordance with cl.6.2.1 of Section 2 hereof.
- 6.3. Insured's untimely notification of the Service Department of the Insurer or the Insurer itself of loss occurrence shall enable the latter to refuse fully or partially to pay the insurance

- indemnity, if the Insured fails to prove that for reasons beyond control (for health reasons) he/she did not able to notify the Service Department of the Insurer or the Insurer itself of loss occurrence.
- 6.4. Insurance benefits shall be paid to medical and other institutions, to which the Service Department has guaranteed the payment of costs on behalf of the Insurer in case of medical and other related services rendered to the Insured. The insurance benefit shall be paid by payment of issued detailed invoices with an indication of services and costs incurred upon delivery of assistance to the insured person. The Insurer shall reserve the right to make a decision on payment of costs for the first (diagnostic) visit of the Insured to the medical institution, if such visit was not paid by the Insured, and payment on behalf of the Insurer was guaranteed by the Service Department.
 - 6.5. If payment of incurred expenses in result of loss occurrence was made by the Insured himself/herself, the insurance benefit upon recognition of loss occurrence shall be paid directly to the Insured. Upon that, all invoices must be made in the name of the Insured and contain information of his/her disease (diagnosis), treatment, prescribed medicines.
 - 6.6. In any case, the Insured must provide written application to the Insurer no later than 31st day after expiration of the insurance contract.
 - 6.7. In order to receive the insurance indemnity, the Insured must inform the Insurer of loss occurrence in writing and provide the following documents, unless otherwise provided for by the insurance contract, namely:
 - a) insurance contract;
 - b) originals of invoices from the medical institution (on the company's letterhead and/or with corresponding stamp) with an indication of Insured's surname, diagnosis, date of seeking medical advice, treatment duration, list of provided services broken down by their dates and cost, originals of appointment cards to laboratory studies, and the total payable amount;
 - c) originals of prescriptions, connected with this disease and written out by the attending doctor, with the pharmacy stamp, as well as payment receipt with an indication of cost of each purchased medicine;
 - d) upon Insurer's demand - case history and medical report of the attending doctor for the past 12 months;
 - e) originals of hotel invoices for accommodation of one person, in accordance with cl.4.3.6 of Section 2 hereof (if the payment of such costs is not provided for by the insurance contract).
 - f) originals of documents confirming the fact of payment for treatment, medicines and other costs.
 - 6.8. In any case, the Insurer must be provided with all documents associated with loss occurrence and required by the Insurer. The Insured shall be obliged upon Insurer's demand to provide translations of originals of these documents into Russian. The Insurer shall be entitled to perform translation of provided documents into Russian both independently, and with the assistance of an expert. The Insurer shall be entitled to deduct the cost of translation from the amount of insurance indemnity, if translation was not provided by the Insured.
 - 6.9. The Insured shall be obliged upon Insurer's demand to be medically examined and provide examination results.
 - 6.10. After receiving message of loss occurrence, the Insurer shall be obliged:
 - a) to study the circumstances of loss occurrence;
 - b) after receipt of all documents and in case of recognition of loss occurrence, to calculate the amount of insurance benefit and to execute a Claim Report (to inform of non-recognition of loss occurrence or refusal to pay the benefit) no later than 21st day of receipt of all necessary documents in accordance with this Section of Rules. In case of Insurer's decision to conduct the insurance investigation, the deadline for fulfillment of obligation to execute a claim report may be reasonably extended till completion of such investigation (if law enforcement agencies conduct investigation on this case - till making decision by corresponding agencies);
 - c) to pay the insurance benefit no later than five (5) working days of execution of the Claim Report.
-

- 6.11. The Insurer shall reserve the right to inspect all provided documents, including by conducting medical examination of the Insured by experts. Upon that, the Insurer shall reserve the right to investigate the reasons of loss occurrence independently. In this case, the Insured must provide the Insurer with access to all necessary documents indicating Insured's health status before and after loss occurrence, and required for making decision on recognition of this loss occurrence.
- 6.12. Decision on non-recognition of loss occurrence and/or refusal to pay the insurance benefit shall be made by the Insurer and informed to the Policy Holder in writing or orally with well-reasoned grounds for refusal.
- 6.13. Insurer's non-recognition of loss occurrence and/or Insurer's refusal to pay the insurance benefit may be appealed by the Policy Holder in the procedure established by the applicable law of the Russian Federation.
- 6.14. The insurance benefit shall be paid in Russian rubles or foreign currency in accordance with applicable law of the Russian Federation. Conversion of one currency to another (including currency of insurance benefit) shall be made at the exchange rate of the ruble against each currency established by the Central Bank of Russia as of loss occurrence (event), unless other date (other rate) is established by the insurance contract (policy).
- 6.15. Settlements with non-residents of the Russian Federation on payment of expenses (losses) may be performed by the Insurer in currency of an invoice rendered for payment or in currency of the insurance contract by agreement with the Insurer.

SECTION 3. PASSENGER CANCELLATION INSURANCE

3. SUBJECT MATTER INSURED

- 3.1. The subject matter insured is property interests of the Policy Holder (insured person) connected with the risk of unforeseen expenses in result of impossibility to take intended trip by the Insured and not related to entrepreneurial activities of the Policy Holder (insured person).

4. LOSS OCCURRENCES

- 4.1. Loss occurrences shall be the following unexpected events occurred during the insurance period and hindering the intended trip:
 - 4.1.1. "Illness" - acute disease, as well as accident occurred during the insurance period with:
 - a) the Insured;
 - b) Immediate relative of the Insured or other Insured making a joint trip with him/her, requiring continuous out-patient treatment before the beginning of travel (inclusively) and giving rise to medical counter indications for intended travel.
 - 4.1.2. "Hospitalization" - accident or acute disease of the Insured, his/her immediate relatives or other Insured making a joint trip with him/her, requiring continuous hospital treatment before the beginning of travel (inclusively);

This event shall not be recognized as a loss occurrence, if the Insured or other persons specified herein have refused hospitalization.
 - 4.1.3. "Contagious diseases" - measles, rubella, varicella, scarlatina, diphtheria, pertussis, epidemic parotitis of the Insured, his/her immediate relatives or other Insured making a joint trip with him/her;
 - 4.1.4. "Injury" - injury (bodily damage) sustained by the Insured, his/her immediate relatives or other Insured making a joint trip with him/her, giving rise to medical prescription of prohibition of insured travel.
 - 4.1.5. "Departure from life" - death of the Insured within the period of insurance, his/her immediate relatives or other Insured making a joint trip with him/her.

- 4.1.6. "Visa denial" - denial, non-receipt, including delay in receipt, or receipt for a period other than that requested, of entry visa with respect to Russian citizen, namely the Insured or spouse and/or their minor children making a joint trip with him/her, as well as other Insured persons making a joint trip with him/her (subject to submission of documents for visa processing in accordance with the procedure and within the period established by consular institutions, as well as the absence of previous visa denials to the country/group of countries of supposed Travel in all participants of travel (except in cases of cancellation of such denial);
- 4.1.7. "Legal proceedings" - the legal proceedings coinciding with the period of intended travel, where the Insured takes part according to the judicial act accepted after payment of the insurance premium under the Insurance Contract.
- 4.1.8. "Conscription" - conscription of the Insured into the army or reserve training, subject to Insured's confirmed receipt of notice (call-up order) after payment of the insurance premium under the Insurance Contract.
- 4.1.9. "Damage to property" - material damage or loss of real estate owned by the Insured, occurred in result of:
- a) fire;
 - b) water damage by water supply, sewerage, heating systems;
 - c) natural disasters (earthquake, landslide, storm, hurricane, flood, inundation, hail or shower of rain);
 - d) causing of harm by third parties.
- 4.1.10. "Redundancy" - redundancy or receipt of official notice of redundancy of the Insured from primary employment due to layoff, subject to receipt of notice of dismissal after payment of the insurance premium under the Insurance Contract.
- 4.1.11. "Crash" - damage of vehicle transporting the Insured to the departure airport, the control of which required presence of the Insured and took more than 3 hours.
- 4.1.12. "RTA" - road traffic accident with the Insured occurred less than 12 hours before the beginning of intended travel;
- 4.1.13. "Cataclysms" - natural disaster or dangerous phenomena in the region, from which the trip is taken² or in the territory of a country of intended travel (flood, fire, earthquake and other natural disasters);
- 4.1.14. "State of emergency" - announcement of the state of emergency in the territory of intended travel after the date of the insurance contract;
- 4.1.15. "Document theft" - stealing of documents required for traveling (according to applicable transportation rules and other legislative and regulatory acts) from the Insured and/or other Insured making a joint trip with him/her;
- 4.1.16. "Assistance to government officials" (upon availability of documentary evidence);
- 4.1.17. "Delay" - documented delay of actual beginning and/or completion of transportation as compared to those specified in travel documents for more than 1 hour (unless other time established by the insurance contract).
- 4.1.18. "Any other reason" - impossibility to make travel for other reason not expressly specified in cl.4.1 of Section 3 hereof, beyond reasonable control of the Insured and having random, unexpected nature;
- 4.2. Persons making a joint trip according to this section hereof shall be persons specified in one contract with the travel company or in one reserved and paid hotel room (apartment).
- 4.3. Upon loss occurrence, the insurance contract may provide for the following versions of the insurance benefit within the insurance coverage:
- a) reimbursement of Insured's expenses connected with cancellation (return) of travel documents (tickets) specified in the policy in amount of difference between their cost paid by the Insured and the sum returned by the carrier to the Insured upon return/cancellation of travel documents.

² The region, from which the trip is taken in terms of these Rules, shall be the region located within 150 kilometers from the departure airport, unless otherwise provided for by the insurance contract.

If loss occurrence takes place after the beginning of transportation, the insurance benefit shall be paid in proportion to the ratio between the number of non-performed flight segments and the total number of flight segments in accordance with travel documents.

b) reimbursement of expenses incurred by the Insured due to reissue of primary or forced acquisition of new travel documents (tickets) on the same route (or its part) for other date and/or time of departure (with the same transportation class).

c) reimbursement of Insured's expenses connected with refusal of reserved hotel room or other paid services, which are not subject to reimbursement or are subject to partial reimbursement, and confirmed by corresponding documents of the transportation company, consulate, hotel, etc.

d) reimbursement in kind by acquisition of new travel document (ticket) on the same route for other date and/or time by the Insurer or its representative (trustee) for the Insured.

4.4. If the insurance contract is made on conditions provided for by cl.4.1.1 - 4.1.16 of Section 3 hereof, the following events shall not be loss occurrences, which happened with the Insured (other person, the events with which interfere with the trip) and resulted in:

4.4.1. suicide or willful infliction of bodily self-harm;

4.4.2. acute exacerbations of chronic diseases, mental disorders and diseases;

4.4.3. state of pregnancy, except cases of sudden complication at gestational age under twelve weeks;

4.4.4. planned hospitalization.

4.5. In accordance with Section 3 hereof, the following events shall not be loss occurrences if they occurred:

4.5.1. upon Insured's commission of wrongful acts, which are in direct causal connection with the loss occurrence;

4.5.2. upon Insured's commission of willful acts, which are in direct causal connection with the loss occurrence;

4.5.3. Insured's being in a state of alcoholic, narcotic or other intoxication, as well as Insured's driving of motor vehicle or transfer of control to the person in a state of alcoholic or narcotic intoxication, as well as without driving license.

4.5.4. in result of Insured's or his/her relatives' loss of documents required for traveling for reasons other than those specified in cl.4.1.15.

5. INSURANCE CONTRACT. VALIDITY PERIOD AND CONCLUSION PROCEDURE

5.1. The insurance contract shall be made for the period of not more than one year, unless otherwise specifically stipulated in the insurance contract.

5.2. The insurance contract shall come into force on the date specified in the insurance contract as the date of its inception, subject to payment of the insurance premium in accordance with cl.2.8 hereof.

5.3. The insurance contract on risks provided for by Section 3 hereof shall be valid all over the world and:

5.3.1. insurance (Insurer's liability) shall apply to cases from entering into the insurance contract and till the beginning of transportation "to", unless otherwise provided for by the insurance contract;

5.3.2. insurance (Insurer's liability) shall apply to cases from entering into the insurance contract and till the beginning of transportation "back", unless otherwise provided for by the insurance contract. The insurance contract on these conditions may be made only with regard to risks listed in cl. 4.1.1-4.1.5, 4.1.9, 4.1.13, 4.1.14, 4.1.17 of Section 4 hereof.

5.3.3. insurance (Insurer's liability) shall apply to cases from entering into the insurance contract and till the beginning of transportation "back".

5.3.4. the insurance contract shall come into effect from the date of the insurance premium payment and shall be valid for 15 calendar days. The period of the insurance contract shall be extended

for the period required for completion of transportation, if the ticket was purchased more than 15 days before transportation and/or the flight was postponed and/or transportation was not completed within the specified period.

- 5.3.5. The insurance contract may provide for additional conditions on the date of occurrence and duration of events mentioned in cl.4.1 of Section 3 hereof.
- 5.4. In order to enter into the insurance contract, the Policy Holder shall in writing or orally give notice of his/her intention to enter into the insurance contract and provide data required for the insurance contract. When entering into the insurance contract, the Policy Holder shall be entitled to provide the Insurer with information of circumstances known to the Policy Holder, which are essential for determination of probability of loss occurrence and amount of possible losses (insurance risk), including:
 - a) name, address, banking details, phone, fax (if the Policy Holder is a legal entity);
 - b) surname, name, age, permanent residence address, phone of the Policy Holder;
 - c) route, purpose and period of traveling;
 - d) other information essential for insurance risk assessment or requested by the Insurer.
- 5.5. The Insurer may request Policy Holder's additional documents describing the risk degree.
- 5.6. The insurance contract shall be made in writing by:
 - 5.6.1. Making one document - the insurance contract signed by the Parties;
 - 5.6.2. Insurer's issue of the insurance policy (offer policy) (certificate, receipt) signed by the Insurer to the Policy Holder. In this case, the Policy Holder's consent to enter into the insurance contract under conditions proposed by the Insurer shall be confirmed by acceptance of the insurance policy (offer policy) (certificate, receipt) from the Insurer and payment of the insurance premium.
 - 5.6.3. If the insurance contract is made by the Policy Holder in favor of one or several persons (Insured), each Insured can receive the insurance policy (certificate, receipt), or ID card, confirming entering into the insurance contract in their favor.
 - 5.6.4. The insurance contract may be made in the form of comprehensive contract on the basis of these Insurance Rules and other insurance rules.
- 5.7. If after entering into the insurance contract it is established that the Policy Holder has provided knowingly false information or has concealed information of circumstances essential for determination of probability of loss occurrence and amount of possible losses, the Insurer shall be entitled to require invalidation of the insurance contract in accordance with applicable law of the Russian Federation.

6. PROCEDURE AND CONDITIONS OF PAYMENT OF INSURANCE BENEFITS

- 6.1. The Insured shall be obliged to take all possible measures to reduce costs on occurred insured event.
- 6.2. Upon loss occurrence, the Insured (Policy Holder) shall be obliged promptly inform the Insurer thereof.
- 6.3. Insured's untimely notification of the Insurer of loss occurrence shall enable the latter to refuse fully or partially to pay the insurance indemnity, if the Insured fails to prove that for reasons beyond control (for health reasons) he/she did not able to notify the Insurer of loss occurrence.
- 6.4. In any case, the Insured (Policy Holder, Beneficiary) must provide the Insurer with written application on the Insurer's form, as well as documents confirming the fact of loss occurrence no later than 31st date after expiration of the insurance contract.
- 6.5. In order to receive the insurance indemnity, the Insured must inform the Insurer of loss occurrence in writing and provide the following documents, unless otherwise provided for by the insurance contract, namely:
 - 6.5.1. Insurance contract (policy).
 - 6.5.2. Document of identification.

- 6.5.3. Written application on the Insurer's form, where the nature, circumstances and the date of loss occurrence must be specified.
- 6.5.4. Documents confirming cancellation or renewal (reissue) of travel documents (air tickets), change or cancellation of hotel reservation and other services.
- 6.5.5. Documents confirming the structure and amount of expenses of the Policy Holder (Insured): refund acts, invoices, checks and other documents required for recognition of loss occurrence and/or determination of amount of expenses.
- 6.5.6. If the insurance contract was made on conditions provided for by cl.4.1.1- 4.1.6 of Section 3 hereof - the documents confirming a kinship of the Insured and the person, events with which resulted in loss occurrence.
- 6.5.7. For events of cl. 4.1.1.-4.1.6. 4.1.15 of Section 3 hereof - the documents confirming joint trip with the Insured - order forms, travel documents (tickets), certificates of carriers, contracts with the travel company, paid reservations of hotels or apartments.
- 6.5.8. In case of events provided for by cl.4.1.1-4.1.5 of Section 3 hereof - the document of persons, events with which resulted in loss occurrence:
 - a) sickness or injury certificate;
 - b) case history;
 - c) medical report;
 - d) upon Insurer's demand - sickness certificate or sick leave certificate (pupil or student), case history and medical report of the attending doctor for the last 12 months, as well as documents confirming severity and nature of disease.
- 6.5.9. In case of events provided for by cl.4.1.5 of Section 3 hereof - the Registry Office's certificate of death of the person, events with which resulted in loss occurrence.
- 6.5.10. In case of event provided for by cl.4.1.6 of Section 3 hereof: official denial of the consular directorate of the embassy with description of denial reason(s) and the international passport with a mark confirming visa denial or nonobservance of the time of its provision (subject to availability of such mark).
- 6.5.11. In case of event provided for by cl.4.1.7 of Section 3 hereof: judicial summons.
- 6.5.12. In case of event provided for by cl.4.1.8 of Section 3 hereof: draft notice.
- 6.5.13. In case of event provided for by cl.4.1.9., 4.1.12 of Section 3 hereof: reports of internal affairs bodies and/or corresponding administration services confirming the fact of damage.
- 6.5.14. In case of event provided for by cl.4.1.10 of Section 3 hereof, the duly certified copy of: the work record book with dismissal record due to layoff, employer's official notice of redundancy, redundancy order, labor contract and addenda thereto.
- 6.5.15. In case of event provided for by cl.4.1.11 of Section 3 hereof: documents of competent authorities confirming the reason and the period of delay. In order to confirm the fact of loss occurrence, the Insurer may require documents confirming Policy Holder's inability to use alternative vehicles and/or documents confirming Policy Holder's acts on elimination of coming late for a flight.
- 6.5.16. In case of event provided for by cl.4.1.13 of Section 3 hereof: documents confirming the fact of natural disasters in the area, where the Insured makes a trip or in the territory of a country of intended trip, issued by the state service supervising environmental condition, and containing information of the nature, date, time and place of natural disaster.
- 6.5.17. In case of event provided for by cl.4.1.14 of Section 3 hereof: document of the government authority confirming announcement of the state of emergency in the territory of intended trip.
- 6.5.18. In case of event provided for by cl.4.1.15 of Section 3 hereof: documents of competent authorities confirming the fact of document theft, including the notice of acceptance of application from the injured person and the order on institution of criminal proceedings or the order to dismiss criminal complaint.
- 6.5.19. In case of event provided for by cl.4.1.16 of Section 3 hereof: documents issued by the competent authority confirming the fact of assistance to government officials.

- 6.5.20. In case of event provided for by cl.4.1.17 of Section 3 hereof: certificate issued by the carrier or other official authorities, confirming delay (cancellation) of flight (or actual time of beginning and/or completion of transportation) and their reasons;
Upon the Insurer's demand:
a) documents confirming the flight delay: record of time of actual beginning of transportation in the document corresponding to good business practices of the carrier (boarding card/flight coupon, etc.);
b) documents confirming Insured's claims against the carrier, carrier's refusal of compensation for unexpected expenses of the Insured (or their part) and justifying the reasons of such refusal.
- 6.5.21. In case of event provided for by cl.4.1.18 of Section 3 hereof: documents confirming the loss occurrence.
- 6.6. In any case, the Insurer must be provided with all documents associated with loss occurrence and required by the Insurer. The Insured shall be obliged upon Insurer's demand to provide translations of originals of these documents into Russian. The Insurer shall be entitled to perform translation of provided documents into Russian both independently, and with the assistance of an expert. The Insurer shall be entitled to deduct the cost of translation from the amount of insurance indemnity, if translation was not provided by the Insured.
- 6.7. The Insurer shall be entitled to send official requests to confirm the amount of expenses incurred by the Insured.
- 6.8. After receiving message of loss occurrence, the Insurer shall be obliged:
a) to study the circumstances of loss occurrence;
b) after receipt of all documents and in case of recognition of loss occurrence, to calculate the amount of insurance benefit and to execute a Claim Report (to inform of non-recognition of loss occurrence or refusal to pay the benefit) no later than 21st day of receipt of all necessary documents in accordance with this Section of Rules. In case of Insurer's decision to conduct the insurance investigation, the deadline for fulfillment of obligation to execute a claim report may be reasonably extended till completion of such investigation (if law enforcement agencies conduct investigation on this case - till making decision by corresponding agencies);
c) to pay the insurance benefit no later than five (5) working days of execution of the Claim Report.
- 6.9. The Insurer shall reserve the right to inspect all provided documents, including by conducting medical examination of the Insured by experts (in cases connected with health problems). Upon that, the Insurer shall reserve the right to investigate the reasons of loss occurrence independently. In this case, the Insured must provide the Insurer with access to all documents required for making decision on recognition of this loss occurrence.
- 6.10. Decision on non-recognition of loss occurrence and/or refusal to pay the insurance benefit shall be made by the Insurer and informed to the Policy Holder in writing or orally with well-reasoned grounds for refusal.
- 6.11. Insurer's non-recognition of loss occurrence and/or Insurer's refusal to pay the insurance benefit may be appealed by the Policy Holder in the procedure established by the applicable law of the Russian Federation.
- 6.12. The insurance benefit shall be paid in Russian rubles or foreign currency in accordance with applicable law of the Russian Federation. Conversion of one currency to another (including currency of insurance benefit) shall be made at the exchange rate of the ruble against each currency established by the Central Bank of Russia as of loss occurrence (event), unless other date (other rate) is established by the insurance contract (policy).

SECTION 4. PASSENGER BAGGAGE INSURANCE

3. SUBJECT MATTER INSURED

The subject matter insured shall be property interests of the Policy Holder (Beneficiary) connected with the risk of loss, shortages or damage of property.

4. LOSS OCCURRENCES

4.1. Loss occurrences shall be damage (loss), missing Baggage, taken place during the insurance period in the territory of the insurance contract and documented, occurred for any reasons, except those listed in cl.4.4-4.8 of Section 4 hereof.

4.2. Damage of Baggage may be total (loss of Baggage) or partial. Total loss of Baggage shall take place in case of missing Baggage or if repair costs adjusted for wear together with residual value exceeds the actual cost of the Baggage; the insured Baggage shall be deemed damaged if repair costs together with residual value do not exceed the actual cost of non-damaged Baggage.

In case of total loss of baggage, the Insurer shall be entitled to ask the Policy Holder (Beneficiary) for salvage material of this Baggage or deduct their cost from the amount of benefit.

4.3. Upon loss occurrence, the Insurer shall pay insurance indemnity:

4.3.1. Upon missing (total loss) Baggage, depending on terms and conditions of the insurance contract, the following procedure of calculation of the indemnity amount may be provided for:

- a) payment in amount of actual cost of baggage within the insurance coverage defined in the insurance contract (insurance policy). If it is impossible to document the precise cost of lost baggage, the benefit shall be calculated in amount of 1,000 rubles for each kilogram of missing Baggage, but not more than actual cost of lost baggage (as of loss occurrence), unless other amount of benefit for each kilogram of Baggage expressly provided for by the insurance contract. The insurance contract may provide for indemnity only in case of loss of entire baggage or unharmed pieces of Baggage.
- b) payment for each unit of Baggage as a proportion of the insurance coverage for the entire Baggage (in proportion to weight), but not more than actual cost of lost baggage (as of loss occurrence);
- c) payment for each unit of Baggage as a proportion of the insurance coverage for the entire Baggage (according to the number of pieces), but not more than actual cost of lost baggage (as of loss occurrence);
- d) payment in amount of 1,000 rubles for each kilogram of missing Baggage, but not more than actual cost of lost baggage (as of loss occurrence), unless other amount of benefit for each kilogram of Baggage expressly provided for by the insurance contract.

4.3.2. Upon damage of Baggage, depending on terms and conditions of the insurance contract, the following procedure of calculation of the indemnity amount may be provided for:

- a) payment in amount of repair costs within the insurance coverage defined in the insurance contract (insurance policy). If it is impossible to document the precise cost of repair of damaged baggage, the benefit shall be calculated in amount of 500 rubles for each kilogram of damaged Baggage, but not more than the amount of loss, unless other amount of benefit for each kilogram of Baggage expressly provided for by the insurance contract;
- b) payment in amount of 20% of share of the insurance coverage of damaged Baggage per each unit of damaged Baggage (shares of insurance coverage shall be calculated in proportion to weight), but not more than the amount of loss;
- c) payment in amount of 20% of share of the insurance coverage of damaged Baggage per each unit of damaged Baggage (shares of insurance coverage shall be calculated according to the number of pieces), but not more than the amount of loss;
- d) payment in amount of 500 rubles for each kilogram of damaged Baggage, but not more than the amount of loss, unless other amount of benefit for each kilogram of Baggage expressly provided for by the insurance contract.

4.4. In accordance with Section 4 hereof, the following events shall not be loss occurrences if they occurred in result of:

- a) effect of temperature, humidity or special properties and natural qualities of baggage contents, which may lead to its loss or damage (drying, spillage, leakage, increase in weight after wetting, putrefaction, self-ignition, explosion and fire hazard);
- b) contamination/damage/shortage of the baggage upon package integrity;
- c) wear, rust, mildew, discoloration and other natural changes of features of insured property;
- d) scratches, paint peeling, other defects of appearance of property not leading to its dysfunction;
- e) property damage by insects and rodents, unless otherwise expressly provided for by the insurance contract;

- f) transportation of food products, colors, chemicals.
 - g) Policy Holder's (Beneficiary's) breach of rules of carriage of baggage or prohibition of carrier.
- 4.5. In accordance with Section 4 hereof, the following events shall not be loss occurrences if they occurred:
- a) upon commission by the Policy Holder (Beneficiary) or other related third parties of wrongful acts, which are in direct causal connection with the loss occurrence;
 - b) upon commission by the Policy Holder (Beneficiary) or other related third parties of willful acts, which are in direct causal connection with the loss occurrence;
- 4.6. Insurance (Insurer's liability) shall not apply to Baggage, not claimed by the Policy Holder 10 hours after transport arrival to the destination point (or other time provided for by the insurance contract).
- 4.7. According to the insurance contract made with respect to carry-on bag and Baggage insured in accordance with cl.4.3.1 "a", 4.3.2 "a" of Section 4 hereof, the insurance (Insurer's liability) shall not apply to things below:
- a) cash in Russian and foreign currency, securities, discount and other bank cards;
 - b) antique and unique goods, pieces of art and collector's items;
 - c) jewelries (precious metal wares, precious and semi-precious stone wares), items of folk art and craftwork;
 - d) travel documents, passport and any types of documents, slides, photos, prints;
 - e) portable electronics, including audio, photo, video equipment, personal and tablet computers, laptops, lens, telescopes, microscopes, night vision equipments, scope sights, etc. and any accessories;
 - f) manuscripts, plans, layouts, drawings, models, accounting and business documents;
 - g) any types of prostheses;
 - h) contact lenses;
 - i) animals, plants and seeds, corals, sponges, shells and mushrooms;
 - j) religious objects;
 - k) articles transferred to the carrier against transportation rules and/or restricted articles;
 - l) food products, fluids, tobacco.
- 4.8. According to the insurance contract made with respect to carry-on bags, the events shall not be loss occurrences if they resulted from disobedience of orders of the aircraft commander, ship master and other persons, against which the liability is asserted by Russian law or other regulatory acts for passenger safety during transportation by motor, railway, sea and inland water transport.

5. INSURANCE CONTRACT. VALIDITY PERIOD AND CONCLUSION PROCEDURE

- 5.1. Validity of the Insurance Contract.
- 5.1.1. The insurance Contract may be executed:
- a) for the period of transportation "to";
 - b) for the period of transportation "to and back".
- 5.1.2. The insurance contract may be executed, in accordance with terms and conditions of the insurance contract, for a certain period, within which transportations are planned ("to" or "to and back").
- 5.2. The insurance contract may be executed for several transportations planned within the period of the insurance contract.
- 5.3. The insurance contract shall come into effect from the date of the insurance premium payment and shall be valid for 15 calendar days. The period of the insurance contract shall be extended for the period required for completion of transportation, if the ticket was purchased more than 15 days before transportation and/or the flight was postponed and/or transportation was not completed within the specified period.
- 5.4. Insurance (Insurer's liability):
- 5.4.1. Under the insurance contract made in accordance with cl.5.1.1 "a" of Section 4 hereof: shall apply to cases occurred from the period of carrier's acceptance of baggage for transportation

(subject to payment of the insurance premium in accordance with cl.2.8 hereof) and till carrier's dispensing of baggage upon transportation "to".

5.4.2. Under the insurance contract made in accordance with cl.5.1.1 "b" of Section 4 hereof: shall apply to cases occurred from the period of carrier's acceptance of baggage for transportation (subject to payment of the insurance premium in accordance with cl.2.8 hereof) and till carrier's dispensing of baggage upon transportation "to" and "back".

5.4.3. Under the insurance contract made in accordance with cl.5.1.2 and 5.2 of Section 4 hereof: shall apply to cases occurred from the period of carrier's acceptance of baggage for each transportation within the period of the insurance contract (subject to payment of the insurance premium in accordance with cl.2.8 hereof, unless otherwise expressly provided by the contract) and till carrier's dispensing of baggage upon completion of each transportation within the period of the insurance contract.

5.5. The territory of the insurance contract:

5.5.1. The insurance contract shall be valid upon baggage's presence in the territory of airport, railway station, port, quay, as well as in the transportation vehicle.

5.6. In order to enter into the insurance contract, the Policy Holder shall in writing or orally give notice of his/her intention to enter into the insurance contract and provide data required for the insurance contract.

The carry-on bag may be insured in accordance with terms and conditions of Section 4 hereof, only if it is expressly provided for by the insurance contract.

5.7. When entering into the insurance contract, the Insurer shall be entitled to request Policy Holder's information of circumstances known to the Policy Holder, which are essential for determination of probability of loss occurrence and amount of possible losses (insurance risk), including:

- a) name, address, banking details, phone, fax (if the Policy Holder is a legal entity);
- b) surname, name, age, permanent residence address, phone of the Insured (Insured persons);
- c) route, period of traveling;
- d) description of baggage and listing of articles with an indication of their cost, if the contract is made under terms of declared value.

5.8. The Insurer may request Policy Holder's additional information relevant to the assessment of insurance risk, and the documents describing the risk degree. The Insurer shall be entitled to inspect baggage.

5.9. The insurance contract shall be made in writing by:

5.9.1. Making one document - the insurance contract signed by the Parties;

5.9.2. Insurer's issue of the insurance policy (offer policy) (certificate, receipt) signed by the Insurer to the Policy Holder. In this case, the Policy Holder's consent to enter into the insurance contract under conditions proposed by the Insurer shall be confirmed by acceptance of the insurance policy (offer policy) (certificate, receipt) from the Insurer and payment of the insurance premium.

5.9.3. If the insurance contract is made by the Policy Holder in favor of one or several persons (Insured), each Insured can receive the insurance policy (certificate, receipt), or ID card, confirming entering into the insurance contract in their favor.

5.10. If after entering into the insurance contract it is established that the Policy Holder has provided knowingly false information or has concealed information of circumstances essential for determination of probability of loss occurrence and amount of possible losses, the Insurer shall be entitled to require invalidation of the insurance contract in accordance with applicable law of the Russian Federation.

6. PROCEDURE AND CONDITIONS OF PAYMENT OF INSURANCE BENEFITS

6.1. Upon loss occurrence, the Policy Holder (Insured) shall at the scene refer to competent authorities authorized to deal with problems connected with damage and/or loss of baggage

- (carrier's representatives, airport, railway station representatives, etc.) to receive documents registering the fact of loss or damage of baggage (damage acts).
- 6.2. The Policy Holder (Insured) must, upon loss occurrence within three calendar days from the time when he/she is able to report of the event, notify the Insurer by any available method allowing fairly establishing the fact of notification.
 - 6.3. Policy Holder's (Insured's) untimely notification of the Insurer of loss occurrence shall enable the latter to refuse fully or partially to pay the insurance indemnity, if the Policy Holder fails to prove that for reasons beyond control (for health reasons) he/she did not able to notify the Insurer of loss occurrence.
 - 6.4. Application and documents for insurance indemnity must be provided to the Insurer within thirty (30) calendar days of Policy Holder's return from the trip, during which the loss occurrence took place.
 - 6.5. In order to receive the insurance indemnity, the Policy Holder (Insured) must inform the Insurer of loss occurrence in writing and provide the following (unless otherwise provided for by the insurance contract):
 - 6.5.1. Insurance contract (policy).
 - 6.5.2. Document of identification.
 - 6.5.3. Written application on the Insurer's form, where the nature, circumstances and the date of loss occurrence, weight and list of lost or damaged things must be specified.
 - 6.5.4. Original or certified copy of the document provided for by good business practice of the carrier, confirming the irregularity of baggage (Property Irregularity Report), general form acts) or certificate issued by official authorized bodies confirming baggage loss or damage;
 - 6.5.5. Upon the Insurer's demand:
 - 6.5.5.1. Documents confirming the fact of loss or damage of Policy Holder's baggage during transportation:
 - a) documents confirming compensatory payment by the carrier;
 - b) ticket (itinerary receipt of e-ticket);
 - c) copies of baggage checks (labels);
 - d) documents confirming the cost of baggage directly before loss occurrence, as well as confirming the cost of repair of damaged baggage;
 - 6.5.5.2. damaged property for the purposes of inspection and/or assessment;
 - 6.5.5.3. salvage material of property, recognized by the Insurer as totally lost.
 - 6.5.5.4. documents confirming Beneficiary's insurable interest with respect to Baggage.
- Based on contents of provided documents and circumstances of loss occurrence, the Insurer may make a decision to pay the insurance benefit only on the basis of documents specified in cl.6.5.1-6.5.4 hereof.
- 6.6. In any case, the Insurer must be provided with all documents associated with loss occurrence and required by the Insurer. The Insured shall be obliged upon Insurer's demand to provide translations of originals of these documents into Russian. The Insurer shall be entitled to perform translation of provided documents into Russian both independently, and with the assistance of an expert. The Insurer shall be entitled to deduct the cost of translation from the amount of insurance indemnity, if translation was not provided by the Policy Holder (Insured).
 - 6.7. The Insurer shall be entitled to inspect provided documents, ask organizations having data of loss occurrence circumstances for information. The Policy Holder must give written explanations of Insurer's requests connected with loss occurrence.
 - 6.8. After receiving message of loss occurrence, the Insurer shall be obliged:
 - a) to study the circumstances of loss occurrence;
 - b) after receipt of all documents and in case of recognition of loss occurrence, to calculate the amount of insurance benefit and to execute a Claim Report (to inform of non-recognition of loss occurrence or refusal to pay the benefit) no later than 21st day of receipt of all necessary documents in accordance with this Section of Rules. In case of Insurer's decision to conduct the insurance investigation, the deadline for fulfillment of obligation to execute a claim report

- may be reasonably extended till completion of such investigation (if law enforcement agencies conduct investigation on this case - till making decision by corresponding agencies);
- c) to pay the insurance benefit no later than five (5) working days of execution of the Claim Report.
- 6.9. The total amount of benefits cannot exceed the insurance coverage established in the insurance contract.
- 6.10. In the event that the Policy Holder has entered into the insurance contract simultaneously on conditions of Section 4 hereof and on conditions provided for by cl.4.1.2 of Section 5 hereof (baggage delay), in case of receipt of insurance benefit under "baggage delay" risk and subsequent announcement of loss occurrence under "baggage loss or damage" risk, the benefit shall be paid exclusive of insurance indemnity received under "baggage delay" risk.
- 6.11. If the Policy Holder (Insured, Beneficiary) has received indemnity from third parties for lost or damaged baggage or its part, the Insurer shall only pay the difference between the actual cost of insured property/amount of loss (in case of baggage damage) and the amount received from third parties, but not more than the insurance coverage established in the insurance contract. The Policy Holder shall be obliged to inform the Insurer promptly of receipt of such amounts.
- 6.12. Decision on non-recognition of loss occurrence and/or refusal to pay the insurance benefit shall be made by the Insurer and informed to the Policy Holder (Insured) in writing or orally with well-reasoned grounds for refusal.
- 6.13. Insurer's non-recognition of loss occurrence and/or Insurer's refusal to pay the insurance benefit may be appealed by the Policy Holder in the procedure established by the applicable law of the Russian Federation.
- 6.14. The insurance indemnity shall be paid in Russian rubles.
- 6.15. If stolen (lost) article was returned to the Policy Holder (Insured), he/she shall be obliged to return received insurance indemnity to the Insurer net of documented repair or arrangement costs for returned article, connected with loss occurrence, no later than fifteen (15) calendar days after return of stolen (lost) article.

SECTION 5. COMPREHENSIVE PASSENGER ADDITIONAL EXPENSE INSURANCE

3. SUBJECT MATTER INSURED

- 3.1. The subject matter insured is property interests of the Policy Holder (insured person) connected with the risk of unforeseen expenses of individuals, legal entities and not related to entrepreneurial activities of the Policy Holder (insured person).

4. LOSS OCCURRENCES

- 4.1. Loss occurrences shall be the following events taken place during the period of the insurance contract in the territory of the insurance contract, which are documented and cause additional passenger's expenses:
- 4.1.1. "Flight delay": documented delay of actual beginning and/or completion of ³transportation as compared to those specified in travel documents for more than 12 hours (unless other time established by the insurance contract) as a result of:
- any reason, except flight cancellation and/or weather conditions;
 - weather conditions;
 - flight cancellation.

If flight delay prefaced the cancellation, the period of delay shall be calculated as a difference between the time of departure specified in the travel document (ticket) as of the date of its acquisition by the Insured and the time of actual beginning of transportation of the Insured by

³ Delay in transportation completion - delay of vehicle in the point of arrival as compared to the time specified in the air ticket.

other flight provided by the carrier substitutionally, or by the flight, the ticket for which the Insured has acquired independently, given that the time of beginning of such transportation is earlier than the time of beginning of transportation (flight) provided by the carrier as a substitution of canceled flight. If in this situation, the Insured refused the transportation, the period of delay shall be calculated as a difference between the time of departure specified in the travel document (ticket) as of the date of its acquisition by the Insured and the time of Carrier's notice of flight cancellation. The contract may provide for other procedure of calculation of flight delay duration.

4.1.2. "Baggage delay" - delay of baggage dispensing by the carrier confirmed by corresponding documents of the carrier (airport, quay, railway station, etc.) above the period established by the insurance contract.

4.1.3. "Assistance in loss of documents" - costs for execution of the identification document, the loss of which impedes further trip and (or) return to the place of permanent residence (consular fees, state duties, etc.).

4.2. Upon loss occurrence, the Insurer may reimburse the following expenses of the Policy Holder (Insured):

4.2.1. On "flight delay" risk, according to cl.4.1.1.:

a) expenses in amount specified in the insurance contract, based on the period of delay;

b) costs for acquisition of new economy class air ticket (or similar to economy class - for transportation by other types of transport) for making or completion of intended trip, net of amounts returned by the carrier to the Policy Holder (Insured) upon return (cancellation) of tickets.

c) documented costs for accommodation during the period of delay - within 4,500 (four thousand and five hundred) rubles per day;

d) documented costs for meals within 1,500 (one thousand and five hundred) rubles per day for the period of delay;

e) other costs specified in the insurance contract;

The list of costs from those specified above, to be reimbursed by the Insurer under the terms and conditions of the insurance contract, shall in each case be established by the insurance contract.

The Insurer shall be entitled to establish in the insurance contract the limit of liability on each type of abovementioned costs or generally on "flight delay" risk.

In any case, the amount of the insurance benefit cannot exceed the insurance coverage established on "flight delay" risk by the insurance contract.

4.2.2. On "baggage delay" risk

a) Under "A" scenario: costs of the Insured on the basis of 150 rubles per each kilogram of baggage, dispensing of which is delayed by the carrier; the insurance contract may provide for other amount of benefit expressed in absolute or relative (against the insurance coverage) size established by the insurance contract;

b) Under "B" scenario: costs for acquisition of essentials within the limit specified in the insurance contract. If such limit is not specified in the insurance contract, it shall be recognized equal to 3,000 (three thousand) rubles. Upon that, unless otherwise provided by the insurance contract, the essentials shall be minimum hygiene products (including for child care).

4.2.3. On "Assistance in loss of documents" risk: necessary costs for execution of the identification document, the loss of which impedes further trip and (or) return to the place of permanent residence (consular fees, state duties, etc.) in amount of actually incurred expenses, but not more than 3,000 (three thousand) rubles or other amount specified in the insurance contract.

4.3. In accordance with Section 5 hereof, the following events shall not be loss occurrences if they occurred in result of:

4.3.1. In terms of events provided for by cl.4.1.1 of Section 5 hereof: caused by carrier's refusal of Insured's transportation.

4.3.2. In terms of events provided for by cl.4.1.2 of Section 5 hereof: baggage delay (separate pieces of baggage) for inspection by customs authorities or law enforcement services of the airport.

- 4.4. In accordance with Section 5 hereof, the following events shall not be loss occurrences if they occurred:
- a) upon commission by the Policy Holder (Insured, Beneficiary or other related third parties) of wrongful acts, which are in direct causal connection with the loss occurrence;
 - b) upon commission by the Policy Holder (Insured, Beneficiary or other related third parties) of willful acts, which are in direct causal connection with the loss occurrence;
 - c) upon Insured's being under the influence of alcohol, drugs or other intoxicants.

5. INSURANCE CONTRACT. VALIDITY PERIOD AND CONCLUSION PROCEDURE

5.1. Validity of the Insurance Contract.

5.1.1. The insurance Contract may be executed:

- a) in terms of risks provided for by cl.4.1.1, 4.1.2 of Section 5 hereof - for the period of transportation "to" and/or "to and back";
- b) in terms of risk provided for by cl.4.1.3 of Section 5 hereof - for the period of transportation "to" and/or "to and back", as well as for the period of traveling.

5.1.2. The insurance contract may be executed for a certain period, within which transportations are planned ("to" or "to and back").

5.2. The insurance contract may be executed for several transportations planned within the period of the insurance contract.

5.3. The insurance contract shall come into effect from the date of the insurance premium payment and shall be valid for 15 calendar days. The period of the insurance contract shall be extended for the period required for completion of transportation, if the ticket was purchased more than 15 days before transportation and/or the flight was postponed and/or transportation was not completed within the specified period.

5.4. The insurance contract made for a certain period and valid in relation to several transportations shall come into force on the date of payment of the insurance premium in accordance with cl.2.8 hereof, unless other procedure of beginning of the contract provided for by the insurance contract.

5.5. The period of insurance (period of Insurer's liability):

5.5.1. In terms of "flight delay" risk - from the moment specified in the ticket as the time of beginning of transportation ("date of departure"), subject to payment of the insurance premium in accordance with cl.2.8 hereof, and till completion of transportation, including transit transfer, unless otherwise provided for by the insurance contract.

5.5.2. In terms of "baggage delay" risks - from the period of acceptance of baggage for transportation (subject to payment of the insurance premium in accordance with cl.2.8 hereof) and till dispensing of baggage.

5.5.3. On "Assistance in loss of documents" risk: from the moment specified in the ticket as the time of beginning of transportation ("date of departure"), subject to payment of the insurance premium in accordance with cl.2.8 hereof, and till completion of transportation, including transit transfer, unless otherwise provided for by the insurance contract.

5.6. The territory of the insurance contract:

5.6.1. the insurance contract in terms of "flight delay" and "baggage delay" risks shall be valid all over the world, except for the territory located closer than 150 kilometers from the place of registration and/or permanent residence of the Insured, unless otherwise provided for by the insurance contract.

5.6.2. The insurance contract in terms of "Assistance in loss of documents" shall be valid in the territory of traveling, as well as the airport, where the transportation starts, and the airport, where the transportation ends.

- 5.7. In order to enter into the insurance contract, the Policy Holder shall in writing or orally give notice of his/her intention to enter into the insurance contract and provide data required for the insurance contract.
- 5.8. When entering into the insurance contract, the Policy Holder shall be entitled to provide the Insurer with information of circumstances known to the Policy Holder, which are essential for determination of probability of loss occurrence and amount of possible losses (insurance risk), including:
- a) name, address, banking details, phone, fax (if the Policy Holder is a legal entity);
 - b) surname, name, age, permanent residence address, phone of the Policy Holder;
 - c) route (with all countries, wherethrough the route goes), purpose and period of foreign trip;
 - d) upon Insurer's demand - description of baggage and listing of things therein.
 - e) insurance value of baggage.
 - f) other information essential for insurance risk assessment or requested by the Insurer.
- 5.9. The Insurer may request Policy Holder's additional documents describing the risk degree. When entering into the insurance contract, the Insurer shall be entitled to inspect baggage.
- 5.10. upon insurance of property interests connected with additional expenses incurred in case of baggage delay, the insurance coverage must not exceed expenses, which the Policy Holder (Insured) would predictably incur upon loss occurrence, and must not exceed the actual cost of baggage itself. The insurance coverage on this risk shall be established in amount of 30% of the insurance coverage established in the insurance contract for baggage insurance (unless other percent expressly provided for by the insurance contract), or in absolute terms.
- 5.11. Upon insurance of property interests connected with additional expenses incurred in case of flight delay, the insurance coverage must not exceed expenses, which the Policy Holder (Insured) would predictably incur upon loss occurrence. The insurance coverage on this risk shall be established in the insurance contract. The Insurer shall be entitled to establish the minimum/maximum amount of the insurance coverage on risks specified in this Section of the Rules.
- 5.12. The insurance contract shall be made in writing by:
- 5.11.1. Making one document - the insurance contract signed by the Parties;
 - 5.11.2. Insurer's issue of the insurance policy (offer policy) (certificate, receipt) signed by the Insurer to the Policy Holder. In this case, the Policy Holder's consent to enter into the insurance contract under conditions proposed by the Insurer shall be confirmed by acceptance of the insurance policy (offer policy) (certificate, receipt) from the Insurer and payment of the insurance premium.
 - 5.11.3. If the insurance contract is made by the Policy Holder in favor of one or several persons (Insured), each Insured can receive the insurance policy (certificate, receipt), or ID card, confirming entering into the insurance contract in their favor.
 - 5.11.4. The insurance contract may be made in the form of comprehensive contract on the basis of these Insurance Rules and other insurance rules.
- 5.13. If after entering into the insurance contract it is established that the Policy Holder has provided knowingly false information or has concealed information of circumstances essential for determination of probability of loss occurrence and amount of possible losses, the Insurer shall be entitled to require invalidation of the insurance contract in accordance with applicable law of the Russian Federation.

6. PROCEDURE AND CONDITIONS OF PAYMENT OF INSURANCE BENEFITS

- 6.1. Upon loss occurrence, the Policy Holder at the scene shall refer:
- upon loss occurrence on "flight delay" and "baggage delay" risk - to carrier's administration representatives or competent authorities of the airport, railway station, port, quay to receive documents confirming the fact of loss occurrence;
 - upon loss occurrence on "Assistance in loss of documents" risk - to representatives of the embassy/consulate of the Insured's country in the place of stay to receive the identification

- document, the loss of which impedes further trip and (or) return to the place of permanent residence.
- 6.2. Upon loss occurrence, the Policy Holder must within three calendar days after return from the trip notify the Insurer by any available method allowing fairly establishing the fact of notification.
 - 6.3. Application and documents for insurance indemnity must be provided to the Insurer within thirty (30) calendar days of Policy Holder's return from the trip, during which the loss occurrence took place.
 - 6.4. In order to receive the insurance indemnity, the Insured must inform the Insurer of loss occurrence in writing and provide the following documents, unless otherwise provided for by the insurance contract, namely:
 - 6.4.1. Insurance contract.
 - 6.4.2. Document of identification.
 - 6.4.3. Written application on the Insurer's form, where the nature, circumstances and the date of loss occurrence must be specified.
 - 6.4.4. On "flight delay" risk:
 - a) ticket (itinerary receipt of e-ticket);
 - b) certificate issued by the carrier or other official authorities, confirming delay (cancellation) of flight (or actual time of beginning and/or completion of transportation) and their reasons;Upon the Insurer's demand:
 - c) documents confirming the flight delay: record of time of actual beginning of transportation in the document corresponding to good business practices of the carrier (boarding card/flight coupon, etc.);
 - d) documents confirming the structure, amount and fact of payment of expenses incurred by the Policy Holder (Insured);
 - e) documents confirming Insured's claims against the carrier, carrier's refusal of compensation for unexpected expenses of the Insured (or their part) and justifying the reasons of such refusal.
 - 6.4.5. On "baggage delay" risk:
 - a) certified copy of the document provided for by good business practice of the carrier, confirming the irregularity of baggage (Property Irregularity Report), general form acts) or certificate issued by official authorized bodies confirming baggage dispensing delay and its period;
 - b) documents confirming acquisition of essentials with the list of acquired goods, their price, date and time of acquisition.Upon the Insurer's demand:
 - c) ticket (itinerary receipt of e-ticket);
 - d) baggage checks (labels).
 - 6.4.6. On "Assistance in loss of documents" risk - documents confirming the amount and the fact of payment of expenses for execution of the identification document, the loss of which impedes further trip and (or) return to the place of permanent residence.
 - 6.5. In any case, the Insurer must be provided with all documents associated with loss occurrence and required by the Insurer. The Insured shall be obliged upon Insurer's demand to provide translations of originals of these documents into Russian. The Insurer shall be entitled to perform translation of provided documents into Russian both independently, and with the assistance of an expert. The Insurer shall be entitled to deduct the cost of translation from the amount of insurance indemnity, if translation was not provided by the Insured.
 - 6.6. The Insurer shall be entitled to inspect provided documents, ask organizations having data of loss occurrence circumstances for information. The Policy Holder must give written explanations of Insurer's requests connected with loss occurrence.
 - 6.7. The Insurer shall be entitled to relieve the Policy Holder of a duty to provide the part of documents from lists provided for by cl.6.4 and cl.6.5 of Section 5 hereof, in failure to provide such documents does not have impact on determination of the amount of loss.
 - 6.8. After receiving message of loss occurrence, the Insurer shall be obliged:

- a) to study the circumstances of loss occurrence;
- b) after receipt of all documents and in case of non-recognition of loss occurrence, to calculate the amount of insurance benefit and to execute the Claim Report;
- c) to make the insurance benefit (to inform of non-recognition of loss occurrence or refusal to pay the benefit) no later than 21st day of receipt of documents specified in cl.6.4 and 6.5 of Section 5 hereof.

In case of Insurer's decision to conduct the insurance investigation, the deadline for fulfillment of obligation to execute a claim report may be reasonably extended till completion of such investigation (if law enforcement agencies conduct investigation on this case - till making decision by corresponding agencies).

- 6.9. In the event that the Policy Holder has entered into the insurance contract simultaneously on conditions of Section 4 hereof and on conditions provided for by cl.4.1.2 of Section 5 hereof (baggage delay), in case of receipt of insurance benefit under "baggage delay" risk and subsequent announcement of loss occurrence under "baggage loss or damage" risk, the benefit shall be paid exclusive of insurance indemnity received under "baggage delay" risk.
- 6.10. Decision on non-recognition of loss occurrence or refusal to pay the insurance benefit shall be made by the Insurer and informed to the Policy Holder in writing or orally with well-reasoned grounds for refusal.
- 6.11. Insurer's non-recognition of loss occurrence and/or Insurer's refusal to pay the insurance benefit may be appealed by the Policy Holder in the procedure established by the applicable law of the Russian Federation.
- 6.12. The insurance indemnity shall be paid in Russian rubles.

GENERAL PROVISIONS FOR ALL SECTIONS OF THESE RULES

7. GENERAL EXCLUSIONS

- 7.1. The insurance benefit shall not be paid and/or the Insurer shall be entitled to refuse of the insurance benefit:
 - 7.1.1. In cases where the civil law of the Russian Federation allows denial of the insurance benefit: failure to fulfill the duty to notify the Insurer of loss occurrence in the procedure and within the period provided for by these Rules (promptly after loss occurrence in terms of medical expense insurance during traveling, to contact the Service Department of the Insurer by phone, and within 31 days of expiration of the insurance contract, to provide written application), shall entitle the Insurer to refuse the insurance indemnity, if it is not proved that the Insurer has known about loss occurrence in time or Insurer's absence of information thereof could not have impact on its duty to pay the insurance indemnity.
 - 7.1.2. In cases where the civil law of the Russian Federation relieves the Insurer of the insurance benefit, namely:
 - a) of compensation for losses incurred due to the fact that the Policy Holder has not intentionally taken reasonable and available measures to reduce possible losses;
 - b) if loss occurrence took place due to Policy Holder's or Beneficiary's intent;
 - c) unless otherwise provided for by the insurance contract, losses incurred due to:
 - effects of nuclear blasts, radiation or radioactive contamination;
 - military operations, as well as maneuvers or other military measures;
 - civil war, civil disturbances of any kind or strikes;
 - seizure, confiscation, requisition, attachment or destruction of insured property by order of state authorities.
 - 7.1.3. In cases, which are not loss occurrences, in accordance with terms and conditions of each Section of these Rules.

8. PROCEDURE FOR TERMINATION, AMENDMENT AND CANCELLATION OF THE INSURANCE CONTRACT

- 8.1. The insurance contract shall be terminated in case of:
 - 8.1.1. Insurer's fulfillment of its obligations towards the Policy Holder under the Insurance Contract in full;
 - 8.1.2. its expiration (on 12.00 am of the date of insurance completion);
 - 8.1.3. Insurer's liquidation in the procedure established by applicable law of the Russian Federation;
 - 8.1.4. court's decision on cancellation of the insurance contract;
 - 8.1.5. in other cases provided for by legislative acts of the Russian Federation;
 - 8.1.6. the insurance contract shall be terminated before the date of its conclusion, if after its entering into force the possibility of loss occurrence disappeared, and the existence of loss occurrence has been terminated for reasons other than loss occurrence; in this case, the Insurer shall be entitled to the part of the insurance premium in proportion to the time, within which the insurance was valid.
- 8.2. The insurance contract may be terminated:
 - 8.2.1. Upon Policy Holder's claim asserted before the date of the beginning of insurance, the Insurer shall give 100% of paid insurance premium back to the Policy Holder (unless otherwise provided for by the insurance contract).
 - 8.2.2. Upon Policy Holder's claim asserted after the date of the beginning of insurance:
 - a) if the contract is made for the period of transportation "to" or the period of transportation "back" or the period of "to and back transportation and traveling" - upon that, the insurance premium paid to the Insurer shall not be subject to return (unless otherwise provided for by the insurance contract);
 - b) if the contract is made for the period of transportation "to and back" and the Policy Holder's claim of termination is asserted after the beginning of the period of transportation "to", but before the date of the beginning of transportation "back", the insurance premium paid to the Insurer shall not be subject to return (unless otherwise provided for by the insurance contract);
- 8.3. The insurance contract may be amended by execution of new insurance policy, including with recalculation of the insurance premium in case of change of periods of the insurance contract, upon that:
 - 8.3.1. upon execution of new policy (amendment of the insurance contract) at the initiative of the Policy Holder (Insured) for another date with the same total period of insurance or in favor of the other person, the Policy Holder shall not make any additional payments;
 - 8.3.2. upon execution of new policy (amendment of the insurance contract) at the initiative of the Policy Holder (Insured) for a longer period of insurance, the Policy Holder shall make additional payment in accordance with actual tariffs;
 - 8.3.3. upon execution of new policy (amendment of the insurance contract) at the initiative of the Policy Holder (Insured) for a lesser period of insurance, the Policy Holder shall be provided with the difference between the cost of old and new insurance contracts.
 - 8.3.4. all actions of execution of new policy (upon amendment of the insurance contract) shall be taken by the Insurer no later than the date of the beginning of the insurance period specified in the insurance contract (policy).
- 8.4. In case of loss of the insurance contract (policy), the duplicate copy shall be executed upon application of the Policy Holder (Insured) - new insurance contract (policy), fully repeating the terms and conditions of lost insurance contract.

9. RIGHTS AND OBLIGATIONS OF THE PARTIES

- 9.1. The Policy Holder shall be entitled within the period of the insurance contract:
 - 9.1.1. To repudiate the Insurance Contract in advance with mandatory written notification of the Insurer;

- 9.1.2. In terms of accident insurance - in the event that the insurance contract is made by the Policy Holder in his/her favor, the Policy Holder shall be entitled to appoint the Beneficiary in view of his/her death;
- 9.1.3. To receive the duplicate copy of the policy in case of its loss.
- 9.2. The Policy Holder shall be obliged:
 - 9.2.1. To provide the Insurer with reliable information essential for determination of the insurance premium;
 - 9.2.2. To pay the insurance premium in the procedure and within the period specified in the insurance contract;
 - 9.2.3. In case of signs of loss occurrence, to take measures promptly focused on reduction of loss, as if he/she was not insured.
 - 9.2.4. To send originals of documents of loss occurrence according to the list specified in Section 6 hereof by post at: 31, Shabolovka Str., bldg. B, Moscow 115162, AlfaStrakhovanie PLC, Passenger Insurance Administration.
 - 9.2.5. To fulfill obligations provided for by these Rules and terms and conditions of the insurance contract.
- 9.3. The Insurer shall be entitled:
 - 9.3.1. To verify information provided by the Policy Holder, as well as Policy Holder's fulfillment of requirements and terms and conditions of the insurance contract.
 - 9.3.2. When necessary, to direct inquiries to competent authorities;
 - 9.3.3. To require termination of the insurance contract, if it is found that the Policy Holder has provided knowingly false information of the Insured when entering into the insurance contract;
 - 9.3.4. To terminate the insurance contract in case of Policy Holder's failure to pay the insurance premium within the period established by the contract.
 - 9.3.5. To refuse to recognize the loss occurrence, if its nature, circumstances and periods do not correspond to definitions given herein, as well as upon Policy Holder's (Insured's, Beneficiary's) failure to fulfill obligations set forth in cl.9.2.3-9.2.5 hereof.
- 9.4. The Insurer shall be obliged:
 - 9.4.1. Upon loss occurrence, to pay the insurance benefit (or refuse to pay) within the period stipulated in respective clauses of these Rules, after receipt of all necessary documents;
 - 9.4.2. Upon non-recognition of loss occurrence, to inform the applicant thereof with reasons of making a decision within the period stipulated in respective Sections of these Rules.
 - 9.4.3. To provide safety and non-disclosure of personal data of the Policy Holder in accordance with the applicable law of the Russian Federation.
- 9.5. In the event that the Policy Holder entered into the insurance contract in favor of third party (Insured, Beneficiary):
 - 9.5.1. The Insured shall be obliged: to fulfill duties of the Policy Holder provided for by cl.9.2.3, 9.2.4 hereof;
 - 9.5.2. The Insured shall be entitled: to exercise Policy Holder's rights provided for by cl.9.1.2, 9.1.3 hereof; in case of liquidation of the Policy Holder - legal entity, to assume responsibilities for the Policy Holder provided for by cl.9.2.2 hereof.
 - 9.5.3. The Insured (Beneficiary), upon Insurer's demand, must provide documents confirming its insurability and/or rights to receive the insurance benefit.

10. CONSEQUENCES OF INCREASE OF INSURANCE RISK DURING VALIDITY OF THE INSURANCE CONTRACT

- 10.1. During the period of the insurance contract, the Policy Holder (Insured) shall be obliged to promptly inform the Insurer of known material changes in circumstances, informed to the

Insurer when entering into the contract, if such changes may have essential impact on increase of risk. Upon that, essential changes shall be changes stipulated in the insurance contract (policy) and in the Insurance Rules provided to the Policy Holder.

- 10.2. Upon receipt of information of circumstances leading to increase of risk, the Insurer shall be entitled to require to change terms and conditions of the insurance contract and/or to pay additional insurance premium in proportion to increase of risk. If the Policy Holder takes exception to change of terms and conditions of the insurance contract and/or additional payment of the insurance premium, the Insurer shall be entitled to require termination of the insurance contract in the procedure provided for by civil law of the Russian Federation.
- 10.3. Upon failure of the Policy Holder (Insured) to fulfill duties to inform the Insurer of increase of risk, the latter shall be entitled to require termination of the insurance contract and compensation for losses.
- 10.4. The Insurer shall not be entitled to require termination of the insurance contract, if there are no more circumstances leading to increase of risk.

11. PROCEDURE OF SETTLEMENT OF DISPUTES

- 11.1. Disputes connected with insurance under the contract made in accordance with these Rules, shall be settled by the parties by negotiations.
- 11.2. In case of non-achievement of an agreement by the parties in the procedure provided for by cl.11.1 hereof, the dispute shall be submitted to the court in the procedure established by applicable law of the Russian Federation.

Table of Insurance Coverage Payable upon Loss Occurrences

The benefit may be paid on several articles at the same time. If there are grounds for the benefit on several clauses within one article, the benefit shall be accrued only on one clause providing for greater amount of benefit. If the benefit was paid on one clause of an article, and later there is a ground for a greater benefit on the same article, the benefit shall be accrued on the clause providing for greater amount of benefit, upon that the amount of benefit shall be reduced by the amount paid earlier. In any case, the amount of benefits cannot exceed 100% of the insurance coverage on this risk.

| No. | Kind of damage | Percentage of payment of the insurance coverage |
|-----------|--|---|
| 1 | Cranial bone injury: | |
| a | fracture of outer table of skull, separation of suture | 5 |
| b | fracture of skull bones | 15 |
| 2 | Brain damages: | |
| a | brain contusion | 10 |
| 3 | Auricle injury: | |
| a | absence of up to 1/3 of auricle | 3 |
| b | absence of 1/2 of auricle | 5 |
| c | total absence of auricle | 10 |
| 4 | Breastbone fracture | |
| 5 | Maxillary, zygomatic or mandibular fracture: | |
| a | fracture of one bone, including solitary fracture of alveolar process | 5 |
| b | fracture of two or more bones or double fracture of one bone, bone fracture and mandibular dislocation with rupture of ligaments | 10 |
| 6 | Fracture of vertebral bodies, arch, articular processes (except for sacrococcyx): | |
| a | one or two spinal bones | 20 |
| b | three or more spinal bones | 30 |
| 7 | Fracture of transverse and spinous processes of vertebra: | |
| a | one or two | 5 |
| b | three and more | 10 |
| 8 | Sacral bone fracture | |
| 9 | Coccygeal vertebra fracture | |
| 10 | Bladebone, clavicle fracture: | |
| a | fracture of one bone, detachment of coracoid process of scapula | 5 |

| | | |
|-----------|---|----|
| b | fracture of two bones, double fracture of one bone | 10 |
| 11 | Humerus fracture: | |
| a | non-displaced | 5 |
| b | displaced, double fracture | 10 |
| 12 | Forearm bone fracture (ulnar, radial): | |
| a | fracture of one bone | 5 |
| b | fracture of two bones | 10 |
| 13 | Fracture of carpal bones, basidigital bones of one hand: | |
| a | one bone | 2 |
| b | two or three bones | 5 |
| c | four or more bones | 10 |
| 14 | Fracture of thumb bone(s) | |
| | | 2 |
| 15 | Fracture of second to fifth finger bone(s): | |
| a | one finger | 1 |
| b | two or three fingers | 3 |
| c | four or five fingers | 5 |
| 16 | Pelvic fracture (except cotyloid cavity): | |
| a | fracture of wing of ilium | 5 |
| b | fracture of pubic, aschial bone, body of ilium | 10 |
| c | fracture of two and more bones or double fracture of one bone | 15 |
| 17 | Hip joint injuries: | |
| a | hip joint dislocation with detachment of bone fragment(s) | 5 |
| b | trochanteric detachment | 10 |
| c | fracture of femoral head, neck, cotyloid cavity | 25 |
| 18 | Femoral fracture at any level (except for joints): | |
| a | non-displaced | 20 |
| b | displaced, double hip fracture | 25 |
| 19 | Knee joint injury: | |
| a | detachment of bone fragment(s), fracture of epicondyle(s), fracture of head of fibula | 5 |
| b | fracture of: knee cap, intercondylar eminence, condyles, proximal metaphysis of shin bone | 10 |
| 20 | Fracture of leg bones: | |
| a | split bone | 5 |
| b | shin bone, double fracture of split bone | 10 |
| c | both bones, double fracture of shin bone | 15 |
| d | fracture of both ankles with border of shin bone (trimalleolar fracture) | 15 |
| 21 | Foot injury: | |
| a | Fracture of one bone (except for heel and huckle bones) | 2 |

| | | |
|--|---|----|
| b | fracture of two bones, fracture of huckle bone | 5 |
| c | fracture of three and more bones, fracture of heel bone | 10 |
| 22 | Fracture of toe bone(s): | |
| a | one finger | 1 |
| b | two or three fingers | 3 |
| c | four or five fingers | 5 |
| 23 | Pulmonary injury causing hemothorax, pneumothorax, pneumoderma: | |
| a | on one side | 10 |
| b | on both sides | 20 |
| c | Extraction of the lobe, part of lung | 40 |
| d | extraction of one lung | 60 |
| 24 | Penetrating injury of breast, pleuracotomy (irrespective of the number): | |
| a | in the absence of traumatic injury of thoratic organs | 5 |
| b | upon traumatic injury of large bronchi | 10 |
| 25 | Neck injury: laryngeal, tracheal injury, hyoid, thyroid cartilage fracture, upper airway burn: | |
| a | not resulting in dysfunction | 5 |
| b | leading to the use of tracheotomy tube for not less than three months after the injury | 10 |
| 26 | Cardiac injury, injury of endocardium, myocardium and epicardium, great arteries, not leading to cardiovascular insufficiency: | 15 |
| 27 | Injury of great peripheral vessels, not leading to cardiovascular insufficiency: | |
| a | at forearm, leg level | 5 |
| b | at shoulder, hip level | 10 |
| 28 | Cardiac injury, injury of endocardium, myocardium and epicardium, great arteries and peripheral vessels, leading to cardiovascular insufficiency | 30 |
| <p>*Notes: 1. Great arteries are: aorta, pulmonary, innominate, carotid arteries, internal jugulars, superior and inferior vena cava, portal vein, as well as great arteries providing abdominal blood supply. 2. Great distal vessels are: subclavian, axillary, brachial, ulnar and radial arteries, iliac, femoral, popliteal, anterior and posterior tibial arteries, brachycephalic, subclavian, axillary, femoral and popliteal veins. 3. Payment under art.28 shall be made, if specified complications will be established upon expiration of 6 months after the injury. Before this period, the insurance benefit shall be paid under art.26-27. In case of insurance benefit payment under art.28, the insurance benefit paid under art.26-27 shall be deducted.</p> | | |
| 29 | Injury of tongue, mouth cavity: | |
| a | absence of tip of tongue | 3 |
| b | absence of distal third of tongue | 15 |
| 30 | Injury of stomach, pancreas, intestine, mesenterium, causing: | |
| a | scarry stricture (deformation of stomach, intestine, anal orifice) | 20 |
| b | peritoneal adhesions, condition after surgery because of adhesive obstruction | 25 |
| c | intestinal fistula, intestinovaginal fistula, pancreatic fistula | 40 |

| | | |
|-----------|--|----|
| 31 | Injury of stomach, pancreas, intestine, mesenterium, causing | |
| a | extraction of 1/3 of stomach, up to 1/3 of intestine | 20 |
| b | extraction of 1/2 of stomach, 1/2 of intestine, 1/3 of tail of pancreas | 30 |
| c | extraction of 2/3 of stomach, 2/3 of intestine, 1/2 of body of pancreas | 40 |
| d | extraction of stomach, intestine, 2/3 of body of pancreas | 60 |
| e | extraction of stomach with intestine portion or part of pancreas | 75 |
| f | extraction of stomach with intestine and part of pancreas | 90 |
| 32 | Injury of liver, gall bladder: | |
| a | subcapsular hepatic rupture not requiring surgical intervention | 5 |
| b | suturing of hepatic ruptures or cystectomy | 15 |
| c | suturing of hepatic ruptures and cystectomy | 20 |
| d | hepatectomy | 25 |
| e | hepatectomy and cystectomy | 30 |
| 33 | Spleen damage leading to: | |
| a | subcapsular lacerated spleen, not requiring surgical intervention | 5 |
| b | splenectomy | 30 |
| 34 | Injury of urinary organs (kidneys, ureter, bladder, urinary tract), causing: | |
| a | extraction of part of kidney, acute renal failure | 30 |
| b | nephrectomy | 40 |
| c | progression of chronic renal failure in result of injury of urinary organs or traumatic toxicosis (if this complication is observed after 6 months after the injury) | 45 |
| 35 | Damage of urinary organs, leading to: | |
| a | bladder resection, ureterostenoma, ankylourethria | 20 |
| b | genitourinary fistulas | 40 |