



**Essential Terms Of  
The Incoming Tourists And Domestic Tour Insurance Agreement**

**Note: See Insurance exclusions in Clauses 9.1, 9.2, 9.3, 9.4, 9.5, 9.6, 9.7, 9.8, 9.9, 9.10, 9.11, 9.12, 9.13, 9.14, 9.15, 9.16, 9.17, 9.18, 9.19, 9.20, 9.21, 9.22, 9.23, 9.24, 9.25, 9.26, 9.27, 9.28, 9.29, 9.30, 9.31, 9.32, 9.33 of paragraph 9 of present Conditions**

## Incoming Tourists And Domestic Tour Insurance

### 1. Definition of Terms

For purposes of **Incoming Tourists And Domestic Tour Insurance** (hereinafter referred to as "Conditions of Insurance") given terms have the following meanings:

- 1.1. **Insurer** - JSC International Insurance Company IRAO (ID #205023856).
- 1.2. **Policyholder** – person, who concludes the Agreement with the Insurer.
- 1.3. **Insured** – person, in favor of whom the insurance is implemented;
- 1.4. **Beneficiary** - person, who according to Georgian legislation is a successor in case of death of the Insured and/or is entitled to receive an Insurance Compensation according to the Agreement/legislation.
- 1.5. **Incoming tourists and domestic tour insurance policy/Insurance policy/Policy** - document that confirms conclusion of Insurance Agreement between the Insurer and the Policyholder and reflects conditions of this Agreement.
- 1.6. **Incoming tourists and domestic tour insurance Agreement** - unity of Incoming tourists and domestic tour insurance Policy and conditions of Incoming tourists and domestic tour insurance.
- 1.7. **Insurance Coverage** - service that is subject to Insurance Compensation according to the conditions of the Agreement;
- 1.8. **Insured Event** - event considered by Insurance Coverage, occurrence of which causes obligation of the Insurer to pay Insurance Compensation according to conditions of the Incoming tourists and domestic tour insurance Agreement.
- 1.9. **Exception** – event that according to Incoming tourists and domestic tour insurance Agreement is not considered as Insured Event and is not subject to compensation.
- 1.10. **Insurance Period** – Travel period, the period of time specified in the insurance Agreement and policy during which the insurance coverage is valid.
- 1.11. **Insurance Premium** – sum to be paid by the Policyholder/Insured indicated in the Insurance Policy, which is a fee for insurance service provided by the Insurer;
- 1.12. **Unearned Premium** – amount of Premium which complies with a period from the date of cancelling of the Policy till expiry of Insurance Period.
- 1.13. **Earned Premium** – premium earned by the Insured for the definite date during Insurance Period shall be:
  - Insurance Premium corresponding to the whole Insurance Period – in the event Insurance Period is expired for a definite date;
  - Part of total Insurance Premium corresponding to the whole Insurance Period, which amounts to number of days from the moment of starting of Insurance Period until the above mentioned definite date in respect to duration measured during whole Insurance Period – if Insurance Period is not completed at a definite date.
- 1.14. **Insurance Compensation** – sum which is issued by the Insurer in case of occurrence of the Insured Event according to Insurance Conditions.
- 1.15. **Insurance Limit** – sum indicated in the Incoming tourists and domestic tour insurance Agreement, which is a maximum amount of Insurance Coverage for specific types of services.
- 1.16. **Territorial Limit** – territorial area of Georgia.
- 1.17. **Accident** – unforeseen, unexpected event caused by impact of obvious external forces (mechanical, physical, thermal, chemical), causing death or injury of the Insured, his/her disability or significant deterioration of his/her health.
- 1.18. **Sudden Illness** – illness that develops unexpectedly and requires urgent medical intervention, when delaying of such intervention may cause significant deterioration of health of the Insured, his/her disability and/or death
- 1.19. **Chronic Illness** – a group of diseases that last for a long time (at least 3 months) and/or are characterized by recurrence and/or often progress.
- 1.20. **Insurance risk** - the need for services related to a medical event for the "insured" person.
- 1.21. **Death of the Insured** - death caused by an accident or any natural reason.
- 1.22. **Domestic tour** – includes travel within the territory of Georgia for the purpose of visiting various locations and/or stopping at sightseeing locations, which is organized by the physical/legal person who provides the administrative support of the tour

and/or the driving of the tour by providing information on cultural, historical and/or religious heritage, as well as sports schools/ sports gatherings organized by sports clubs;

1.23. **Tourist/foreigner** – a person who is not a citizen of Georgia;

1.24. **Aggregated Limit** - maximum amount of sum, which may be issued on the basis of one insurance policy for regulation of loss(es) by the Insurer;

## 2. General Conditions of the Agreement

2.1. The Insurer provides health insurance for incoming tourists and the person participating in the domestic tour during the period of validity of the insurance policy, taking into account the territorial limit, in exchange for the payment of the insurance premium by the Policyholder.

2.2. In case the Policyholder violates the conditions of the Agreement, the Insurer is entitled to refuse the Insurance Compensation and/or fulfillment of its obligations;

2.3. If the Policyholder, Insured and/or Beneficiary delivers the incorrect information to the Insurer deliberately, the Insurer is entitled to refuse the Insurance Compensation;

2.4. If at the moment of submission of claim the Policyholder has another insurance policy covering the same damages/risks, the Insurer is entitled to remunerate proportionate amount of the Insurance Compensation claimed, that is calculated considering each insurance policy covering the same risks.

2.5. The Insurer, at its discretion, is entitled to conduct examination of the Insured by trusted medical-expert and/or study medical history of the Insured.

2.6. In case of violation/failure to fulfill conditions of Clauses 2.1 and 2.5 of the Agreement, the Insurer is relieved from obligations imposed by Incoming Tourists And Domestic Tour Insurance Agreement.

2.7. The Insured is entitled to receive services within the limits and instructions provided by the terms and conditions of the Incoming Tourists And Domestic Tours Insurance Agreement and Insurance Policy.

## 3. Insurance Period

3.1. Calculation of the Insurance Period set forth by the Incoming Tourist and Domestic Tour Insurance Agreement commences from the date indicated in the Policy from 00:01 hour and is valid including 23:59 of the date indicated in the Insurance Policy.

3.2. Incoming Tourist and Domestic Tour Insurance is in valid for the Insurance Period indicated in the Policy;

## 4. Insurance Premium and Determination Procedure

4.1. The insurance premium is paid by the insurer in one time, no later than the moment of issuing the policy.

4.2. Insurance policies for incoming tourists and domestic tours are issued for a duration of at least 4 (four) days, In the event that coverage is purchased for a period of less than four (4) days, the premium payable shall be calculated and charged for a minimum period of four (4) days.

## 5. Insurance Limit

### 5.1. Insurance limit/insurance service

Type of services	Coverage	Limit
24/7 Hot-line Medical Assistance	100%/without deductible	Unlimited
Urgent In-patient Care	100%/without deductible	Unlimited

Intensive Care	100%/without deductible	Unlimited
Urgent Out-patient Care	100%/without deductible	Unlimited
Medicines for Emergency Outpatient Treatment	100%/without deductible	1 500 EURO
Emergency Vaccination	100%/without deductible	Unlimited
Urgent dental Care	100%/without deductible	Unlimited
Emergency Medical Care/Emergency/ Ambulance Crew Service	100%/without deductible	Unlimited
Medical Evacuation	100%/without deductible	1 000 EURO
Repatriation to the Country of Origin	100%/without deductible	5 000 EURO
<b>Legal expenses</b>	100%/without deductible	1 000 EURO
<b>Interpreter expenses</b>	100%/without deductible	1 000 EURO
Aggregated limit		15 000 EURO

**Note: For Insured Persons aged over 65 years, reimbursement shall be limited to 50% of the expenses incurred, subject to the limits specified in the Policy.**

## 6. Termination of Insurance Policy

6.1. The right to cancel the Agreement does not apply to:

6.1.1. Services whose price does not exceed 30 GEL;

6.1.2. Agreements whose validity period (insurance period) is equal to or less than 14 days.

6.2. The Policyholder/Insured does not have the right to cancel the Agreement, if before the expiration of the right to cancel the Agreement, he/she directly and clearly requested to receive the services, considering the terms of the Insurance Agreement and the Insurer provided him/her with the information that by receiving the relevant services, he/she loses the right of cancellation.

6.3. Validity of the Insurance Policy/ **Incoming tourists and domestic tour insurance** Agreement shall be deemed as terminated in the following cases:

- If validity (Insurance Period) of the Policy has expired;
- If Insurance Limit considered by the Policy is expired;
- On the basis of written agreement of the parties.

6.4. In the event **Incoming tourists and domestic tour insurance** is terminated in accordance to the regulation set forth in this Agreement, Premium may be returned as follows:

6.4.1. In the event that premature termination of the insurance of **Incoming tourists and domestic tour insurance** is requested after the start of the insurance period specified in the policy, the insurer will return the unearned insurance premium to the policyholder/insured minus the expenses incurred by him, which is 10% of the paid premium, in the amount of 2 (two) EURO . And the earned insurance premium, in such a case, remains with the insurer.

6.4.2. 6.2.2. In the event that the insurance period specified in the **Incoming tourists and domestic tour insurance** policy has expired, the insurance premium is not subject to return.

6.5. In case of loss of the policy, the insurer/insured or an interested person has the right to apply to the insurer for a copy of the policy. A copy of the **Incoming tourists and domestic tour insurance** will be issued, and the originally issued policy will automatically be cancelled.

6.6. If the Insurance Agreement is concluded remotely or outside the location of the Insurer, the Policyholder/Insured has the right to cancel the Agreement within 14 (fourteen) days from the signing of the Insurance Agreement, without specifying any reason, without any penalty or additional tax. In such a case, the insurance premium paid by the Policyholder will be returned to him/her within 14 (fourteen) calendar days from the submission of the request of cancellation. Additionally, cancellation of the Agreement within 14 days by the insured/policyholder is possible if the insured/policyholder has not crossed the border.

## 6. Insurance Coverage:

In the event of occurrence of Insured Event the Insurer provides following services within the Insurance Limit:

- 7.1 **24/7 Hot-line Medical Assistance** - In case of occurrence of insurance event the Insured or a person accompanying him/her no later than within 24 hours from the insurance event shall call to Irao Assistance to the following phone number: (+99532) 2 949 949
- 7.2 **Emergency Inpatient Surgical Treatment**, which provides for reimbursement of expenses incurred for emergency inpatient medical treatment **limited exclusively to surgical intervention and expenses directly related thereto**, arising from the Insured's sudden illness or accidental injury occurring during the validity period of the insurance policy and while the Insured is present within the territory specified in the Policy, provided that such illness or accident poses a threat to the Insured's life and requires immediate medical assistance. The treatment must be provided by a licensed medical institution, and the Insured must remain hospitalized for a period exceeding 24 hours. Reimbursement shall be made subject to the deductible specified in the Policy, if applicable.
- 7.3 **Intensive Care (Non-Surgical)**, which provides for reimbursement of expenses incurred for emergency inpatient medical treatment **excluding surgical intervention and any expenses related thereto**, arising from the Insured's illness or accidental injury occurring during the validity period of the insurance policy and while the Insured is present within the territory specified in the Policy, provided that such illness or accident poses a threat to the Insured's life and requires immediate medical assistance. The treatment must be provided by a licensed medical institution, and the Insured must remain hospitalized for a period exceeding 24 hours. Reimbursement shall be made subject to the deductible specified in the Policy, if applicable. The daily limit for such services shall be EUR 200 (two hundred euros), with an aggregate maximum of EUR 15,000.
- 7.4 **Urgent out-patient care**, which includes reimbursement of out-patient treatment of the Insured (including deductible indicated in the policy if any) in case of accident or sudden deterioration of health condition of the Insured (which threatens his/her life and requires urgent medical service) within a validity term of the policy, while being on a territory indicated in the policy, at licensed medical institution, when the Insured does not require to stay at the medical institution for more than 24 hours. Besides, this service includes reimbursement of expenses of medicines prescribed by a service provider doctor/institution after urgent out-patient service reimbursement shall be made within the limits specified in the Policy.
- 7.5 **Emergency Vaccination** - which includes reimbursement of Full course of anti-rabies, anti-tetanus, botulinum, anti-gyrsine vaccination
- 7.6 **Emergency Medical Care/Emergency/ Ambulance Crew Service**, which includes reimbursement of expenses of urgent/emergency medical assistance provided at home, considering limits indicated in the policy, in respect to which no deductible is applied that is indicated in the policy;
- 7.7 **Medical Evacuation** - which provides for reimbursement of evacuation expenses during an accident or sudden illness, taking into account the limit specified in the policy;
- 7.8 **Urgent dental Care**, which includes reimbursement of urgent dentist service to the Insured (stopping of severe tooth-ache and urgent extraction according to diagnosis) at the relevant licensed dentist/medical institution within a validity term of the policy, while being on a territory indicated in the policy (including deductible indicated in the policy if any).
- 7.9 **Repatriation** - In case of death of citizens of foreign countries as a result of an accident or sudden illness, it is considered to reimburse the costs of transportation of the body to Tbilisi International Airport.
- 7.10 **Legal expenses**, meaning that, upon the occurrence of an insured event, where the appointment of legal counsel is reasonably required for the purpose of protecting the rights and lawful interests of the Insured in any court proceedings or other legal or quasi-legal proceedings, the Insurer shall, at its sole discretion and within the limits of liability specified in the Policy, arrange for the selection and engagement of a duly qualified lawyer.

7.11 **Interpreter expenses**, meaning that, upon the occurrence of an insured event and where reasonably necessary, the Insurer shall, at its sole discretion and within the limits of liability specified in the Policy, arrange for the selection and engagement of a duly qualified interpreter.

**8. Rules of Acceptance of Insurance Reimbursement and Insurance Services;**

8.1. **In the case of urgent In-Patient services due to accident, urgent In-Patient services, urgent Out-Patient services, Urgent medical services and medical evacuation** - the Insured (or his/her representative), contact Irao Assistance during 48 hours on the number (032) 2 949 949, unless notification is delayed due to objective circumstances, when the medical institution is not able to identify the Insured or Insured is in such condition when notification is impossible due to the health condition. Notification should include the following information: **first and last name of the Insured, Insurance Card number, name of medical institution, time of addressing to the medical institution, preliminary diagnosis.**

8.2. **In the case of urgent In-Patient services** In the event of addressing provider medical institution by presenting ID and policy, the Insured will be able to receive treatment within the limits/copayment indicated in the Insurance Policy. In order to receive guarantee letter the Insured or his/her representative should present to the Insurer:

- 8.2.1. Policy;
- 8.2.2. Document confirming identification;
- 8.2.3. Form IV-100a filled in according to the rules of the Ministry of labor, health and social defense, confirmed with seal of the institution and signature of the doctor.
- 8.2.4. Detailed calculation of medical services;

While addressing non-provider medical institution, or receiving medical services in provider medical institution without presenting documentations for guarantee letter, the Insured pays for the services fully and then addresses the Insurer for reimbursement. And the Insurer, in compliance with the conditions of the Insurance Agreement, shall reimburse the cost of the medical service.

8.3. **In the case of urgent dental services** the Insured pays for the services fully and then addresses the Insurer for reimbursement. And the Insurer, in compliance with the conditions of the Insurance Agreement, shall reimburse the cost of the medical service.

8.4. In order to receive compensation following documents should be presented to the insurance company during 30 calendar days since receiving medical services or they should uploaded in private space- <https://online.iraog.ge/login>:

- 8.4.1. Policy;
- 8.4.2. Identification Documentation;
- 8.4.3. Form IV-100a filled in according to the rules of the Ministry of labor, health and social defense, confirmed with seal of the institution and signature of the doctor.
- 8.4.4. Detailed calculation of the services;
- 8.4.5. The original payment order and the original of the cash register receipt or printout of the POS-terminal confirming payment.
- 8.4.6. In case of dental service X ray /Visio taken before and after the services;
- 8.4.7. Depending on the specifics of a specific case, the insurer is entitled to request additional documentation related to the case.
- 8.4.8. In case of repatriation of the body, the insurer must be provided with a death certificate, a doctor's report on the cause of death, and official documentation confirming payment;
- 8.4.9. Bank account details of the insured/beneficiary.

8.5. The documentation can be sent to the following e-mail address: [travelgeorgia@iraog.ge](mailto:travelgeorgia@iraog.ge) or by placing it in the boxes located in the company's offices.

8.6. The Insurer shall make the payment via non-cash within 5 (five) working day after receiving all the necessary documents stipulated in the contract if the estimated amount to be paid does not exceed 500 (five hundred) EURO. Payment in excess of

the above amount is made via non-cash payment within 10 (ten) working days after receiving all the necessary documents stipulated in the contract.

## **9. Insurance Exclusions**

### **9.1. Incoming Tourist and Domestic Tour Insurance does not cover service fees and following standard exceptions are considered:**

- 9.1.1. Events that are directly or indirectly related with war, military actions, riots, demonstrations, invasion of army of foreign countries (whether declared or undeclared), civil wars, rebellion, civil disorder, revolution, coup and usurpation of authority;
- 9.1.2. Events that are directly or indirectly related with any terrorist act of follow such acts;
- 9.1.3. Events of intoxication caused by taking of alcohol, drugs, toxic substances and medicines taken without prescription of a qualified doctor;
- 9.1.4. Events caused as a result of maneuvers and trainings of military forces;
- 9.1.5. Expenses of treatment of diseases and injuries of the Insured caused as a result of committing/participating in illegal actions;
- 9.1.6. Expenses required for treatment of injuries caused by impact of radioactive sources, contamination of environment and natural disasters;
- 9.1.7. Expenses of treatment of any injuries and/or their complications caused by pandemic and epidemics. Herewith, urgent cases of infection (Covid-19) caused by new coronavirus (SARS-CoV-2) and its complications.
- 9.1.8. Medical service and corpse repatriation expenses of the Insured in case of air (including getting on and out of board of plane) and railway crash;
- 9.1.9. Cases of deliberate self-injury, suicide or their attempt;
- 9.1.10. Chronic diseases and diseases that existed before travelling and their complications, except for cases when urgent medical service is required for saving the life of the Insured;
- 9.1.11. Vaccination expenses (except for anti-tetanus, anti-rabic, botulism and anti blunt-nosed viper vaccination);
- 9.1.12. Travel designated for getting of medical consultation or treatment;
- 9.1.13. All expenses of emergency medical evacuation, which is not agreed and confirmed in advance by a service provider center, which is indicated in the policy;
- 9.1.14. Treatment of oncology diseases except for cases when provided urgent medical service aims saving of life of the Insured or mitigation of severe pains.
- 9.1.15. Any expenses related to psychic or psycho-somatic disorders;
- 9.1.16. Expenses of pregnancy, birth-giving and any expenses related to them and/or caused by their complications; Besides, medical service expenses related to heterotopic pregnancy is subject to reimbursement;
- 9.1.17. Any expenses related to artificial fertilization, treatment of infertility, contraception and



termination of pregnancy and also expenses related to complication of these conditions;

- 9.1.18. Expenses of neuro-surgery and any surgery and/or cardio-invasive treatment of cardiovascular system (coronary artery bypass grafting, balloon angioplasty, stenting);
- 9.1.19. Expenses of prosthetics and transplantation;
- 9.1.20. Expenses of any medical service related to inborn physical and mental defects;
- 9.1.21. Expenses of treatment of venereal diseases and their complications; Expenses of Aids/HIV infection and their complications; expenses of viral hepatitis and their complications;
- 9.1.22. Expenses of injuries and their complications received during participation in professional, amateur and extreme sport activities;
- 9.1.23. Expenses of self-treatment and expenses of services provided by a family member, folk doctor, unlicensed medical institution or a physical person who is not authorized to be engaged with medical activities;
- 9.1.24. Expenses of physical therapy, rehabilitation procedures, non-traditional methods of treatment and expenses of services received without medical indication; also services received at the following institutions: geriatric house, rehabilitation center, balneology health resort and sanatorium.
- 9.1.25. Expenses of acupuncture, plasmapheresis, ozone therapy, laser therapy, homeopathy, meso therapy, speech therapist, homeopathy doctor, therapeutic exercises and massage, also expenses of treatment conducted for cosmetic reasons;
- 9.1.26. Expenses related to selection and purchase of eye-glasses, lenses, contact lenses and hearing aid; Also expenses of non-medical, hygiene and cosmetic means; expenses of correction appliances and medical devices;
- 9.1.27. Expenses related to getting of any medical certificate;
- 9.1.28. Expenses that will be covered by other insurance policies according to Article 2.4 of this Agreement;
- 9.1.29. Cases when treatment expenses are not reimbursed according to exceptions indicated in Travel Insurance Agreement, no repatriation expenses will be reimbursed as well;
- 9.1.30. Reimbursement of such medical expenses, that are provided after completion of insurance period indicated in the policy despite of the fact whether insurance event/getting of medical service is completed or not at the moment of expiry of the insurance period;
- 9.1.31. Reimbursement of such medical services, where insurance period considered by the policy will be expired by the moment of starting of provisions of such services;
- 9.1.32. Reimbursement of the costs of medical services received in violation of the conditions set forth in 8.1 and 8.2
- 9.1.33. Expenses for medical services incurred outside the territorial limit are not subject to compensation, according to the terms of the Incoming Tourist and Domestic Tour Insurance Agreement.



## **10. Transfer of Rights and Compensation of Claims**

- 10.1. If the Insured receives loss or other kind of compensation from the third responsible person, the Insurer is authorized to pay Insurance Compensation subtracting the sum reimbursed by the third persons.
- 10.2. The Insured is not entitled to transfer right to receive Insurance Compensation to other person without prior written agreement with the Insurer.

## **11. Governing Law and Dispute Resolution**

- 11.1. Insurance conditions under this Agreement are regulated by current Georgian legislation.
- 11.2. Any dispute that may arise between the parties is solved by negotiation between the parties.
- 11.3. In case of disagreement between the Parties regarding the performance of the present Agreement, the Parties, as well as the Insured and the Beneficiary, shall address to Insurance Mediation of the Georgian Insurance Association via the following tel. number: 2 555 155, or at the address: Tbilisi. Mosashvili Street 24, or by e-mail: [mediacia@insurance.org.ge](mailto:mediacia@insurance.org.ge). The costs connected to the mediation process should be paid from the membership fees of Georgian Insurance Association.
- 11.4. In case of disagreement, all disputes arising between the "Parties" shall be reviewed and decided in accordance with the Georgian legislation, by appealing to the court.
- 11.5. Parties agree on jurisdiction of Tbilisi common courts.

## **12. Confidentiality**

- 12.1. The parties agree that any confidential information which became disclosed to them in a verbal or written form, shall not be transferred to the third parties without prior agreement of the parties, if such action is not related to fulfillment of contractual obligations and/or requirements under legislation. For the purpose of this Clause information of the parties transferred verbally or in a written form is considered as confidential together with information, which is defined as confidential by legislation and/or is a commercial secret of the Parties.

## **13. Processing of Personal Data**

- 13.1. The Insurer acts within the limits of the powers granted by the Georgian legislation and the Agreement and processes the personal data of the Policyholder/Insured/Beneficiary/Director/Beneficial owner, including special category data, to conclude the Insurance Agreement, to fulfill the obligations imposed by the same Agreement, to fulfill the duties assigned to the Insurer by the Georgian legislation, to protect the interests of the Insurer, including but not limited to the purposes of double insurance and/or in other cases established by the legislation.
- 13.2. By signing the present Agreement, the Policyholder confirms that the Insurer is entitled to request/receive/verify/process the personal data of the Policyholder/Insured/Beneficiary/Director/Beneficial owner from the relevant administrative body, including LEPL National Agency of Public Registry of the Ministry of Justice of Georgia, LEPL Public Service Development Agency of the Ministry of Justice of Georgia, LEPL Service Agency of the Ministry of Internal Affairs of Georgia, for the purposes of this Agreement and to the extent necessary for the implementation of those purposes and in accordance with the legislation.
- 13.3. In turn, the Insurer is authorized to retain and transfer the personal data of the Policyholder / Insured / Beneficiary / Director / Beneficial owner to state organizations, reinsurer/provider/partner companies and/or other private or public organizations in the manner established by the law and the Agreement.
- 13.4. The Policyholder agrees that the Insurer is authorized to process the personal data of the Policyholder/Insured/Beneficiary for the purpose of insurance service quality and/or insurance-related research(s), including making the said data available to the Insurer's partner organizations.
- 13.5. By signing the present Agreement, the Policyholder gives the right to the Insurer and undertakes to issue additional written consent in accordance with the Georgian legislation, if necessary, so that the Insurer can smoothly conduct an investigation of the Policyholder/Insured/Beneficiary (if any) and/or obtain any documentation/information about the insured event from private or other organizations for the control of the risks of the Insurance Agreement, for the purpose of verifying the information necessary for insurance compensation and confirming its validity.

- 13.6. The Policyholder has the right to revoke the consent given by him/her at any time, without any explanation or justification and free of charge by sending a note to the Insurer at the e-mail address: office@irao.ge, and/or by submitting a request to the Insurer's Customer Support Service at (+995 32) ) 2 949 949. In accordance with the request of the Policyholder, the data processing will be stopped and/or the processed data will be deleted and/or destroyed no later than 10 (ten) working days after the request, if there is no other ground for data processing/storage. The Policyholder has the right to request and receive information from the Insurer about the possible consequences of withdrawing consent before doing so.
- 13.7. By signing the present Agreement, the Policyholder confirms that he/she has received full information about the purposes and volume of processing his/her personal data, as well as the personal data of the persons indicated by him/her (if any), as data subject(s). The Policyholder confirms that he/she has received full information about the rights of the data subject(s) as defined by the law of Georgia on Personal Data Protection. In particular, to receive information from the Insurer regarding the processing of the data of the personal data subject(s) specified by him/her, to fully and/or partially withdraw the consent given for the data processing, to correct, update, add, block, delete and destroy the data.
- 13.8. By signing the present Agreement, the Policyholder confirms that the ground for providing the Insured's/Beneficiary's personal data to the Insurer is informing the data subjects in accordance with the Georgian legislation and obtaining their voluntary consent to the processing of their personal data by the Insurer, and that the Policyholder is fully responsible for obtaining, processing and transferring said data to the Insurer.
- 13.9. The Insurer confirms that it has implemented all technical or organizational measures and takes all necessary actions to protect the personal data of the Policyholder / Insured / Beneficiary against unauthorized or illegal processing, loss, destruction, damage, unauthorized modification or disclosure.

#### **14. Final Provisions**

- 14.1. These conditions may be changed/amended without additional agreement of the parties, if such changes/amendments are required by the Georgian legislation.
- 14.2. All notices and consents necessary for the execution of this Agreement shall be provided to the parties in writing or by e-mail or by telephone (in case of individual Policyholders). Notifications must be sent to the addresses specified in this Agreement.
- 14.3. The Agreement is construed in English language, in two copies with equal legal power, one copy for each party.
- 14.4. If the Agreement is concluded in two or more languages, Georgian versions shall prevail for the purpose of definition and interpretation of Incoming Tourists And Domestic Tour Insurance Agreement.
- 14.5. If any Clause or Sub Clause of the Agreement is deemed void, it will not cause voidance of the whole agreement.

#### **15. Sanction Clause**

No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Georgia, the United Kingdom or the United States of America (provided that this does not violate any regulation or specific national law applicable to the undersigned insurer).