

1. TERMS USED IN THE TERMS AND CONDITIONS

Insurer – AAS "CBL Life", reg. No.40003786859, legal address: 2A Republikas laukums, Riga, Latvia, LV-1010.

Policyholder – a person who enters an Insurance contract for his or her own benefit or for the benefit of another person.

Sum insured – the amount of liabilities of the Insurer specified in the insurance contract in monetary terms or the rules for calculating it.

Insurance indemnity – the amount of money to be paid by the Insured event in accordance with the provisions of the insurance contract.

Insured event – an event causally related to the insured risk, upon the occurrence of which the payment of a insurance indemnity is envisaged in accordance with the Insurance agreement.

Insurance year – a period of 12 (twelve) months, which is counted annually from the start date of the Insurance Period specified in the Policy.

Insurance contract/Contract – the agreement between the Insurer and the Policyholder under which:

- The Policyholder undertakes to pay the Insurance Premiums in the manner, within the terms and to the extent specified in the Contract, as well as to fulfil other obligations set out in the Contract,

- The Insurer undertakes to pay the Insurance Indemnity under the Contract upon occurrence of the Insured Events and to the extent specified in the Contract, as well as to fulfil other obligations set out in the Contract.

The Contract consists of entirety of conditions established in these Terms and Conditions (**T&Cs**), the Application, Policy and other annexes, amendments and supplements thereto.

Insurance Month – the period from the start date of the Insurance Period in one month to the same date in the following month (excluding it).

Object of insurance – Life and health of the Insured person.

Insurance period – the period for which the Insurance Premium is paid in accordance with the Insurance Contract and during which the Insured Accident Insurance is in force.

Insurance policy/Policy – a document issued by the Insurer confirming the conclusion of the Agreement.

Insurance premium – payment indicated in the Contract that the Policyholder shall make to the Insurer for the Accident Insurance.

Insured person – the natural person indicated in the Insurance Contract for whose benefit the Agreement on Accident Insurance has been concluded and who on the date of commencement of the Insurance Period indicated in the Policy is not less than 3 (three) years old and on the end date of the last Insurance year will be younger than 70 (seventy) years of age.

Insured risk – The contract provides for an event that is independent of the Insured's will and which occurrence is possible in the future.

Bank – AS "Citadele banka", Reg. No. 40103303559, legal address: Republikas laukums 2A, Riga, Latvia, LV-1010; AS „Citadele banka“ Lithuanian branch, Reg. No. 304940934 Upės g. 21-1, LT-08128 Vilnius; AS „Citadele banka“ Estonian branch, Reg. No 11971924 Narva mnt. 63/1, Tallinn 10120.

Hobby – physical activities performed by the Insured individually, in a group or by participating in regular trainings and competitions, and which correspond to the types of Hobbies indicated in Annex No. 3 of the T&C.

Online banking – the Bank's Online Banking available to the Policyholder, if a respective agreement has been concluded between the Policyholder and the Bank.

Beneficiary – the person(s) specified in the Policy who has right to the Insurance Indemnity or portion thereof to be paid upon occurrence of the event of the accident death of the Insured person.

Website – the Insurer's website on the Internet at www.cbl.lv/life. The Website address may be changed by placing a relevant notice on the Website at least 30 (thirty) days in advance.

Mobile application – a service available in the Bank's mobile application using the Mobile Device for performing the Transactions of certain types and volume as well as for receipt of certain services of the Bank, applying the requirements that are an alternative to safe authentication.

Accident – a sudden, unforeseen event independent of the Insured's will, as a result of which the Insured person's physical health has been harmed or the insured person's death has occurred.

Accident insurance plan – depending on the risks and amounts insured, a standardized accident insurance plan offered by the Insurer.

Terms and Conditions/T&Cs – these Accident Insurance Terms and Conditions and their annexes, which are an integral part of the Contract and are available on the Website.

High-risk sports – high-risk physical activities, hobbies or sports in which there is an increased risk to the Insured's life or health. For the purposes of these T&Cs, High-risk Sports shall be such as: mountaineering (incl. industrial), American football, BMX, bobsleigh, ultimate fighting (including MMA), downhill, freeriding, freestyle, heliboarding, mountain biking, mountain hiking at altitudes above 3000 m above sea level, sledding, rock climbing, bungee jumping, parachuting or wingsuiting, mountain boarding, hang gliding, hot air ballooning, paragliding, gliding, gyroplaning, motorized surface, air and water sports, cave diving, paragliding, parkour, snowmobile watercross, rafting, rollerbleiding, rooftoping, sandboarding, skeleton, speleology, ski jumping, wakeboard, bike trials, scuba diving deeper than 30 meters.

Application – the document and/or information specified by the Insurer which the Policyholder and/or Insured submits to the Insurer to inform it about the facts and circumstances necessary to conclude Insurance Contract.

Professional sport – within the meaning of these T&Cs, the Insured shall be deemed to be engaged in sport professionally if the Insured participates in sports competitions of international significance or sports competitions of international leagues in this sport or is included in the team starting in the highest-level national championship or included in the national team, as well as if it is the Insured's main source of income.

Sports I – physical activities performed by the Insured individually in a group or by participating in regular trainings and competitions, as well as hobbies that

correspond to the types of Sports I and Hobbies indicated in Annex No. 3 of the T&C.

Sports II – physical activities performed by the Insured individually in a group or by participating in regular training and competitions, as well as includes hobbies and Sports I activities that correspond to the types of Hobbies, Sports I and Sports II specified in Annex No. 3 of the T&C.

2. ENTRY INTO FORCE AND VALIDITY OF ACCIDENT INSURANCE

2.1. The Contract shall be entered into on the basis of the information provided in the Application. However, receipt of the Application shall not oblige the Insurer to enter into the Contract.

2.2. The Accident Insurance shall enter into force on the Insurance Period start date specified in the Policy, provided that the payment of the Insurance Premium (the first payment) has been made within the term and in the amount specified in the Contract. The Contract is valid only in respect of the Insured Risks specified in the Policy.

2.3. The Contract enters into force on the first date of the insurance period and valid until the end of the insurance period at 24:00.

2.4. If the Policyholder has indicated two or more Insured Persons in the Application, it shall be considered that a separate Contract has been concluded for each Insured person.

2.5. Accident insurance is valid worldwide 24 hours a day.

2.6. The Accident Insurance is valid for one year and shall be automatically extended for each subsequent Insurance year, except in cases when:

2.6.1. the Policyholder has not chosen automatic extension when applying for Accident Insurance, or;

2.6.2. the Policyholder has refused the automatic extension and has not re-applied for it within the period of validity of the Insurance Contract;

2.6.3. the Insurer has notified the Policyholder within 30 (thirty) days prior to the automatic extension of the Accident Insurance that the Accident Insurance is not extended, or;

2.6.4. the Policyholder has notified the Insurer of the termination of the Contract in accordance with the procedure specified in the Clause 11.2. or 11.4. of the T&Cs, or;

2.6.5. the Accident insurance cannot be extended for a full Insurance year because the Insured reaches the age of 70 (seventy) in the next Insurance year.

2.7. In case the automatic extension of the Accident Insurance is valid and the Insurer has notified the Policyholder of the amendments to the Accident Insurance in accordance with the procedure specified in Clause 10.5 of the T&Cs and the Policyholder does not submit a notice of termination of the Accident Insurance by the date of extension, the Policyholder is deemed to have agreed to the amendments to the Accident Insurance and the Accident Insurance is extended to the next Insurance year by applying the new Accident Insurance regulations to it.

3. CONTRACT CURRENCY

3.1. The currency of the contract is EUR (euro). All contributions and costs related to the Agreement, the

sum insured are determined and paid in EUR (euro) currency in the form of non-cash payments.

4. INSURANCE PREMIUM

4.1. The Policyholder must make payments of the Insurance Premium within the term and in the amount specified in the Contract.

4.2. The Insurance Premium shall be deemed paid from the moment it has been received in the Insurer's account. The Policyholder is obliged to ensure that the Policy number is specified in the payment order. The Insurer shall not be liable for non-performance of the Contract if it has occurred due to an inaccurate Policy number specify in the purpose of payment.

4.3. In the event that any regular payment of the Insurance Premium is not made within the term and in the amount specified in the Contract a notice regarding the delayed Insurance Premium payments shall be sent to the Policyholder specifying the term within which the Policyholder shall make the overdue payment. If the Policyholder fails to pay the overdue payment within the specified term, then the Contract shall be treated as terminated from the first day following the date of regular payment of the Insurance Premium, which is overdue, without a separate notice.

4.4. In the event that the Policyholder has concluded the Insurance Contract using the Mobile Application, where an agreement is concluded between the Policyholder and the Bank on automatic regular payment of Insurance Premiums from the Policyholder's account with the Bank, the Insurer and the Bank shall independently exchange the required information to be indicated in the Insurance Premium payment - the Policy number, as well as the information required for processing regular payment - the date of regular payment, fixed monthly amount of the Insurance Premium payment in accordance with the Contract and the Insurer's account number to which the regular Insurance Premium payments are to be made.

5. INSURED EVENT

5.1. For the purposes of these T&Cs, the below Insured Risks shall be considered the Insured Event:

5.1.1. Death as a result of an accident - impairment of the physical health of the Insured person, which are a direct consequence of the Accident, which occurred during the insurance period and which caused the death of the Insured person within 1 (one) year from the date of the Accident;

5.1.2. Permanent disability due to accident - permanent physical health disorders of the Insured Person referred to in the table "Permanent disability insurance indemnities" in Annex No. 1 of the T&Cs, which are a direct consequence of an accident that has occurred during the insurance period and which have occurred within 1 (one) year from the date of the Accident. The maximum Insurance Indemnity for one Insured Event and/or several events together may not exceed the sum insured for the risk specified in the Insurance Contract.

5.1.3. Bone fractures and injuries - the physical health disorders of the insured person referred to in the table "Insurance claims for bone fractures and injuries" in Annex No.2 of the T&Cs, which are a direct consequence of the

accident and have occurred during the Insurance Period. The maximum Insurance indemnity for one Insured Event and/or several cases together may not exceed the amount of insurance specified in the Insurance Contract for risk.

5.2. The insurance coverage shall also apply to the Insured's Hobby if the Insured does not participate in sports competitions of international significance or sports competitions of international leagues in this discipline.

5.3. The Insured's activity in Sports I or Sports II is included in the insurance coverage only if it is written in the Policy.

5.4. For the purposes of these T&Cs, the Accidents listed in the Annex No.4 of these T&Cs and/or their consequences shall not be considered the Insured Event.

6. UNINSURABLE PERSONS

6.1. This Accident Insurance shall not apply to the following persons, and they shall not be insured even if they have paid the Insurance Premium:

6.1.1 persons with mental illnesses and persons needing around-the-clock care. Persons needing around-the-clock care are those who need daily help of another person in performing day-to-day activities and self-care, and/or monitoring;

6.1.2. persons being lawfully detained, are in prison or are placed in prison during the term of the Contract.

6.2. If during the term of the Contract the Insured becomes a person to whom the 6.1. Clause of this T&Cs applies, the Contract on the Accident Insurance shall immediately become invalid in respect of this person, and this person shall no longer be covered by Accident Insurance.

7. DETERMINATION OF THE INSURANCE INDEMNITY

7.1. Only the Insured Risks of the Accidents referred to in the Contract and for which the Insurance Premiums specified in the Contract have been paid in the amount necessary to cover the Accident Insurance risk payments shall be insured.

7.2. The Insurance Indemnity in case of the Insured Risk **"Death as a Result of the Accident"**:

7.2.1. In case of the Death as a result of an Accident (as provided in Clause 5.1.1 of these T&Cs), the Beneficiary specified in the Contract is entitled to the Insurance Indemnity in the event of the Insured's death or, if such is not specified, the heirs of the Insured who presented certificates of inheritance shall have the right to receive the Insurance indemnity equal to the Sum Insured provided for in the Contract in the event of the Insured's death as a result of an Accident;

7.2.2. If the Insurance Indemnity has been paid for the Insured Risks "Permanent Disability" or "Bone Fractures and Injuries", and the Insured has died within 1 (one) year from the date of this Accident as a result of the same Accident, the Insurance Indemnity for death shall be paid in the amount of the risk insurance specified in the Contract.

7.3. Insurance indemnity in case of insured risk **"Permanent disability"**:

7.3.1. in case of Permanent Disability (as provided in Clause 5.1.2 of these T&Cs), the Insured shall have the right to claim the Insurance Indemnity the amount of which shall not exceed the Sum Insured provided for in the Contract for the risk of "Permanent Disability";

7.3.2. the amount of the Insurance Indemnity is expressed as a percentage of the Sum Insured specified in the Contract in accordance with the table "Insurance Indemnity in Case of Permanent Disability" provided as Annex No.1 of these T&Cs;

7.3.3. if as a result of the Accident there are permanent physical health disorders in several parts of the body, organ, sensory organ functioning, the Insurance Indemnity for several positions shall be added up to, but not exceeding the Sum Insured for the Insured Risk "Permanent Disability";

7.3.4. if the Insurance Indemnity for "Bone Fractures and Injuries" has been paid, and the Insured Risk "Permanent Disability" has occurred as a result of the same Accident, the Insurance Indemnity for Permanent Disability shall be reduced by the amount previously paid for the risk "Bone Fractures and Injuries".

7.4. The Insurance indemnity in case of the Insured Risk **"Bone Fractures and Injuries"**:

7.4.1. the amount of the Insurance Indemnity is expressed as a percentage of the Sum Insured for Bone Fractures and Injuries, in accordance with Table "Insurance Indemnity for Bone Fractures and Injuries" provided as Annex No.2 of these T&Cs;

7.4.2. if fractures and/or injuries match several items of Table "Insurance Indemnity for Bone Fractures and Injury" provided in Annex No.2 of these T&Cs or, if the Insured suffers bone fractures or other injuries several times during the Insurance Year, the Insurance Indemnity shall be summed not exceeding the Sum Insured provided for in the Contract for the risk of "Bone Fractures and Injuries";

7.4.3. if several fractures or other injuries match one item of Table "Insurance Indemnity for Bone Fractures and Injuries" provided in Annex No.2 of these T&Cs, the Insurance Indemnity shall be calculated for one of the most severe fractures or injuries;

7.4.4. If the injury does not comply with any of the types of injuries indicated in the tables in Annex No.1 "Principles for determining permanent disability insurance compensation" and Annex No.2 "Bone fracture and injury insurance compensations", the insurer's claims specialist is entitled to unilaterally take a decision to assimilate injuries sustained in the event of an accident by analogy with one of the types of injuries listed in Annex No.1 and Annex No.2;

7.4.5. The insurance indemnity is not calculated for repeated fractures if the fracture occurred at a time when the previous one has not yet grown, which is determined on the basis of medical documents;

7.4.6. The Insurance Indemnity for "Bone Fractures and Injuries" shall not be paid in cases where the Insured Risk "Permanent Disability" or "Death as a result of an Accident" occurs as a result of the same Accident.

7.5. If the health disorders caused by the Accident have been affected by the Insured's previous illnesses, physical defects or disability, the Insurer may reduce the Insurance Indemnity, but not more than by 50% of the indemnity calculated.

8. GENERAL OBLIGATIONS IN CASE OF INSURANCE EVENT AND INDEMNITY PAYMENT

8.1. Upon the occurrence of the Insured Event, the Insured shall:

8.1.1. take all possible measures to reasonably reduce the consequences of the Accident, including, as quickly as is reasonably possible, but not later than within 24 hours, seek medical advice, receive medical assistance and follow the physician's instructions;

8.1.2. in the event of a traffic accident or illegal action of third parties, report the accident to the police or other competent authorities;

8.1.3. to inform the Insurer in writing about the occurrence of the Insured Risk, immediately, and to follow the Insurer's instructions. An insurance claim should be submitted to the Insurer in writing immediately, but in any event not later than 3 years from the date of insured event. If the Insurer notifies the Insured person in writing of the denial of the claim, the Insurer shall be released from the performance obligation if the Policyholder does not file an action within one year as of the receipt of the response denying the claim;

8.1.4. to cooperate with the Insurer in finding out the circumstances and causes of the Accident, proving the fact and consequences of the Accident, submitting documents confirming the fact, place, time and amount of damage of the occurrence of the Insured Event.

8.2. To receive the Insurance Indemnity in case of the Insured Risk "Bone Fractures and Injuries" or "Permanent Disability", the following documents shall be submitted to the Insurer:

8.2.1. Insurance Indemnity Application in the form established by the Insurer;

8.2.2. a copy of the applicant's passport or other recognized identity document, presenting the original, if the person is identified in person;

8.2.3. copy of power of attorney confirmed by notary, if documents are presented by authorized person;

8.2.4. documents issued by a medical institution (extract from the outpatient and/or inpatient medical records containing information about the Accident and specifying the full diagnosis, anamnesis, course of treatment, prescribed examinations and their results, information on temporary incapacity for work);

8.2.5. in case of the Insured Risk "Permanent Disability", at the request of the Insurer, a copy of the decision of the relevant state institution regarding the determination of disability and a copy of the examination report or another assessment document;

8.2.6. if an Accident at work has occurred – a statement of accident at work issued by the employer or any relevant authority, confirming of the accident at work;

8.2.7. if a road traffic accident or illegal action of third parties has occurred – a statement from the police or other law enforcement authorities.

8.3. If the Insured has died, and the persons intends to receive the Insurance Indemnity (heirs or beneficiaries) have become aware of such a fact, the interested persons shall immediately (as soon as they have become aware of such a fact) notify the Insurer in writing of the Insured's death.

8.4. To receive the Insurance Indemnity, the Beneficiary of the Insured Risk "Death as a Result of the Accident", but if

such is not specified in the Contract or has died – the Insured's heirs, shall submit the following documents to the Insurer:

8.4.1. Insurance Indemnity Application in the form established by the Insurer;

8.4.2. copy of the applicant's passport or other recognized identity document, presenting the original, if the person is identified in person;

8.4.3. copy of power of attorney confirmed by notary, if documents are presented by authorized person;

8.4.4. A copy of the Certificate of Death of the Insured;

8.4.5. a medical certificate on the cause of death issued by a medical institution or a medical person

8.4.6. if the application is submitted by the heir – a copy of the document certifying the right of inheritance, presenting the original of the document.

8.5. In cases when a copy of a document is submitted to the Insurer, at the request of the Insurer, the submitter of the documents shall present the original of the relevant document to the Insurer.

8.6. To determine the Insurance Indemnity, the Insurer may additionally request the necessary documents and written information from:

8.6.1. physicians who treated or examined the Insured due to the Accident or other reasons;

8.6.2. state, municipal institutions and other insurance companies.

8.7. The Insurer may request that the Insured undergo an additional medical examination. The costs of this medical examination shall be covered by the Insurer. In case of the Insured's refusal, the Insurer may reduce the Insurance Indemnity or refuse to pay the Indemnity.

8.8. If additional information or documents are required in order to determine Insured Event, not later than within 30 (thirty) days from the date of receipt of the Insurance Indemnity Application Insurer shall, in writing, inform the Beneficiary or the heirs of the Insured about the additional documents necessary to make a decision on the payment of the Insurance Indemnity.

8.9. Within 30 (thirty) days after receipt of all documents, the Insurer shall make a decision on the amount and payment of the Insurance Indemnity or refusal to pay the Insurance Indemnity. If the Insurer is unable to comply with this term due to objective reasons, the Insurer may extend it for a period of up to 6 (six) months from the date of receipt of the application for payment of the Insurance Indemnity, providing a written information to Insured (Beneficiary) regarding investigation process of Insurance Event.

8.10. Until all the necessary documents have been submitted, the Insurer is not obliged to pay the Insurance Indemnity.

8.11. The Insurance Indemnity is paid to the recipient of Insurance Indemnity (respectively the Insured, the Beneficiary or the Insured's heir) in the form of non-cash payments within 15 (fifteen) days from the day when the Insurer has made a decision on the payment of the Insurance Indemnity.

8.12. Until the Insurance Indemnity has been calculated in full, the Insurer will pay a part of Insurance Indemnity with respect to which there is no dispute and which can be calculated.

8.13. The Insurer is entitled to refuse to pay the Insurance Indemnity if the damage to the Insured does not correspond to the Insured Risk or is not listed in Table "Insurance Indemnity in Case of Permanent Disability" or in Table "Insurance Indemnity in Case of Bone Fractures and Injuries".

8.14. Consequences of non-performance of the Insured's obligations:

8.14.1. The Insurer may refuse to pay the Insurance Indemnity if the Insured has not performed any of the obligations specified in the Contract due to malicious intent or gross negligence;

8.14.2. The Insurer may reduce the Insurance Indemnity, but not more than by 50%, if the Insured has not performed any of the obligations specified in the Contract due to negligence.

8.15. If the Death of the Insured is related to an intentional act of crime committed by the Beneficiary, which is confirmed by the documents of the investigative or judicial authorities submitted to the Insurer before the payment of the Insurance Indemnity, payment of the Insurance Indemnity shall be postponed until final decision is made in criminal proceedings. If the Beneficiary is found guilty, the Insurance Indemnity shall be paid to the heirs of the Insured who presented certificates of inheritance and who are not related to this act of crime.

8.16. Any falsification, untrue statement or concealment that affects determination of the Insurance Indemnity may be the reason for the Insurer's refusal to pay the Insurance Indemnity.

8.17. The unduly received Insurance Indemnity shall be reimbursed to the Insurer within 30 (thirty) days after the Insurer will have sent a relevant notice to the recipient of such indemnity.

9. PROVISION OF INFORMATION

9.1. The Policyholder shall inform the Insured that he/she is insured and make sure that he/she has read the Contract and T&Cs, as well as shall ensure that Insured fulfil his/her obligations under the Contract.

9.2. The Policyholder shall inform the Beneficiary(-ies) about the concluded Contract and its conditions regarding the Beneficiary.

9.3. At the time of entry into the Contract the Policyholder and the Insured person shall provide all the information requested by the Insurer.

9.4. The Policyholder, the Insured, the Beneficiary, the heirs of the Insured are responsible for providing true and complete information to the Insurer.

9.5. The Insurer processes personal data for the provision of the insurance service, for the fulfillment of contractual obligations, assuming that the rights of the individual are exercised in accordance with the Privacy Protection Rules available on the Website.

9.6. In cases when the Policyholder transfers other persons' personal data to the Insurer (for instance, in case of death of the Beneficiary, Insured), the Policyholder, shall be responsible for the transfer of the data to the Insurer and ensure that it has legal right to transfer such data.

9.7. All information, notices and documents related to the Contract shall be submitted to the Insurer in such a manner and form that the Insurer can identify the submitter. The

Policyholder may submit written applications to the Insurer via the Online Banking or Mobile Application.

9.8. The Insurer may send personal or public notifications to the Policyholder.

9.9. Public notifications or information are disclosed via the media or on the Website.

9.10. The Insurer shall use the following communication channels related to the Contract:

9.10.1. Online Banking and/or Mobile Application;

9.10.2. using the following information provided by the Policyholder:

9.10.2.1. e-mail;

9.10.2.2. mail;

9.10.2.3. mobile phone number (for sending a text message).

9.11. The information related to the Contract in the Online Banking and on the Mobile Application is prepared and sent to the Policyholder in the language selected in the Online Banking and the Mobile Application.

9.12. A personal note sent by mail is deemed to be received on the 5th day following delivery to a postal institution. A personal note sent via another communication channel is deemed to be received on the same day.

9.13. During the term of the Contract, the Insurer, by placing relevant information on the Website, shall ensure that the Policyholder and the Insured have access to up-to-date information on changes in the Insurer's legal form, name, contact information and other information necessary for the fulfilment of the Policyholder's and the Insured's contractual obligations.

9.14. Upon the request of the Policyholder, the Insured, the Beneficiary or another person entitled to claim the Insurance Indemnity, the Insurer shall provide the applicant in writing and free of charge with its notifications, requests and information provided through the use of a durable medium or Website, or other means of distance communication.

9.15. During the term of the Contract, the Policyholder shall immediately inform the Insurer about changes in the contact information or personal data of the Policyholder, the Insured or the Beneficiary by submitting a written application to the Insurer.

9.16. An application for insurance indemnity and medical documents shall be submitted:

9.16.1. electronically on the Bank's home page in the indemnity application section:

<https://www.citadele.ee/en/private/accident-insurance/compensation/>, or

9.16.2. in Online Banking, or

9.16.3. in the Mobile Application, if such a function is available.

10. CONTRACT AMENDMENTS

10.1. During the term of the Contract, the Policyholder is entitled to make changes to the Beneficiary - add a new one, withdraw an existing one or change them. Amendments to the Contract regarding the Beneficiary shall enter into force after they have been reflected in the Policy.

10.2. During the term of the Contract, the Policyholder is entitled to refuse the automatic extension of the Accident

Insurance or apply for it. In the event that the Policyholder refuse the automatic extension of the Accident Insurance, the Accident Insurance shall be valid until the end of the respective Insurance Year and shall not be extended to the next Insurance Year. In the event that the Policyholder applies for the automatic extension of the Accident Insurance, the Accident Insurance shall be extended for each subsequent Insurance Year after the end of the respective Insurance Year.

10.3. The Insurer is entitled to determine the types of amendments to the Contract that could be made by means of distance communication. Such information will be available on the Website. No verbal amendments to the Contract shall be valid.

10.4. The Policyholder shall inform the Insured about the amendments to the Contract.

10.5. The Insurer has the right to unilaterally amend the T&Cs or the principles for calculating Insurance Premiums by posting information on the changes on the Website at least 30 (thirty) days before the changes take effect and sending a notice of changes to the Policyholder at least 30 (thirty) days before new T&Cs and / or new Insurance Premium calculation principles take effect. Changes to the valid Contract shall take effect in the next Insurance year. If the Policyholder does not agree with the changes, the Policyholder is entitled to refuse the automatic extension of the Accident Insurance or terminate the Contract before the end of the Insurance Year. If the Policyholder has not refused the automatic extension of the Accident Insurance by the beginning of the next Insurance Year and has not terminated the Contract, then the Policyholder shall be deemed to have agreed to these amendments.

10.6. The Insurer is entitled to unilaterally amend the provisions of the concluded Contract or the principles of calculation of Insurance Premiums without notifying the Policyholder in advance if such amendments are made in order to prevent damage to the interests of the Insurer's customers. The Insurer shall send a notice to the Policyholder regarding the amendments referred to in this clause immediately (as soon as possible) after the relevant changes come into force. If the Policyholder does not agree with the said amendments, he / she has the right to unilaterally terminate the Contract within 60 (sixty) days from the date of sending the Insurer's notice. In such case, the previous provisions of the Contract shall apply until the termination of the Contract.

10.7. The Policyholder shall use the functionality available on the Mobile Application to make amendments, additions, and other changes to the Contract, which concluded using the Mobile Application, incl. termination of the Contract. For amendments, additions, and other changes to the Contract, incl. termination of the Contract, which concluded through Online Banking or other channels of communication, the Policyholder shall use the relevant communication channel used for concluding the Contract.

11. TERMINATION OF THE CONTRACT

11.1. Accident Insurance expires:

11.1.1. on the last day of the valid Insurance Year;

11.1.2. with the next day after the day when the Insured reaches the age of 70 (seventy) years;

11.2. in the event of the death of the Insured. The Accident Insurance is terminated on the next day when the Insurer has received the proof of the Insured's death;

11.3. if the Policyholder, has concluded the Insurance Contract by means of distance communication (including Mobile application), then the Policyholder has the right to exercise the right of withdrawal and within 14 (fourteen) days from the date of concluding the Insurance Contract unilaterally withdraw from the Insurance Contract in accordance with the procedure specified in Clause 10.7. of T&Cs. In this case, the Insurance Contract shall be deemed invalid from the moment of its conclusion. Upon a separate written request of the Policyholder, the Insurer shall reimburse the paid Insurance Premium to the Policyholder.

11.4. The Policyholder has right to terminate contract according to the procedure described in Clause 10.7. of the T&C. The Contract will be terminated from the next regular premium payment date.

11.5. The Policyholder has the right to change the accident insurance Package by terminating it in accordance with the procedure specified in Clause 10.7 of the T&C and concluding a new Contract. The Contract will be terminated on the next insurance premium payment date.

11.6. The Insurer is entitled to terminate the Insurance Contract:

11.6.1. in the case and in accordance with the procedure specified in Clause 4.3 of the T&Cs;

11.6.2. in other cases specified in the legal acts in force in the Republic of Estonia.

11.7. The Insurer is entitled to terminate the Contract in accordance with applicable laws and regulations by sending a notice to the Policyholder, without paying Insurance Indemnity and without refunding the paid Insurance Premium, when the Policyholder, the Insured or the Beneficiary, with a malicious intent or through gross negligence:

11.7.1. has carried out activities or has failed to act, thus increasing the probability of the occurrence of the Insured Risk;

11.7.2. has failed to notify the Insurer immediately, as soon as possible, of occurrence of the Insured Risk, has not performed all the reasonably feasible measures to reduce losses or has not followed the Insurer's instructions, if such were provided;

11.7.3. at the Insurer's request, has not provided an opportunity to establish and assess the circumstances of the accident and the amount of damages;

11.7.4. at the Insurer's request has not submitted all the documents at its disposal and truthful information, characterizing the occurrence of the Insured Risk and the losses caused by it, or performed other duties defined in the Insurance contract after occurrence of the Insured Risk.

11.8. The Insurer is entitled to terminate the Contract in accordance with applicable laws and regulations by sending a notice to the Policyholder, without paying Insurance Indemnity and without refunding the paid Insurance Premium, If Insurance Risk occurs due to malicious intent of a Policyholder, Insured person or Beneficiary

11.9. The Insurer is entitled to terminate the Contract in accordance with applicable laws and regulations by

sending a notice to the Policyholder, without refunding the paid Insurance Premium:

11.9.1. if a malicious intent or gross negligence of the Policyholder or Insured person has been the basis for misleading the Insurer about the circumstances that it should be aware of in order to assess the probability of occurrence of the Insurance Risk;

11.9.2. if the Insurance Contract has been concluded without the insurable interest due to malicious intent or gross negligence of the Policyholder or the Insured;

11.9.3. if at the moment of entry into force of the Insurance Contract, the possibility of the Insured Risk does not exist or the Insured Risk has already occurred and the Insurance Contract has been concluded due to bad intentions or gross negligence of the Policyholder or the Insured person.

11.10. The Insurer is entitled to terminate the Contract unilaterally without prior notice to the Policyholder, if the Insurer has reasonable suspicions that the Policyholder has entered into the Contract for the purpose of money laundering or attempted money laundering.

11.11. If the provision of insurance services to the Policyholder, the Insured or the Beneficiary does not comply with international and national sanctions or restrictions (including those imposed by the European Union or the United States), the Accident Insurance protection shall cease to apply from the date on which such sanctions or restrictions apply. This also applies to situations where such sanctions or restrictions have been imposed on a related party. In this case, the Insurer has the right to refuse to pay the Insurance Indemnity or any other amounts arising from the Contract.

11.12. Termination of the Contract ends the insurance coverage for the Insured Risks (ends the Insurance Period).

11.13. In case of termination of the Insurance Contract, the Insurer, upon receipt of the respective written requests of the Policyholder, shall reimburse the Policyholder the part of the Insurance Premium received the amount of which is determined by deducting the part of the Insurance Premium for the period of time when the Insurance Contract was in effect. The Insurer shall make this payment within 15 (fifteen) days from the date of receipt of the respective request. The Insurer shall not reimburse the part of the paid Insurance Premium, if the Insurance Indemnity has been paid during the Insurance Year.

12. COMPLAINTS AND DISPUTES PROCEDURE

12.1. In the entry into and performance of the Contract the Parties shall rely on the effective legal enactments of the Republic of Estonia.

12.2. Any dispute or controversy relating to this Contract shall be settled through negotiation. To protect its interests, the Policyholder shall have the right to submit disputes to out-of-court settlement in accordance with the applicable legislation. The person may submit complaints to the Insurer in a convenient manner to the following address:

AAS "CBL Life"

Registration No 40003786859

Legal address: 2A Republikas laukums, Riga, LV-1010;

E-mail: life@cbl.lv

12.3. The Insurer shall provide a response to complaints within 20 (twenty) days after receipt of the complaint. If it is not possible to provide an answer within the specified term due to objective reasons, the Insurer shall provide information which justifies the necessity for the extension of the deadline for the provision of the reply and indicated a reasonable time period when the reply will be provided.

12.4. When making complaint to the Insurer, the following will have to be provided:

- the name and surname of the person submitting the complaint;
- the phone number and email address;
- what the issue is;
- when the problem arose; and
- how the complainant would like the matter be solved.

12.5. The full procedure for reviewing Suggestions and Complaints is available at the Insurer's office and on the Website. If the Insurer and the Policyholder cannot resolve a dispute through negotiation, it shall be settled in court of the Republic of Estonia according to its jurisdiction. The legal enactments of Republic of Estonia shall be applied in such dispute.

12.6. If the response given by the Insurer to the proposal or complaint is not satisfactory, the person has the right to appeal to:

12.6.1. The insurance conciliation body operating by the Estonian Insurance Association;

12.6.2. Consumer Protection Authority of the Republic of Estonia.

13. OTHER PROVISIONS

13.1. The Parties undertake not to disclose the information received within the framework of the Insurance Contract about the participants of the Insurance Contract or third parties, as well as not to use it contrary to the interests of other participants of the Insurance Contract, except for the cases specified in the laws and regulations of the Republic of Estonia. The Insurer has the right to provide information related to the Insurance Contract to experts, reinsurers, persons attracted by the Insurer for the performance of the Insurance Contract, as well as to store it in the Insurer's databases.

13.2. If any discrepancies are found between the Terms and the terms and conditions specified in the Policy, the parties shall be bound by the terms and conditions specified in the Policy.

13.3. If inconsistencies between the translation of the T&Cs in English language and the regulation of the T&Cs in the original language are being recognized, the regulation of the T&Cs in the original language, which in this case is Estonian, shall prevail.

13.4. The appendices below are an integral part of these T&C's:

Annex 1. Insurance indemnity in case of permanent disability;

Annex 2. Insurance indemnity for bone fractures and injuries;

Annex 3. Physical activities and sports;

Annex 4. Events that are not considered as an insurance event.

Annex No.1

Principles of Determination of Insurance Indemnity in Case of Permanent Disability*	
Effective from 05 July 2024	
Irreversible damage	Insurance indemnity % of the sum insured
1. Injuries to the shoulder girdle, upper arm, forearm, wrist and fingers	
1.1. Upper arm amputation:	
1.1.1. at any level of the upper arm	70
1.1.2. including the scapula, clavicle or part thereof	75
1.2. Limitations in the pectoral girdle range of motion (ROM). Pseudoarthrosis:	
1.2.1. Limited pectoral girdle ROM. Pseudoarthrosis	20
1.2.2. Pectoral girdle ankylosis (stiffness)	30
1.2.3. Abnormal mobility of the shoulder joint after resection of the shoulder bone or scapula	30
1.2.4. Shoulder joint contracture (limited ROM)	20
1.3. Pseudoarthrosis of the humerus	40
1.4. Limited elbow joint ROM:	
1.4.1. Abnormal motion of the elbow bone after resection of the bones forming the elbow joints	45
1.4.2. Elbow joint ankylosis (stiffness)	30
1.4.3. Elbow joint contracture (limited ROM)	20
1.5. Forearm amputation. Pseudoarthrosis:	
1.5.1. Forearm amputation at any level	60
1.5.2. Amputation at the elbow joint level	65
1.5.3. Pseudoarthrosis of both forearm bones	25
1.6. Limited elbow and wrist joint ROM	20
1.7. Palm amputation	55
1.8. Limited wrist ROM. Pseudoarthrosis:	
1.8.1. Wrist joint ankylosis (stiffness)	30
1.8.2. Wrist joint contracture (limited ROM)	15
1.8.3. Carpal or metacarpal bone pseudoarthrosis	10
1.9. Amputation of Finger I of the hand:	
1.9.1. at the nail phalanx level	8
1.9.2. at the interphalangeal joint level (loss of nail phalanx)	10
1.9.3. proximal phalanx, metacarpal bone –at the proximal phalanx level	15
1.9.4. including the metacarpal bone or part thereof	20
1.10. Amputation of one finger (II, III, IV, V) of the hand:	
1.10.1. at the nail phalanx level (loss of phalanx)	5
1.10.2. at the middle phalanx level (loss of two phalanxes)	7
1.10.3. at the proximal phalanx level (loss of finger)	12
1.10.4. including part of the metacarpal bone	15
2. Pelvis, hip, lower leg, foot and toe injuries	
2.1. Hip amputation	75
2.2. Limited hip joint ROM:	
2.2.1. Pelvic dysfunction after fracture or ligament rupture	40
2.2.2. Hip ankylosis (stiffness)	40
2.2.3. Hip contracture (limited ROM)	40
2.3. Transfemoral amputation	70
2.4. Femoral pseudoarthrosis	50
2.5. Limited knee joint ROM:	
2.5.1. Knee joint ankylosis (stiffness)	35
2.5.2. Knee joint contracture (limited ROM)	25
2.6. Lower leg amputation:	
2.6.1. at the knee joint	50
2.6.2. Amputation trunk	55
2.7. Lower leg bone pseudoarthrosis	25

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2.8. Foot amputation:	
2.8.1. at the level of metatarsophalangeal joints (loss of all fingers)	20
2.8.2. at the level of the metatarsals or the base of the foot	30
2.8.3. at the level of the roller bone, heel bone (loss of foot)	40
2.9. Limited foot joint ROM:	
2.9.1. Abnormal foot joint motion	15
2.9.2. Heel bone ankylosis (stiffness)	20
2.9.3. Heel bone contracture (limited ROM))	15
2.10. Foot deformity with moderate musculoskeletal disorders	
	15
2.11. Toe I amputation:	
2.11.1. at the nail phalanx level (loss of nail phalanx)	5
2.11.2. at the proximal phalanx level (loss of toe)	8
2.12. Amputation of one toe (II, III, IV, V):	
	not more than 10
2.12.1. at the nail phalanx or middle phalanx level	3
2.12.2. at the proximal phalanx level (loss of toes)	5
3. Nervous system damage (traumatic, toxic) that results in paresis, paralysis of one or more limbs (arms, legs), coordination impairments or pelvic floor disorders	
3.1. upper or lower limb monoparesis	20
3.2. paraparesis or hemiparesis (paresis of both upper or both lower limbs, or both right or left limbs)	35
3.3. monoplegia (paralysis of one limb)	50
3.4. tetraparesis (paresis of both upper and both lower limbs), coordination impairments, dementia	60
3.5. hemiplegia, paraplegia or tetraplegia, pelvic floor disorders	80
4. Eye injuries	
4.1. Total blindness in one eye	50
4.2. Decreased visual acuity in one eye caused by injury <i>Note:</i> Corrected visual acuity before the injury – visual acuity which is the last documented visual acuity before the injury. If it is impossible to documentarily prove the visual acuity before the injury, it is assumed that the corrected visual acuity before the injury was 1.0).	10-40 (for each subsequent degree of decrease in vision 10)
4.3. Paralysis of accommodation in one eye	15
5. Total hearing loss in one ear	
	25
6. Single limb loss, total loss of vision, hearing or speech	
	100
7. Respiratory system injuries (nose, throat, larynx, lungs)	
7.1. Nasal congestion (bone, cartilage and soft tissue)	60
7.2. Pharyngeal or laryngeal dysfunction due to injury: permanent tracheostomy and aphonia (voice loss)	50
7.3. Residual effects after lung injury with respiratory failure. Pneumonectomy.	50
7.4. Chest deformity with respiratory failure after injury	70
8. Digestive system injuries (jaw bones, oesophagus, stomach, intestines, liver)	
8.1. Total loss of the upper or lower jaw with impaired chewing function	60
8.2. Tongue loss	60
8.3. Narrowing of the throat or oesophagus after burns or injury	60
8.4. Gastrointestinal disorders: adhesive disease; intestinal fistulas, stoma	60
8.5. Traumatic liver injury with hepatic impairment	60
8.6. Stomach injury with subsequent gastric resection (gastrectomy)	60
8.7. Resection of small or large intestine as a result of injury	60
9. Genitourinary system injuries (urinary system, kidneys, genitals)	
9.1. Nephrectomy with renal replacement therapy (dialysis)	90
9.2. Urinary or urethral obstruction (regular catheterization) or urogenital fistula (urinary incontinence), permanent catheter	65
9.3. Loss of both ovaries, single ovary, both fallopian tubes, single fallopian tube, both testicles or single testicle, or partial/complete penectomy	100
9.4. Uterine amputation due to injury	80

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10. Scars on the anterior, lateral surface of the face or neck, facial disfigurement	
Scars on the anterior, lateral surface of the face or neck (facial disfigurement) <u>Note:</u> Facial deformity is a marked change in the appearance of the human face as a result of mechanical, chemical, thermal or other exposure	20

* The insurance indemnity is determined within the % of the Sum Insured specified in the relevant insurance T&Cs of AAS "CBL Life"

Annex No.2

Principles for determining the insurance indemnity for Bone fractures and injuries*	
Effective from 05 July 2024	
Bone fractures and injuries	Insurance indemnity % of the sum insured
1. Spinal cord and chest injuries	
1.1. Vertebral fractures:	
1.1.1. Transverse or spinous process fracture	5
1.1.2. Fracture of the vertebral body, arch, articular process (up to two vertebrae)	10
1.1.3. Fracture of the vertebral body, arch, articular process of each subsequent vertebra	5 but not more than 40
1.1.4. Coccygeal vertebra fracture	5
1.2. Chest fracture	10
1.3. Sternum fracture	5
1.4. Fracture of the rib(s) (depending on the number of broken ribs. For each broken rib + 1%)	5-10
1.5. Penetrating and traumatic chest injury	
1.5.1. Without damage to the thoracic organs	5
1.5.2. With damage to one of the thoracic organ	5
1.5.3. With damage to 2 or more thoracic organs	10
2. Pectoral girdle, upper arm, forearm, wrist/palm and finger injuries	
2.1. Fracture, dislocation of the pectoral girdle, bones forming the shoulder joint	
2.1.1. Scapula fracture, clavicle fracture	5
2.1.2. Fracture of the greater tubercle of the humerus, scapula fracture with shoulder joint dislocation	10
2.1.3. Fracture – dislocation of the glenoid cavity of scapula; head, anatomical and surgical neck of humerus	12
2.2. Humerus fracture	
2.2.1. Humerus fracture at any level (except the joint area)	10
2.2.2. Segmental humerus fracture at any level	15
2.3. Fracture, dislocation of the bones forming the elbow joint	
2.3.1. Epicondyle fracture of the humerus, radius or elbow fracture	5
2.3.2. Fracture of the radius and elbow, forearm dislocation	10
2.3.3. Fracture of the three bones forming the elbow joint	15
2.4. Forearm bone fracture, dislocation	
2.4.1. Fracture of one bone of the forearm (except the joint area)	5
2.4.2. Fracture of one bone of the forearm in the area of the joint	7
2.4.3. Fracture of both bones of the forearm (except for the articular region)	10
2.4.4. Double fracture of the forearm bone at any level	10
2.4.5. Fracture of both bones of the forearm, periulnar dislocation of the wrist	10
2.5. Fracture of the wrist bones, dislocation	
2.5.1. Dislocation of one bone of the wrist (except the scaphoid bone)	3
2.5.2. Fracture of one wrist bone (except the scaphoid bone)	5
2.5.3. Dislocation, fracture of two or more bones of the wrist (including scaphoid bone)	7

2.6. Fracture of the fingers of the wrist, dislocation (for each finger)	
2.6.1. Dislocation of finger I	3
2.6.2. Fracture of the finger I	5
2.6.3. II, III, IV, V finger dislocation	2
2.6.4. Fracture of the finger II, III, IV, V	3
2.6.5. Dislocation of metacarpal bones	2
2.6.6. Fracture of the metacarpal bones	4
3. Injuries to the pelvis, thigh, lower leg, foot and toes	
3.1. Pelvic bone fracture	
3.1.1. Fracture of the Iliac wing	5
3.1.2. Fracture of one pelvic bone	10
3.1.3. Fracture of two bones of the pelvis, double fracture of one bone, rupture of one joints	15
3.1.4. Fracture of several bones of the pelvis, rupture of joints	25
3.2. Hip injury	
3.2.1. Femoral fragment avulsion	5
3.2.2. Isolated avulsion of one or both greater trochanters of the femur	8
3.2.3. Hip dislocation, acetabular fracture	10
3.3. Femoral fracture	
3.3.1. Femoral head, neck fracture	25
3.3.2. Femora fracture at any level (except the joint area)	25
3.3.3. Segmental femoral fracture	30
3.4. Knee dislocation, ligament damage, meniscus damage, bone fracture	
3.4.1. Damage to articular bone fragments, meniscus damage, lateral ligament damage, dislocation	3
3.4.2. Fragmentation of articular bone fragments	5
3.4.3. Fracture of the upper articular hills (<i>Epicondylus</i>) or inter-condyle outgrowth, damage to the cruciate ligaments	6
3.4.4. Damage to the cruciate ligaments together with meniscus damage	8
3.4.5. Fracture of the kneebone (<i>Patella</i>)	8
3.4.6. Fracture of the Condyle (<i>Condilus</i>)	10
3.4.7. Distal metaphyses of the thigh, condyle fracture together with a proximal fracture of any bone of the lower leg	15
3.5. Lower leg fracture	
3.5.1. Fracture of the fibula, bone fragment avulsion (except the joint area)	5
3.5.2. Fracture of the tibia (except the joint area), segmental fibular fracture at any level	8
3.5.3. Both bone fracture (except the joint area) or segmental tibial fracture at any level	12
3.6. Ankle dislocation, ligament damage, tendon damage, bone fracture	
3.6.1. Damage to the ankle ligaments, dislocation of the joint	3
3.6.2. Ankle fracture	5
3.6.3. Achilles tendon damage	5
3.6.4. Achilles tendon rupture	7
3.6.5. Fracture of two ankles, fracture of both ankles or the edge of one ankle and tibia, isolated rupture of interosseous syndysmosis	10

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3.6.6. Fracture of both ankles along with the fracture of the border of the tibia (trimalleolar fracture), intra-articular fracture of the tibia	15
3.7. Foot bone dislocation, ligament damage, bone fracture	
3.7.1. Damage to the ligaments of the foot, dislocation	3
3.7.2. Fracture of one foot bone (excluding heel bone and talus bone)	5
3.7.3. Fracture of the talus bone, two bones, dislocation	7
3.7.4. Foot subtalar dislocation, dislocation at the level of the joints of the bones of the foot	10
3.7.5 Fracture of three or more bones of the foot, fracture of the heel bone	12
3.7.6. Fracture of the metatarsal bones of the foot, lace	6
3.7.7. Dislocation of the metatarsal bones of the foot	8
3.8. Toe(s) fractures, dislocations, tendon damage	
3.8.1. Feet I - V finger dislocation	2
3.8.2. Damage to the tendons of the foot toes	3
3.8.3. Fracture of the foot I toe	5
3.8.4. Fracture of the II-V toes of the foot	4
4. Injuries of the skull, central and peripheral nervous system	
4.1. Cranial bone fractures, dislocations	
4.1.1 Fracture of the bone surrounding the brain	20
4.1.2. Fracture of the anterior wall of the maxilla, cheekbone, orbit, forehead cavity (sinus)	8
4.1.3. Fracture of the nasal bone, cartilage of the nasal bone	3
4.1.4. Dislocation of the lower jaw	3
4.1.5. Fracture of the lower jaw	5
4.2. Tooth injury (for each tooth)	1
Note:	
1. The loss of a tooth is considered in case more than 1/2 of the tooth crown has been lost or the root of the tooth has broken.	
2. In case of injury to milk teeth, compensation shall be paid only to children under 5 years of age.	
4.3. Intracranial traumatic bleeding	
4.3.1. Epidural or subdural	15
4.3.2. Epidural and subdural	20
4.3.3. Epidural, subdural and subarachnoid	25
4.4. Brain injuries	
4.4.1. Concussion treated on an outpatient basis	2
4.4.2. Concussion treated in a 24-hour hospital for up to 7 days	5
4.4.3. Concussion treated in a 24-hour hospital for more than 7 days	7
4.4.4. Brain contusion, subarachnoid haemorrhage	15
4.4.5. Foreign bodies in the cranial cavity (except surgical materials)	20
4.5. Traumatic injuries of the central nervous system (the CNS)	
4.5.1. Traumatic CNS injury resulting in post-traumatic encephalitis, arachnoiditis, epilepsy, one limb paresis	15
4.5.2. Traumatic CNS injury resulting in paraparesis or hemiparesis, one limb paralysis, tetraparesis	45
4.5.3. Traumatic CNS injury resulting in hemiplegia, paraplegia or tetraplegia, aphasia (loss of speech), decortication, pelvic floor dysfunction	80
4.6. Traumatic spinal cord trauma (concussion, bruising, compression, injury)	
4.6.1. Spinal cord concussion, bruise	4

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4.6.2. Spinal cord compression, hematomyelia	15
4.6.3. Incomplete spinal cord injury	35
4.6.4. Complete spinal cord injury	80
4.7. Traumatic nerve damage (ruptures)	
4.7.1. Peripheral injury to one or more cranial nerves	5
4.7.2. Traumatic plexitis of the nerve plexus (neck, shoulder, lumbar, sacrum)	8
4.7.3. Incomplete rupture of the nerve plexus (neck, shoulder, lumbar, sacrum)	30
4.7.4. Complete rupture of the nerve plexus (neck, shoulder, lumbar, sacrum)	50
4.7.5. One nerve rupture at the finger joint level	3
4.7.6. Rupture of the nerve branch at the hand, foot level	5
4.7.7. Rupture of the nerve or nerves at the foot or wrist joint level	10
4.7.8. Rupture of the nerve or nerves at the forearm, lower leg level	15
4.7.9. Rupture of the nerve or nerves at the upper arm, elbow, hip level	25
5. Eye injuries	
5.1. Injury to the eye that did not result in the loss of visual acuity – damage to part of the eye caused by a foreign body; puncture, cut, blunt wound, burns to parts of the eye	3
5.2. Traumatic injury to the tear duct of one eye with dysfunction	5
5.3. Pulsating exophthalmos of one eye (eyeball protrusion)	15
5.4. Traumatic eye hematoma	2
6. Hearing organ injuries	
6.1. Auricular damage (injury, burn, frostbite)	2
6.2. Auricular cartilage fracture	3
6.3. Rupture of the drum of one or both ears as a result of injury	5
7. Respiratory system (larynx, trachea, lung) traumatic injuries	
7.1. Damage to the larynx, trachea without respiratory and speech disorders, fracture of the hyoid bone, tracheostomy (performed due to injury)	5
7.2. Foreign body in the chest cavity, traumatic lung damage, subcutaneous emphysema, hemothorax, pneumothorax, traumatic pleurisy	8
7.3. Damage to the larynx or trachea leading to respiratory and speech disorders	15
7.4. Damage to the larynx together with damage to the trachea causing respiratory and speech disorders	20
8. Traumatic injuries to the cardiovascular system (heart, large blood vessels)	
8.1. Damage to the heart, its pericardium and large blood vessels (without functional impairment)	25
8.2. Damage to the heart, its pericardium and large blood vessels (with impaired heart and circulatory functions)	35
8.3. Damage to large peripheral blood vessels (without circulatory disorders)	7
8.4. Damage to large peripheral blood vessels that have led to heart and circulatory failure	20
9. Traumatic injuries to the digestive system (mouth, throat, oesophagus, stomach, intestinal tract, pancreas, liver, gallbladder, spleen)	
9.1. Traumatic oral mucosa, tongue damage (injury, burn, frostbite)	3
9.2. Injury to the throat, oesophagus, intestinal tract, traumatic rupture	5
9.3. Traumatic injury to the stomach, pancreas, intestinal tract, peritoneum with operative therapy	30
9.4. Traumatic liver injury without surgery	10
9.5. Traumatic injury to the liver, gallbladder with surgical treatment	25

9.6. Subcapsular spleen rupture without surgical treatment	5
10. Traumatic injuries to the urogenital system (kidney, bladder, urethra, genitals)	
10.1. Kidney bruise, rupture of the capsule without surgical intervention	5
10.2. Traumatic damage to the ureters, bladder, urethra:	
10.2.1. without functional impairment	5
10.2.2. with functional impairment	20
10.3. Traumatic damage to the genital organs (injury, rupture, burn) without functional impairment	5
10.4. Traumatic damage to the genital organs (injury, rupture, burn) with functional impairment	25
11. Soft-tissue and other injuries	
11.1. Stabbed, torn, cut, punctured wounds (2 cm and more), removal of a foreign body with a cut and suturing of the wound	
11.1.1. In the hairy part of the head	2
11.1.2. In the area of the body and limbs	1
11.1.3. On the front, lateral surfaces of the face, neck, chin area	3
11.2. Stabbed, torn, cut, punctured wounds (5 cm and more), removal of a foreign body with a cut and suturing of the wound	
11.2.1. In the hairy part of the head	4
11.2.2. In the area of the body and limbs	2
11.2.3. On the front, lateral surfaces of the face, neck, in the chin area	5
11.3. Extensive abrasions of the skin (above 1% of the body surface), sagging of the nail plate of the finger	1
11.4. Ligament, tendon injury, joint capsule rupture, bone fragment avulsion, joint dislocation, hemarthrosis	
11.4.1. Ligament sprains that have caused functional disorders and are treated by immobilization	2
11.4.2. Rupture of the joint capsule, bone fragment fracture, hemarthrosis (confirmed by puncture)	5
11.4.3. Dislocation of the joint, damage to ligaments, tendons (total or partial rupture)	3
11.4.4. Muscle or tendon sprains with immobilisation	1
11.5. Muscle hernias, muscle ruptures, unexplored foreign bodies, surgically treated hematoma, post-traumatic periostitis	4
11.6.1. Accidental acute poisoning, asphyxia (suffocation), exposure to atmospheric electricity, tetanus (without organ damage) provided that the inpatient treatment duration is longer than 24 hours	4
11.6.2. Exposure to atmospheric electricity, tetanus cramps (without organ damage), provided that the duration of treatment in a round-the-clock hospital is more than 24 hours	9
11.7. Traumatic shock or traumatic hemorrhagic shock	5
11.8. Tick-borne encephalitis- (provided that a full course of vaccination has been carried out), polio	5
11.9. Animal bite wounds:	
11.9.1. Wound dressing performed	3
11.9.2. Sewed wound	5
11.9.3. Bite of an animal infected with rabies	20
11.10. Rape of a person	30
12. Burns, frostbite, burn disease	
12.1. Mild damage: Degree II (1-15%), Degree III (<2%) without functional or cosmetic defect	2
12.2. Moderate damage: Degree II (15-25%), Degree III (<10%) without functional or cosmetic defect	3

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12.3. Severe damage: Degree III, IV (<25%) with functional or cosmetic defects. High voltage electrical burns or all types of burn damage along with inhalation injuries	5
12.4. Burn disease	10

*The insurance indemnity is determined within the % of the Sum Insured specified in the relevant insurance T&Cs of AAS "CBL Life"

Annex No.3

Physical activity and sports

Hobby Physical activity and sports, which are always covered by insurance.	Sports I Physical activities and sports included in the insurance coverage only if the Insurance Policy states that Sports I is included in the insurance coverage. Sports I includes Hobby and Sports I activities.	Sports II Physical activities and sports included in the insurance coverage only if the Insurance Policy states that Sports II is included in the insurance coverage. Sports II includes Hobby, Sports I and Sports II activities.
<p>For the purposes of these T&Cs, the Hobby shall include physical activities and sports (including amateur sports), such as:</p> <ul style="list-style-type: none"> - aerobics (including its subtypes), - active recreation in official, public recreation and amusement parks, - billiards, - bodybuilding, - bowling, - cycling for recreational purposes (excluding road traffic), - martial arts (such as aikido, jiu-jitsu, capoeira, kendo, u-shu, etc.), - dances (including ballet, sports dances, folk dances), - fitness, - frisbee, - table tennis, - golf, - minigolf, - horseback riding for recreation and sports, - horse riding, - yoga, - curling, - croquet, - recreational boating, - fishing (inland or coastal), - novuss, - Nordic walking, - orienteering (incl. regaining), - hiking (incl. in the mountains up to 3000 m above sea level without special equipment), - paintball, - swimming (incl. winter), - petanque, - running (incl. marathon, half marathon, mountain trails), - skating for recreational purposes in public skating rinks, - snorkeling, - snooker, - sports disciplines within the company organised sports festival, - sports activities in general education institutions (except sports schools), - rocking, shooting (incl. with a bow, in a public shooting range), - dart throwing, 	<p>For the purposes of these T&Cs, Sports I shall include physical activities and sports (including amateur sports), such as:</p> <ul style="list-style-type: none"> - rowing (including canoeing, kayaking), - badminton, - biathlon, - bouldering, - sailing (inland or coastal waters), - martial arts (such as judo, Greco-Roman fighting, karate sumo, etc.), - show jumping, - cross-country skiing, - duathlon, - floorball, - handball, - downhill skiing for recreational purposes, - snowboarding (for recreational purposes), - gymnastics, - hunting, - fencing, - handball wrestling (arm wrestling), - roller skiing, - synchronized swimming, - roller skating, - squash, - tennis, - water polo, - cycling orienteering, - athletics, - volleyball (incl. beach volleyball), - ice fishing. <p>Sports Risk Group I includes:</p> <ul style="list-style-type: none"> - participation in road traffic by bicycle; - traveling by an electric scooter, moped, scooter, tricycle, quadricycle; - navigation in inland or coastal waters by small craft: motorboats, jet skis, yachts (except boats with a capacity not exceeding 3.68 kW); - traveling by a snowmobile (except when moving over water). 	<p>For the purposes of these T&Cs, Sports II shall include physical activities and sports (including amateur sports), such as:</p> <ul style="list-style-type: none"> - rowing slalom, - acrobatics, - speed skating, - basketball (including streetball), - baseball, - martial arts (such as boxing, kickboxing, sambo, taekwondo), - figure skating, - diving accompanied by an instructor (or up to 30m with an appropriate PADI or CMAS system certificate), - football (incl. beaches, indoor), - hockey (incl. with a ball), - equestrian sports (incl. polo), - kiteboarding, - downhill skiing, - snowboarding (with participation in competitions), - canyoning and rapids (kiteboard category I-III), - kiteboarding, - lacrosse, - modern pentathlon, - powerlifting, - rugby, - cycling, - surfing (incl. windsurfing), - skateboarding, - softball, - powerlifting, - gymnastics, - weightlifting, - short-track speed skating, - triathlon. <p>Sports risk group II includes:</p> <ul style="list-style-type: none"> - participation in road traffic by motorcycle.

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- gymnastics classes (incl. crossfit, street gymnastics).		
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Annex No.4

Events that are not considered as an insurance event

1. The following accidents and/or their consequences listed in the sub-paragraphs of this paragraph shall not be regarded as an insured event within the meaning of the Terms and Conditions:

1.1. what has happened to the Insured, as a result of its deliberate intentional action: suicide, attempted suicide and its consequences, inappropriate actions of the Insured in conditions of increased danger, exposing himself to extreme danger, except for saving human life;

1.2. caused by mental, mental or consciousness disorders, heart attack, stroke, epilepsy or other seizures of the Insured;

1.3. directly or indirectly caused by war (regardless of whether martial law has been declared or not), civil war, terrorism;

1.4. the direct or indirect cause of which is mass riots, revolutions, including accidents which have occurred as a result of domestic disturbances, if the Insured participated in them on the side of the rioters;

1.5. who have committed with malicious intent or gross negligence in connection with the commission of criminal acts on the part of the Insured person, as well as when the Insured person is serving a sentence in a penitentiary;

1.6. which have occurred if the Insured person commences service or is in active service in a military or other type of military formation, in an international peacekeeping or security operation, as part of or on behalf of a humanitarian or medical assistance organization;

1.7. which are the result of natural or technological disasters, the direct or indirect effects of nuclear energy, or caused by radiation (radioactive, electromagnetic, light or heat);

1.8. which have occurred while the Insured is working for work related to the performance of underground or underwater work, the manufacture, storage, transportation of explosives, work in mines, on platforms in the seas and oceans;

1.9. which has occurred in connection with intoxication of the Insured person caused by a voluntarily used solid or liquid substance (for example, alcohol or narcotic substances) or when the Insured person is under the influence of alcohol, narcotic substances or toxic substances, except for the case when the Insured has undergone a medical examination and the alcohol concentration detected in the body does not exceed 0.5 per milles or cases occurring irrespective of the situation of the insured person, or

1.10. what happened to the Insured, he must:

1.10.1. doing high-risk sports;

1.10.2. participating in Professional sports competitions and trainings;

1.10.3. participating in competitions as a driver, helmsman or passenger of a motorized land, air or waterborne vehicle;

1.10.4. when flying on any aircraft or flying device (with or without an engine) other than in an aircraft owned by an airline licensed by a passenger, registered as a means of transporting passengers along a particular route;

1.10.5. when navigating outside inland or coastal waters otherwise than as a passenger on a ship registered as a means of transporting passengers along a particular route;

1.10.6. driving a vehicle without the right to drive a vehicle of the relevant category;

1.10.7. when moving with a vehicle the driver of which has used alcohol, narcotic, psychotropic or other intoxicating substances, except if the Insured person is a passenger of public transport (t.sk. taxi).

2. The following shall not be regarded as an Accident:

2.1. damage to health caused by treatment or intervention undertaken or required by the Insured, except in cases where the intervention or treatment measures were necessary in connection with an Accident covered by the operation of the Agreement and prescribed by a doctor;

2.2. damage to health as a result of infection, except in cases where the agent of the disease has entered the body through an injury as a result of an accident covered by the operation of the Treaty. Injuries sustained in the event of an accident shall not be considered to be damage to the skin or mucous membranes, which in themselves is insignificant, but through which the agent of the disease has entered the body immediately or later. This restriction does not apply in the case of tetanus seizures and rabies. Infections that have entered the body of the Insured, when receiving medical assistance, are subject to the provisions of this Annex to the Regulations. 2.1. point;

2.3. alcohol and/or other intoxicating substances, food;

2.4. insect bites, tick-borne encephalitis, except in cases when the Insured has received a full course of vaccination for encephalitis within the established terms and in the prescribed manner;

2.5. AIDS and HIV, regardless of the cause and type of infection;

2.6. abdominal hernias (including umbilical, white line and inguinal hernias) resulting from gravity or excessive straining of body muscle sculpture;

2.7. damage to the intervertebral discs of the spine, spondylosis, discogenic radiculitis, blood discharge into the brain, except when their causative agent (cause) is an Accident covered by the operation of the Agreement;

2.8. pathological fractures – fractures of the bone as a result of a disease that has led to a decrease in bone strength;

2.9. repeated fractures – bone fractures that have occurred at the site of a previous bone fracture due to its incomplete healing;

2.10. dislocations of habit;

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- 2.11. if Injuries and bone fractures are the result of a heart attack, stroke, epilepsy or other seizures, loss of consciousness, affective state. However, the insurance indemnity shall be paid if such health disorders or attacks have been caused by an Accident, which in accordance with these Regulations and the concluded Insurance Contract shall be considered an Insurance Event;
- 2.12. if it is caused by medical manipulations, the result of professional error or negligence of medical practitioners, methods of complementary and alternative medicine, cosmetological procedures;
- 2.13. if fracture, dislocation of foreign bodies (joint prostheses, osteosynthesis structures) has occurred;
- 2.14. if direct cause is an existing illness, disability, or any functional impairment.
- 3.** An accident shall not be considered an insured event if it occurred during the suspension of the Agreement or after termination of the Agreement.
- 4.** Within the meaning of these Terms and Conditions, death, permanent disability or bone fractures and injuries shall not be considered an Insurance Event if any of them is a consequence of an accident in relation to a profession, occupation, hobby, sports, state of health, which has not been disclosed to the Insurer, but which should have been disclosed before entering into the Contract.