

Travel insurance terms and conditions

No. CAN19-SEB/WE

Valid from the 1st of January, 2019

1. Terms

1.1. **Insurer** – Seesam Insurance AS Latvia branch (represented by Seesam Insurance AS, Maarki 19/1, 10145 Tallinn, Estonia).

1.2. **Policy Holder** – AS “SEB banka”

1.3. **Insured** – a physical person who has the payment card World Elite issued by the Policy Holder and who according to the insurance contract has been insured by the Policy Holder during the entire period of the payment card. The insurance cover is also valid for the spouse of the payment card user and all minor children of the Insured up to the age of 18 years when they are traveling together with the payment card user.

1.4. **Payment card** – an international payment card of a certain type whereon the name of the card type, card number, card user's name and surname, validity term of the card are printed, and issued by the Policy Holder to the Insured for money transfer settlements in purchase of goods and services.

1.5. **Insurance contract** – an agreement between the Insurer and the Policy Holder over the terms of the insurance. The insurance contract consists of an insurance policy, supplements to the insurance policy (form of risks and limits), amendments and insurance terms and conditions.

1.6. **Insurance policy** – a document that attests the signing of the insurance contract. Insurance policy is an integral part of the insurance contract.

1.7. **Insurance period** – with respect to each individual Insured it is any uninterrupted 365 (three hundred sixty five) days period counting from the starting date of the Insurance Policy or period from the date when the card is issued until the end of the policy operation during which the total number of travel days of one or several trips does not exceed 180 (one hundred eighty) days within each separate 365 days period.

1.8. **Insured risk** – an event independent of the will of the Insured that could possibly occur in the future. Travel insurance is valid only regarding the insured risks defined in the corresponding travel insurance policy.

1.9. **Insurance event** – a sudden and unforeseeable event that is causally connected with the insured risk and is independent of the will of the Insured, that has occurred to the Insured due to external circumstances outside of his country of residence, and upon the occurrence of which the insurance indemnity is paid according to the terms of the insurance.

1.10. **Insured sum** – the sum of money defined in the insurance policy for which material values or interest are insured against losses or damages.

1.11. **Insurance premium** – payment for insurance defined in the insurance contract and paid separately for each uninterrupted 365 days period.

1.12. **Insurance indemnity** – the insured sum, its part or other sums to be paid or services to be executed in case of occurrence of the insurance event according to the insurance policy.

1.13. **Deductible** – participation of the Policy Holder and/or of the Insured in the specific insurance event, that is deducted from the sum of the insurance indemnity according to the insurance contract terms.

1.14. **Insurance object** – in insurance of persons during travel – the life or physical condition of the person as well as the additional risks stipulated in the insurance policy that are directly connected with unforeseen expenses arising to the Insured during travel outside of his or her country of residence.

1.15. **The third person** – an individual or a legal entity not related to the Policy Holder or the Insured and who has been caused loss as the result of the Insured's action and/or failure to act.

1.16. **Means of remote communication** – electronic communication that can be used to sign insurance contract without physical presence of the parties.

1.17. **Beneficiary** – a person who has the rights to receive insurance indemnity in case of the Insured's death according to the terms of the insurance contract and following the procedures provided for such cases by the legislation of the Latvian Republic.

1.18. **Indemnity payee** – a medical institution or a private, licensed doctor having provided medical services to the Insured during his/her trip outside of the country of residence if the Insured him/herself has not paid the expenses incurred due to sudden illness or accident; a third person in case of insurance

of civil liability of the Insured; the beneficiary in case of the Insured's death; the Policy Holder in case of substitute of the Insured; the Insured if him/herself has paid the expenses in case of sudden illness or accident or in any other incurred insurance events.

1.19. **Country of residence** – the country of the Insured's citizenship, his/her former country of permanent residence, and/or the country that has granted the Insured a residence permit. If a citizen of a country has also a residence permit issued by another country, then the travel insurance for the Insured shall not be valid in the both mentioned countries.

1.20. **Foreign country** – a country that is not the Insured's citizenship country, a country that is not the Insured's former country of permanent residence and/or a country that has not granted to the Insured a residence permit

1.21. **Accident** – an event that has occurred to the Insured during the travel insurance period as a result of sudden, unforeseeable external circumstance resulting in physical injury of the Insured.

1.22. **Sudden illness** – an unforeseeable, sudden and rapid worsening of the Insured's state of health caused by influence of some external factor and that is not the continuation or consequences to the state of health in which the Insured began his/her trip outside of the country of residence and/or has been before commencement of the trip.

1.23. **Chronic illness** – a state of health opposite to sudden illness – the gradual worsening of internal and long-term physiological processes and organic functions that are characterized by more or less frequent dramatic changes of the state of health (outbreaks of the illness) regardless of whether this state of health has or has not been diagnosed before the trip of the Insured. In the context of these terms of insurance, infarct, heart ischemia, stenocardia, blood vessel aneurysm in any form, atherosclerosis, cerebral thrombosis, spondylosis, osteochondrosis, radiculitis, renal insufficiency, sugar diabetes, atrophic cirrhosis, disseminated sclerosis, asthma, tuberculosis, benign or malignant tumors, thrombosis etc are considered as chronic illnesses because these illnesses develop gradually and frequently initially do not have visible/noticeable symptoms.

1.24. **Worsening of a chronic illness** – sudden occurrence of symptoms characteristic to a chronic illness and they were not explicit prior to the beginning of travel and as the result the Insured needs emergency medical assistance is.

1.25. **Emergency medical assistance** – medical services that are urgently required for the Insured because of acute worsening of his or her state of health or sudden illness or accident, in order to prevent any further deterioration of the state of health and/or risk to the Insured's life.

1.26. **Territory of travel insurance validity** – insurance contract is valid 24 hours a day worldwide except the Insured's country of residence as of the moment the Insured crosses the border of his/her country of residence in order to undertake a tourism, relaxation, special sports activity or entertainment trip, or a business trip outside of the country of residence. Insurance is valid if the aim of the trip is indulging in higher risk hobbies or sports activities.

1.27. **A pastime of increased risk** – non-business pastime, the exercise of which requires an increased level of physical preparation, regular training, specific, special equipment and/or clothing, and which could cause risk to the Insured's life or physical condition.

1.28. **The pastime and sport of increased risk included in the insurance cover** – downhill skiing, cross-country skiing, snowboard, diving down to 10 (ten) meter depth, kiteboarding, wakeboarding, riding with a snowmobile, ice-sailing, hockey, curling, mountain tourism without mountaineering equipment (up to 3,000 (three thousand) meter height), horseback riding, yachting and riding with a day cruisers in inland waters and coastal water within 24 (twenty-four) miles from the coast, riding a boat or watercraft in inland waters, coastal waters or mountain rivers, fishing, aerobics, badminton, basketball, bowling, floorball, frisbee, football, table tennis, golf, fitness, tennis, yoga, classes at the gym, dancing, Nordic walking, orienteering, paintball, beach volleyball, volleyball, gymnastics, running, swimming, snorkelling, riding a bicycle, cycling in mountain area, flying in a balloon as a passenger, safari, archery, parasports.

1.29. **Assistance Services Company** – a company specialized in providing assistance services worldwide to the travelers that require medical assistance, medical transportation or repatriation or any other services and payments thereof, and with which the Insurer has signed a special contract on rendering of the aforementioned services to the insured persons.

1.30. **Family members** – the spouse, children, foster children, adopted children, brother, sister, parents, foster parents, grandparents and children of the Insured's spouse.

1.31. **Relatives of the first order** – children and parents of the Insured.

1.32. **Guest worker** – a person that arrives in a foreign country for an undetermined period with the purpose to gain earnings, and who, regardless of his/her previous occupation in the country of residence, undertakes any job in this foreign country for a longer or shorter period of time.

1.33. **A global natural catastrophe** – a natural disaster independent of the will and actions of human beings, that occurs suddenly, causes significant damage to nature and buildings and damages human life, health or physical condition.

2. Information about the insured risk

2.1. Upon signing of the insurance contract, it is the duty of the Policy Holder and/or the Insured to furnish any information that is required by the Insurer to evaluate the insured risk. The Insurer will process the received information in order to assess the risks to be insured and to prepare an insurance offer and/or insurance contract.

2.2. The Policy Holder and/or Insured are liable for the verity and completeness of the provided information. Any forgery, incorrect claim and/or suppression of information may cause termination of the insurance contract and/or refusal to pay the insurance indemnity, unless the law "On Insurance Contract" does not permit this in cases when information has been provided as a result of slight carelessness.

2.3. It is the duty of the Policy Holder and/or Insured to inform the Insurer of any other valid insurance contracts with regard to the same insurance object.

3. Changes in initial information

The Policy Holder and/or Insured has the duty to inform immediately – as quickly as possible – the Insurer in writing of any circumstances that could increase the probability of occurrence of the insured risk and the possible amount of losses, as well as to inform about any changes in the initial information provided in the insurance application.

4. The procedure of concluding and coming into force of the insurance contract

4.1. The insurance contract is concluded on the basis of information provided by the Policy Holder and/or Insured to the Insurer prior to signing the insurance contract.

4.2. The Policy Holder and/or the Insured (individual) have rights of a data subject under the terms of the Regulation No 2016/679 on processing of personal data. The information received from the data subject is used for preparing of the insurance offer, concluding of the contract and/or a payment of the insurance indemnity; the contract is the legal grounding for data processing.

4.3. On the date stated in the insurance policy the Insurance contract is regarded as concluded and is valid.

4.4. Travel insurance comes into effect for those insured who have valid World Elite card and for whom the Policy Holder has provided the information to the Insurer before concluding of the insurance contract and has transferred to the Insurer the Insurance Premium for current 365 day period. Persons who have been added during the term of Insurance contract operation will have effective travel insurance as soon as Policy Holder has issued new World Elite payment card and the Policy Holder has transferred to the Insurer the travel Insurance Premium for the period starting from the card issue date and until the expire date of the policy operation.

4.5. If in contradiction to what is stipulated in the insurance contract, the insurance premium is not paid in the term and at the amount defined, then it is considered that the insurance for the specific payment card user has not come into force.

5. Termination of the insurance contract

5.1. The Insured or the Policy Holder have the right to terminate the insurance contract by mutual consent by at least a 30 (thirty) days notification. After termination of the contract the Insurer's liability remains regarding all those Insured World Elite payment card users whereof the insurance premium has been paid for the corresponding period.

5.2. Regardless other conditions stipulated in this contract, it is not regarded that the Insurer will ensure the insurance cover or will make any payments or will provide any services or benefits to any Insured or any other person as far as such cover, payment, service, benefit and/or any insurance deal or action violates sanctions to be applied, i.e. all those trading, financial embargo or economic sanctions, laws or regulations that are to be directly applied to the Insured. The applied sanctions are following: i) local sanctions; (ii) sanctions of the European Union (EU); iii) the sanctions of the United Nations (UN); (iv) sanctions of the United States of America (USA) and/or (v) all other sanctions applied to the Insurer.

6. Duties of the Policy Holder and/or of the Insured

By signing the insurance contract, the Policy Holder and/or the Insured pledge to comply with all requirements that the Insurer has stipulated, as well as comply with any additional requirements that the Insurer will stipulate in writing regarding the insurance object.

7. Mutual duties of the Policy Holder and/or the Insured

It is the Policy Holder's duty to inform the Insured of the fact that the person is insured according to a definite insurance contract, the terms of which have been agreed upon by the Policy Holder and the Insurer and these terms are binding to the Insured and they must be complied with, and the Policy Holder must explain the consequences of the failure by the Insured to fully comply with any of the terms of the insurance contract.

8. Duties of the Policy Holder and/or the Insured after the occurrence of the insured risk

8.1. The Policy Holder, the Insured, beneficiary, the Insured's representative or his/her family members must inform the Insurer of the occurrence of the insured risk as soon as possible, and they must do all that they can to reduce the amount of losses. In case of occurrence of the travel cancellation risk, the Insured must inform the Insurer before the beginning of the planned trip.

8.2. It is the duty of the Policy Holder and/or the Insured to meet the Insurer's requirement to determine and evaluate the amount of losses and the circumstances of their occurrence.

8.3. The Policy Holder and/or Insured must submit to the Insurer any documents that characterize the occurrence of the insured risk and the losses caused by it, as well as submit any other information and/or documentation that the Insurer may request.

8.4. If the specifics of the insured risk demand it, the occurrence of the risk must be notified to the police and/or firefighters and/or other institutions.

8.5. The burden of proof of the occurrence of the insured risk lies upon the Policy Holder and/or the Insured.

9. Consequences of the failure of the Policy Holder and/or Insured to fulfill their duties

9.1. If any action or inactivity of the Policy Holder and/or of the Insured has been or will be the cause of misleading the Insurer or of disclosing of risk information, the insurance contract will be considered invalid from the day of its signing, unless the law "On Insurance Contract" does not permit this in cases when misleading has been caused as a result of slight carelessness. The Insurer does not refund the paid insurance premium.

9.2. The Insurer, at his own discretion, may refuse to pay the insurance indemnity or reduce the payment of the insurance indemnity by 50%, if the Policy Holder and/or the Insured

9.2.1. has not fulfilled or fulfilled partly any of the requirements stipulated in the insurance contract;

9.2.2. in any way has limited the Insurer's possibility to use own rights, including the rights of the Insurer to make sure about the conditions and nuances on the occurrence of the insured risk and/or to use regress, subrogation rights;

9.2.3. has violated any requirements of the existing legislation of the Latvian Republic, that can be applied to the specific insurance event. An exception is made when the failure to fulfill the terms of the insurance contract is caused by slight carelessness – in this case the Insurer acts according to the legal norms of the terms of the law "On Insurance Contract".

9.3. The Insurer does not pay the insurance indemnity if the occurrence of the insured risk has been caused by malicious intent or gross negligence of the Policy Holder, the Insured, beneficiary or family member. The Insurer does not refund the paid insurance premium.

9.4. The Insurer does not pay the insurance indemnity if the insurance period does not coincide with the beginning and end dates of the trip, when the insurance contract is concluded after commencement of the trip.

10. The procedure of insurance indemnity payment

10.1. The Policy Holder, the Insured or the Insured's representative submits to the Insurer a written application about the occurrence of insured risk.

10.2. The Insurer, during the period of 1 (one) month, must evaluate the application and other documents received from the Policy Holder and/or the Insured, in order to determine whether the occurrence of the insured risk constitutes an insurance event:

10.2.1. if an insurance event has occurred and the parties have agreed on the amount of the insurance indemnity, then:

- the Insurer makes the decision to pay the insurance indemnity;
- the Insurer pays the insurance indemnity within 5 (five) working days after the decision is made;
- if the parties reach a mutual agreement, then the procedure of payment of the insurance indemnity may be prepared in a written form by drafting and signing by both parties a loss regulation protocol.

10.2.2. if an insurance event has occurred but the parties have not reached agreement on the amount of the insurance indemnity:

- the Insurer has the right to demand additional documents to evaluate the amount of the insurance indemnity;
- the Insurer has the right to unilaterally decide and invite experts to determine the amount of the insurance indemnity; the decision of the expert will be binding both to the Insurer and the Insured; the costs of the expert examination will be borne by the Insurer;
- when evaluating the decision of the expert, the Insurer makes the decision over the amount of the insurance indemnity and other disputed issues;
- the Insurer pays the insurance indemnity within 5 (five) working days of receiving the signed loss regulation protocol;

10.2.3. if an insurance event is not determined:

- then the Insurer makes a decision to refuse to pay the insurance indemnity;
- the Policy Holder or the Insured is notified of this decision within 5 (five) working days of making the decision.

10.3. The insurance indemnity is paid according to the compensation principle, if the parties have not agreed otherwise.

10.4. The Insurer indemnifies the Insured only those losses that have occurred in connection with the insurance event and have been proved with corresponding documents.

10.5. Deductible is deducted from the insurance indemnity to be paid, if it has been stipulated in the insurance contract terms and the parties have not agreed otherwise.

10.6. The written application of the Policy Holder and/or of the Insured is examined in the Latvian Republic, on the basis of the insurance contract in the Latvian language, according to the existing legislation of the Latvian Republic. If the insurance terms have been translated and there is disagreement over the translation, then the insurance terms in the Latvian language shall be considered to be prevailing.

10.7. If the Insured simultaneously has two or more valid travel insurance policies issued by the Insurer wherein one or more insured risks in these policies are duplicated, then the insurance indemnity always is paid only according to one insurance policy – the one which stipulates the largest insurance sums for the corresponding risk.

11. Compensation principle

11.1. When applying compensation principle neither the payable nor the paid insurance indemnity may exceed the losses caused by the insurance event.

11.2. Only proven losses are indemnified.

11.3. The losses that have occurred prior to the insurance contract coming into force are not indemnified.

11.4. The losses that have occurred before or after the insurance period are not indemnified, with the exception of the trip cancellation risk..

12. The dispute resolution procedure

12.1. Any disputes are to be resolved by negotiation.

12.2. If the disputes are caused by the fact that some issue has not been regulated in the insurance terms, then in order to resolve this issue the parties will apply the effective laws of the Latvian Republic, among them the law "On Insurance Contract".

12.3. If the parties are unable to resolve the dispute by negotiation, the case is to be submitted to the courts of the Latvian Republic in accordance with the legislation of the Latvian Republic.

12.4. The division of the insurance contract in clauses, subclauses and their titles does not influence the legal interpretation of the text.

12.5. If parties are unable to solve the disputes by the means of negotiations then a written complaint is to be submitted to "Indemnity Commission", mailing address: Muižas iela 1, Rīga, LV-1010; e-mail address: atlidzibu.komisija@seesam.lv

13. General exclusions

13.1. The responsibility of the Insurer to indemnify losses does not occur if the losses have been caused by exclusions defined in the legislation of the Latvian Republic or in the insurance contract.

13.2. The general exclusions are:

13.2.1. terrorism – acts of terror or their consequences, regardless of any other causes which, due to coincidence or otherwise, have contributed to losses, damages or expenses; in the context of this clause, terrorism is defined as violence or dangerous activity that poses a threat to human life, material or immaterial property or infrastructure, with the goal of influencing any government or holding a society or its part in the grip of fear;

13.2.2. war (regardless the fact if war has been declared or not), military invasion, civil war, revolt, revolution, insurgency, military or any other coup d'état;

13.2.3. global natural catastrophes and natural disasters;

13.2.4. strikes which have been reported in the media prior to the beginning of the trip.

14. Special exclusions of the travel insurance

14.1. Travel insurance does not cover medical, transportation and/or repatriation costs in case of sudden illness, death, physical injury to the Insured or in case when the Insured has caused the afore mentioned to a third person, and their cause is:

14.1.1. directly or indirectly connected with immune deficit virus or any related illness, including AIDS;

14.1.2. radioactive poisoning, poisoning with biological and/or chemical substances that are not meant for peacetime use;

14.1.3. sexually transmissible illnesses or any other illnesses that are related with them.

14.2. Travel insurance does not cover direct or indirect expenses:

14.2.1. for treatment of chronic illness and its outbreaks;

14.2.2. for treatment of an illness the symptoms of which had been visible prior to the beginning of the trip;

14.2.3. for treatment of infectious diseases for which an epidemiological warning has been issued for the region, advising prophylactic vaccination, however, this exception does not apply, if the Insured, prior to undertaking the trip, has undergone a full vaccination course;

14.2.4. of diagnostics and prophylactic checkups;

14.2.5. of plastic surgery and cosmetic treatment;

14.2.6. that are connected with the pregnancy of the Insured, its termination, birth or postnatal assistance;

14.2.7. for treatment that requires staying in the hospital for longer than 30 (thirty) days;

14.2.8. of any nervous or mental illnesses regardless of their classification, as well as the treatment of mental depression, insanity, psychotic reaction or disturbances of consciousness regardless of the causes;

14.2.9. of non-traditional treatment methods;

14.2.10. of heart and blood-vessel operations, tissue and organ transplantation, prosthesis;

14.2.11. if the sudden illness, accident or any other insured risk defined in the insurance policy has occurred while under the influence of alcohol (when a causal link has been determined between alcohol use and injuries obtained), that is equal to or exceeds the allowed degree of intoxication for driving a transport vehicle in the given country;

14.2.12. if the sudden illness, accident or any other insured risk has occurred while under the influence of toxic or narcotic substances;

14.2.13. that have occurred due to the suicide of the Insured or the attempt of suicide;

14.2.14. that have occurred while the Insured has been participating in committing an offence;

14.2.15. of treatment and medical expenses of the Insured in his/her home country, with the exception of cases when the parties, after evaluation of the event circumstances, as a matter of exception have agreed on such coverage, signing a loss regulation protocol;

14.2.16. of medical aids that are constantly used by the Insured, for example, glasses, prosthesis, hearing aids, wheelchairs, etc;

14.2.17. for treatment, medical expenses, transportation and repatriation that have occurred to the Insured as a guest worker outside of the country of residence, with the exception of cases when the Policy Holder and the Insurer have agreed on exclusion of this exception from the insurance contract.

14.2.18. Insurance is not valid when participating in competitions and also doing all kinds of sports stated in Article 1.28. on the professional level.

15. Information on processing of personal data

15.1. The Insurer processes the received information according to effective legislation enactments effective in the Republic of Latvia, enclosing Data Regulation No. 2016/679.

15.2. According to the Article 13 of the Data Regulation No. 2016/679 before concluding of the insurance contract the Insurer informs the data subject (Policy Holder) that:

15.2.1. The data processing controller is Seesam Insurance AS Latvia branch;

15.2.2. The contract information of the data processing controller is info@seesam.lv, +371 67061000;

15.2.3. The contract information of data protection specialist is dataprotection@seesam.lv

15.2.4. Data is processed to conclude the insurance contract, to pay the insurance indemnity; the legal grounding of data processing – the contract concluded between the parties;

15.2.5. Data is also processed for other aims if the data subject has given his or her agreement; the legal grounding of data processing – the agreement of data subject;

15.2.6. The data subject is eligible to withdraw his or her agreement given for personal data processing at any time;

15.2.7. The legitimate interest of the data processing controller – to receive references from the data subject after the concluding of the insurance contract or paying the indemnity;

15.2.8. The categories of personal data receivers – in the corresponding situations – state or municipality institutions; medical institutions, more detailed information is available on Seesam website www.seesam.lv/individual data processing policy/data processing journals;

15.2.9. In individual cases personal data may be sent outside the European Economic Area – legal grounding – saving health or life of the individual (data subject);

15.2.10. Term for storing personal data – depending on the specifics of the insurance product and terms set in the law for storing data. For short-term policies without civil liability insurance – five years, for policies including civil liability insurance – ten to fifteen years, for compulsory civil liability insurance policies – thirty years;

15.2.11. The personal data subject is eligible to request the information on the processing of data subject's personal data done at the Insurer;

15.2.12. The data subject is eligible to submit a complaint about the data controller to the Data State Inspectorate www.dvi.gov.lv, info@dvi.gov.lv;

15.2.13. Data subject is liable to submit personal data in order conclude the insurance contract, to make insurance indemnity payment; in case the data requested by the Insurer is not provided or data is provided insufficiently the Insurer is not liable to make the payment of the insurance indemnity (according to the Article 31 of the law "On Insurance Contract"); this condition also refers to personal data of the special category (health);

15.2.14. No later than within one month the Policy Holder is liable to inform the Insured(s) that the personal data of Insured is given to the Insurer, including the aims of processing, amount of processing; what consequences may arise if the Insured has provided inaccurate or wrong personal data;

15.1.1.15.2.15. No later than within one month it is the liability of the Policy Holder to inform the Insured(s) on the fact that personal data of the insured individual (data subject) will be used for communication with the data subject in the event of data incidents and for organizing of indemnity payments.

16. Insured risks

16.1. Medical expenses

16.1.1. The Insurer covers expenses for the first, emergency medical assistance that have occurred to the Insured during a trip outside of the country of residence in connection with sudden worsening of the health condition of the Insured or due to an accident suffered by the Insured.

16.1.2. If during travel the Insured is urgently hospitalized due to acute worsening of the health condition which is explicit as an attack of a sudden, previously not diagnosed chronic illness, the Insurer pays for the first emergency medical aid services for decreasing the attack but for no more than five (5) hospital days.

16.1.3. Emergency dental expenses are covered if an accident has occurred or in acute cases that are proved by a note issued by the doctor with an indicated precise diagnosis.

16.1.4. In case of sudden illness of the Insured or an accident, help must be immediately sought in the nearest medical institution or a doctor must be summoned, the insurance policy and an insurance confirmation issued by the Insurer or a special laminated plastic card issued on the Insured's name (if such a card has been issued) must be presented to the employee of the medical institution or to the doctor providing medical assistance as a proof of valid travel insurance.

16.1.5. The Insurer bears the expenses for emergency medical assistance to the Insured only up to the moment when the Insured is able to return to the country of residence by him/herself or the Insured can be transported and his life is no longer in danger. Regarding the treatment and its duration outside of the country of residence, operations and their necessity, as well as transportation and/or repatriation of the Insured an agreement has been reached between the Insurer, the specialist of the medical institution involved and the Assistance Services Company. The payment of the insurance indemnity may be refused if the Insured has unilaterally decided to undergo examination, diagnosis, treatment or operation or has unilaterally decided on treatment in a medical institution of improved services.

16.1.6. The Insurer pays expenses of the Insured's phone calls to the Insurer and/or the Assistance Services Company. The fact of the telephone call made and the expenses incurred are to be proved by a telephone call print-out.

16.2. Accidental death

16.2.1. If the Insured during the insurance period and during the trip outside of the country of residence sustains physical injuries caused by external factors independent of the Insured's will resulting in death that occurs not later than within 1 (one) year after the accident causing the death, the insurance sum is paid to the beneficiary in compliance with legislation of the Latvian Republic.

16.2.2. If the body of the Insured has disappeared because of forced landing, run aground, sinking or vehicle crash where in the Insured had stayed, then the insurance indemnity is paid in accordance with the procedures set forth by the laws of the Latvian Republic for such cases.

16.3. Irreversible disablement (mutilation)

16.3.1. If the Insured has physically suffered in an accident during a trip outside of the country of residence, and the resulting mutilation is irreversible and complete, and it has occurred within 1 (one) year of the accident that caused the injury, then the Insurer pays the Insured the insurance indemnity which is calculated by multiplying the insurance sum with the percentage

shown in the insurance indemnity calculation table for the corresponding disablement.

16.3.2. The insurance indemnity is not paid before the disablement is recognized as lasting and irreversible damage. The disablement of the Insured is confirmed by the State commission of doctors of the Health and labor capacity examination of the Latvian Republic.

16.3.3. Prior to paying the insurance indemnity, the Insurer may request to undertake an additional medical examination of the Insured, whose disablement is the basis for payment of the insurance indemnity.

16.3.4. The total insurance indemnity for irreversible disablement that correspond to one single insurance event, if its consequences are several mutilations, are summed up from the separate calculated insurance indemnity sums for each mutilation according to the insurance indemnity calculation table, however it cannot be greater than the insurance sum indicated in the insurance policy for the irreversible disablement risk.

16.3.5. If the Insured is left-handed, then the percentages for the insurance indemnity calculation for injuries of left and right limbs are changed respectively.

Insurance indemnity calculation table

Disablement	Insurance indemnity in % of the insurance sum	
	Right	Left
Loss of one hand	60 %	50 %
Loss of one palm and forearm	60 %	50 %
Loss of one leg above the knee	60 %	60 %
Loss of one leg up to the knee or below the knee	50 %	50 %
Loss of one foot	40 %	40 %
Loss of sight in one eye	50 %	
Loss of sight in both eyes	100 %	
Total loss of speech	100 %	
Complete deafness in both ears	100 %	

16.4. Medical transport

16.4.1. If the Insured has suffered an accident or a sudden illness requires the transportation of the Insured to the nearest medical institution to provide medical assistance, the Insurer bears the transportation costs that are caused by the transportation of the Insured in the territory of the foreign country, including with documents proved expenses for taxi services or private transport services, without exceeding the sum that is indicated in the insurance policy.

16.4.2. The medical transport necessary and adequate for the transportation is organized by the Assistance Services Company. Depending on the seriousness of the situation, the Insured is transported by land ambulance, aircraft, train, or in any other suitable way, as well as, in case of necessity, with a sanitary airplane. The manner of transportation that is most adequate to the physical condition of the Insured is agreed upon by the specialist of the local medical institution, the International Assistance Services Company and the Insurer.

16.5. The transportation of the Insured to the country of residence (repatriation)

16.5.1. If, following hospitalization or treatment, the Insured is unable to return to the country of residence with own forces, or, in connection with the unforeseen medical treatment the Insured has been unable to leave the foreign country with the previously planned transport, the Assistance Services Company in cooperation with the local doctor who is treating the patient takes all the necessary steps to ensure that the Insured may return to his/her country of residence.

16.5.2. If the seriousness of the situation demands it, the Assistance Services Company ensures that the Insured, while returning to his country of residence, is escorted by adequate medical personnel. Depending on the seriousness of the situation, the Insured is transported by land ambulance, aircraft, train, or in any other suitable way, as well as, in case of necessity, with a sanitary airplane. Only the medical specialists authorized by the International Assistance Services Company in cooperation with the local doctor, who is treating the patient, have the right to make the decision regarding the type of transport that would be the most adequate to the state of health of the Insured.

16.5.3. In evaluating the specific case, the Insurer may use and pay for the services of the Latvian Centre of Emergency and Disaster Medicine for the

repatriation of the Insured to the country of residence with its specialized transport.

16.6. Repatriation of the Insured in case of death

If the Insured dies during a trip outside the home country, the Assistance Group organizes the transportation of the body of the Insured to the country of residence, without exceeding the insurance sum indicated in the insurance policy for the corresponding repatriation risk.

16.7. Payment of coffin expenses

If the Insured dies during a trip outside the country of residence and the body must be transported in a coffin, the Assistance Services Company organizes the purchase of a coffin and covers the expenses thereby connected, without exceeding the insurance sum indicated in the insurance policy.

16.8. Travel expenses for 1 (one) family member

If during a trip outside the country of residence the state of health of the Insured does not allow him to be repatriated due to sudden illness or accident, and it is necessary to hospitalize him for more than 21 (twenty one) calendar days, the Insurer pays for a return economy class airline ticket or first class railway ticket for one family member of the Insured, in order that the family member could visit the hospitalized Insured. The Insurer pays for these tickets only if the hospitalization has occurred with knowledge of the Assistance Services Company and the case continues to be managed by the Assistance Services Company, as well as if the doctors of the Assistance Services Company have agreed with the doctor who is treating the patient that the presence of a family member would help the recovery of the Insured.

16.9. Baggage insurance risk

16.9.1. In the context of these insurance terms, baggage is understood to be any travel bags and/or trunks taken along for the trip in total, as one unit of baggage, regardless of the number of bags or trunks that the baggage consists of. In the context of these insurance terms, one traveler can only have one unit of baggage along with him for the trip. The insurance sum for the baggage risk indicated in the insurance policy applies only to one unit of baggage, and never to each separate bag or trunk that the baggage consists of.

16.9.2. If the Insured travels by plane, then the insurance in regards to the baggage only applies if it is registered under the Insured's name.

16.9.3. If the trip is undertaken by a family, and all the family members are Insureds but they have one common travel bag or trunk, which is registered as baggage under the name of one specific family member, then the insurance indemnity is paid only to this Insured as for one unit of baggage.

16.9.4. Baggage delay:

16.9.4.1. If after a completed air flight the entirety of the baggage of the Insured, which consists of several bags or trunks, or one particular baggage bag or trunk is delayed for more than 4 (four) hours, then the expenses of the Insured for purchases made in the space of 36 (thirty six) hours for purchases that are necessary to replace the clothing and toilet accessories that have remained in the baggage are covered, without exceeding the insurance sum that is indicated in the insurance policy for the baggage delay risk and in accordance with the terms that are defined in clauses 16.9.1.–16.9.3.

16.9.4.2. The sum that is paid for baggage delay is deducted from the payable insurance sum if the baggage or a separate baggage bag or trunk is lost according to the clause 16.9.5.

16.9.4.3. The insurance indemnity for baggage delay is not paid, if the baggage has been delayed during the return of the Insured to his country of residence.

16.9.5. Loss of baggage:

16.9.5.1. If during an air flight the Insured's baggage is lost, after being registered for the flight under the Insured's name and being submitted to the airline company's care, then the Insurer pays the Insured the insurance indemnity for baggage loss only after the loss of baggage has been affirmed by the corresponding airline company and a notification has been issued with confirmation of the fact of loss of baggage and the amount of the payable indemnity is indicated.

16.9.5.2. Regardless of whether the baggage of the Insured has consisted of one or more bags or trunks, the Insurer pays the Insured the insurance indemnity for one unit of baggage, without exceeding the total, actual value of the baggage (baggage bag(s) or trunk(s) with the things that they have contained) that has been lost, but not exceeding the insurance sum indicated in the insurance policy for the baggage loss risk, from which the indemnity sum paid by the airline for the same event is deducted, as well as deducting the insurance indemnity sum previously paid to the Insured for

the delay of the same baggage, if it has occurred in accordance with the previously mentioned clause 16.9.4.

16.9.6. Damage to the baggage:

If an Insured's baggage bag or trunk is damaged during an air flight, after being registered for the flight under the Insured's name and being submitted to the airline company's care, then the Insurer bears the expenses of the repair of the damaged bag or trunk. If the damaged bag or trunk cannot be repaired, the Insurer pays for the purchase of a new bag or trunk of equal value.

16.9.7. Baggage theft:

If during a trip the Insured's baggage is stolen, with the exception of the time when the baggage has been submitted to the airline company's care during an air flight, then the Insurer covers the expenses of the Insured for purchases that replace the stolen baggage and the things therein contained. The maximum insurance indemnity cannot exceed the insurance sum indicated in the insurance policy. The Insurer pays the insurance indemnity only if the theft of the baggage has been registered by the police of the foreign state, which is testified by a notification issued by the police of the fact.

16.9.8. The insurance indemnity is not paid in the following cases related with baggage:

- for baggage risk (risks) that has (have) not been indicated in the specific insurance policy concluded between the Insurer and the Policy Holder,
- for the theft of separate baggage items from the Insured's baggage that has been submitted to the airline's care during an air flight,
- for scratched, broken glass or other breakable objects,
- for damaged Insured's baggage or separate items of the baggage that has been caused by the leak of a fluid contained in the baggage,
- for losses and damages caused by the customs office or by any other official institution during the detention, examination, confiscation or destruction of the baggage, baggage bags or trunks, personal items or sport inventory in accordance with the existing legislation of the corresponding foreign country,
- if during a 24 hours period from the establishing of the event it has not been notified to the airline company (if the trip has been by air and an event related to baggage has occurred) or to the captain of the ship/ferry (in case of baggage theft that has occurred when travelling by sea) or to the police of the corresponding foreign country (in case of baggage theft that has occurred during trip by land or by sea),
- if during a 24 hours period from the establishing of the theft of sport inventory the police of the corresponding foreign country has not been notified,
- for the loss of money, currency or bank notes, credit cards, checks, travel tickets, securities of any type, manuscripts, presentation materials,
- for loss or damage of jewelry or precious metals, fur, antique or rare objects or objects of art,
- for transport vehicles or their accessories or replacement parts,
- for loss or damage of musical instruments,
- for baggage that has been lost (theft of baggage that has occurred in uncertain circumstances is considered as lost baggage).

16.10. Delayed or temporarily cancelled flight

16.10.1. Flight delay or temporary cancellation risk applies to each flight of the Insured separately.

16.10.2. If the air flight of the Insured has been delayed or temporarily cancelled for 4 (four) or more hours, the Insurer covers the Insured's expenses for meals, hotel, transport to/from the airport or other reasonable additional expenses that have been caused by the flight delay or temporary cancellation, without exceeding the insurance sum indicated in the insurance policy for the flight delay or temporary cancellation risk. Only the unforeseen expenses of the Insured for the period from the officially listed departure time of the air flight up to the actual departing time with the planned flight are covered.

16.10.3. Air flight delay insurance applies to all regular flights that are operated by registered airlines whose flight schedules are published. The flight delay insurance does not apply to charter flights.

16.10.4. The Insurer does not cover expenses for flight delay or temporary cancellation risk if the flight has been delayed or temporary cancelled for a period of time that is shorter than 4 (four) hours.

16.11. Delayed transit

16.11.1. If the insurance policy of the Insured mentions delayed transit risk for a determined insurance sum and if the Insured's trip consists of several, con-

nected transit trips of which the first is an air flight and it has been delayed or temporarily cancelled due to technical reasons or bad weather conditions, regardless of the time of the delay, due to which the Insured, upon arriving at the transit point, misses his next trip, the Insurer pays the Insured for his/her additional expenses to continue the planned trip by the same means of transport or alternative means of transport as well as the Insured's expenses for hotel services in the transit point but not exceeding the total insurance sum indicated in the insurance policy for the delayed transit risk.

16.11.2. A travel transit point may be a foreign port, airport, train or bus station, ferry terminal where the Insured has planned to transfer to another means of transport in order to continue the undertaken trip.

16.11.3. Insurance does not cover the Insured's expenses if

- the transit period, that is, the period between the planned time of arrival in the transit point indicated in the flight schedule and the time of continuing the trip with the next means of transport is 2 (two) hours or less;
- the transit period, that is, the period between the planned time of arrival in the transit point indicated in the flight schedule and the time of continuing the trip with the next means of transport is 12 (twelve) hours or more;
- in the transit point the Insured is refused a seat on board of the airplane due to the lack of vacant seats;
- transit is missed due to the fact that the arrival in the transit point has been delayed by official state institutions;
- delayed arrival at the place of departure has been caused by the deficiencies in traffic organization committed by the traffic company, due to computers or mistakes that have been made by the employee responsible for organization and planning of the Insured's trip.

16.12. Curtailment of the trip

16.12.1. Travel curtailment occurs if the Insurer is forced to terminate the undertaken trip to return prematurely to the country from which the trip had been undertaken.

16.12.2. In case of premature trip termination the Insurer pays for the travel and hotel expenses that have been necessary to return to the country from which the trip was undertaken, on condition that the trip had to be terminated due to the following causes occurred during the trip of the Insured:

- unforeseen and sudden serious illness of the Insured's first order relative or a spouse that threatens the life of the relative, or the death of the relative,
- property loss of the Insured or serious material damage to his immovable property, if such a loss has occurred due to a criminal offence, fire or natural catastrophe, and if as a result the presence of the Insured is required by the investigation or corresponding circumstances.

16.13. Trip cancellation

16.13.1. The Insurer pays for the unforeseen expenses of the Insured for the cancellation of his planned and paid trip, that is, if the trip of the Insured has been cancelled due to:

- sudden, unforeseen serious illness of the Insured or his or her death,
- the worsening of the state of health of the Insured due to which the Insured has not been permitted to take the flight, and the prohibition together with the diagnosis is indicated in the note issued by the specialist doctor,
- an accident that has occurred to the Insured as a result of which he/she has suffered physical injury,
- unforeseen occurrence of serious, critical worsening of health, involvement in an accident or death of a first order relative of the Insured or Insured's spouse, as a result of which the Insured may not undertake the planned trip,
- property loss of the Insured or serious material damage to his immovable property, if such a loss has occurred due to a criminal offence, fire or natural catastrophe, and if as a result of the undertaken investigation the Insured may not undertake the planned trip.

16.13.2. In case of travel cancellation the Insurer pays the Insured the insurance indemnity that may not exceed the actually paid and irrecoverable expenses of the Insured for the booked trip that has been cancelled, deducting from the payable insurance indemnity the deductible in the amount of EUR 100. The maximum insurance indemnity sum may not exceed the insurance sum indicated in the insurance policy from which the deductible is deducted.

16.13.3. If the trip has been planned for the family or several persons and they all have purchased the Insurer's travel insurance that included travel

cancellation risk, and one of the Insureds pays for the total expenses of the entire group for the trip or travel package, which is attested by one common invoice/check, then, if the trip of one or more persons of the group is cancelled, on condition that this has occurred according to the clause 16.13.1 of these terms, then the amount of insurance indemnity for each person is calculated by dividing the total sum paid for the trip with the number of passengers, and by deducting from the payable insurance indemnity the deductible for each person.

16.13.4. The insurance does not cover the Insured's travel cancellation expenses if:

- the Insured or his/her representative has not notified the Insurer of the cancellation of the trip and the connected circumstances in writing before the planned trip for which the insurance contract has been valid,
- insurance premium has been paid three or less days before the date of the occurrence of travel cancellation circumstances,
- insurance premium has been paid after one of the travel cancellation causes defined in clause 16.13.1 of these insurance terms has already occurred.

16.14. Loss or theft of passport

If the Insured's passport is lost or stolen during the trip, the Insurer covers expenses of the Insured for obtaining a document of personal identity that replaces the passport from an official state institution that is located in a foreign country and that represents the citizenship country of the Insured in the corresponding foreign country. The Insured's expenses for telephone calls to the corresponding official state institutions in connection with the passport loss/theft and transport expenses to/from the corresponding official state institutions are also covered.

16.15. Personal liability

16.15.1. The Insurer bears the expenses for injuries, mutilation or death or material damages that the Insured has caused to a third person as a private person and for which the Insured is liable according to the legislation of the Latvian Republic, on condition that the responsibility has occurred due to the activity or inactivity of the Insured during his travel insurance period.

16.15.2. The Insurer compensates the damage to third persons mentioned in the clause 16.15.1 of these terms that are caused by the under-aged child of the Insured up to the age of 18 years (including), which is insured together with the Insured according to the insurance contract.

16.15.3. The insurance indemnity sum that the Insurer pays for damages or losses caused to third persons by the Insured include court expenses that have occurred while defending the Insured against claims in the court.

16.15.4. All losses and expenses that are caused by and related to one and the same event or case, are considered to be one insurance event.

16.15.5. If the Insured has insured his/her civil liability with several Insurers, the Insurer pays the insurance indemnity proportionally to the limit of responsibility defined in the insurance policy for the civil liability of the Insured.

16.15.6. If several persons are together responsible for losses or damages, the Insurer indemnifies only the expenses or losses that have been caused specifically by the Insured.

16.15.7. Without the written consent of the Insurer the Insured, Policy Holder or any other person do not have the right to plead guilty, give an offer or promises, receive or pay indemnification or admit the occurrence of civil liability in the name of the Insurer or representing the Insurer. The Insurer has the right – but not the obligation – to take over and manage the defense or satisfaction of a claim in the name of the Insured, in order to continue to satisfy the claim for compensation or losses in the name of the Insured.

16.15.8. In addition to the exceptions mentioned in clauses 13 and 14 of these terms, the insurance indemnity is not paid in the following cases:

- for financial losses of any kind and nature,
- if the Insured has caused damages or physical injuries to a third person while under the influence of alcohol that exceeds the degree permitted in the corresponding foreign country, or under the influence of narcotic or toxic substances in any degree of intoxication,
- if the civil liability is directly or indirectly connected with a mechanically driven machine, land, air or water transport, regardless of whether the Insured is its owner, conductor, pilot or a person who supervises the pilot, or a person for which the Insured is legally responsible,
- in cases when the damages are caused by animals that belong to the Insured or are in his care, or these animals belong to persons for which the Insured is legally responsible,

- for losses to immovable property, regardless of whether this immovable property belongs to the Insured or the Insured rents it for short-term or long-term residence, or whether the immovable property is a place where the Insured has resided during the travel outside of the country of residence (except cases when the Insured has inadvertently caused damage or losses to devices/equipment/machines or furniture in a hotel or a rented apartment, where the Insured resides during the travel insurance period, on condition that the losses or damages have not been caused due to their wear and tear or incorrect or negligent use),
- for any damages that the Insured has caused in connection with his or her professional or business activity, or in connection with the execution of his work duties,
- for any losses in connection with any kind of agreement, warranty, surety, lease or any other agreement that the Insured has concluded with a third person,
- in cases of physical injury or illness of any person, if it is working for or employed by the Insured according to a work contract or carries out the duties of an apprentice, and/or if the injuries are caused by the execution of the job assigned by the Insured,
- in cases when the third person can receive insurance indemnity for legal liability from another insurance company with which it has signed an insurance contract,
- if the Insured has committed illegal acts or gross negligence causing damage to a third person,
- if the Insured causes damage or losses to itself or its possessions, or if the Insured causes losses to a second person with which it travels together.

16.16. Services of a lawyer in case of traffic accident

If during the trip outside the country of residence the Insured gets involved into a traffic accident where the Insured has not been the cause of the accident, and the Insured for his/her defence needs services of a lawyer, the Insurer reimburses the legal costs appearing in relation with the occurred traffic accident.

16.17. Bail bond advance following traffic accident

In case during the trip of the Insured outside the country of residence a traffic accident occurs and the Insured is arrested or is threatened with arrest, then if according to the local legislation of the corresponding foreign country the Insured could be freed until the envisaged court sitting, the Assistance Services Company shall arrange a bail bond advance payment after the person authorised by the Insured has installed the required guarantee sum to the Insurer in cash or by bank transfer into the Insurer's bank account in the Republic of Latvia. If the court passes a verdict of not guilty, then the Insurer shall reimburse the amount of the bail bond installed for the Insured, not exceeding the maximum insured sum defined in the insurance policy, though, if the Insured will be acknowledged to be guilty, the installed bail bond payment is not reimbursed.

16.18. Substitution of the Insured

If during a business trip outside of the country of residence the Insured requires urgent hospitalization and/or repatriation, and the Policy Holder (a legal person) needs to substitute the Insured with another person, the Insurer pays for a return economy class airline ticket or first class railway ticket to another person indicated in writing by the Policy Holder, previously harmonizing the expenses, so that this another person would continue fulfillment of the Insured's professional duties in the foreign country. The Insurer pays for these tickets only if the hospitalization has occurred with knowledge of the Assistance Services Company and the case continues to be managed by the Assistance Services Company.

16.19. Theft of purchases done by the payment card

16.19.1. If during the Insured's trip outside the country of residence the Insured's purchases done in a foreign country are stolen within 1 (one) month after the purchasing, the Insurer reimburses the Insured's expenses for the stolen purchases in accordance with the documents certifying the performance of the purchase.

16.19.2. The Insurer covers to the Insured his/her expenses for the stolen purchases at the amount stated on the purchase receipt of the shop and certified by the printout of the POS terminal proving that the Insured him/herself has paid for the purchase by a payment card of a definite type issued on his/her name. The indemnity sum to be paid out to the Insured for each case of theft, irrespective of whether the purchase sum is equal or less than the insured sum mentioned in the insurance policy, is decreased by the

sum of deductible at the amount of EUR 50. In case the sum of the Insured's stolen purchases per case exceeds the maximum insured sum stated in the insurance contract, the Insurer shall indemnify the maximum insured sum decreased by the aforementioned deductible sum.

16.19.3. The insurance indemnity is not paid in the following cases, if:

- the theft of the Insured's purchases has happened later than 1 (one) month after the purchasing,
- the Insured has failed to notify the police of the foreign country in which the purchase has been done, within 24 hours after the theft fact has been established,
- the Insured has notified the state police about the occurred theft of purchases after his departure from the country, being already at the territory of another country,
- the Insured cannot present a note issued by the police of the country where the case of the purchase theft has happened, and that certifies the fact of the theft,
- the Insured cannot submit the originals of the both purchase certifying documents – a purchase receipt from the shop and the printout of the POS terminal on payment by his/her payment card,
- the Insured's purchases have been left unattended at a publicly accessible place,
- instead of the Insured the purchases have been performed by another person who, according to the insurance contract, was not insured,
- it will be established that the Insured has tried to cheat the Insurer out of insurance indemnity.

16.20. Damage of purchases done by the payment card

16.20.1. If during the Insured's trip outside the country of residence the Insured has been attacked with the robbery aim, and as a result the Insured's purchases done in a foreign country are damaged within 1 (one) month after the purchasing, the Insurer reimburses the Insured's expenses for the damaged purchases in accordance with the documents certifying the performance of the purchase.

16.20.2. The Insurer covers to the Insured his/her expenses for the damaged purchases at the amount stated on the purchase receipt of the shop and certified by the printout of the POS terminal proving that the Insured him/herself has paid for the purchase by a payment card of a definite type issued on his/her name. The indemnity sum to be paid out to the Insured for each case of damage, irrespective of whether the purchase sum is equal or less than the insured sum mentioned in the insurance policy, is decreased by the sum of deductible at the amount of EUR 50. In case the sum of the Insured's damaged purchases per case exceeds the maximum insured sum stated in the insurance contract, the Insurer shall indemnify the maximum insured sum decreased by the aforementioned deductible sum.

16.20.3. If the Insured's purchase made by his/her payment card consisted of 2 or more items as a pair or as a set, and as a result of the attack one item or a piece of the set is damaged, the Insurer covers the Insured's expenses for a full amount of the damaged purchase in accordance with the documents certifying the performance of the purchase, on condition that this purchase cannot be used without the damaged item or the piece.

16.20.4. After the attack the damaged purchase has to be delivered to the Insurer; the transportation costs shall be paid by the Insured him/herself.

16.20.5. The Insurer at its discretion shall change, substitute, repair or renew the damaged purchase, but if it cannot be repaired or renewed then shall cover the Insured's expenses in accordance with clause 16.20.2. of these terms and conditions. In case the Insurer decides to replace the damaged item or piece of the purchase by another equal one, or in case full insurance indemnity for the purchase is paid, then the damaged item or piece remains at the Insurer's possession.

16.20.6. The insurance indemnity is not paid in the following cases, if:

- the damage of the Insured's purchase has not happened as a result of a robbery attack,
- damage of the Insured's purchase has happened later than 1 (one) month after the purchasing,
- the Insured has failed to notify the police of the foreign country in which the purchase has been done, within 24 hours after the attack or robbery fact has been established,
- the Insured has notified the state police about the occurred damage of purchases having happened in the result of a robbery attack, after his/her departure from the country, being already at the territory of another country,

- the Insured cannot present a note issued by the police of the country where the case of the robbery attack has happened, and that certifies the fact of the attack,
- the Insured cannot submit the originals of the both purchase certifying documents – a purchase receipt from the shop and the printout of the POS terminal on payment by his/her payment card,
- the Insured's purchases have been left unattended at a publicly accessible place,
- instead of the Insured the purchases have been performed by another person who, according to the insurance contract, was not insured,
- during the period starting from the moment the purchase has been made until its damage as a result of the attack, the Insured has practically utilized it, and because of that the presented documents fail to approve that the damaged item is exactly that purchase which has been noted in the documents mentioned in clause 15.20.2.
- it will be established that the Insured has tried to cheat the Insurer out of insurance indemnity.

16.21. Costs of alternative transport due to natural catastrophe for returning to the country of residence

16.21.1. Costs of alternative transport due to natural catastrophe for returning to the country of residence if the Insured, who has purchased a ticket to a specific flight before travel arrives at the starting or transit point at an airport and finds out about cancelling of the flight due to a natural catastrophe for indefinite time. The Insurer covers to the Insured the costs that have occurred:

- for changing of the purchased flight ticket to another time or flight, or
- for purchasing of new flight ticket in economic class, or
- for purchasing a ticket for a trip with any other alternative mean of transportation, or
- difference between the purchase of a new/alternative ticket and compensation paid by the corresponding airline if the compensation is covered only partially

16.21.2. Costs are not covered if:

- they have been covered in a full amount by the corresponding airline or the third party;
- the Insured is unable to provide airline notification approving the fact that the flight was cancelled;
- the flight was cancelled for less than 12 hours;
- the Insured has not addressed the airline with the compensation request.

16.22. Money insurance in case of theft

16.22.1. Money insurance in a case of a theft undermines Insured's material loss that has arisen to the Insured in relation of the his or her cash theft during travel from the rented hotel safe where the money was put for temporary storage or cash theft from the hotel room safe that was locked by the Insured with own code.

16.22.2. Insurance indemnity is not paid in cases

- if within 24 hours after establishing the fact of theft the Insured has not informed the foreign police on the case in the country where it has happened;
- if the Insured is unable to submit a notification of the foreign police approving the fact of the theft.

17. Documents necessary for payment of insurance indemnity

In order to evaluate and determine whether the occurrence of the insured risk is an insurance event, the recipient of the indemnity must submit:

in all cases:

- a written application of the Insured or Policy Holder regarding the occurrence of the insured risk,
- insurance policy or its copy,
- copy of the passport or other personal identity documents, presenting the original;

and additionally:

- in case of sudden illness or accident – a health certificate with a precise diagnosis and the printout of telephone calls,

- in cases of transportation – transport checks,
- in case of mutilation of the Insured – the decision of the State Commission of Doctors of the Health and Labor Capacity Examination of the Latvian Republic,
- in case of death – copy of the death certificate and an extract certified by a sworn notary or the court decision regarding the division of the inheritance,
- in case of baggage or flight delay or temporary flight cancellation – copy of the flight ticket, baggage coupon, boarding coupon, note from the airline company regarding the delay/cancellation of baggage or flight with an indicated time of delay/cancellation and the cause for the flight delay/cancellation, as well as checks for the unforeseen purchases that have occurred due to the delay of the baggage or the flight,
- in case of baggage loss during a flight – copy of the flight ticket, baggage coupon, note from the airline company affirming the fact of baggage loss and the payment of the indemnity sum to the Insured, checks for purchases made during the trip, if such have been made, the list of the items in the baggage and their approximate value,
- in case of baggage trunk or bag damage during an air flight – copy of the flight ticket, baggage coupon, note from the airline company affirming the fact of trunk or bag damage and the payment of the indemnity sum to the Insured, a check issued by the workshop for the repair of the damaged travel bag or trunk, or, if it is impossible to repair, a note that affirms this, and a check for the purchase of a new travel bag or trunk of equal value,
- in case of baggage theft during the entire period of the trip (with the exception of flight time) – copy of the flight ticket (if the trip has been made by air), copy of the bus, train or ferry ticket (if the trip has been made by land or sea), notification on the baggage theft issued by the police of the foreign country, a list of the items of the baggage and their approximate value, checks for purchases made during the trip to replace the items of the baggage,
- in case of missed transit – copies of tickets for all the connecting trips, documents that attest the delay or temporary cancellation of the flight that caused the failure to board the next connecting trip, invoices/checks for the expenses of the substitute trip or hotel expenses,
- in case of trip cancellation – a copy of the travel ticket, all the checks or invoices that confirm that the Insured has paid for the planned trip or travel package, a notification that is issued by the company that organizes the trip and that confirms the planned trip of the Insured, as well as indicates the sum collected by the company that organizes the trip for the cancelled journey, and a copy of the contract that has been signed between the Insured and the company that organizes the trip, the notification of the specialized doctor regarding the diagnosis of the Insured or his or her family member of the first order or spouse (in case of sudden illness), copy of the death certificate (in case of death), a notification from the police regarding an event that has occurred with the property of the Insured (in case of loss or damage of property),
- in case of curtailment of the trip – copy of the travel ticket, documents that confirm the necessity to terminate the undertaken trip, invoices/checks for the paid return journey and/or hotel expenses,
- in case of covering travel expenses for one family member of the first order or a spouse – a copy of a personal identity document of the relative or a spouse, a copy of the document that confirms the first order kinship of the relative with the Insured or marriage, a copy of the air ticket or the train ticket, invoice/check that confirms the payment of the ticket,
- in case of substitution of the Insured – an application of the employer of the Insured – explanation of the significance of the uncompleted and interrupted mission of the Insured, the planned duration of the mission, as well as indicating the name, surname, code of identity of the substituting person, and the copy of the flight ticket or train ticket purchased for the substituting person, an invoice/check that confirms the payment of the ticket,
- in case of loss or theft of passport – copy of the travel ticket (if the trip has been made by official means of transport – aircraft, ferry, train, bus), a notification from the police of the foreign country, a copy of the application of the Insured that is addressed to an official state institution that represents the Insured's citizenship country in the foreign country, a copy of the renewed passport or temporary personal identity document, invoice that confirms the payment of the duty to the corresponding institution for the issue of the substituting document, an extract from the telephone bill that confirms the fact of making telephone calls to the official state institutions, checks for travel expenses,
- in case of personal liability – documents that confirm the trip, documents proving material losses caused by the Insured to a third person or to its property, and any other documents that are connected with the civil liability case and its circumstances,
- in case of theft of purchases – a list of the bought items, a reference proving the fact of the theft and issued by the local police of the corresponding foreign country, applications written by witnesses, checks on purchase of the stolen items and together with them a POS terminal printout that certifies that the stolen purchases had been bought by the Insured using the payment card the type of which is mentioned in the insurance policy and that bears the name of the Insured,
- in case of damage of the purchases – a list of the damaged purchases, a reference proving the fact of the robbery attack and issued by the local police of the corresponding foreign country, applications written by witnesses, checks on purchase of the damaged items and together with them a POS terminal printout that certifies that the damaged purchase had been done by the Insured using the payment card the type of which is mentioned in the insurance policy and that bears the name of the Insured,
- lawyer's services after the road traffic accident – a statement issued by the police of the country where the traffic accident has happened, copies of documents that testify taking of legal proceedings, a copy of the agreement signed with the lawyer, a bill on expenses for the provided lawyer's services,
- bail bond advance payment – a statement issued by the police of the country where the traffic accident has happened, copies of documents that testify taking of legal proceedings, the proxy signed by the Insured that authorizes a third person to install bail bond advance sum to the Insurer's bank account, a copy of the bail bond bank transfer, a copy of the court decision.
- costs for alternative transport due to a natural catastrophe for returning to the country of residence – documents approving the necessity to use the alternative mean of transport due to the natural catastrophe, notice from the airline on partial compensation payment or a refuse to pay the compensation, invoices/receipts for the use of the alternative transport;
- money insurance in a case of a theft – notice from the police of the corresponding country approving the fact of the theft.