Translated from Lithuanian

ERGO Life Insurance SE
Additional Accident Insurance Policy No. 012
Valid from 10.20.2014

1. Principle Definitions

Insurer – ERGO Life Insurance SE.
Policyholder – an adult natural person or a legal person who has concluded an insurance agreement with the Insurer.
Coverage – obligation of the Insurer to pay insurance benefit upon occurrence of an insured event.
Parties – the Insurer and the Policyholder.
Insured Person – a person named by the Policyholder and indicated in the insurance agreement, to whom the Insurer is obliged to pay the insurance benefit upon occurrence of the insured event.
Beneficiary – a person referred to in the insurance agreement who, in the cases provided for by the insurance agreement, is entitled to the insurance benefit. The Policyholder can appoint and replace the person who, pursuant to the insurance agreement, has the right to receive the insurance benefits. In the cases established by law, the beneficiaries may be appointed and replaced only upon the consent of the Insured Person.

2. Conclusion of the Insurance Agreement

2.1. A person can be insured by the additional accident insurance cover (hereinafter the additional insurance) in combination with the main insurance, unless otherwise indicated in the agreement. The main insurance is the insurance of any type of life insurance cover of the Insurer.
2.2. The additional insurance shall be inseparable and invalid without the main insurance. The validity of the additional insurance ends at the end of the premium payment period of the main insurance, unless otherwise indicated in the agreement. The policy of the main insurance shall apply to the additional insurance to the extent that it does not contradict the provisions of the additional accident insurance cover.
2.3. If the Policyholder wishes to add an additional insurance to the insurance agreement, a written application shall be presented to the Insurer. The Insured Person shall fill in the standard questionnaires, if required by the Insurer. Upon conclusion of the insurance agreement, the application of the Policyholder and the questionnaires, together with the present insurance policy, shall become an integral part of the insurance agreement.
2.4. Having assessed the insurance risk, the Insurer may reject the additional insurance without indication of the reasons. If the insurance premium was paid before the assessment of the insurance risk and the Insurer's refusal of the insurance, such premium shall be refunded to the payer. If an insured event indicated in the present insurance policy occurs during this period, the Insurer shall not be obliged to pay the insurance benefit.
2.5. The additional insurances agreed upon by the parties shall be indicated in the insurance certificate or its annexes.

3. Insured Events

3.1. The insured event is an accident defined in the insurance agreement (except the uninsurable events indicated in Article 4), upon the occurrence of which the beneficiary is entitled to the insurance benefit.
3.2. An accident is defined as an event when the body of the Insured Person is suddenly, without his/her intention, externally affected and damages are caused to his/her health or life.
3.3. The Insurer shall provide the insurance coverage in the cases of the accidents which might occur to the Insured Person during the period of validity of the insurance coverage providing worldwide protection 24 hours a day. The injuries which can be recognised as insured events are specified in the Table of Accident Insurance Benefits attached as Annex No. 1 of the present insurance policy.

4. Uninsurable Events and Uninsurable Persons

Uninsurable events in which the insurance benefit will not be paid:

4.1. Accidents caused by chronic, congenital or degenerative diseases, mental or consciousness disorders, apoplexy, epilepsy or other convulsive seizures which strike the entire body of the Insured Person. However, insurance coverage shall apply where the disorders or seizures listed herein were caused by an accident which is considered an insurable event according to this policy wording.

4.2. Accidents which are directly or indirectly related to the declaration of war or a state of emergency, military actions, rebellion, riots, internal unrest, any types of terrorist attacks, strikes of workers, lock-outs, apprehensions and arrests carried out by state institutions and officials, unless otherwise indicated in the agreement. The damages or expenses which were incurred as a result of or related to responding, prevention or elimination of the actions and events indicated in the present section shall not be compensated.

4.3. Accidents self-inflicted by the Policyholder or the beneficiary of the insurance benefits (actions committed with direct or indirect intentions);

4.4. Accidents related to the Insured Person's attempts of self-inflicted injury or suicide attempts, participation in fights or domestic conflicts, including those experienced by the Insured Person when committing or attempting to commit criminal offences and/or when committing other illegal actions. Evidence of criminal activities or abetment of such, or any other illegal conduct, actions or absence thereof shall, according to this section, be proven by the conclusions, procedural decisions and/or court rulings, judgements, decisions and decrees of the pre-trial institutions and bodies authorised to examine administrative law cases, which the Insurer may rely upon when adopting a decision on recognition of the event as uninsurable or refusing to pay the insurance benefit.

4.5. Accidents which occur when the Insured Person:

a) uses air vehicles without an engine, motor aeroplanes, light planes, spacecraft and parachuting activities;

b) drives a vehicle while intoxicated with alcohol (exceeding the permissible blood alcohol level established by the laws of the Republic of Lithuania), drugs or other toxic, psychotropic and other kinds of substances which affect mental state, or potent medicines used for the purpose of intoxication;

c) operates an air vehicle or is a member of its crew;

d) carries out military service at an army or other similar formation, participates in war and military actions or peacekeeping missions;

e) participates in motor races, including training in which high speed is sought, as a driver, co-driver or a passenger of a vehicle;

f) participates actively in any officially organised sports competitions and training sessions, unless otherwise provided for in the insurance agreement. Officially organised sports competitions and training sessions are such that are organised by the sports organisations, sports clubs, sports schools, sports centres, sports bases, federations, associations, societies of sports branches with the rights of a legal entity, and other organisations as well as institutions engaged in the physical culture and sporting activities which establish the conditions for practicing the physical culture and sports, preparing athletes, organising sports competitions and other events of sports culture. Officially organised sports competitions are performed in accordance to the competition regulations, which must conform to the rules of sports competitions. The regulations must contain the names of the organisers of the competitions, terms and procedure for the performance of competitions, as well as safety requirements. Provisions of the present section shall not be applicable to the sports activities which are not organised by the sports organisations and are the leisure activities of the Insured Person;

g) practices martial arts or participates in extreme sports activities (diving, mountaineering, parachute jumping, bungee jumping, surfboarding, kite surfing, mountain bike riding, wall climbing, etc.), unless otherwise provided for in the insurance agreement.

4.6. Accidents caused by direct or indirect exposure to nuclear energy and harm caused to human health by exposure to any kind of rays (radioactive, electromagnetic, thermal, light, etc.), as well as damage caused by using chemical and biological substances for non-peaceful purposes.

4.7. Health disorders caused by treatments, surgery or other medical procedures. If surgery or treatment were required due to an accident, it shall be qualified as an insurable event.

4.8. Infections other than those, the pathogens of which enter the body after the injury during an insurable event listed in the present policy wording. Minor injuries of the skin or mucous membrane (scrapes, abrasions) shall not be considered to be insurable events, although through those injuries immediately or after some time pathogens of the diseases enter the body. This limitation shall not apply in the event of rabies, tetanus, Lyme disease or tick-borne encephalitis. Infections caused during treatment shall be subject to section 4.7.

4.9. Accidents caused by the consumption of alcohol, drugs or toxic, psychotropic and other kinds of substances which affect mental state, or potent medicines used for the purpose of intoxication. The Insurer shall not pay the insurance benefit if the Insured Person consumed alcohol or other

intoxicating substances after the accident and prior to medical examination or avoided an insobriety or intoxication test.

4.10. Hernia of the abdomen and of the abdominal cavity.

4.11. Health disorders caused by mental reactions (affective state) regardless of their cause.

4.12. Accidents which were the consequence of the Insured Person's diseases (traumas), due to which the state institutions have established an incapacity (disability) level of the Insured Person, or a mental disease.

4.13. Pathologic bone fractures, impairment and hernia of intervertebral discs, repeated joint dislocations (sprain), degenerative alterations in joints, dental damage while eating.

4.14. Removal of osteosynthesis material, fracture and dislocation thereof, as well as fracture and dislocation of joint prosthetic appliances.

4.15. Where the court recognises the person as missing.

4.16. Uninsurable persons:

4.16.1. Mental patients and persons in need of long-term care shall be uninsurable, and even though their insurance benefit is paid, the insurance coverage does not apply to them. A person in need of care is defined as an individual who continuously needs the help of others in his/her daily life.

4.16.2. Persons submitted to a special correctional institutions or serving an incarceration sentence, and persons undergoing compulsory medical treatment. The insurance coverage shall not be applicable during pre-trial detention (custody) or arrest.

4.16.3. The insurance coverage ceases when the Insured Person becomes uninsurable in accordance with section 4.16.1 or 4.16.2. The insurance premiums shall be refunded to the Policyholder for the remaining period of validity of the additional insurance.

4.17. Accidents which occurred during the period when the insurance coverage was suspended or invalid.

5. Insurance Object

5.1. The insurance object shall be property interests related to accidents.

6. Types of Insurance Benefits and Coverage Amounts

6.1. **Benefits in the case of death**

If the affected Insured Person passes away within a year as a result of the insured event, the right to claim the insurance benefit according to the coverage amount established in the insurance certificate in cases of death caused by accidents shall emerge.

Where the court declares the Insured Person deceased, the insurance benefit shall be paid only in such cases where the court decision indicates that the Insured Person became missing with circumstances in place which enable qualification of the Insured Person as perished due to an insurable event, or that the Insured Person disappeared or supposedly perished during the period of validity of the insurance agreement.

6.2. **Insurance benefit in the event of disability**

Disability is a long-term or permanent loss of physical or mental capacity of the Insured Person due to an accident where such persons are fully or partially unable to take care of their personal or social life and to implement their rights or to perform their obligations. If the accident was the cause of permanent loss (incapacitation) of physical or mental capacity, the Policyholder shall be entitled to claim the insurance benefits from the coverage amount in cases of disability under the conditions specified in the present section. Disability and the level thereof shall be established based on the opinions of the expert physicians of the Insurer and medical documentation.

The insurance benefit in the event of disability shall be paid upon compliance with all of the following conditions:

- disability was caused by an accident which was recognised to be an insurable event;
- disability persists within at least 12 months after the accident and is supported with medical documentation issued not later than within 3 months upon expiry of the 12-month period following the accident;
- disability is supported with medical documentation and opinions of the Insurer's expert physicians.

6.3. **Insurance benefit in the case of bone fracture**

If the parties have agreed upon it, the insurance benefit shall be paid from the agreed insurance coverage in the case of bone (joint) fracture pro rata the fractures that have been determined by the doctors for the bone fractures suffered by the Insured Person due to the insured event.

Insurance benefit in the case of bone fracture shall be paid if it is substantiated by radiation examinations (x-ray, computer tomography or magnetic resonance examination photos).

6.4. **Insurance benefit in the case of temporary disability**

Temporary disability is where the integrity of the bodily tissues (organs) of the Insured Person is damaged causing temporary restriction of their functions.

If the parties have agreed upon it, the insurance benefit shall be paid from the agreed insurance coverage in the case of temporary disability pro rata the disability level determined by the expert doctors of the Insurer for the temporary disability caused by:

6.4.1. Joint (bone) dislocation (sprain)

The insurance benefit in the case of joint (bone) dislocation (sprain), when it is substantiated by x-rays or other objective examination methods, and when treatment or immobilisation was prescribed for at least 14 consecutive days and the dislocation (sprain) was treated at a health care institution. If the initial dislocation (sprain) occurred before the insurance coverage came into force, any recurring dislocations (sprains) shall not be considered to be insured events and no insurance benefit shall be paid for them.

6.4.2. Soft tissue injury

Insurance benefit shall be paid in the case of injury of soft tissue and muscle integrity, multiple haematomas, inflammation of the periosteum; perforated eardrum and eye injuries, chest injuries causing pneumothorax, haemothorax, pleurisy with exudation, hypodermic emphysema, leading to purulent complications: osteomyelitis, phlegmons, abscesses and haemarthrosis (where a joint has been punctured).

6.4.3. Meniscus, cord, and tendon split (tear)

Insurance benefit in the case of a split (tear) of the meniscus shall be paid when it was treated surgically or confirmed by a magnetic resonance examination.

The cord, tendon and muscle split (tear) shall be substantiated by objective radiological examinations and a treatment of at least 14 consecutive days from when the surgical treatment or immobilisation has been prescribed.

6.4.4. Burns (not lower than II degree) or burn-related diseases.

6.4.5. Frostbites (not lower than III degree frostbite).

6.4.6. Head and spinal cord injuries.

Effusions of blood (haematoma), brain and spinal cord concussion (commotion) and bruising (contusion).

Cerebral and spinal cord concussion (commotion) or bruising (contusion) diagnosis must be determined by a medical specialist (neurologist or neurosurgeon), treated during hospitalisation or during outpatient treatment for at least 14 days, and a medically substantiated objective incapacitation should continue for at least 14 days.

6.4.7. Traumatic lesion of the internal organs, where the injured organ had to be operated on.

6.4.8. Accidental acute moderate or severe poisoning with medicine, chemical substances, gas, vapour, poisonous plants or fungi, with reservation of the cases specified in section 4.9.

The insured event shall be deemed to be the poisoning of the Insured Person if the Insured Person has been hospitalised for a minimum of 3 days.

6.4.9. Interruption of pregnancy caused by the insured event.

6.5. **Regular medical assistance**

If the insurance agreement of the Insured Person includes the insurance benefits in cases of death, disability, bone fracture and temporary disability, the Insured Person shall also be entitled to the insurance benefits specified in sections 6.5.1-6.5.3, if the conditions provided in the aforementioned section are fulfilled.

6.5.1. Insurance benefit for treatment expenses in the case of cosmetic surgeries.

The Insured Person shall be entitled to compensation of the treatment expenses on correction of cosmetic defects or disfigurements which occurred due to the injuries incurred in a facial or neck area during an accident. The insurance benefit cannot exceed EUR 1000.

6.5.2. The Insured Person shall be entitled to the insurance benefit of compensation of the expenses incurred during rehabilitation in a health care institution, prosthesis of extremities, joints and organs, purchase of prosthetic and orthopaedic technical appliances, if such expenses were incurred due to at a 25% degree of disability, determined in accordance to section 6.2 and which are not reimbursable from the budget of the Mandatory Health Insurance Fund or voluntary health care funds, or are reimbursable only partially. The insurance benefit cannot exceed EUR 1000.

Rehabilitation expenses shall comprise the monetary sums paid by the Insured Person for the following medical assistance: physiotherapy procedures, kinesiotherapy session and 10 massage sessions.

6.5.3. The Insured Person shall be entitled to compensation of expenses for psychological help (psychologist, psychiatrist, psychotherapeutic consultations), if the aforestated assistance was provided to the Insured Person due to at least a 25% degree of disability determined in accordance with section 6.2. The insurance benefit cannot exceed EUR 1000.

6.6. **Extraordinary medical assistance**

If the parties to the agreement have agreed upon it, expenses on extraordinary medical assistance shall be compensated in accordance with sections 6.6.1-6.6.2. The total sum of all the benefits paid according to these sections for one insured event shall not exceed the coverage amount for extraordinary medical aid indicated in the insurance certificate.

6.6.1. The Insured Person shall be entitled to the insurance benefit for the expenses incurred during cosmetic plastic surgeries for the correction of cosmetic defects and disfigurements in any area of the Insured Person's body if performance of this surgery was necessary due to an accident, with the exception of death, and when the surgery was performed in one year following the accident, except in such cases where it was determined that from a medical point of view it must have been performed earlier. The insurance benefit offered in accordance with this section shall be reduced by the benefit provided to the Insured Person in accordance with section 6.5.1.

6.6.2. If the Insured Person was affected due to an accident recognised as the insured event, the Insurer shall compensate the necessary expenses, not exceeding the coverage amount for extraordinary medical assistance established in the insurance agreement:

a) search and rescue operations of the injured Insured Person, which were performed by the state or private services;

b) transportation of the injured Insured Person to the closest treatment institution with an approved referral of a doctor;

c) transportation of the injured Insured Person to the place of permanent residence, if it is necessary according to the approved opinion of a doctor;

d) transportation of the body of the Insured Person to his/her permanent place of residence if the Insured Person passes away abroad, or the required funeral expenses abroad which do not exceed the transportation expenses.

6.7. **Sickness benefit**

If specifically agreed upon by the parties to the agreement, sickness benefit shall be paid where the Insured Person affected by the insured event is hospitalised or sent to a rehabilitation centre (after severe injury only as per the list of exposure approved by the Minister of Health of the Republic of Lithuania). The insurance benefit sum for each day spent in hospital shall be specified in the insurance certificate. The first and the last day of hospitalisation shall be deemed to be one day. Sickness benefit shall be paid as of the first day of hospitalisation. One insured event is subject to payment for a maximum 30 days of hospitalisation. Any and all insured events which take place during one year of effect of the insurance agreement are subject to sickness benefit for a maximum of 100 days of hospitalisation. The grounds to pay the sickness benefit shall be the epicrisis from the clinical record. Sickness benefit shall not be paid if the insured received treatment in the medical spa, resort or rehabilitation centre (with the reservation of the cases specified in the present section), or day patient facilities.

6.8. **Daily allowance**

If specifically agreed upon by the parties to the agreement, a daily allowance shall be paid when the Insured Person affected by the insured event has temporarily lost their working capacity. The sum of the insurance benefit for each day of incapacity shall be established in the insurance certificate. The daily allowance shall be paid from the first day of incapacity. The first and the last day of incapacity shall be deemed to be one day. The daily allowance shall be paid as of the first day of hospitalisation. One insured event is subject to payment for a maximum of 30 days of incapacity to work. Any and all insured events which take place during one year of effect of the insurance agreement are subject to a daily allowance for a maximum of 100 days of incapacity to work. The grounds for payment of the daily allowance shall be a medically substantiated objective duration of incapacity to work and a disability certificate issued in the procedure established by the legal acts. The daily allowance for incapacity to work, which was caused by the injury provided in Annex No. 1 of the present insurance policy, shall be paid for a maximum of 10 calendar days.

6.9. The types of insurance benefits and the coverage amounts shall be determined by the agreement of the parties for each Insured Person separately. The types of insurance benefits and insurance coverage agreed upon by the parties shall be specified in the insurance certificate.

7. Procedure of Calculation and Payment of Insurance Premiums

7.1. The insurance premium shall be calculated according to the chosen types of insurance benefits (see Article 6), coverage amount, insurance period, age of the Insured Persons and their number, and other risk factors. The Insurer, depending on the degree of the insurance risk of the Insured Person, can propose an additional insurance to the Policyholder with the application of different insurance premium rates.

7.2. Insurance premiums for the additional insurance shall be paid at the same frequency and in the same period as the main insurance, unless otherwise specified in the agreement. Additional

insurance premiums shall be paid at the same time as the main insurance premiums, and the policy of the main insurance shall be valid for their payment procedure.

8. Non-payment of Insurance Premiums

8.1. If the Policyholder fails to pay the insurance premium due, or a part thereof, at the time stipulated in the insurance agreement, the Insurer shall inform the Policyholder about it in writing at the expense of the Policyholder. If the Policyholder fails to pay the insurance premium within 30 days from the day of dispatch of the notification, the insurance coverage shall be suspended, and it shall only be renewed when the Policyholder covers the insurance premium debt.

9. Validity of Additional Insurance

9.1. The additional insurance shall be valid only in combination with the main insurance (see section 2.1) agreement. The additional insurance shall be valid until the end of the premium payment period of the main insurance, unless otherwise provided for in the insurance agreement.
9.2. The additional insurance coverage shall come into force once the first premium is paid, however not earlier than the date of commencement of the additional insurance specified in the insurance certificate.
9.3. The validity of the additional insurance of the Insured Person discontinues:
a) in the event of the death of the Insured Person;
b) upon expiration or termination of the main insurance;
c) upon the end of the validity of the additional insurance.

10. Pre-Contractual Rights and Duties of the Parties to the Insurance Agreement

10.1. The Insurer shall be obliged to familiarise the Policyholder with the present insurance regulations and the insurance premium rates. The Insurer shall be obliged to provide any other information related to the insurance agreement, which the Insurer is obliged to provide in accordance with the laws of the Republic of Lithuania.
10.2. During the conclusion of the insurance agreement and its validity, the Policyholder shall be obliged to provide thorough and correct information about the Insured Person, as well as information about any concluded or expected to be concluded life insurances or accident insurance of that person. During the conclusion and validity of the insurance agreement, when filling out an application for the conclusion or modification of the insurance agreement, notification about the insured event, returning the questionnaires, forms or additional questions of the Insurer, the Policyholder and the Insured Person shall be obliged to provide all information known to them which is required for the Insurer to assess the insurance risk and to establish the circumstances which may have significant influence on the probability of occurrence of the insured event, to examine the insured event and for the establishment of the amounts of the insurance premiums and insurance benefits, and other circumstances substantial for the insurance agreement. The Policyholder shall be obliged to inform the Insurer in writing about any increased insurance risk, including any changes of information regarding the Insured Person's health condition, treatments and current activities.
10.3. The Insurer shall issue insurance in the expectation that the Policyholder and the Insured Persons provided thorough and truthful answers in all the applications, forms and questionnaires the Insurer provided for in the main and additional insurance, especially those related to existing or previous illnesses, health impairments and disabilities, bad habits, hereditary diseases, current activities and hobbies.
10.4. If after conclusion of the insurance agreement, it becomes known that during the conclusion of the insurance agreement or its validity, either the Policyholder or the Insured Person failed to perform their duty to reveal information and have intentionally or negligently provided insufficient or false information about the Policyholder, the Insured Person or about other circumstances which are able to significantly affect assessment of the insurance risk, the probability of occurrence of the insured event, establishment of the insurance premiums and the coverage amount, or the establishment of other circumstances substantial to the insurance agreement, the Insurer shall have the right to terminate the insurance agreement or the additional insurance or to reduce the insurance benefit for the insured event, or to refuse its payment, with the exception of such cases when the circumstances withheld by the Policyholder and/or the Insured Person ceased to exist before the insured event or did not have any influence on the insured event.
10.5. The Policyholder shall be obliged to inform the Insured Person or his/her authorised representative about the concluded insurance agreement and to introduce them to their rights and duties specified in the insurance agreement. If the insurance agreement is modified, the

Policyholder shall be obliged to provide information about any modifications of the insurance agreement to the persons indicated in the present section.

11. Rights and Duties of the Parties during the Validity Period of the Insurance Agreement

11.1. All notifications related to the insurance agreement shall always be presented in writing. For the Insurer such notifications shall come into force from the moment of receipt. Intermediaries acting on behalf of the Insurer shall not be authorised to receive the notifications.

11.2. If the Policyholder, the Insured Person or any other person claiming the benefit consciously or negligently fail to perform the requirements established in Article 12, the Insurer shall have the right not to recognise the insured event. However, this provision shall not be applicable if the negligent non-performance of the obligations does not prevent the establishment of the insured event.

11.3. The Policyholder and the Insured Person shall comply with the legal norms, departmental and other established safety measures, and comply with the generally accepted rules of safe conduct seeking to avoid any accidents.

11.4. In cases of substantial changes of the circumstances provided in the insurance agreement, which increase or may increase the insurance risk, the Policyholder shall be obliged to notify the Insurer about it immediately but not later than within 14 calendar days following the date the Policyholder has become aware of such changes. Events with an increased insurance risk are defined as the cases involving changes in the nature of the work in the life or activities of the Insured Person, or when due to other reasons any of the circumstances indicated in the Policyholder's application change. The Insurer, having been notified of the increased insurance risk, shall have the right to request that the terms and conditions of the insurance contract are amended or the premium is increased.

11.5. In cases of substantial change of circumstances indicated in the insurance agreement, which occurred during its validity and which reduce or can reduce the insurance risk, due to this decreased insurance risk the Policyholder shall have the right to request that the Insurer modifies the terms and conditions of the insurance agreement or reduces the insurance premium.

12. Claim Determination Procedure

12.1. In the event of an accident the Policyholder (the Insured Persons) shall be obliged to:
a) immediately, but not later than within 48 hours, contact a health care institution;
b) state to the physician providing treatment the exact date and circumstances of the accident;
c) follow the doctor's instructions and to diminish the consequences of the accident as much as possible;
d) without delay, but not later than within 30 days, inform the Insurer about each insured event. In the absence of timely notification, the Insurer shall have the right to demand compensation of medical expenses, which were required to determine the insured event, from the Policyholder.
e) correctly fill in the accident statement sent by the Insurer and immediately return it to the Insurer;
f) follow the instructions of the Insurer, in order to prevent occurrence of any damages or diminish them, as well as to provide any information required by the Insurer;
g) make sure that the notifications and conclusions required by the Insurer are drawn up as soon as possible;
h) undergo a medical examination appointed by the Insurer, if other medical information is insufficient and does not allow the proper determining of the degree of damage to the person's health incurred during the accident. All the related expenses shall be covered by the Insurer;
i) provide a written consent granting permission to the Insurer to become acquainted with his/her medical files, to allow the Insurer to carry out the assessment of the cause and extent of damages, to provide to the Insurer with complete and truthful information and to submit all the required documents;
j) to provide documented substantiation of the insured damages, if the claim for payment of the insurance benefit is for medical assistance, as well as in other cases provided for in the insurance agreement;
k) before accepting any medical services, to compare in writing with the Insurer the costs of regular and extraordinary medical assistance.

12.2. Having received a written notice of an accident, the Insurer or its representative shall immediately provide an accident notice form to the Policyholder or the person who is entitled to the benefit for completion.

12.3. The Policyholder, the Insured Person and the beneficiary of the insurance benefits (benefice) shall be obliged to comply with the provisions of Article 12.

12.4. The Policyholder and/or the Insured Person shall provide detailed answers to the questions in the questionnaire sent by the Insurer and return it to them, to provide all the documents and information on the circumstances and consequences of the insured event required for the determination of the benefit amount. The Insurer shall have the right to obtain these documents in the manner prescribed by law and other legal acts.
12.5. Having received the initial information, the Insurer shall carry out an accident investigation during which the witnesses of the event shall be interviewed, the accident site surveyed, enquiries sent to the respective law enforcement, law and order, treatment and medical expertise institutions, as well as to the organisations where the lists of psycho-neurological, toxicological and narcological registers are drawn up. For investigation of the insured event, the Insurer may involve specific institutions, experts, and specialists in a particular field or scientists.
12.6. The amount of benefit shall be determined by the Insurer's medical experts on the basis of the tables of the insurance benefits of the present insurance policy, taking into account the opinions, consultations and proposals of the physicians who treated the injured person and the effectiveness of rehabilitation of the injured person.
12.7. The necessity for plastic cosmetic or reconstructive surgery shall be determined in accordance with the requirements of section 12.6. only after the completion of the injury healing process, having regard to the previous health condition of the injured person before the accident and ruling out the consequences of previous injuries and cosmetic defects or inborn anomalies.
12.8. If the claim is presented for compensation of expenses for psychological help, the referral for a psychologist, psychiatrist per psychotherapist consolation issued by a health care institution shall be presented to the Insurer.
12.9. In cases of regular and extraordinary assistance during the insured event, the Insurer shall receive the copies of the invoices substantiating the costs. If the claim is presented for the compensation of expenses incurred for the search and rescue of the injured person, the document issued by the search and rescue service confirming the fact of the search and/or rescue operations shall be presented with the invoice substantiating the expenses. In cases of transportation of the injured person to the place of permanent residence shall be verified by a doctor's statement on the necessity of transportation to the place of permanent residence for further treatment.
12.10. Tick-born encephalitis and Lyme disease shall be confirmed if the Insured Person is infected with these diseases due to the sting of a tick, the disease must be confirmed by a serological examination and the first symptoms of the disease appear after a minimum of 30 days as of the effect of the insurance contract. The disability shall manifest not later than within 2 years of the tick-born encephalitis and Lyme disease diagnosis.
12.11. A long-term and permanent disruption or loss of the physical or mental functions (disability) of the Insured Person and the degree thereof may be assessed and determined at least 12 months after the accident provided that the disability has been medically approved by the respective certificate issued not later than within 3 months after a 12-month period from the accident date. In the event where an incurable disruption of physical or mental functions (disability) raises no doubts whatsoever, the Insurer shall be obliged to pay the insurance benefit irrespective of the deadlines provided in this section.

13. Calculation of the Insurance Benefit

13.1. The amount of the benefit shall depend on the degree of disability. When determining the degree of disability, the disruptions and/or loss of a person's functions caused by exacerbations of former diseases, defects in medical assistance and reconstructive plastic surgeries shall be subtracted.
13.2. In the event of the total loss of a part of a person's body or any of the organs or in the case of disruption in their functions, the disability level shall be determined on the basis of the disability degree determination table provided in Annex No. 1.
13.3. The reduction (loss) of the injured person's work capacity and/or the assessment of this reduction (loss), where the Disability and Working Capacity Assessment Service assign the degree of disability to the Insured Person on a temporary or permanent basis, may not be deemed as grounds for calculation (determination) of the benefit amount.
13.4. In cases of a partial loss or incurable disruption of the functions of the parts of the body or the sense organs, the degree of disability shall be determined for a part of the percentage expression of the total loss or disruption of the functions of the parts of the body or sense organs.
13.5. Should a part of the body, the internal or sense organs, the loss of which is not provided for in the tables of the insurance benefits of the present insurance policy, be injured during an

accident, the degree of disruption of the physical or mental functions of the body shall be determined medically, according to other criteria set forth in section 12.6.

13.6. In the event where several physical or mental functions are damaged as a result of an accident, the degree of disability shall be determined according to section 13.2. by adding the degrees of disruption of these functions. However, this amount may not exceed 100%. The benefit payable for all injuries of a single part of the body may not exceed the benefit payable in the case of the loss of that part of the body.

13.7. In the event in which before the insured event a physical or mental function, which had been disrupted constantly due to any illness or former injury, is disrupted in an accident, the degree of functional disruption (disability) shall be calculated according to section 13.2. by subtracting the respective previous loss and/or disruption of the function of the organs.

13.8. In the event that the Insured Person who is insured in the case of death passes away as a result of the same accident within one year after the accident, the right of claim to the benefit shall be lost in the case of disability, bone fractures and temporary disability, i.e. the portion of the benefit which has been paid to the Policyholder in the case of disability, bone fractures and temporary disability shall be subtracted from the benefit provided under section 6.1 in the case of death.

13.9. In the event that the Insured Person passes away after an accident but not due to the impact of the accident, or if he/she passes away after more than one year irrespective of the reason, and if the right of claim regarding the benefit in the case of disability under section 6.2 has been claimed, the benefit in the case of disability shall be paid according to the degree of disability determined on the basis of the data of the most recent medical examination.

13.10. If the parties have concluded a separate agreement regarding insurance in the case of bone fractures, the insurance benefits shall be determined on the basis of the bone fracture table provided in Annex No.1, by calculating the percentage on the sum insured in the case of bone fractures.

13.11. If the parties have concluded a separate agreement regarding insurance in the case of temporary disability, the insurance benefits shall be determined on the basis of the temporary disability table provided in Annex No.1, by calculating the percentage on the sum insured in the case of temporary disability.

13.12. Insurance benefit for expenses on regular or extraordinary medical assistance provided to the Insured Person shall not be paid in those cases when such expenses were compensated by the persons causing the damages, or they were reimbursed by the compulsory or voluntary insurance. If the aforementioned expenses for medical assistance were compensated only partially, the Policyholder shall be entitled to the insurance benefit for the portion which was not reimbursed.

13.13. The Insurer shall pay the insurance benefits for regular and extraordinary medical assistance expenses if the Insured Person received such medical services within 2 years from the date of the accident. The insurance benefits for the aforementioned medical assistance services shall not be paid after this term.

13.14. If the coverage amount of the additional insurance was increased, while the first insurance premium according to the insurance agreement modification due to an increase of the coverage amount has not been paid, should an insured event occur the insurance benefits shall be calculated according to the coverage amount valid before the increase.

14. Payment of Insurance Benefits

14.1. The insurance benefit shall be paid to the Insured Person, unless otherwise agreed upon. In cases of the death of the Insured Person, the insurance benefits shall be paid to the beneficiary. If the insurance agreement does not specify the beneficiary, the insurance benefits of the Insured Person upon his death shall be paid to the heirs of the Insured Person.

14.2. In cases of death of an insured minor and an incapacitated person, the insurance benefit shall be paid to his/her legal beneficiaries.

14.3. The Insurer shall pay the insurance benefit within 30 days from the date full information substantial for the establishment of the fact of the insured event, its circumstances, consequences and benefits (including additional information from law enforcement institutions, health care institutions, etc.) is presented. If there are any ongoing law enforcement institution investigations or court proceedings in relation to the insured event, the Insurer shall have the right to postpone the decision on the insurance benefit until the end of the investigation or court proceedings. The decision on whether the received information is sufficient to recognise the event as insurable and establish the sum of the benefit, shall be made by the Insurer.

The scope of the required information shall be determined by the Insurer. When gathering information significant for the determination of the fact of the insured event, its circumstances, consequences and the amount of benefit, the Insurer shall have the right to request from the persons claiming the insurance benefits to present the inheritance legal documents, documents

confirming personal identity and alliance, medical conclusions, diagnosis, other medical documents, documents confirming the fact of death of the Insured Person, explanations, opinions and all other verbal and written information issued by the relevant health care institutions, law enforcement institutions and other natural and legal persons in the procedure established by the law of the Republic of Lithuania, which, in the Insurer's opinion, is necessary for the investigation of the event and the determination of the benefit.

14.4. The benefit payable after the accident may be paid in instalments, with regard to the opinions of the physicians who treated the Insured Person and the effectiveness of rehabilitation.

14.5. If an event is an insured one and the Policyholder and the Insurer fail to reach an agreement on the amount of the benefit, at the Policyholder's written request, the Insurer shall pay the amount equal to the benefit that the parties agree upon, if the precise determination of the claim amount exceeds 3 months.

14.6. The Insurer shall pay the insurance benefit to the beneficiary at the expense of the latter. The benefits shall be transferred to the account indicated by the beneficiary. When the benefits are transferred abroad, the beneficiary shall undertake any related risks and costs (currency exchange, transfer fees, damages, late payment, etc.).

14.7. The Insurer shall pay the insurance benefits in the national currency according to the national currency and the insurance agreement currency exchange rate established by the Bank of Lithuania valid on the day of payment of the benefit. The Insurer shall have the right to lower the insurance benefit by the amount of unpaid premiums of the main insurance and the additional insurances included into the insurance agreement, and to deduct the unpaid amounts related to the conclusion and performance of the insurance agreement in the procedure established by the Insurer.

15. Benefit Reduction and Grounds for Non-Payment

15.1. If the health disorders caused by an accident, or the consequences thereof, were affected by any illnesses, ailments or consequences of any previous injuries, the benefit shall be reduced by a part of an illness or ailment.

15.2. The Insurer shall have the right not to pay the insurance benefit or reduce it if during the conclusion of the insurance agreement, the Policyholder and/or the Insured Person intentionally provides incorrect information about the Insured Person or concealed it, if the Insured Person does not allow or hinders the Insurer from becoming acquainted with the medical documentation of the Insured Person and/or from carrying out a medical examination.

15.3. The Insurer shall have the right not to pay the insurance benefit or to reduce it if upon the occurrence of an accident, the Policyholder fails to comply with the requirements provided in sections 12.1 a), c), d) and f) of the present insurance policy, except when it is proven that failure to notify about the insured event had no impact on the Insurer's duty to pay the benefit.

15.4. The Insurer shall have the right to refuse to pay the benefit or to reduce it if:
a) the Insured Person, while driving a motor vehicle with seat belts as a driver or a passenger, failed to put the seat belts on;
b) the Insured Person drives a motor vehicle without having the right to drive a vehicle of this type;
c) the Insured Person fails to obey the lawful demands of police officers, and thus damage is caused to the Insured Person;
d) damage was caused because the Policyholder and the Insured Person did not take any reasonable measures accessible to them to prevent or reduce this damage.

15.5. Decisions regarding the non-payment or reduction of the benefit shall be made by the Insurer by providing substantiated reasons for this and informing in writing the persons who have the right to the benefits under the insurance contract.

16. Early Termination of the Additional Insurance Agreement

16.1. The Policyholder shall have the right to terminate the additional insurance, having informed the Insurer about it in writing not later than one month prior to the expected date of termination of the insurance.

16.2. When the additional insurance is terminated at the initiative of the Insurer due to the fault of the Policyholder upon violation of the terms and conditions of the insurance agreement, the insurance premiums shall not be returned to the Policyholder.

16.3. When the additional insurance is terminated upon the initiative of the Policyholder, except in cases specified in section 16.4, the insurance premiums shall not be returned to the Policyholder.

16.4. When the additional insurance is terminated at the initiative of the Policyholder, due to the fault of the Insurer upon violation of the terms and conditions of the insurance agreement, the

insurance premiums for the remaining period of validity of the additional insurance shall be returned to the Policyholder.

16.5. If the main insurance is dissolved due to an uninsurable event, the Insurer shall return the insurance premiums paid for the remaining period of validity of the additional insurance.

17. Amendments to the Insurance Agreement

17.1. If the coverage amount or the insurance period of the main insurance is modified, the additional insurance can continue its validity under the conditions specified by the Insurer.

17.2. If due to non-payment of the insurance premiums the insurance coverage was suspended, its validity shall be renewed on the day following the day the payment of all the insurance premiums for the main insurance and the additional insurances included into the insurance agreement, which were not paid within the established period, is made. If the Policyholder fails to provide payment of the insurance premiums within 6 months from the day of suspension of the insurance coverage, it can be renewed only with the consent of the Insurer and on the insurance conditions specified by the Insurer.

17.3. The Insurer shall have the right to modify the conditions of the additional insurance, having informed the Policyholder about it in writing not later than within one month prior to the expected date of modifications of the insurance conditions. If the Policyholder disagrees with such modifications of the insurance conditions, the additional insurance shall be terminated on the expected date of modification of the insurance conditions and the paid insurance premiums for the remaining period of validity of the additional insurance shall be returned to the Policyholder.

18. Liability for Violations of the Insurance Policy Conditions

18.1. If the Policyholder fails to pay the insurance premium or any other amount due in accordance with the insurance agreement within the established period, upon the request of the Insurer, the Policyholder shall be obliged to pay penalty charges to the Insurer in the amount of 0.02% of the delayed amount for each day of delay.

18.2. If the Insurer fails to pay the insurance benefits within the established period, the Insurer shall be obliged to pay penalty charges to the Policyholder in the amount of 0.02% of the delayed amount for each day of delay.

ANNEX NO. 1 TO THE ADDITIONAL ACCIDENT INSURANCE POLICY
TABLES OF BENEFITS OF THE ACCIDENT INSURANCE

1. TABLE OF DETERMINATION OF DISABILITY CAUSED BY AN ACCIDENT

Item No.	Injury	Insurance benefit (%)
I. CENTRAL NERVOUS SYSTEM		
1.	Residual outcomes after cerebral and spinal cord trauma	
1.1.	Paralysis of the upper and lower extremities (tetraplegia); very severe lesions of the function of the cerebral cortex, cerebellum; dementia, consciousness disturbance; dysfunction of pelvic organs.	100
1.2.	Paralysis of the lower extremities with pelvic organs' dysfunction	70
1.3.	One-sided paralysis of the body; very severe reduction of movements, sensation and strength of 2 extremities; very severe coordination disorder; very severe increase of muscle tonus of the extremities; severe cognitive disorders (10 points and less); dementia; epilepsy attacks at least once per month.	50
1.4.	Severe reduction of movements, sensation and strength of 2 extremities; severe organic lesions of the cranial nerves; coordination disorder; severe increase of muscle tonus of the extremities, dysfunction of pelvic organs, pronounced cognitive disorders (20 points and less); epilepsy attacks at least once per month.	40
1.5.	Paralysis of one of the extremities (monoplegia); speech disorders, pronounced coordination disorder; acute increase of muscle tonus and reduction of strength and sensations of the extremities; epilepsy attacks of medium frequency (5-10 times per year); Parkinson's syndrome.	30
1.6.	Coordination and movement disorder; speech disorders; less pronounced cognitive disorders; mild increase of muscle tonus and reduction of strength of the extremities, rare epilepsy attacks (3-4 times per year).	15
1.7.	Significant face asymmetry; autonomous (vegetative) symptoms; lesions of the cerebral cortex and speech disorders; vasomotoric disorders; single (1-2 per year) epilepsy attacks.	7
Note: Residual outcomes can be assigned to the appropriate group when at least two signs characteristic for this group are determined. If due to the same external impact the Insured Person suffered at least one injury indicated in item 1 of the present table, and at least one bone injury of a trunk and/or the extremities provided in items 44-87, the insurance benefit for the injuries indicated in item 44-87 of the present table shall not be paid.		

II. PERIPHERAL NERVOUS SYSTEM

2.	Traumatic lesions of the cranial nerves Note: Insurance benefit is to be paid if the neuropathological clinical signs are present irrespectively of the number of the injured nerves.	
2.1.	Mono-lateral	5
2.2.	Bilateral	10
3.	Lesion of neck and shoulder, waist or sacral plexus or their nerves: Note: Insurance benefit is to be paid if there is decay of movements, strength, sensations or muscles atrophy and skin trophic disturbance.	25
4.	Lesion of the integrity of the peripheral nerves Note: Insurance benefit is to be paid if the neuropathological clinical signs are present. If several nerves of the same extremity are injured, insurance benefit is to be paid only for injury of one nerve. If the left hand for a left-handed person and the right hand for a right-handed person is injured, an extra 10% to the insurance benefit is to be paid.	
4.1.	Lesion of the nerves in the forearm, wrist, shin, or tarsus areas	5
4.2.	Lesion of the nerves in the humeral, elbow, thigh, or knee areas	10

III. ORGANS OF VISION

5.	Accommodation paralysis of one eye	10
6.	Significant visual field loss; concentric narrowing of the visual field. Insurance benefit depends on: decrease of visual field area and field.	10-20
7.	Vision reduction when artificial lens, lens (in both eyes) were implanted due to trauma: 0.4 0.30– 0.1 less than 0.1	 10 20 25
8.	Eyelid ptosis, paralysis of the eye muscles, defect of an eyelid, leading to incomplete closure of an eye aperture. Insurance benefit to be paid depends on the degree of ptosis.	5-10
9.	One-sided pulsatory protruding eye (exophthalmia)	20

10.	Outcomes after injury of the vision organs: eyeball dislocation, lesion of the lacrimal duct, retinal detachment (as a result of a direct trauma).	10
11.	Post-traumatic eye diseases (except conjunctivitis); blood effusion, iris defect, changes of a pupil shape; lens dislocation. If due to the external impact on the body the Insured Person has at least one of the injuries indicated in items 10 and 11 of the present table, the insurance benefits for the injuries indicated in item 11 shall not be paid.	5
12.	Post-traumatic eye diseases (except conjunctivitis); blood effusion, iris defect, changes of a pupil shape; lens dislocation.	100
13.	Post-traumatic eye diseases (except conjunctivitis); blood effusion, iris defect, changes of a pupil shape; lens dislocation.	45
14.	Decreased sharpness of vision after an eye injury. Note: sharpness of vision is to be established according to the table provided below, for each eye separately.	

Sharpness of vision		Insurance benefit (%)	Sharpness of vision		Insurance benefit (%)
Before trauma	After trauma		Before trauma	After trauma	
	0.7	1			
	0.6	3		0.4–0.3	1
	0.5	5		0.2	5
1.0	0.4	7	0.5	0.1	10
	0.3	10		<0.1	15
	0.2	15		0.0	25
	0.1	20			
	<0.1	30			
	0.0	45		0.3– 0.2	2
			0.4	0.1	7
	0.7–0.6	1		<0.1	10
	0.5	3		0.0	20
0.9	0.4	5			
	0.3	10			
	0.2	15		0.1	5
	0.1	20	0.3	<0.1	10
	<0.1	30		0.0	20
	0.0	45			
	0.6–0.5	2		0.1	5
	0.4–0.3	7	0.2	<0.1	10
0.8	0.2	15		0.0	20
	0.1	20			
	<0.1	30			
	0.0	45		<0.1	10
			0.1	0.0	20
	0.5–0.4	2			
	0.3	7			
0.7	0.2	15			
	0.1	20	<0.1	0.0	10
	<0.1	25			
	0.0	40			
	0.4	1			
	0.3	3			
0.6	0.2	10			
	0.1	15			
	<0.1	20			
	0.0	30			

Notes:
1. Total blindness – when sharpness of vision is less than 0.01 (the person cannot calculate fingers at a 2m distance) up to light sensation.
2. When sharpness of vision before trauma is not known, it is reputed to be the same as that of an uninjured eye.
3. If sharpness of vision of both eyes is reduced, each eye is to be evaluated separately.

IV. HEARING ORGANS

Item No.	Injury	Insurance benefit (%)
15.	Severe disorders of the vestibular function: multiple, persistent dizziness attacks with vegetative reactions, balance impairments.	30

16.	Loss of one auricle.	5
17.	Reduced hearing in one ear. Note: data of audiogram, impedancometry, and speech reception are to be evaluated.	
17.1.	A person hears whispered words up to 1m and speech – from 1 to 3 metres in distance (hearing reduction in an audiogram up to 30-50 db).	5
17.2.	A person does not hear whispered words at the auricle and hears speech up to 1m in distance (hearing reduction in an audiogram up to 60-80 db).	10
18.	Complete deafness in one ear (does not hear a talking person, in the audiogram – less than 91 db).	15
19.	Complete deafness in both ears	60

V. RESPIRATORY SYSTEM

20.	Loss of nasal bones, cartilages and soft tissues	30
21.	Loss of nasal wings and apex of a nose	15
22.	Loss of apex or wing (wings) of a nose	10
23.	Nasal breathing disturbance. Insurance benefit depends on: degree and aspects of a disturbance (evaluated by rhinomanometry, normal limits – inspiration and expiration 380 – 400ml/sec.): a) severe single-sided (less than 100ml/sec) or significant bilateral (less than 200ml/sec); b) complete bilateral (0ml/sec)	 5 10
24.	Loss of smell and taste	15
25.	Loss of smell	10
26.	Post-traumatic inflammations of facial sinuses	2
27.	Disturbances of larynx and trachea functions:	
27.1.	Introduced permanent tracheostomy tube	40
27.2.	Dysphonia	10
27.3.	Aphonia	30
27.4.	Articulation disturbances	15
28.	Cases of injury of respiratory organs, resulting in:	
28.1.	I degree respiratory failure	10
28.2.	II degree respiratory failure	40
28.3.	III degree respiratory failure	60
29.	Chest deformation after rib or sternum fractures with significant limitations of breathing movements	10
Note: if due to an external impact on the body the Insured Person incurred at least one of the injuries provided in item 28 of the present table and at least one of the injuries indicated in item 29 of the present table, the insurance benefit for the injuries established in item 29 shall not be paid.		

VI. CARDIOVASCULAR SYSTEM

30.	Cardiovascular insufficiency due to lesions of the heart or main blood vessels: Note: signs of cardiovascular insufficiency are to be evaluated according to NYHA classification, ECG, physical load tests, ultrasound examination, long-term monitoring of ECG and ABP	
30.1.	II functional class – signs of cardiac insufficiency during heavy physical activities	15
30.2.	III functional class – signs of cardiac insufficiency during mild physical activities	40
30.3.	IV functional class – signs of cardiac insufficiency during a state of rest, sometimes permanent.	70
31.	Blood circulation disorders due to lesions of the main peripheral blood vessels	
31.1.	Mild – oedema, weakened pulsation	5
31.2.	Severe – oedema, cyanosis, significantly weakened pulsation	10
31.3.	Very severe – oedema, cyanosis, lymphostasis, trophic disorders	15
Note: Residual outcomes in cases of damage of the cardiovascular system can be assigned to the appropriate group when at least two signs characteristic for this group are stated.		

VII. GASTROINTESTINAL ORGANS

32.	Chewing disorder due to a fracture of facial bones or mandibular traumas:	
32.1.	Significant occlusal and chewing disorder	7
32.2.	Very severe disorder of occlusion and mouth opening, jaw deformation.	25
33.	Loss of lower jaw: Note: in the case of jaw loss insurance benefit according to paragraph 32 on chewing disorders will not be paid.	
33.1.	Part of the jaw	15
33.2.	The entire jaw	50
34.	Loss of tongue	

34.1.	Up to the middle third part	15
34.2.	From the middle third part and more	30
34.3.	Complete loss	50
35.	Significant narrowing of the mouth cavity, formation of saliva fistula	15
36.	Narrowing of the oesophagus or pharynx due to burns or injury Note: Narrowing should be confirmed by the approved testing methods	
36.1.	Swallowing of soft food is aggravated	10
36.2.	Swallowing of liquid food is aggravated	30
36.3.	Complete obstruction (gastrostoma)	80
37.	Residual outcomes after traumatic injury of the gastrointestinal organs	
37.1.	Dumping syndrome	40
37.2.	Adhesive disease, partial intestinal obstruction	15
37.3.	Artificial anus	30
37.4.	Disturbance of the endocrinal function of the pancreas	30
37.5.	Disturbance of the exocrine function of the pancreas	5
37.6.	II degree liver insufficiency	45
37.7.	III degree liver insufficiency	80
38.	Traumatic injury of the gastrointestinal organs, resulting in ablation of:	
38.1.	Part of the liver	15
38.2.	The Spleen	15
38.3.	Part of the stomach or pancreas or part of the bowels	25
38.4.	The entire stomach	40
Note: if due to an external impact on the body, the Insured Person incurred a traumatic injury of the internal organs, in the case of temporary disability, when the damaged organ had to be treated surgically, and at least one of the injuries indicated in item 38, the insurance benefit offered according to section 6.4.7 of the insurance policy on the traumatic damage of the internal organs, when the damaged organ had to be treated surgically, shall not be paid. If due to an external impact on the body, the Insured Person incurred at least one of the injuries provided in item 38 of the present table and at least one of the injuries indicated in item 37 of the present table, the insurance benefit for the injuries provided in item 37 of the table shall not be paid.		

VIII. UROGENITAL SYSTEM

39.	Kidney ablation. Note: if due to an external impact on the body, the Insured Person incurred an injury indicated in item 39 of the present table, and a traumatic injury of the internal organs, in the case of temporary disability, when the damaged organ had to be treated surgically, and at least one of the injuries indicated in item 38, the insurance benefit offered according to section 6.4.7 of the insurance policy on the traumatic damage of the internal organs, when the damaged organ had to be treated surgically, shall not be paid.	25
40.	Disturbance of urine release functions:	
40.1.	Disturbance of the renal function: a) II degree insufficiency; b) III degree insufficiency. Note: in the case of an injury indicated in item 39 of the present table, and at least one of the injuries indicated in item 40.1, the insurance benefit for the injury indicated in item 39 of the present table shall not be paid.	40 80
40.2.	Significant narrowing of a ureter or urethra, reduction of a urinary bladder volume	20
40.3.	Complete obstruction of a ureter or urethra, genital fistula	40
41.	Outcomes of an injury of genitalia	
41.1.	Ablation of the ovary, Fallopian tube or testicle	15
41.2.	Partial ablation of a male's penis	25
41.3.	Total ablation of a male's penis	40
41.4.	Ablation of both ovaries or both Fallopian tubes or uterus: a) when the woman is below the age of 50; b) when the woman is above the age of 50.	 40 20

IX. INJURIES OF SOFT TISSUES

42.	Very distinct, interfering with mimic scars of the anterior and lateral surfaces of a face and neck (remaining after plastic surgery) due to burns, frostbite or injury. Insurance benefit shall be paid in accordance to the provisions of section 6.5.1 of the present insurance policy. If the insurance benefit is paid for treatment expenses for cosmetic plastic surgery, and there are scars remaining after the plastic surgery, the difference of these insurance benefits shall be paid.	10
43.	Hypertrophic, colloid, and soft tissues deforming scars of the skin of the waist and extremities interfering with the wearing of clothing and footwear:	
43.1.	Taking less than 1% of an area	1
43.2.	Taking 1–2 % of an area	2

43.3.	Taking 3–4 % of an area	4
43.4.	Taking 5–10 % of an area	5
43.5.	Taking more than 10 % of an area	8
43.6.	Taking more than 15 % of an area	10
Note: the palm of the insured person corresponds to 1% of the body surface area. Scars are to be evaluated at least one year after a trauma. If the Insurer paid at least one of the insurance benefits provided in item 43 of the present table, the Insured Person shall lose the right of claim to the plastic surgery expenses, with the exception of compensation of the plastic surgeries for correction of cosmetic disorders or facial or neck area disfigurements.		

X. INJURY OF TRUNK AND LIMBS

VERTEBRAL COLUMN		
44.	Spine function disturbances after spinal trauma. Injuries and percentage of the insurance benefit are provided in item 1 and 3 of the present table.	
SHOULDER GIRDLE; SHOULDER JOINT		
45.	Immobility of a shoulder joint after resection of the humeral head	40
46.	Immobility of a shoulder joint	30
47.	Limited mobility of a shoulder joint	10
Note: if the right hand is injured (for a right-handed person) and the left one for a left-handed person an extra 10% to the insurance benefit is to be paid.		
ARM		
48.	Loss of arm and scapula (or part of it)	75
49.	Loss of arm after exarticulation in the shoulder joint or stump in the middle third part of the humerus	70
50.	Loss of arm – a stump in the lower third part of the humerus	65
51.	Loss of a forearm as the result of exarticulation in an elbow joint	65
52.	Loss of a forearm below an elbow joint	60
Note: if the right hand is injured for a right-handed person and the left one for a left-handed person an extra 10% to the insurance benefit is to be paid.		
ELBOW JOINT		
53.	Immobility of an elbow joint	20
54.	Limited mobility of an elbow joint	7
Note: if the right hand is injured for a right-handed person and the left one for a left-handed person an extra 10% to the insurance benefit is to be paid.		
WRIST JOINT; HAND		
55.	Loss of hand from the wrist or metacarpal bones	55
56.	Immobility of a carpal joint	20
57.	Limited mobility of a carpal joint	5
58.	Disturbance of a carpal function. Note: If due to an external impact on the body the Insured Person incurred at least one of the injuries provided in item 4 of the present table and an injury indicated in item 58, the insurance benefit for the injuries provided in item 4 of the table shall not be paid.	10
Note: if the right hand is injured for a right-handed person and the left one for a left-handed person an extra 10% to the insurance benefit is to be paid.		
FINGERS		
59.	The first finger (thumb)	
59.1.	Partial amputation of a distal phalanx	5
59.2.	Total amputation of a distal phalanx	8
59.3.	Partial amputation of a basic phalanx	15
59.4.	Loss of finger	20
59.5.	Loss of finger with a metacarpal bone or part of it	25
60.	Immobility of a thumb joint	5
61.	Immobility of a thumb metacarpophalangeal joint	10
Note: if the right hand is injured for a right-handed person and the left one for a left-handed person an extra 10% to the insurance benefit is to be paid.		

62.	The second finger (forefinger)	
62.1.	Total amputation of a distal phalanx	3
62.2.	Total amputation of a middle phalanx	4
62.3.	Amputation of a basal phalanx	8
62.4.	Loss of a finger	10
62.5.	Loss of a finger with a metacarpal bone or part of it	12
62.6.	Half-flexion contracture of a finger as well as ankylosis of the proximal phalangeal finger joint or ankylosis of the metacarpalphalangeal joint	15
62.7.	Complete flexion or extension contracture as well as ankylosis of two phalangeal joints	4
62.8.	The second finger (forefinger)	8
Note: if the right hand is injured for a right-handed person and the left one for a left-handed person an extra 10% to the insurance benefit is to be paid.		
63.	The third (middle), the fourth (ring) or the fifth (little) fingers	
63.1.	Partial amputation of a distal phalanx	2
63.2.	Stump of the middle or a basal phalanx	5
63.3.	Loss of a finger with a metacarpal bone or part of it	15
63.4.	Half-flexion contracture of a finger or ankylosis of the proximal phalangeal finger joint or ankylosis of metacarpalphalangeal joint.	1
63.5.	Complete flexion or extension contracture as well as ankylosis of three phalangeal joints	3
64.	Loss of two fingers of the same hand	
64.1.	The first and the second finger	35
64.2.	The first and third, the first and the fourth or the first or the fifth (1+3), (1+4), (1+5)	25
64.3.	The second and third, the second and the fourth or the second or the fifth (2+3), (2+4), (2+5)	15
64.4.	The third and the fourth or the third and the fifth (3+4), (3+5)	10
65.	Loss of three fingers of the same hand	
65.1.	The first, the second and the third, the fourth or the fifth (1+2+3), (1+2+4), (1+2+5)	40
65.2.	The first, third and the fourth or fifth (1+3+4), (1+3+5)	35
65.3.	The second, third and the fourth or fifth (2+3+4), (2+3+5)	30
65.4.	The third, the fourth and the fifth (3+4+5)	25
66.	Loss of four fingers of the same hand	40
Note: In other cases of loss of fingers or their functions insurance benefit is to be established by summing up benefits foreseen in cases of loss of functions of separate fingers.		
67.	Loss of all fingers of the same hand.	45
Note: if the right hand is injured for a right-handed person and the left one for a left-handed person an extra 10% to the insurance benefit is to be paid.		
LEG		
68.	Loss of a leg due to exarticulation in the hip joint or a stump in the upper third part:	70
68.1.	Loss of a leg due to exarticulation in the hip joint or a stump in the upper third part in the case of a single trauma	90
69.	Thigh stump in the middle or lower third part	60
70.	Disturbance of a leg function due to shortening of a leg more than 2.5cm	5
71.	Loss of a shin due to exarticulation in the knee joint or a stump in the upper third part	50
71.1.	Loss of a shin of the only leg	80
72.	A stump in the middle or lower third part of a shin	45
HIP JOINT		
73.	Immobility of a hip joint	35
74.	Partial mobility of a hip joint	10
KNEE JOINT		
75.	Immobility of the joint.	30
76.	Pathological mobility of the joint due to rupture of the ligaments (as a result of surgical intervention)	8
77.	Limited movements of the knee joint.	5
TARSAL JOINT, FOOT		
78.	Immobility of a tarsal joint	20
79.	Limited movements of a tarsal joint	5
80.	Loss of a foot due to exarticulation of a tarsal joint or foot amputation at tarsal bones	40
81.	Loss of a distal part of a foot due to amputation at plantar fascia bones	30

82.	Disturbance of a foot function as the result of a deformation, non-union of a fracture Note: if due to an external impact on the body, the Insured Person incurred at least one of the injuries provided in item 4 of the present table, and an injury indicated in item 82 of the present table, the insurance benefit for the injuries provided in item 4 of the table shall not be paid.	5
TOES		
83.	Loss of all toes due to exarticulation of metatarsalphalangeal joints or amputation at basal phalanx level	20
84.	Loss of the first toe with a metatarsal bone or its part	15
85.	Loss of the first toe due to exarticulation of a metatarsalphalangeal joint or a stump at the level of basal phalanx	5
86.	Loss of a distal phalanx of the first toe	2
87.	Loss of the second, the third, the fourth or the fifth toe:	
87.1.	As the result of a exarticulation of metatarsalphalangeal joint or the stumps at basal phalanx	2
87.2.	Loss together with metatarsal bone or its part	5
87.3.	Disturbance of toe function due to the immobility of a joint	1
Note: in other cases of loss of toes or their functions not indicated in item 83-37 of the present table, the insurance benefit shall be calculated by summing up the benefits provided for the loss of function of separate fingers.		
OTHER FUNCTIONAL DISORDERS		
88.	Speech loss.	50

2. BONE FRACTURE TABLE

Item No.	Injury	Insurance benefit (%)
1. Skull:		
1.1.	Skull vault bones	10
1.2.	Skull base bones	15
1.3.	Skull vault and base bones	20
2. Facial bones:		
2.1.	Cheekbone, upper jawbone	7
2.2.	Lower jawbone	6
2.3	Eye-pits	5
2.4.	Nasal bone, eye-pits.	3
2.5.	Larynx, thyroid cartilage, lingual bone	4
Note: the fracture of the lower alveolar ridge of the jawbone is not considered to be a fracture of the jawbone.		
3. Traumatic injury to the teeth (in the case of loss of the whole permanent crown and/or root of the tooth), tooth dislocation:		
3.1.	Loss of 1 tooth	3
3.2.	Loss from 2 to 3 teeth	5
3.3.	Loss from 4 to 5 teeth	8
3.4.	Loss of 6 and more teeth	10
Note: In the case of prosthesis or dental bridge fractures, the benefit is payable only for the loss of base teeth as a result of an accident. In all other cases of traumatic injuries to permanent teeth (fracture of tooth or its root, tooth dislocation, driving into the alveolus, breaking away of at least ¼ of the tooth crown), 1% is payable for each injured tooth. In the case of the loss of the tooth damaged by parodontosis, dental caries or other dental pathology, the insurance benefit is reduced by 50%.		
4. Spine:		
4.1.	Vertebral body or vertebral bow in the cervical, thoracic or lumbar regions:	
4.1.1.	Treatment with at least 6 days of hospitalisation. Note: in the case of 3 or more vertebral fractures, not more than 25% is payable.	12
4.1.2.	Outpatient treatment or hospitalisation for less than 6 days. Note: in the case of 3 or more vertebral fractures, not more than 15% is payable	8
4.2.	Vertebral or ridge outgrowth. Note: in the case of 3 or more vertebral fractures, not more than 8% is payable.	3
4.3.	Sacral	5
4.4.	Coccygeal	3
5. Sternum and ribs:		
5.1.	Sternal fracture	5
5.2.	Ribs (up to 2)	3
5.3.	Ribs (3 and more)	4
5.4.	Fractured ribs (3 and more) on both sides of the thorax	6

6. Arm:		
6.1.	Shoulder blade, collarbone	5
6.2	Humeral tubercle	4
6.3.	Proximal humerus fractures	9
6.4.	Body of humerus	10
6.5.	Distal humerus fractures	8
6.6.	One forearm bone	5
6.7.	Styloid process of the forearm distal bone and the other bone	7
6.8.	Both forearm bone fractures	10
6.9	Styloid process of the ulna or radius	2
6.10.	Carpal bones (except for scaphoid bone)	3
6.11.	Scaphoid bone	5
6.12.	Metacarpal bones. Note: the benefit is paid per each bone fracture but not in excess of 6%.	3
6.13.	Thumb, proximal	3
6.14.	Thumb, nail phalanx	2
6.15.	Hand finger bones (proximal, medium phalanx). Note: the benefit is paid per each bone fracture but not in excess of 4%.	2
6.16.	Hand finger bones (nail phalanx). Note: the benefit is paid per each bone fracture but not in excess of 2%.	1
	Note: Fractures of several phalanxes of one finger are considered to be a single fracture. The insurance benefit shall be paid in accordance with the section providing the highest benefit.	
7. Pelvic bones (coxal, ilium, ischium, pubic bone):		
7.1.	Hip socket fracture	12
7.2.	Clamp split and bone fracture	13
7.3.	Fracture of more than two bones	8
7.4.	Single clamp split	7
7.5.	Single bone fracture	5
8. Leg:		
8.1.	Femoral trochanteric	8
8.2.	Femoral head and/or neck	14
8.3.	Femoral body	10
8.4.	Femoral or shinbone joint surface	10
8.5.	Patella	8
8.6.	Shinbone (except for the back edge and inner ankle)	8
8.7.	Shinbone, back edge and inner ankle	5
8.8.	Splint bone, outer ankle	5
8.9.	Shinbone and splint bone	10
8.10	Hucklebone, talus	12
8.11.	Femoral trochanteric	7
8.12.	Other tarsus and foot bones (metatarsal bones). Note: the benefit is paid per each bone fracture but not in excess of 8%.	4
8.13.	Big toe	2
8.14.	Phalanxes II-V of the foot. Note: the benefit is paid per each bone fracture but not in excess of 3%.	1
8.15.	Sesamoid bones	1
Note: Fractures of several phalanxes of one toe are considered to be a single fracture.		
9. Other:		
9.1.	In the case of open bone fractures, or if an osteosynthesis (fastening with a metal plate, screws, wire or external fixation device) was carried out to fasten the fractured bones, an extra payment of 30% will be paid in addition to the benefit, calculating from the benefit payable in the case of a bone fracture, but not more than once for the same insured event	
9.2.	In the event that an artificial joint had to be implanted due to a joint fracture during the acute period of the injury, an extra payment of 50% is added to the insurance benefit.	
9.3.	Avulsion bone fracture	1
Note: A fracture of one bone in several places at the time of a single insured event is considered to be a single fracture. In the case of a repeated bone fracture at the fastening point of a bone bearing or metal construction, 50% of the insurance benefit payable in the case of a bone fracture is paid. If there were several bone fractures at the time of an insured event, the insurance benefits are added but this sum may not exceed 100% of the sum insured for bone fractures.		

3. TABLE OF TEMPORARY DISABILITY DETERMINATION

Item No.	Injury	Insurance benefit (%)
1. Brain and spinal cord injuries:		
1.1.	Bruising of the brain (haematoma)	10
1.2.	Bruising of the brain with the opening of the cranial cavity	18

1.3.	Concussion (commotion) treated at an inpatient clinic for at least 3 days followed by outpatient care, where the total treatment (inpatient and outpatient) and loss of working capacity lasted for at least 14 consecutive days.	6
1.4.	Concussion (commotion) treated in an outpatient clinic for at least 14 days or in an inpatient clinic 1-2 days, followed by outpatient treatment, if in both cases stated in the present section the total treatment (inpatient and outpatient) and period of loss of working capacity was at least 14 consecutive days.	4
1.5.	Brain injury (contusion).	8
1.6.	Spinal cord concussion (commotion) treated in an inpatient clinic for at least 3 days, followed by outpatient treatment, where the total treatment (inpatient and outpatient) and period of loss of working capacity was at least 14 consecutive days.	5
1.7.	Spinal cord concussion (commotion) treated in an outpatient clinic for at least 14 days or in an inpatient clinic 1-2 days, followed by outpatient treatment, if in both cases stated in the present section the total treatment (inpatient and outpatient) and period of loss of working capacity was at least 14 consecutive days.	4
1.8.	Spinal cord injury (contusion).	7
1.9.	Brain and spinal cord compression.	15
Note: if due to an external impact on the body, the Insured Person suffered brain and/or spinal cord injuries, the insurance benefit shall be paid in accordance with the item providing for the highest insurance benefits. The first and last day of hospitalisation shall be considered to be one day.		
2. Joint (bone) dislocation:		
2.1.	Joint – shoulder, elbow, hip, knee – dislocation.	5
2.2.	Joint – shoulder, elbow, hip, knee – dislocation, where surgical intervention was required.	7
2.3.	Wrist, tarsus joint dislocation.	3
2.4.	Wrist, tarsus joint dislocation, where surgical intervention was required.	5
2.5.	Lower jaw bone.	3
2.6.	Lower jaw bone, where surgical intervention was required.	5
2.7.	Phalanx dislocation.	1
2.8.	Phalanx dislocation with tendon/ligament integrity or the capsule disruption, where surgical intervention was required.	3
Note: dislocations of several phalanxes of a single finger are considered to be a single dislocation.		
2.9.	Patella dislocation	4
2.10.	Dislocation of the cervical vertebra	5
2.11.	Dislocation of two or more cervical vertebrae	7
Note: if due to an external impact on the body, the Insured dislocation of the bones of one limb, injury of soft tissues, muscles and tendons, the insurance benefit shall be paid on the basis of the item providing for the highest insurance benefit. In cases of joint (bone) sprain, the insurance is reduced by 50%.		
3. Ligament, muscle, tendon and meniscus ruptures:		
3.1.	Knee joint meniscus rupture Note: in the case of an injury where both meniscuses of one knee are torn, the benefit is paid just as in the case of one meniscus rupture.	4
3.2.	Knee joint meniscus and lateral and/or cruciate ligament rupture	6
3.3.	Hand, wrist, tarsus, foot, finger tendon, ligament, muscle rupture (without surgical intervention)	1
3.4.	Hand, wrist, tarsus, foot, finger tendon, ligament, muscle rupture (with surgical intervention)	3
3.5.	Shoulder, elbow, coxa, knee ligament, muscle and tendon ruptures (without surgical intervention)	3
3.6.	Shoulder, elbow, coxa, knee ligament, muscle and tendon ruptures (with surgical intervention)	5
3.7.	Achilles tendon rupture	5
3.8.	Achilles tendon rupture (with surgical intervention)	7
Note: In cases of partial ligament, tendon and muscle ruptures and in cases where the consequences provided in item 3 have occurred along with degenerative changes in limbs, the insurance benefit is reduced by 50%. In the case of repeated meniscus, ligament and tendon ruptures, the insurance benefit for the meniscus, ligament and tendon is reduced by 50%, and in the case of each subsequent rupture, the insurance benefit shall not be paid. If due to an external impact on the body, the Insured Persons suffered dislocation of the bones of one limb, injury of soft tissues, muscles and tendons, the insurance benefit shall be paid in accordance with the item providing for the highest insurance benefit.		
4. Traumatic injury of the internal organs and soft tissues:		
4.1.	Traumatic injury of the internal organs, where surgery was needed for the injured organ	6
4.2.	Injury of the thorax causing pneumothorax, haemothorax, pleurisy with exudation, subcutaneous emphysema	2
4.3.	Injury of the thorax causing pneumothorax, haemothorax, pleurisy with exudation (where a surgical intervention was needed for the treatment of these conditions)	4
4.4.	Penetrating eye injury	5
4.5.	Penetrating eye cornea injury	2
4.6.	Conjunctiva and corneal erosions with foreign bodies, where the insured person received outpatient treatment for a period longer than 6 days	1
4.7.	Traumatic rupture of one eardrum which had no effect on the person's hearing	3
4.8.	Soft tissue injuries larger than 10cm, which resulted in tissue stitching	5
4.9.	Soft tissue injuries from 3 to 10cm, which resulted in tissue stitching	2

4.10.	Soft tissue injuries causing damage to the integrity of tissues, less than 3cm, resulting in tissue stitching	1
4.11.	Finger wound with the ripping of a nail, where the nail has been ripped due to the direct impact of the external force during an accident	1
4.12.	Punctured injuries, where the skin and the hypoderma and muscle layers are injured as a result of a single injury	1
4.13.	Multiple biting injuries with soft tissue defects, where more than a single part of the body is injured and one injury covers more than 0.25% of total body surface area	5
4.14.	Soft tissue injuries causing multiple haematomas, periosteum inflammations, osteomyelitis, phlegmon, abscess (treated by surgical intervention). Note: In cases of multiple haematomas (effusions of blood), the benefit is paid provided that unresolved bruising remains for a period exceeding 3 weeks after the injury, and the area of each bruise exceeds $5cm^2$ and their number is not less than 3	3
4.15.	Deep skin scrapes (up to papilla layer and deeper), localised in different points of the body Note: the benefit is paid if skin scrapes go up to papilla layer and deeper, are localised in different anatomic structures, the area of at least one of them is not smaller than 2% of total body surface, and the person has been incapable of working for a period longer than 6 days	2
4.16.	haemarthrosis (where a joint has been punctured)	2
Note: if due to tan external impact on the body, the Insured Persons suffered dislocation of the bones of one limb, injury of soft tissues, muscles and tendons, the insurance benefit shall be paid in accordance with the item providing for the highest insurance benefit		
5. Intoxication, poisonous animal bites, natural or technical impact of electricity (where the insured person has received inpatient treatment):		
5.1.	From 3 to 6 days	2
5.2.	From 7 to 15 days	4
5.3.	More than 15 days	7
5.4	Traumatic, post-haemorrhagic, anaphylactic shock, fat embolism	6
6. Burns and frostbites:		
6.1.	II degree burns, not smaller than 1% of total body surface area	3
6.2.	II degree burns, not smaller than 5% of total body surface area	5
6.3.	III degree burns up to 2% of total body surface area	4
6.4.	III degree burns, not smaller than 2% of total body surface area	6
6.5.	III degree eye burns	4
6.6.	Wide I degree burn causing a burning disease	5
6.7.	III degree frostbites	5
Note: 1% of total body surface area is equal to the area of the palmar surface (comprising both the palm and fingers) of the insured person's hand		
7. Pregnancy loss:		
7.1.	The benefit is payable if the pregnancy loss or termination was caused by an external impact (trauma) and the duration of pregnancy exceeds 22 weeks.	20