

Terms of Foreign and Non-resident Persons Health and Accident Insurance within the Boundaries of Georgia

WTIC 001/22

1. Definitions

- 1.1. **Insurance Policy** - a document confirming insurance issued by the insurer, a certificate of the insurance contract. The insurance policy is provided to the Insured/Policyholder in the form of an electronic document and/or hard copy;
- 1.2. **Insurance Agreement** - a combination of the Insurance Policy, Application (in electronic or material form) and these conditions;
- 1.3. **Insurer** – JSC Prime Insurance engaged in insurance activities in accordance with the legislation of Georgia;
- 1.4. **Insured** - a person who has entered into an insurance agreement with the insurer and pays the insurance premium in favor of the policyholder; Unless otherwise provided by the insurance policy, the insured may be policyholder at the same time;
- 1.5. **Policyholder** – a foreigner and Non-resident person for whom health and accident insurance is provided according to the terms established by these conditions;
- 1.6. **Beneficiary** – a person entitled to receive insurance compensation based on the terms of insurance;
- 1.7. **Insurance period** - The time interval specified in the insurance policy during which the insurance is valid;
- 1.8. **Insurance Area** - This insurance is valid only on the territory of Georgia, except for the occupied territories;
- 1.9. **Insurance Premium** - The amount payable by the Insured/Policyholder specified in the insurance policy;
- 1.10. **Sum Insured** - The amount (Maximum Limits) specified in the policy, which is the maximum amount of insurance reimbursement by insurer to the policyholder or beneficiary; For a specific type of service, the policy defines a sublimit (maximum limit of compensation), within which the insurer is responsible to issue reimbursement to the policyholder/beneficiary for each and every loss;
- 1.11. **Insurance Event** - Medical care and repatriation expenses caused by sudden illness or accident during the insurance policy term;
- 1.12. **Deductible** - The amount that is deducted from the insurance indemnity and is not subject to reimbursement when the insurance indemnity is issued. The amount of the deductible is 50 GEL for each case and applies to all services defined by the insurance policy, except for the following services: 24/7 hotline, repatriation, emergency vaccination and urgent emergency care;
- 1.13. **Personal Accident** - Unforeseen, unexpected event, caused by the influence of visible external force(s) (physical, mechanical, thermal, chemical), which resulted in damage to the insured's health, disability or death;
- 1.14. **Positive List** - the list of medical diagnoses that are covered by the insurance;
- 1.15. **Provider / Contractor Clinic / Medical Institution** - A medical institution that has a contractual relationship with the Insurer and has a relevant activity permit.

2. Subject Matter

- 2.1. Subject to the exclusions and conditions set forth in this Agreement, this insurance covers health and personal accident insurance, during the visit of the Policyholder to the territory of Georgia for tourism/travel/business purposes.

3. Covered Medical Services and Definitions:

3.1. This insurance covers the following services caused by the Policyholder's sudden illness or accident:

3.2. Definitions of Covered Services:

3.2.2. **24-hour hotline** – Provides round-the-clock telephone insurance consultation to resolve issues related to the insurance under this Agreement.

3.2.3. **Ambulance** - provides medical services provided by the emergency medical team with emergency medical testimony, as well as transportation and referral from the scene to a medical facility to maintain the vital functions of the Insured / Policyholder;

3.2.4. **Emergency Outpatient Services (due to illness or accident)** - is a combination of treatment and diagnostic measures required in the following cases (specialist consultation, instrumental and laboratory examinations, outpatient manipulations, medications), when the delay by or more than 24 hours may cause the death, disability or significant deterioration of health conditions of the Insured / Policyholder and when there is no need for hospital medical care, thereto the duration of treatment does not exceed one bed day. Emergency outpatient services will be reimbursed in accordance with the following positive list:

- ✓ Accidental (trauma, wound, bleeding, thermal, chemical, electrical injury) Body injury - doctor's consultation, surgical treatment of the wound / bandaging / applying suture, X-ray examination of the fracture and immobilization; Detoxification / infusion therapy, general blood test, creatinine, electrolytes.
- ✓ Cardiac arrhythmias - doctor's consultation, ECG, stabilization of arrhythmia.
- ✓ Intoxication - doctor's consultation, detoxification / infusion therapy, laboratory tests.
- ✓ Hypertensive crisis - doctor's consultation, electrocardiography, stabilization of blood pressure.
- ✓ Bleeding from the nose - doctor's consultation, tamponade, coagulants.
- ✓ Renal, abdominal, biliary colic - doctor's consultation, general blood and urine tests, ultrasound scanning, iv infusion, analgesics and spasmolytics.
- ✓ Asthma status - doctor's consultation, drug therapy, seizure suppression.
- ✓ Acute / life-threatening allergic reaction (allergy with a tendency to develop anaphylactic condition and laryngeal edema) – doctor's consultation, anti-allergic treatment.
- ✓ Urinary retention - doctor's consultation, catheterization (urine expulsion), iv infusion, general urine analysis.
- ✓ Getting a foreign object in the upper respiratory tract, ear canal, digestive system - doctor's consultation, removal of a foreign object.

3.2.5. **Emergency Hospital Care (caused by illness or accident)** - Includes during the policy term accidental (during the insurance period without force (physical, mechanical, thermal, chemical exposure, life-threatening, severe emergencies) and in the cases as listed below life-threatening emergencies, reimbursement of the cost of medical care, subject to the positive list (medication, diagnostic manipulation, therapeutic and surgical treatment) during one hospital day stay of more than 24 hours in accordance with the policy conditions, the delay of more than 24 hours of which leads to the death of the Insured / Policyholder.

✓ **Allergology:**

J45 Asthma (stage of attacks);

L50 Urticaria;

T78.1 Adverse food reactions (food allergies);

T78.3 Angioneurotic edema;

T78.4 Allergy, unspecified (allergy to insect bites);

T88.7 Unspecified side effects of drugs or medication (drug allergy);

T80.6 Other serum reactions (serum sickness).

✓ **Angiology, operations with general anesthesia and intensive care:**

I74 Arterial embolism and thrombosis;

- I87 Other venous lesions (pulmonary artery embolism or risk of developing it);
I71.3 Abdominal aortic aneurysm, rupture;
I71.5 Thoracoabdominal aneurysm with rupture;
- ✓ **Gastroenterology:**
K72.0 Acute and subacute liver failure (encephalopathy).
- ✓ **Endocrinology:**
E27.2 Addison Crisis;
E05.5 Thyroid crisis;
E10.1 Insulin-dependent diabetes mellitus with ketoacidosis;
E11.1 Insulin-independent diabetes mellitus with ketoacidosis;
E03.5 Myxedemic coma.
- ✓ **Cardiology (without surgical and invasive intervention):**
I21 Acute myocardial infarction;
I20.0 Unstable angina pectoris;
I50.1 Left ventricular failure, acute;
I50.9 Acute heart failure;
I47 Paroxysmal tachycardia;
I48 Atrial fibrillation and atrial flutter.
- ✓ **Neurology:**
- a) CNS Inflammatory diseases / episodic and paroxysmal disorders / polyneuropathy:
G61 Inflammatory polyneuropathy;
G04 Encephalitis, myelitis and encephalomyelitis;
G45 Transient cerebral ischemic attacks and associated syndrome;
G46 Cerebrovascular syndromes in cerebrovascular diseases.
- b) Epilepsy / Neuromuscular Diseases / Other Nervous System Injuries:
G70 Myasthenia gravis (severe myasthenia gravis) and other neuromuscular lesions;
G40 Epilepsy (serial seizures);
G93.6 Cerebral edema.
- ✓ **Neurosurgery:**
- a) Surgical treatment / intensive therapy:
I61 Intracerebral hemorrhage;
G93.5 Compression of the brain;
G93.6 Cerebral edema;
G91 hydrocephalus.
- ✓ **Nephrology:**
N17 Acute renal failure;
N00 Acute nephritic syndrome;
N10 Acute tubulo-interstitial nephritis [acute pyelonephritis].
- ✓ **Otolaryngology:**
- a) Surgeries of IV complexity:
J01 Acute sinusitis (with intracranial or orbital complications);
G06.0 Otogenic intracranial abscess and granuloma;
H83.0 Labyrinthitis;
H66.4 Acute inflammation of the middle ear (complicated by mastoiditis);
H66.2 Chronic epithelial-antral purulent otitis media (with complicated facies);
H66.3 Other chronic purulent otitis media (with complicated facies).
- b) Surgeries of III complexity:

J39.0 Retropharyngeal and parapharyngeal abscess.

c) posterior tamponade:

R04.0 Bleeding from the nose (with posterior tamponade).

✓ **Pulmonology:**

J44.1 Chronic obstructive pulmonary disease exacerbated, unspecified.

✓ **Rheumatology**

a) Systemic connective tissue lesions (II x-III x activity, internal: With pronounced organ damage):

M30 Nodular periarteritis and associated conditions;

M31 Other vasculopathies with necrosis;

M32 Systemic lupus erythematosus;

M33 Dermatopolymyositis;

M34 Systemic sclerosis;

M35 Other systemic lesions of connective tissue.

b) Inflammatory polyarthropathies and spondylopathies (Activity II-IIIx):

M05 Seropositive rheumatoid arthritis;

M06 Other rheumatoid arthritis;

M07 Psoriatic and enteropathic arthropathies;

M08 Juvenile arthritis;

M10 Gout (aggravated, complicated with gout status);

M11 Other crystalline arthropathies (pyrophosphate and calcium phosphate-induced arthropathies);

M12 Other specific arthropathies;

M45 Ankylosing spondylitis;

M46 Other inflammatory spondylopathies.

c) Acute rheumatism and chronic rheumatic diseases of the heart (active phase (rheumatic fever), commissure and prosthetics, after some period):

I00-I02 Acute rheumatism;

I05-I09 Chronic rheumatic diseases of the heart.

✓ **Urology:**

a) Surgeries with general anesthesia:

N20 Kidney and urinary stones (obstructive uropathy);

N40 Prostate hyperplasia (urinary retention, macrohematuria).

b) Surgeries with local anesthesia:

N23 unspecified renal colic (cystoscopy, catheterization, urethroscopy);

N47 Paraphimosis;

N44 twisted testicle;

R33 Urinary retention (surgery-epistostomy).

c) Surgeries -Trocar epicystostomy / catheterization

R33 Urine retention

✓ **Surgery:**

a) Surgeries of IV complexity:

A48.0 Gas gangrene;

K56 Blockage and intestinal obstruction;

K25 gastric ulcer (complicated by decompensated pylorostenosis);

K26 duodenal ulcer (complicated by decompensated pylorostenosis);

K27 peptic ulcer, with unspecified localization (complicated by decompensated pylorostenosis);

K85 Acute pancreatitis;

K65.0 Acute peritonitis (common).

b) Surgeries of III complexity:

- Gas gangrene (with radical removal of the hearth);
- S36.0 Spleen damage;
- S36.9 Injury to unspecified abdominal organ;
- K43.0 Ventral incarcerated hernia without gangrene;
- K45.0 Other incarcerated abdominal hernia without gangrene (large or giant);
- I70.2 Atherosclerosis of the arteries of the extremities [atherosclerotic gangrene];
- E10.5 Insulin-dependent diabetes mellitus with peripheral circulatory complications [diabetic gangrene];
- E11.5 Insulin-independent diabetes mellitus with peripheral circulatory complications [diabetic gangrene];
- E12.5 Eating-related diabetes mellitus with peripheral circulatory complications [diabetic gangrene];
- E13.5 Other specified diabetes mellitus with peripheral circulatory complications [diabetic gangrene];
- E14.5 Unspecified diabetes mellitus with peripheral circulatory complications [diabetic gangrene];
- K25.1 Gastric ulcer with perforation;
- K26.1 Duodenal ulcer with perforation;
- K65.0 Acute peritonitis (local);
- K80.0 Gallstones with acute cholecystitis (purulent, gangrenous);
- K81.0 Acute cholecystitis (purulent, gangrenous);
- K40.4 Uterine hernia with gangrene;
- K41.4 Unilateral or unspecified hernia of the thigh with gangrene;
- K42.1 Umbilical hernia with gangrene;
- K43.1 Ventral hernia with gangrene;
- K45.1 Other specified abdominal hernia with gangrene;
- K40.3 Unilateral or unspecified incarcerated hernia of the uterus without gangrene;
- K41.3 Unilateral or unspecified incarcerated hernia of the thigh without gangrene;
- K42.0 Umbilical incarcerated hernia without gangrene;
- K43.0 Ventral incarcerated hernia without gangrene;
- K45.0 Other specified abdominal incarcerated hernia with no gangrene;
- K92.0 Hematemesis;
- K92.1 Melena;
- K92.2 Gastrointestinal bleeding, unspecified.

c) Surgeries of II complexity and conservative treatment

- K35.9 Acute appendicitis, unspecified (catarrhal, phlegmonous, gangrenous);
- K92.0 Hematemesis (conservative treatment);
- K92.1 Melena (conservative treatment);
- K92.2 Gastrointestinal bleeding, unspecified (conservative treatment);
- K85 Acute pancreatitis (conservative treatment).

✓ **Maxillofacial surgery**

a) Operations with general anesthesia:

- K10.2 Inflammatory lesions of the jaws (mouth floor, inframaxillary, temporomandibular, phlegmons of temporal region, retrobulbar and lateral abscesses of the throat).

✓ **Hematology**

a) Surgical treatment – splenectomy:

- D69.3 Idiopathic thrombocytopenic purpura;
- C94.7 Other specified eukemia;
- D55 Anemias caused by enzyme disorders;
- D56 Thalassemia;

- D57 Sickle cell anemia;
- D58 Other hereditary hemolytic anemias;
- D59 Acquired hemolytic anemias.

3.2.6. **Dental Emergency** - provides first aid in case of emergency - Anesthesia of severe toothache, opening channels, draining, tooth extraction and post-extraction bleeding, related anesthesia and diagnostic procedures (dental scanning, visio) at any dental facility with the appropriate permit.

3.2.7. **Services related to COVID-19 include:**

- ✓ **Testing** – during the treatment of diagnosed COVID-19 in accordance to the protocol in force in the country, financing PCR Tests subject to the medical indications;
- ✓ **Quarantine** – in case of contact with a person infected with COVID-19 while traveling through the territory of Georgia, financing of a quarantine facility in accordance with the rules established by the legislation of Georgia and these conditions;
- ✓ **Treatment** (outpatient, hospital) – in case of confirmation of COVID-19, treatment in accordance with the guidelines/protocols recognized by Georgia.

3.2.8. **Urgent vaccination** – provides for reimbursement of anti-gyursin, anti-tetanus and anti-rabies first aid vaccinations urgently needed during the insurance period.

3.2.9. **Repatriation:** Includes the costs of repatriation of a corpse in case of death due to accident or sudden illness during the stay of a foreign and non-resident person on the territory of Georgia, from Georgia to the nearest international airport or the nearest border point of the country, within the limits and conditions specified in the insurance policy.

4. Exclusions from Insurance Coverage - Events that the insurer will not reimburse

4.1. The following events and related costs are not subject to reimbursement:

- 4.1.1. Claim arises before the insurance takes effect;
- 4.1.2. Expenses related to treatment and examination in a non-licensed facility, treatment by the private person, experimental treatment, non-traditional medicine (acupuncture, homeopathy, manual therapy, etc.), self-treatment costs;
- 4.1.3. Insured / Policyholder 's illegal actions, self-harm, suicide attempt, intentional and / or gross negligence, addiction; Insurance Events caused due to the fact that the Insured / Policyholder is under the influence of alcohol, drug, psychotropic or other toxic substances; Costs of diagnosis and treatment of alcoholism, drug addiction and their complications.
- 4.1.4. Medical expenses related to the insurance event during the period of imprisonment;
- 4.1.5. Costs of insurance events related to the investigation of caves and caverns, as well as participation in the destruction of highly explosive substances;
- 4.1.6. Expenses for medical care related to epidemics, pandemics including SARS-CoV-2, environmental pollution, radiation, natural disasters;
- 4.1.7. Expenses related to insurance events when participating in risky professional and risky amateur sports (mountaineering, rock climbing, skiing, hang gliding and parachuting, etc.);
- 4.1.8. Expenses for boarding, disembarking or being injured while on board;
- 4.1.9. Expenses incurred during war, hostilities, foreign invasion (whether or not war is declared), civil war, insurrection, civil unrest, revolution, military coup or usurpation of power, terrorist acts;
- 4.1.10. Chronic diseases and their exacerbations or diseases identified before the trip and their complications, except when emergency medical care is required to save the life of the Insured / Policyholder in critical situations. After the discovery of emergency medical care aimed at saving the life of the Insured / Policyholder (not more than 7 days), the further costs of the Insured / Policyholder 's treatment and / or repatriation costs are not reimbursed;
- 4.1.11. Cardiac surgery, transplantation, endoprosthesis and related costs Costs of congenital and genetic diseases, as well as their complications, diagnosis and treatment;

- 4.1.12. Costs of HIV, AIDS, all types of chronic hepatitis, any form of diabetes mellitus, chronic renal failure, diagnosis, treatment and complications of oncological diseases, causes and associated costs;
- 4.1.13. Costs of any implant (except stent), prosthesis and corrective device, costs of organ and tissue transplantation / autotransplantation;
- 4.1.14. Expenses for sending and researching research materials taken in Georgia abroad; Exclusive services: non-standard / over-standard medical services, non-standard ward, hired doctor;
- 4.1.15. Pregnancy / childbirth and their complications other than accidental termination of pregnancy.
- 4.1.16. Service costs received without the prior agreement of the insurer;
- 4.1.17. Services that are not in the definitions of the terms;
- 4.1.18. Cost of services funded by other program / insurance;
- 4.1.19. Repatriation costs, as follows: Travel of the Insured / Policyholder to Georgia for treatment, or death due to pre-travel illness, or death due to Covid-infection.
- 4.2. If the insurance policy specifies the service for COVID 19, Insurer does not reimburse:
- 4.2.1. When crossing the state border and staying on the territory of Georgia, the costs of entering Georgia and undergoing isolation/quarantine or testing for SARS-CoV-2 according to the standard scheme established by the Government of Georgia;
- 4.2.2. If the insured person entered the territory of Georgia in violation of the rules for entry into Georgia for citizens of foreign states established by the legislation of Georgia, including when the insured person was not vaccinated with a recognized vaccine or does not have a negative response to a PCR test conducted in the last 72 hours before the visit to Georgia;
- 4.2.3. The case when confirmation of COVID 19 occurs on the 3rd day from the day of crossing the Georgian border;
- 4.2.4. If the insured is in the territory of Georgia at the time the insurance takes effect, the waiting period is 14 (fourteen) days. During this period, the insurer will not cover the costs of treatment for COVID 19 (including testing).

5. What to do when the insurance accident occurs:

- 5.1. The Policyholder/insured is obliged to provide the insurer with all the necessary and reliable information to define the fact of an insured event and determine the amount of insurance compensation.
- 5.2. The Insurer is released from any obligation to pay damages in the event of misleading, misrepresentation or concealment by the Policyholder of any important facts, as well as in the event of a breach of obligations under these terms and conditions.
- 5.3. **The insurer will compensate for events that occurred during the period of validity of the insurance policy only, until the expiration of the insurance period.**
- 5.4. The 24/7 hotline provides round-the-clock telephone consultation on insurance and resolution of issues related to the insurance provided for in this agreement. The policyholder/insured is obliged to provide the insurer with all the necessary and reliable information to define the fact of an insured event and determine the amount of insurance compensation.
- 5.4.1. Upon the occurrence of an insured event, the policyholder/other authorized person immediately, but no later than 24 hours (except for delays in notification due to objective circumstances), contacts the information service/24-hour hotline of the insurer at the number: + (995 32) 2 24 15 24; (+995 32) 2 24 15 25; *1115, which guarantees his connection with the relevant person or the organization of further services; The cost of services received without notification and agreement with the insurer is not subject to reimbursement.
- 5.5. **When calling an emergency medical team, Ambulance:**
- 5.5.1. Insured / Policyholder (or an authorized third party) contacts the Information Service Center of Insurance Company or 112.

5.5.2. the hotline, contacts to the supplier/contractor facility. Upon presentation of an insurance policy and an identification document to the ambulance team, the insured person is exempt from paying the amount stipulated by the insurance conditions for the corresponding service;

5.5.3. In case of emergency medical care, the transportation of the Insured / Policyholder (in Tbilisi, as well as in the nearest appropriate medical institution of the municipality) is organized by the insurer.

5.5.4. If the institution turns out to be a non-provider/non-contractor of the insurer or Policyholder does not contact number 112, the policyholder pays the amount of the service in full, and then, within 30 days from the date of receipt of the service, contacts the insurer for compensation. The insurer reserves the right not to reimburse expenses in cases for which documents are submitted after the expiration of this period.

- The required documents for reimbursement are: an insurance policy, an identity document, medical documentation confirming the service provided with the seal and signature of the service institution/doctor, as well as financial documentation confirming payment - a check stamped in the form established by the Ministry of Finance or a document equivalent to a check, receipt order, bank details of the Beneficiary. Depending on the specific case, the insurer has the right to request additional documentation.
- The documentation required for reimbursement can be submitted electronically, however, upon request of the insurer, the policyholder is obliged to provide the original documentation.
- If the insured receives the services specified in these conditions in a non-providing medical institution, the insurer makes a decision to issue compensation based on the submission by the insured/interested person of the necessary documentation in accordance with these conditions and the necessary documentation collected by the insurer for the consideration of the event. Within 10 (ten) calendar days from the date of collection of the specified documentation, based on the decision to recognize the accident as an insured event/payment, the insurer is obliged to compensate for the insured event or issue a reasonable written refusal to recognize the insured event.

5.6. To receive medical services necessary during an insured event (**emergency outpatient care due to illness / emergency outpatient care due to an accident; emergency hospital care due to illness / emergency hospital care due to an accident; emergency vaccination; emergency dental care**):

5.6.1. The insured or interested party is obliged to immediately contact the insurance company's hotline (except for delays in notification due to objective circumstances). The notification contains the following information: first name, last name, policy number of the Policyholder, name of the medical institution, time of referral in medical institution, probable diagnosis. Expenses for medical services received without notice are not subject to reimbursement.

- The insurer makes a direct settlement with the supplier/contractor clinic, on the basis of which the policyholder is exempt from paying the amount stipulated in the insurance conditions for the relevant service, or pays only the amount determined by the policy, provided for co-payment and deductible.

5.6.2. When entering the company's non-provider / non-contractor clinic:

- The insurer reserves the right to transfer the policyholder to a contractor medical institution.
- When receiving medical services at a non-supplier/non-contractor clinic of the insurance company, the policyholder pays the amount of the service.
- To receive compensation, the policyholder must provide the insurer with the following documents within 30 calendar days after receiving the service: insurance policy, identification document; Medical documentation confirming services rendered and financial documentation confirming payment, certified by the seal and signature of the service institution/doctor - a check printed in the form established by the Ministry of Finance, or a document equivalent to a check, cash order, detailed calculation of the cost of medical services.
- In case of a dental emergency, in addition dentogram taken before and after the service is required.
- The insurer reserves the right not to compensate for losses in cases for which documents are submitted after the expiration of the above mentioned period.

5.6.3. In the event of an accident, appropriate documentation, provided by the relevant law enforcement agencies is additionally required.

5.6.4. Depending on the specific event, the insurer has right to request additional documentation.

5.6.5. The documentation required for reimbursement can be submitted electronically, however, upon request of the insurer, the policyholder is obliged to provide the original documentation.

5.6.6. If the policyholder receives medical services specified in these conditions in a non-provider medical institution, the insurer makes a decision on payment of compensation based on the submission by the policyholder/interested person of the necessary documentation in accordance with these conditions and the necessary documentation collected by the insurer for the consideration of the event. Within 10 (ten) calendar days from the date of collection of the specified documentation, on the basis of the decision to recognize the accident as an insured event / pay compensation, the insurer is obliged to compensate for the insured event or issue a reasonable written refusal.

5.7. When repatriation:

5.7.1. The following information must be provided to the insurer: the Policyholder's name, surname, policy number, place of death, name of the medical institution that confirms the fact of death.

5.7.2. Also, at the request of the insurer, it is mandatory to provide a forensic medical examination report, on the basis of which it will be possible to determine compliance with the insurance conditions.

5.7.3. Depending on the event specification, the insurer has right to request additional documentation.

5.7.4. After receiving the above information/documentation, the insurer makes a direct settlement with the relevant structures within the limits established by these terms.

5.7.5. The cost of services received without agreement with the insurer is not subject to reimbursement.

5.8. To receive services related to COVID-19 (if coverage for said services is specified in the policy):

5.8.1. The policyholder or interested party is obliged to immediately notify the company's hotline.

5.8.2. The insurer has the right to request relevant documentation from the insured (including a document confirming completion of the full course of vaccination against covid, a document confirming the negative response of the PCR test carried out in the last 72 hours before the visit to Georgia) and, in case of failure to provide the requested documentation, refuse to issue insurance compensation.

5.8.3. The notification should contain the following information: first name, last name, policy number of the insured, name of the medical institution, time of contact with the medical institution, probable diagnosis.

5.8.4. After receiving the notification, the organization of such a case is carried out by the insurer itself, in accordance with the recommendations and measures determined by the World Health Organization and the legislation of Georgia.

5.8.5. Expenses for medical services received without notice are not subject to reimbursement.

5.9. When the policyholder is under 18 years of age, in order to receive insurance compensation, among other documents, it is necessary to provide an identification document of the parent/guardian/trustee and a birth certificate of a person under 18 years of age/document confirming guardianship.

5.10. At the request of the insurer, the policyholder is obliged to undergo a medical examination by the specified doctor/medical institution.

6. Rights and obligations of the parties:

6.1. The Insurer has right:

6.1.1. To refuse to issue insurance compensation in the event of non-fulfillment or failure by the Policyholder and/or Insured to fulfill obligations under this agreement;

6.1.2. To refuse to issue insurance compensation upon the occurrence of an insured event and/or in the event of falsification of documents necessary to receive compensation, as well as to demand compensation for losses caused by this action and termination of this contract;

- 6.1.3. When signing an insurance policy, the Policyholder/Insured grants the Insurer the right to request medical and financial documentation from any medical institution without additional approval from the Policyholder/Insured. also obtain the necessary information from third parties (doctors, any medical institution, transport service, etc.) or obtain any information related to the situation from other third parties; and release the latter persons for the purposes specified in this Agreement from the obligation to maintain confidentiality of information;
- 6.2. **The Insurer is obliged:**
- 6.2.1. carry out insurance in accordance with these conditions.
- 6.3. **The Insured/Policyholder is Obligated:**
- 6.3.1. assist the insurer in providing the necessary notifications/documents for consideration of the event and/or payment of insurance compensation, otherwise the insurer has the right to refuse to fulfill its obligations until the specified response actions are taken;
- 6.3.2. pay the insurance premium in accordance with the conditions established by this Agreement;
- 6.4. **The Insured/Policyholder has the right:**
- 6.4.1. require from the insurer to fulfill the obligations in due course.

7. Payment Method (Insurance Premium and Payment Terms)

- 7.1. For this insurance, the volume of insurance premium to be paid by the insured to the insurer is determined by the policy;
- 7.2. The insurance premium is paid in advance, by one instalment.
- 7.3. Before the payment of the insurance premium by the Policyholder/Insured, the insurer is released from fulfilling its obligations, which at the same time does not relieve the Policyholder/Insured from fulfilling the obligations stipulated by the present Terms/Policy.

8. Insurance Validity, Insurance Period

- 8.1. The insurance comes into force at 00:00 of the day specified in the policy as the beginning of the insurance period and is valid until 24:00 of the day specified in the policy as the end of the insurance period, while the insurance comes into force only from 24:00 of the day of payment of the insurance premium by the Policyholder/Insured.

9. Termination of Insurance, Early Termination

- 9.1. The grounds for early termination of insurance may be:
- a) failure to fulfill obligations assumed by a party/full exhaustion of the compensation limit;
 - b) failure to fulfill the obligations assumed by the parties;
 - b) preliminary written agreement of the parties;
 - c) other cases provided for by the legislation of Georgia or these Conditions.
- 9.2. In case of early termination of insurance, the premium paid by the insured/policyholder is not refundable by the insurer;
- 9.3. Upon termination of the insurance contract, the paid insurance premium is returned only if the insured is unable to travel to Georgia for an objective reason and notifies the insurer of this fact in writing, by sending an email to info@primeinsurance.ge no later than 1 (one) day before the start of insurance period. Written notice shall be deemed received upon receipt of a response confirming delivery. In this case, the Policyholder/Insured will be refunded the premium minus 5 (five) lari. To do this, the Policyholder/Insured is obliged to provide / send to the insurer electronically the passport of the insured and additional necessary documentation taking into account the specific case. In case of violation of the specified period, the premium is not refunded.
- 9.4. With the termination of insurance, the insurer's obligations towards the Policyholder/Insured are terminated.

10. Dispute, Compensation for Damages

- 10.1. In the event of a dispute/disagreement arising from the insurance carried out on the basis of these insurance conditions (agreement), the Policyholder/Insured/Beneficiary (customer) has the right to contact the legal department of the insurer through the following means:
- 10.1.1. Written claim – customer fills out a standard claim application form and submits it to the insurer’s office (24 Universitetskaya St., Tbilisi, Georgia);
 - 10.1.2. Electronic claim – customer registers a claim in the form of an email, then sending it to the email address info@primeinsurance.ge with the appropriate confirmation of receipt or by filling out and submitting a claim application on the insurer’s website www.primeinsurance.ge;
 - 10.1.3. Complaints by telephone – complaints are reviewed subject to the information after customer’s calling the information service (24/7) +995 32 2241524/ 2241525/ *1115. A telephone claim is being filed.
- 10.2. The maximum term for consideration of all types of claims is 10 (ten) working days.
- 10.3. In order to protect the rights of consumers and improve the quality of insurance services, incoming calls to the information service of the insurer are recorded.
- 10.4. Personal data of customers will be processed for the purposes specified in these conditions and will be properly protected in accordance with the legislation of Georgia.
- 10.5. The insurance terms/agreement shall be interpreted in accordance with the laws of Georgia.
- 10.6. The parties shall use their best efforts to resolve all disputes arising between them through negotiations.
- 10.7. In case of disputes/disagreements related to the execution of the insurance contract, the parties have the right, for the purpose of settlement, to apply to "Insurance Mediation" of the Association of Insurance Companies of Georgia through the telephone line: +995 032 2 555 155 and/or to the e-mail address: mediacia@insurance.org.ge.
- 10.8. In the event it is impossible to resolve the disputed through negotiations, the parties agree that disputes arising from or in connection with this Agreement shall be resolved through judicial review by the general courts of Georgia.
- 10.9. Georgian version of the insurance conditions will prevail when settlement of dispute between the parties.

11. Information about the Insurer's Supervisory Body

- 11.1. LEPL INSURANCE STATE SUPERVISION SERVICE OF GEORGIA. Address: Tbilisi, L. Micheladze st. N3. Tel: +995 32 223 44 10; E-mail: info@insurance.gov.ge.

12. Force Majeure

- 12.1. The parties are free from fulfilling their obligations under the insurance contract, if the reason for non-fulfilment and/or untimely fulfillment of the aforementioned obligations was due to force majeure circumstances (natural disaster, war, military maneuvers, sabotage, legally effective acts of the Georgian government and governing bodies), which prevented and/or made it impossible made the fulfillment of the obligations assumed by the parties) to occur.
- 12.2. The validity of the insurance contract will be suspended until the end of the force majeure event.
- 12.3. The occurrence of force majeure circumstances must be confirmed by the Chamber of Commerce and Industry of Georgia. The latter also confirms the termination of force majeure circumstances.

13. Privacy

- 13.1. Information obtained by the parties as a result of mutual cooperation is confidential and the terms of this agreement cannot be disclosed to third parties without the prior written consent of the other party. The parties are also obliged to ensure the protection of any correspondence and other business documents issued under this agreement from falsification and access by third parties, except in cases established by current legislation;
- 13.2. This obligation of the parties applies even after the termination of the insurance contract and/or its expiration.

14. General Provisions

- 14.1. Any changes or amendments to the insurance contract are valid only if made in writing and signed by both parties, after which they constitute an integral part of the contract.
- 14.2. Cancellation of any article/clause/sub-clause of the agreement shall not result in cancellation of the entire agreement.
- 14.3. The Insurer's notices in relation to the present conditions/policy, as well as those resulting from the present conditions/policy, must be delivered to the Insured in person or sent by post, e-mail, short text message to the addresses specified in the policy/application (location, telephone, e-mail) and it will be considered delivered to the Insured when sending in the form set forth herein.
- 14.4. The Insured is obliged to immediately notify the Insurer in writing about changes in the addresses (location, phone, e-mail) specified in the policy/application form. In addition, it is necessary to specify the new details completely and accurately. In case of violation of this rule, the Insured cannot indicate the fact of change of addresses as the reason for non-acceptance of the notification, and the notification will be considered received with all the consequences provided by these terms.
- 14.5. The contractual conditions are confidential and any information related to this contract will be transferred to the third party(s) in accordance with the procedure established by the legislation of Georgia, except for the cases stipulated in writing by the parties.
- 14.6. The Insurer authorizes the Insurer to process the personal data of the Insurer/Insured as defined by the Law of Georgia "On Personal Data Protection", including special categories of data provided for by the same law, at its discretion and in case of need, to transfer the data specified in this clause to both Georgia and for public or private institutions/organizations of another state; to obtain any information/documentation about the insurer/insured, which may be directly or indirectly related to the obligations of the parties provided for in this contract, the insured event and/or the amount of damage, from any private or public institutions/organizations, including medical institutions, public register, development of state services from the agency and law enforcement bodies. The insurer confirms that it has obtained written consent from the insured, on the basis of which the insurer has been granted the rights specified in this clause; The Insurer is obliged to provide the Insured's written consent provided for in this Clause to the Insurer immediately upon his request, but no later than one month after the signing of this Agreement.
- 14.7. These terms and conditions are drawn up in Georgian and English in two copies with equal legal force, one of which is given to the Insurer and the other to the Insurer.
- 14.8. The insurance policy concluded on the basis of these conditions, all appendices, the application filled by the insured and all other documents are an integral part of the contract and they are considered as a single whole.
- 14.9. In matters not covered by this agreement, the parties shall be guided by the legislation of Georgia..

15. Statements of the insurer

- 15.1. The insurer, by signing the insurance policy presented in physical form or by accepting the insurance conditions posted on the insurer's website (with a statement of consent), by purchasing the insurance policy presented in electronic form and paying the insurance premium, confirms that:
- 15.2. has read and studied the present insurance terms and conditions in detail and agrees with them;
- 15.3. agrees to receive information about making changes to insurance conditions or canceling insurance by text message to the contact phone number/e-mail address specified in the application signed by him/the electronic application placed on the insurer's website;
- 15.4. All the insurance conditions are clear to him and do not contain ambiguous entries;
- 15.5. All his consents and confirmations are given voluntarily and are equivalent to his written consents and confirmations.