

Standard Insurance Terms

By these Standard Insurance Terms (hereinafter - the “Terms”), Joint Stock Company “Insurance Company “Centras Insurance” (hereinafter - the “Insurer”) shall offer the Insurant to take out insurance via the Insurant’s adherence to the Terms developed by the Insurer in its sole discretion (contract of adhesion), and execution of certificate of insurance by the Insurer for the Insurant in electronic form (hereinafter - the “Certificate of Insurance).”

The Insurant undertakes to pay the insurance premium, and upon loss occurrence, the Insurer undertakes to pay the insurance payment to the Beneficiary to the extent of the sum insured (limit of liability of the Insurer) pursuant to contractual procedure and within the time limit. The Terms have been developed on the basis of the Rules of voluntary accident insurance, and the Rules of voluntary insurance of medical expenses of persons traveling abroad of JSC “Insurance Company “Centras Insurance.”

SECTION 1. SUBJECT OF THE CONTRACT

1.1. The subject of this Contract shall be voluntary insurance of medical expenses of persons traveling abroad.

1.2. The Insurant undertakes to pay the insurance premium, and upon loss occurrence, the Insurer undertakes to pay the insurance payment to the Beneficiary to the extent of the sum insured (limit of liability of the Insurer) pursuant to contractual procedure and within the time limit.

SECTION 2. TERMS AND DEFINITIONS APPLIED

2.1. General definitions and terms in the Contract:

Unexpected disease is inadvertent change in medical state of the Insured, clinically occurring damage of organ and / or systems, life-threatening, and that require urgent medical intervention;

Beneficiary is a person that, in accordance with the insurance contract, shall be recipient of the insurance payment.

Insured is a person in respect of which the Insurant takes out an insurance contract. The Insured is a person that temporarily travel outside the Republic of Kazakhstan;

Medical expenses - unavoidable, necessary expenses incurred by the Insurant / the Insured outside the Republic of Kazakhstan in connection with emergency medical services: diagnosis of disease, emergency outpatient care and / or emergency hospitalization, emergency medication directed at relief of acute symptoms of the disease that has been provided and / or prescribed by a qualified clinician, that could not be postponed until the Insured’s return to the Republic of Kazakhstan, as protraction of health services delivery will be followed by progression of severe body states up to death;

Medical evacuation is the Service company’s organization of the Insured’s leaving the territory of insurance and moving to the Republic of Kazakhstan, if the Insured, on the basis of regulations made by competent employees of the Service company, had to return prior to the scheduled maturity date and was unable to use return ticket or the Insured’s medical accompaniment organized by the Service company on the day of departure to the Republic of Kazakhstan;

Accident is an unexpected transient event (mishap) occurred against person’s will resulting from mechanical, electrical, chemical or thermal effect on the body of the Insured that have injury, handicap or death as a consequence;

Repatriation of the deceased is an organization of the deceased Insured’s body transportation to the international airport in the Republic of Kazakhstan, or to the home country’s international airport that is the nearest to burial place. The costs of repatriation of the deceased shall be covered within the insured sum specified in the insurance contract, excluding the costs of funeral and burial of the dead;

Service company is a legal entity that, on the basis of the Contract with the Insurer, undertakes to carry out the organization, coordination and control of the services rendered for the Insured envisaged by the contract of insurance within the insurance territory specified in Part I of the Contract;

Insurant is a person that has taken out insurance with the Insurer, and has paid insurance premium; Except as otherwise provided herein, the Insurant is the Insured concurrently.

Insurance payment is the amount of money payable by the Insurer to the Insurant (the Beneficiary) to the extent of the insured sum upon loss occurrence.

Insurance premium is the amount of money that the Insured shall pay to the Insurer for the latter’s obligation - to make insurance payment to the Insurant (the Beneficiary) in the amount determined by the insurance contract;

Sum insured (limit of liability) is the amount of money to which the insurance object is insured, and that is ceiling of the liability of the Insurer upon loss occurrence;

Insurance accident is an event having features of probability and eventuality of its occurrence, with the occurrence of which the obligation of the Insurer to carry out insurance payment envisaged by the contract of insurance arises;

Insurer is Joint Stock Company “Insurance Company “Centras Insurance;”

Insurance territory is the territory subject to the insurance coverage of the insurance contract. Term “insurance territory” does not include the territory of the Republic of Kazakhstan, the territory of the Insured’s resident country, the territory of the country of which the Insured is a citizen / resident;

Injury - bodily injury, bruise, sprain, trauma, fracture, organ or ligament rupture, dislocation (except habitual dislocation occurring repeatedly due to insignificant effort or any defined joint movement), burn, freezing injury, heat injury, drowning, hypothermia, sudden suffocation due to accidental inhalation of foreign body, electric trauma or lightning burn resulting from contact with the animals, plants or insects;

Transport charges - expenses for resettlement, evacuation or repatriation of the deceased;

Emergency outpatient care is an emergency care that is delivered with the intent of restoration, basic life support, and could not be postponed for more than two (2) hours.

Emergency hospitalization is an emergency care (including emergency surgery and pharmacological therapy) which should be provided immediately and could not be postponed for more than 2 (two) days after accident occurrence, and failure or delay in providing of medical care will cause the development of acute irreversible body conditions up to death.

Epidemy / pandemic - mass zymosis worsening through time and space within particular region, and significantly exceeding incidence that is routinely recorded within this territory.

SECTION 3. INSURANCE OBJECT

3.1. Insurance object - property interests of the Insurant (the Insured) that are not inconsistent with the legislation of the Republic of Kazakhstan, and those that are connected with medical expenses due to unexpected disease and / or other health disorder of the Insurant (the Insured) within period abroad of the Republic of Kazakhstan during insurance period in the territory specified in the Contract.

SECTION 4. INSURED ACCIDENT

4.1. The insured accident is an event that resulted in the occurrence of medical expenses (specified in the Insurance contract during the period of its validity and temporary residence of the Insured within the insurance territory) caused by the Insured's emergency medical resource utilization as a result of a unexpected disease. Expenses shall be subject to indemnity payment by the Insurer according to Section 10 of the Contract.

SECTION 5. INSURED ACCIDENTS EXCLUSIONS AND INSURANCE LIMITATION

5.1 Insurance shall not cover citizens at the age 81 (eighty-one) or older on the date of the Insurance contract.

5.2. The Insurer shall not be liable for making insurance payments as per expenses of the Insurant and / or the Insured incurred within the insurance territory and connected with:

1) deterioration of health or death of the Insured connected with diseases that occurred prior to the beginning of the insurance period, regardless of whether treatment had been carried out or not, and the expenses incurred relating to such treatment, as well as if the travel was contraindicated to the Insured for health reasons and / or may make the disease state worse (cause its recrudescence);

2) congenital anomalies and birth defects;

3) diagnosis and treatment of chronic diseases, their recrudescences, complications and consequences except impulsive recrudescences (states) representing a direct threat to life of the Insured;

4) venereal diseases and sexually transmitted diseases;

5) mental disorders, disorders and their recrudescences, affective and neurotic disorders;

6) malignant tumors and benign diseases of all organs and systems;

7) bodily injury or death of the Insured resulting from acts of elements and connected with special danger infections (in the event of epidemics, pandemics officially announced by the appointing authority prior to travel), and infectious (except for enteric and pediatric infections) and parasitic diseases including tuberculosis, brucellosis, viral hepatitis, atypical pneumonia, as well as acts and decisions of state authorities announced prior to the travel;

8) intended purpose to undergo assessment and / or treatment within the insurance territory;

9) state of gestation, act of delivery, abort except to the extent that represent instant danger to life of the Insured, and if duration of gestation does not exceed twelve (12) weeks, as well as menstrual disorder;

10) bodily injury (deterioration of health) or death of the Insured in the cases listed below (if this risk had not been additionally paid):

- in case of performance of any form of hard (harmful) work or engagement in professional or amateur sport;

- in case of the Insured's participation in any competitions (tests, meetings);

- the age of the Insured;

11) bodily injury (deterioration of health) or death of the Insured connected with any consequences of war (declared or undeclared), military actions, maneuvers or other military activities; civil strife, anti-terrorist operation, civil commotions of any kind or strike actions; exposure of a nuclear burst, radiation or radioactive contamination;

12) organization of individual post at the bedside, sick nurse care of the Insured at home or in a hotel;

13) evacuation in case of mild diseases or injuries that answer topical treatment, and do not prevent the continuation of the Insured's travel;

14) any evacuation and / or repatriation not agreed with the Insurer, as well as expenses incurred as a result of the Insured's voluntary refusal of evacuation to the country of permanent residence (citizenship);

15) plastic and reconstructive surgery, orthopedics, surgical interventions connected with heart disease, diseased vessels, diseases of the nervous system, angiography, even in the presence of medical grounds for their conduction, transplantation of organs and tissues, extracorporal treatment modes;

- 16) expenses on materials for osteosynthesis with fitting, repair and purchase (provision) of lens, contact lens, osteophones, purchase of orthopedic aids and blood glucose monitors, and other health care products, as well as purchase of nutritional supplements;
- 17) any kind of prosthesis, osteosynthesis and osteoplasty;
- 18) provision of services not required for emergency care sound medical judgment, or not prescribed by a physician;
- 19) diagnosis and treatment using alternative methods;
- 20) sanatorium-resort therapy, sanatory health care;
- 21) any preventive examination, treatment and its control, general medical examination, re-examination, immunization, removal of sutures, bandage, connected with the expenses of conservative prevention assigned by physician for the purpose of treatment continuation after delivery of emergency outpatient care for the Insured (except as connected with deterioration in the condition after delivery of emergency care);
- 22) treatment of the Insured's solar burns;
- 23) immunodeficiency virus (HIV) infection;
- 24) the Insured's defense work in any country;
- 25) receiving of non medical nature services including telephone calls except telephone (fax) communication with the Insurer or the Insurer's representative agent due to loss occurrence;
- 26) commission of unlawful act or attempt of commission of unlawful act that resulted in the administrative penalty or criminal prosecution of the Insured in accordance with the current legislation of the country of temporary residence;
- 27) the Insured's treatment and / or care carried out by its relatives;
- 28) services rendered by health care institution (physician) without appropriate license, or if the license validity was suspended at the time of health care delivery;
- 29) delivery of medical care for the Insured, if such care was delivered by a physician of a sport team or provided by initiators of competitions or training camps in the case of overseas travel with intent to participate in sport competitions and training camps;
- 30) accident occurring due to motor vehicle driving by the Insured without driving license of this vehicle;
- 31) bodily injury (deterioration of health) or death of the Insured resulting from assault (contused wounds), connected with consumption of alcoholic beverages and narcotic drugs or other substances and / or consequences (complications) of their consumption, as well as self-subjection to unjustified risk (except attempt to save the life of another person);
- 32) disease resulted from activities of natural and human-made disasters;
- 33) redress for the non-pecuniary damage, lost profit and payment of a penalty;
- 34) other expenses not connected with loss occurrence.

SECTION 6. RIGHTS AND OBLIGATIONS OF THE PARTIES

6.1. The Insurer shall be obliged to:

- 1) familiarize the Insurant with the terms of the insurance contract (policy terms);
- 2) upon loss occurrence, to make an insurance payment in the amount, manner and within the terms specified by the Contract;
- 3) ensure the insurance privilege;
- 4) issue the Contract to the Insurant and in case of its loss - duplicate;
- 5) indemnify the Insurant (the Insured) costs made by him in order to reduce losses upon loss occurrence;
- 6) register the fact of loss occurrence;
- 7) issue to the Insurant (the Insured) or other person that is the Beneficiary a certificate indicating the missing documents therein in the event of submission of incomplete set of documents necessary for insurance payment conducting within 3 (three) banking days from the date of receipt of documents;
- 8) not to hold and (or) zap transactions of insurance payment conducting, returning insurance premium in case of Contract early termination by the Insurant in cases provided for by Law of the Republic of Kazakhstan "On crossing of criminally-obtained income legitimization (laundering) and terrorist funding;"
- 9) perform other obligations stipulated in this Contract and in accordance with the legislation of the Republic of Kazakhstan.

6.2. The Insurer shall have the right to:

- 1) timely payment of the insurance premium;
- 2) receive information from the Insurant about the circumstances that are of significant importance for determining the probability of loss occurrence, and the amount of possible damage from its occurrence (insurance risk), if these circumstances are not known and should not be known to the Insurer;
- 3) verify information submitted by Insurant, as well as to fulfill the requirements and terms of the Contract by the Insurant;
- 4) terminate the Agreement in the manner and within the time limits stipulated in the Contract;
- 5) refuse to pay out the insurance payment in whole or in part as provided by the Contract, Rules and laws of the Republic of Kazakhstan;
- 6) demand from the Insurant information necessary to establish the fact of the insured accident, the circumstances of its occurrence;

- 7) independently find out the reasons and circumstances of the event having characteristic features of the insured accident including to coordinate inquiries through appointing authorities;
- 8) take a brief in the name of and on behalf of the Insurant and with the consent of the Insurant;
- 9) in the event of increase of risk extent, to request alteration of the Contract and / or additional insurance premium payment in proportion with increase of risk. If the Insurant takes exception against alteration of the Contract or supplemental payment of the insurance premium, the Insurer shall have the right to require termination of the Contract in the manner and within the time limits stipulated in the Contract;
- 10) upon loss occurrence, make use of independent expert's services to assess the amount of damage caused to health of the person affected, and define the amount of the insurance payment;
- 11) raise the right of recourse against the person responsible for causing of harm as provided by the Contract and the current legislation of the Republic of Kazakhstan;
- 12) demand recognition of the Contract as invalid in cases specified by the legislation of the Republic of Kazakhstan;
- 13) perform other actions not contradicting the applicable legislation of the Republic of Kazakhstan.

6.3. The Insurant shall be obliged to:

- 1) pay the insurance premium in the amount, procedure and terms specified by the Contract;
- 2) notify the Insurer of loss occurrence in contractual manner and terms;
- 3) take measures necessary for mitigation of damage;
- 4) at the time of contracting and within contract validity period, to notify the Insurer of all ongoing contracts or contracts in effect related to the Insured objects;
- 5) contribute to the representative agent of the Insurant in clarifying the extent of the damage, causes and other circumstances of loss occurrence;
- 6) refund for the Insurer the insurance payment received in full or in part, if the circumstance will be found out within the period of prescription that, according to the current legislation of the Republic of Kazakhstan, the Insurance contract, deny in full or in part the right of the Beneficiary / the Insurant to receive insurance payment;
- 7) ensure the protection and submission to the Insurer of the necessary documents under the Insurance contract, the documents related to the insured accident, as well as documents, evidences and information necessary for the Insurer's execution of the right to claim for compensation of losses (subrogation) transferred to it;
- 8) if the Insurer deems it necessary to assign its representative agent for protection of the interests of the Insurer and the Insurant (the Insured) due to loss occurrence, to issue a power of attorney and / or other documents necessary for protection of such interests of the persons specified by the Insurer; the Insurer shall have the right but shall not be obliged to represent the Insurant (the Insured) before the court, or otherwise carry out legal protection of the Insurant (the Insured) due to loss occurrence;
- 9) inform the Insurer of the status of the insured risk;
- 10) provide documents on medical status as requested by the Insurer in relation to a period prior to loss occurrence;
- 11) release medical officers of health care organization from the obligations of confidentiality owed to the Insurer to the extent of the insured accident;
- 12) follow the instructions of the Service company coordinator, medical officers, the Insurer;
- 13) transfer the Insurer all information including medical and other documents relating to insured accident, and essential for the Insurer to determine all the circumstances related to insured accident;
- 14) make the Insured persons aware of terms and conditions of this Contract;
- 15) not to perform actions directed against the Insurer's interests, as well as not to assume any liabilities, not to accept any offers without the Insurer's consent, not to make any payments in repayment of damages incurred by the Beneficiary, as well as not to enter into recognizances on the amount of sums and dates of payments related to the insured accident without written consent of the Insurer, except for actions of salvage work organization, as well as actions with intent of damage mitigation;
- 16) fulfill the insurance terms (violation of the terms of the Contract by the Insured persons shall be regarded as a violation of the terms of the Contract by the Insurant itself);

6.4. The Insurant shall have the right to:

- 1) familiarize with insurance terms;
- 2) obtain the Contract, and in case of its loss - a duplicate;
- 3) insurance payment perception upon loss occurrence in accordance with the procedure and terms stipulated by the terms of the Contract;
- 4) avoid in accordance with the statutory procedure of the Republic of Kazakhstan the Insurer's decision on insurance payment denial or reducing its amount;
- 5) insurance privilege;
- 6) demand interpretation of terms and procedures of the Contract from the Insurer;
- 7) require medical services defined by the Contract to be rendered in health care institutions. In case of failure to provide such medical services, the Insurant (the Insured) must immediately notify the Insurer (the Service company) thereof. Failing that, the Insurant (the Insured) may inform any person authorized by the Insurant (the Insured) at the request of the Insurant (the Insured);
- 8) the Insurant's right to receive insurance payment from the Insurer in accordance with the Contract shall arise upon loss occurrence in relation to insurance programs chosen by the Insurant;

- 9) receive from the Insurer a reimbursement of expenses incurred by the Insurant in order to prevent or reduce losses caused by the insured accident;
 - 10) early termination of the Contract;
 - 11) replace the Insured during working hours prior to the Insurant's (the Insured's) moving to the insurance territory by submitting written notice to the Insurer, by means of the submission of application, when under the Contract the Insured shall not be the Insurant, unless otherwise provided for by the Contract;
 - 12) prior to loss occurrence, to replace the Beneficiary that is not the Insured with other person by submitting written notice to the Insurer. The Beneficiary cannot not be replaced by other person when it has discharged certain obligations under the Contract arising from its agreement with the Insurant, or it has made a demand on the Insurer related to insurance assistance;
 - 13) perform other actions not contradicting the applicable legislation of the Republic of Kazakhstan.
- 6.5. Rights and obligations of the parties stipulated by this section shall not be complete, the parties shall also have the rights and be under obligations as provided for by other sections of the Contract.

SECTION 7. EFFECTS OF INCREASED INSURED RISK

- 7.1. In the Contract validity period the Insurant (the Insured) must immediately notify the Insurer of significant changes that have become known to it related to circumstances reported to the Insurer at the time of contracting, if these changes can significantly affect the increase of insured risk.
- 7.2. The Insurer notified of circumstances entailing the increase of insured risk shall have the right to require alteration of the Contract and (or) payment of additional insurance premium proportionately to increase of insured risk, or to refuse insurance.
- 7.3. If the Insurant or the Insured take exception against alteration of the Contract and (or) supplemental payment of insurance premium, the Insurer shall have the right to require termination of the Contract in accordance with the legislation of the Republic of Kazakhstan.
- 7.4. In case of failure to discharge liability by the Insurant or the Insured stipulated in Clause 7.1. of this Section, the Insurer shall have the right to require termination of the Contract and compensation of damages caused by such termination.
- 7.5 The Insurer shall not have the right to require termination of the Contract if the circumstances leading to insured risk increase have already disappeared.

SECTION 8. RELATIONSHIP OF THE PARTIES UPON LOSS OCCURRENCE

- 8.1. Evidence of loss occurrence and inflicted losses rest with the Insurant (the Insured, the Beneficiary);
- 8.2. The Beneficiary shall have the right to notify the Insurer of loss occurrence under all circumstances, regardless of whether the Insurant or the Insured caused it.
- 8.3. Upon loss occurrence, the Insured must immediately contact the Service company and / or the Insurer and inform of:
 - 1) its surname, name and patronymic name;
 - 2) number and validity period of the Contract;
 - 3) name of the Insurer;
 - 4) its location (country, city of residence);
 - 5) contact telephone numbers;
 - 6) brief description of the circumstances of the insured accident and the possible nature of the medical care required.
- 8.4. Following receipt of instructions of the Service company and / or the Insurer, the Insured must strictly abide by the instructions received.
- 8.5. Upon loss occurrence, the Service Company on behalf of the Insurer shall provide the Insured with medical care and other additional services specified in the Contract.
- 8.6 In case of emergency, if the Insured failed to contact the Service company, and the Insured at its own cost pay for medical expenses, the Insured must notify the Insurer of the occurred accident by telephone or at the email address specified in the Insurance contract within 48 (forty eight) hours, and inform of:
 - 1) surname, name and patronymic name, address of permanent residence and legal nationality of the Insured;
 - 2) number and validity period of the Contract;
 - 3) name, address and telephone number of medical institution to which the Insured was directed;
 - 4) name, surname, address and telephone number of the attending physician of the Insured;
- 8.7. In exceptional cases, when the Insured failed to contact the Service company and / or the Insurer for any technical or other justifiable reasons, it shall have the right to seek medical attention or visit any health care institution, and meet expenses at its own cost for medical assistance provided, whereupon the Insured shall have the right to submit documents to the Insurer for decision on making insurance payment / refusal in insurance payment. List of documents, submittal terms are presented in Section 9.

SECTION 9. LIST OF DOCUMENTS CONFIRMING LOSS OCCURRENCE AND THE AMOUNT OF LOSS

9.1. To receive insurance payment, when the Insured has paid at its own cost for medical services rendered, the Insured shall provide the Insurer with a written application on loss occurrence and documents necessary for insurance payment within 5 (five) banking days following the return to the Republic of Kazakhstan:

- 1) application on loss occurrence;
- 2) original (duplicate) of the Contract;
- 3) the Insurant's / the Insured's identity documents;
- 4) documents confirming treatment:

In the case of delivery of emergency outpatient polyclinic care, emergency hospitalization, dental treatment of the Insured:

- original or notarized copy of the documents confirming medical services delivered to the Insured with specification of full name of the Insured, diagnosis and diagnostic results bearing the stamp of the medical treatment facility;
- original invoice, fiscal, sales receipt or other document confirming payment for medical services;

In the case of emergency conservative prevention:

- original refill prescription with specification of full name of the Insured, with provision of documentary confirmation of the diagnosis bearing the stamp of the medical treatment facility;
- original invoice, fiscal, sales receipt or other document confirming payment (with specification of each drug name, quantity, purchase date, and cost per unit);

5) in case of repatriation of the deceased Insured, the Insurant / the Beneficiary shall be obliged to provide in addition:

- original or notarized copy of death certificate;
- copies of the documents stipulated by the legislative instruments containing information on the cause of death of the Insured;
- document confirming the right of the Beneficiary to receive insurance payment;

6) in case of urgent visit of a third person in an emergency situation:

- originals or copies of the tickets confirming urgent visit of a third party;

7) in case of medical evacuation of the Insured:

- list of documents in accordance with Sub Clauses 1-4, Sub Clauses 6 and 8 of this section (if necessary);

8) in case of return of the Insured's children:

- originals or copies of the tickets confirming the return of the Insured's children to the country of permanent residence (citizenship).

9.2. In case of the Insurant's / the Insured's failure to provide the application on loss occurrence, and the documents necessary for insurance payment within five days following arrival to the country of permanent residence, the Insurer shall have the right to refuse to pay the insurance benefit.

9.3. In addition to the documents listed above, the Insurer may require other documents from the Insurant, if, as applicable, the Insurer's unavailability of requested documents makes it impossible (or extremely difficult) to determine the facts and causes of the insured accident and the amount of damage within the time limits specified in the Insurance contract.

9.4. For compensation of expenses, when medical services delivered to the Insured were paid by the Service company, the documents shall be submitted by the Service company according to the list of documents specified in the Contract for the provision of services by the Insured.

SECTION 10. DEFINITION OF THE AMOUNT OF THE INSURANCE PAYMENT. PROCEDURE AND TERMS

10.1. Insurance payment for reimbursement of medical expenses of the Insured in the country of residence paid by the Service company (for health services delivery and other expenses of the Insured upon loss occurrence provided for in the Contract) shall be carried out by the Insurer's payment of invoices submitted by the Service company in accordance with the terms and conditions of the Contract for provision of services by the Insured, or by compensation of expenses of the Insured.

10.2. The following expenses of the Insured shall be subject to reimbursement:

1) expenses resulted from the Insured's utilization of emergency outpatient polyclinic care that, in attending medical doctor's opinion, cannot be postponed for more than two (2) hours, and that is necessary for emergency care delivery (including examination, office based consultation of medical specialist);

2) expenses resulted from emergency hospitalization, emergency surgery (except operative interventions that, in attending medical doctor's opinion, may be postponed for more than 2 (two) days and that are not necessary for emergency care delivery);

3) expenses for emergency conservative prevention directed at relief of acute symptoms of the disease made and / or prescribed by a qualified practicing physician within outpatient care. Insured sum (sub limit) for emergency conservative prevention is 30 (thirty) EUR;

4) expenses for dental treatment: examination, X-ray, removal or filling of teeth due to a twinge of toothache or accidental injuries. Insured sum (sub limit) for dental treatment is 100 (one hundred) EUR;

5) expenses for transportation of the Insured:

- a. for medical transportation to a health care institution within the insurance territory upon loss occurrence;

b. evacuation from the place of residence to the hospital nearest to the airport in the country of permanent residence (citizenship) in case of direct international transport. Therewith, the Insurer shall have the right to require refund of unused flight ticket (flight tickets) purchased at its own cost, and those that have not been used due to loss occurrence;

6) expenses for transportation of third parties:

If the Insured traveling alone will be hospitalized within the insurance territory, and, in opinion of the physician of the Service company, status of the patient shall be deemed to be critical, the Insurer shall provide a single person that is a close relative (mother, father, brother, sister, son, daughter) or spouse of the Insured with an economy class round trip ticket to the post control that is nearest to the location of the Insured for attendance. Accommodation expenses of this person in the country of hospitalization of the Insured shall not be covered by the Insurer;

7) expenses connected with the return of the children of the Insured:

if the Insured's dependent children remain unattended within the insurance territory due to disease or accident that occurred related to the latter, the Insurer shall pay fare of the children's economy class travel to the airport, with which direct international transport exists, to the country of permanent residence (citizenship) of the Insured. Therewith, the Insurer shall have the right to require refund of unused children's flight ticket (flight tickets) purchased at its own cost, and those that have not been used due to loss occurrence;

8) expenses connected with repatriation of a deceased body (mortal remains) of the Insured.

a. legal arrangements and expenses for autopsy, embalming, coffin required for international transportation;

b. transportation of body (mortal remains) to the airport that is nearest to the supposed burial place in the country where the Insured domiciled previously, and with which direct international transport exist.

10.3. The Insurer shall not incur expenses for funeral services and burial of the Insured.

10.4. Insurance payment per medical expenses at the cost of the Insured shall be carried out subject to the following:

1) Claim for insurance payment shall be asserted by the Insurant or other person that is the Beneficiary against the Insurer in writing (application on insurance payment) with the application of the documents necessary for carrying out the insurance payment provided for in the Contract.

2) if the Insured provided package of documents that are insufficient for carrying out insurance payment, the Insurer within three (3) banking days notify the Insurant (the Insured) of the missing documents necessary for carrying out insurance payments;

3) package of documents submitted for carrying out insurance payment shall deemed to be submitted in full upon receipt of the Insurer's last necessary document by the company.

10.5. Insurance payment shall be made in tenge, under the current statutory procedure of the Republic of Kazakhstan, the Insurance contract, on the bank account specified by the Beneficiary, if the incurred expenses have been paid at the Insured's own cost. Expenses on insurance payment transfer shall be carried out for account of the Insurer, if the transfer is carried out within the Republic of Kazakhstan.

10.6. The expenses incurred by the Insurant in order to prevent or reduce losses shall be subject to reimbursement by the Insurer if such expenses were necessary or were made to comply with the instructions of the Insurer, even if the relevant measures were unsuccessful. Such expenses shall be reimbursed at actual amount, however, that the total amount of the insurance payment and reimbursement shall not exceed the contracted insured sum, if expenses resulted from fulfillment of the Insurer's instructions by the Insurant, they shall be reimbursed in full regardless of the insured sum.

10.7. In the event of initiation of criminal case that is in direct causal connection with the insured accident, the Insurer shall have the right to postpone insurance payment until law enforcement bodies make a decision on termination of criminal case, or prior to the date of the court decision.

10.8. The extent of damage resulted from loss occurrence per the application of the Insurant / the Insured / the Beneficiary or its representative agent shall be determined by the Insurer on the basis of the documents submitted. If necessary, the appraisal of the extent of damage shall be conducted by an appraiser (independent expert). In case of disagreement with the results of the appraisal of the damage caused, the parties shall have the right to prove otherwise.

10.9. Upon the Insurant's (the Insured's) submission to the Insurer of all the necessary documents listed in Clause 9.1. Section 9 of the Contract relating to the insured accident, the Insurer within 10 (ten) banking days shall make a decision on reimbursement of these expenses or motivated refusal, if afforded assistance has been afforded per emergency indications.

10.10. Calculation of the insurance payment shall be made on the basis of original receipts and invoices at the official foreign currency exchange rate of the National Bank of the Republic of Kazakhstan as of the date of loss occurrence.

10.11. The insurance payment shall be made no later than 10 (ten) banking days following the decision on insurance payment conducting. In the case of decision of refusal, the Insurer shall notify the Insurant (the Insured) whereof in writing with the specification of the reasons for refusal within the same time limits. The Insurer's refusal of insurance payment conducting may be appealed in court.

10.12. The insurer shall have the right to partially or totally refuse to pay the insurance benefit in case of:

1) actions of the Insurant (the Insured) directed at loss occurrence or contributing to its occurrence, with the exception of actions committed in a state of necessary defense and emergency;

2) violation of the time limits for submitting documents stipulated by the Contract;

- 3) failure to notify, or late notification by the Insurant / the Insured (or its representative agent) of the Insurer of loss occurrence within the contractual time periods and terms;
- 4) if the Insurant (the Insured) had an opportunity, but had not presented documents and information necessary for investigation of the reasons, nature of the insured accident and its connection with the outcome (consequences), or submitted misleading evidence;
- 5) deliberate rejection by the Insurant (the Insured) of measures to reduce losses from the insured accident;
- 6) if the Insurant, at the time of contracting, deliberately aimed at improper advantage including its execution following loss occurrence;
- 7) communication by the Insurant to the Insurer of knowingly false information about the insurance object, insurance risk, insured accident and its consequences;
- 8) obstruction by the Insurant / the Insured of the Insurer in the investigation of the circumstances of loss occurrence, and in determining the extent of damage;
- 9) the Insurant's refusal from its claim to the person responsible for loss occurrence, as well as the refusal to provide the Insurer with the documents necessary for the transfer to the Insurant of the right of claim; If the insurance payment has already been carried out, the Insurer shall have the right to require its return in part or in whole;
- 10) the Insurant's (the Insured's) violation of the insurance contract terms, and the current legislation of the Republic of Kazakhstan;
- 11) actions of the Insurant, the Insured, the Beneficiary recognized in accordance with the procedure established by legislative acts as intentional crimes or administrative offenses being in causal connection with the insured accident;
- 12) the Insured's failure to comply with the recommendations of the coordinator of the Service company, physician, rules of conduct at medical treatment facility in the presence of respective instructions in medical report;
- 13) if the insured accident has occurred outside the insurance territory and the contract validity period;
- 14) if the premium per risks specified in Sub Clause 10 Clause 5.2. Section 5 of the Contract has not been paid with due allowance for fudge factor;
- 15) for any other reasons as provided for in the legislation of the Republic of Kazakhstan and the Contract.

10.13. The Insurer shall be excused from insurance payment conducting, if the insured accident occurred as a result of:

- 1) service or appropriate training in military and law enforcement agencies;
- 2) any kind of military activities or military actions and their consequences, civil strife, revolution, uprising, seizure of power or power grab, attachment, civil commotions, mass disorders, labor troubles, lockouts, and their consequences;
- 3) acts of terrorism or political violence;
- 4) nuclear explosion, radiation or radioactive contamination;
- 5) the Insurant's / the Insured's voluntary refusal to perform physician's orders, refusal of transportation and evacuation;
- 6) acts of the Insurant /the Insured committed under the influence of alcohol, drugs or intoxicants, or under the influence of psychotropic drugs, and the consequences of such states.

10.14. The Insurer shall have the right to wholly or partially refuse to pay the insurance benefit for the Insurant on other grounds stipulated by the Civil Code of the Republic of Kazakhstan and the Insurance contract.

10.15. Relief of the Insurer of insurance liability owed to the Insurant on grounds of its unlawful acts stipulated by this article, at the same time shall relieve the Insurer of the insurance payment conducting to the Insured.

10.16. For late insurance payment, the Insurer shall carry responsibility in accordance with Article 353 of the Civil Code of the Republic of Kazakhstan.

SECTION 11. CONTRACT TERMINATION TERMS

11.1. The Insurance contract shall be deemed to be terminated in case of:

- a) expiration of the insurance duration;
- 2) performance of the Insurer's obligations (insurance payment(s) conducting by the Insurer) in the amount of insured sum under the Insurance contract);
- 3) early termination of the Insurance contract;
- 4) other cases stipulated by the legislation of the Republic of Kazakhstan and the Insurance Contract.

11.2. In addition to the general grounds for termination of obligations, the Insurance contract shall be terminated in the following cases:

- 1) when the object of insurance ceased to exist;
- 2) death of the Insured that is not the Insurant, when its replacement has not occurred;
- 3) when the possibility of loss occurrence has disappeared and the existence of the insurance risk has ceased due to circumstances other than the insured event;
- 4) entry into legal force of a court decision on compulsory liquidation of the Insurer, except for cases stipulated by the Law of the Republic of Kazakhstan "On Insurance Activities;"
- 5) in cases stipulated by the Law of the Republic of Kazakhstan "On Insurance Activities."

In these cases, the Insurance contract shall be deemed to be terminated from the moment of the occurrence of the circumstance provided for as a ground for termination of the Insurance contract whereof the interested party must immediately notify the other.

11.3. The parties shall have the right to early termination of the Insurance contract. The Parties shall be obliged to notify each other of the intention to early termination of the Insurance contract not less than 1 (one) banking day prior to the expected date of termination of the Insurance contract. In this case, the Insurance contract shall be terminated from the date following the date of notification of the Insurance contract termination.

11.4. The Insurant shall have the right to withdraw from the Insurance contract at any time. If the Insurant withdraw from the Insurance contract, if this is not related to the circumstances specified in Clause 11.2. of this section, the insurance premium paid to the Insurer shall not be refundable, unless otherwise provided for by the Insurance contract.

11.5. In cases when early termination of the Insurance contract is caused by failure to comply with its terms through the fault of the Insurer, the latter shall be obliged to return to the Insurant the insurance premium paid in full.

11.6. If the Insurant withdraw from the Insurance contract prior to the start date of validity of the Contract:

1) for the reason of the embassy's refusal to open a visa, the Insurer shall reimburse the insurance premium paid by the Insurant in the amount of 100%, therewith the Insurant shall be obliged to submit to the Insurer the refusal of the embassy in writing (original) prior to the start date of validity of the Contract;

2) for the reason of epidemics and pandemics officially announced by the appointing authority and / or the announcement of outbreak of war, maneuvers, or other military activities within the insurance territory following attachment of insurance, but prior to the flight of the Insured persons to the insurance territory, the Insurer shall reimburse the insurance premium paid by the Insurant in the amount of 100%;

3) for any other reason, the Insurer shall return to the Insurant the portion of the insurance premium paid net of 25% for the reimbursement of incurred costs and costs of doing business, but not less than 200 tenge.

11.7. If the Insurant withdraw from the Insurance contract following inception of the contract of insurance, the insurance premium paid shall not be refundable.

11.8. Refund of insurance premiums upon the liquidation of the Insurer shall be carried out in accordance with priority of creditors established in accordance with legislation of the Republic of Kazakhstan on insurance and insurance activities.

SECTION 12. DISPUTE SETTLEMENT PROCEDURE

12.1. Disputes under the Insurance contract arising between the Insurer and the Insurant (the Insured / the Beneficiary) shall be settled by the parties through negotiation.

12.2. If no agreement between the parties, the dispute shall be settled in accordance with the legislation of the Republic of Kazakhstan.

SECTION 13. MISCELLANEOUS

13.1. The Parties shall not have the right to disclose confidential information received as a result of this Insurance contract effecting without the written consent of the other party, except cases as stipulated by current legislation of the Republic of Kazakhstan.

13.4. By payment of the insurance premium per insurance policy, the Insurant confirms that it have familiarized itself with and received Terms and Rules of voluntary accident insurance, and Rules of voluntary insurance of medical expenses of persons traveling abroad of JSC "Insurance Company "Centras Insurance" prior to acquisition, it also confirms its consent with the Terms developed by the Insurer unilaterally, and accedes to them.