COMPENSA
VIENNA INSURANCE GROUP

Individual Travel Insurance Terms and Conditions of Citadele Bank

Valid from 11.05.2026.

Terms used.

Insurer – ADB "Compensa Vienna Insurance Group", akcinė draudimo bendrovė (Insurance Joint Stock Company), a company incorporated in Lithuania with registration number 304080146, legal address: Ukmergės g. 280, LT-06115 Vilnius, Lithuania, acting in the Republic of Latvia through its Latvian Branch, reg. No 40103942087, address: Vienības gatve 87H, Riga, Latvia, and in the Republic of Estonia through its Estonian Branch, reg. No 12970620, address: Maakri 19-1, 10145 Tallinn, Eesti. The Insurer's type of commercial activity is the provision of insurance services.

Bank – AS "Citadele banka", reg. No. 40103303559, legal address: Republikas laukums 2A, Riga, LV-1010, acting also via its foreign branches in the Republic of Lithuania and the Republic of Estonia.

Policyholder – the Bank.

Policy – a document certifying the conclusion of an Insurance Contract, which covers terms and conditions of the Insurance Contract, also amendments and supplements thereto agreed upon by the Insurer and the Bank in the course of validity of the Insurance Contract.

Insurance Contract – an agreement between the Insurer and the Bank on individual insurance terms and conditions. A Policy and these individual terms and conditions shall form an integral part of an Insurance Contract.

Card – a valid C airBaltic, X supreme, C supreme, X prime, C prime, X Business, C Business, X Business Plus and C Business Plus card issued by the Bank. A card shall be considered valid when it has been activated, its term of validity has not yet expired, and it has not been blocked (unless the Card was blocked during the Trip (Travel)). The limits and other coverages are specified in Table No. 1.

Cardholder – a natural person to whom the Bank has issued a Card and whose name and surname are inscribed on the Card.

Relatives – a spouse or a civil partner of the Cardholder, having a joint household with the Cardholder, parents and children or grandchildren of the Cardholder (biological and adopted) under 21 years of age (inclusive).

Insured – the Cardholder and his/her relatives (up to 80 years of age). If the Cardholder is over 80 years old, relatives traveling with him/her are not insured

Beneficiary – a person entitled to insurance benefits in accordance with the procedure prescribed by legal acts of the Republic of Latvia.

Insurance Coverage – Insurer's commitment to pay an insurance benefit to the Insured or the Beneficiary upon occurrence of an Insured Event provided for in these individual terms and conditions.

Sum Insured in Annex 1 to these individual conditions is the maximum amount specified in Table 1 which may be paid for all Insured persons by one payment card for one insured event. After the Insurer has paid out part of the Insurance amount or the entire Insurance amount for one event, the Insurer's obligation to indemnify for other insured events occurring during the term of the Contract shall remain valid for the entire Insurance amount.

Insurance Risk – Insurance risks listed in Table 1 of Annex 1 hereto and the Sums Insured wherefor the Insured has been insured.

Insurance Benefit – the sum of money paid in case of an Insured Event.

Limit – the maximum share of the Sum Insured used in the calculation of insurance benefits by Insurance Coverage types listed in these individual terms and conditions; it is expressed as a specific figure or calculated in accordance with the procedure laid down in the individual terms and conditions.

Trip (Travel) – departure from Latvia or the country of permanent residence of the Insured, arrival to the destination of the Trip and return to Latvia or the country of permanent residence of the Insured. In cases of a baggage delay, baggage loss, baggage damage or baggage theft insurance, the start of a trip shall be considered to be the moment when the Insured enters the territory under control of the Carrier (an airline, a shipping or a railway company).

Country of Permanent Residence – the country of citizenship of the Insured and (or) the country having issued to the Insured a permanent residence permit.

Foreign Country (Abroad) – a country, which is not the Republic of Latvia and a Country of Permanent Residence.

Sudden or Acute Illness – unforeseen and unexpected deterioration of health condition of the Insured, which is not a continuation or a consequence of the health condition that has started before going on a trip.

Accident – a case when an unexpected and acute impact of an external force on the body or health of the Insured causes a long-term and irreversible injury against his will, or the Insured dies. Within the meaning of this concept, the Insurance Coverage shall only cover death and disability.

Repatriation – the carriage of mortal remains of the Insured to his Country of Permanent Residence.

Emergency Medical Aid – medical services that must be urgently provided to the Insured due to an acute deterioration of his health condition as a result of a sudden illness or an Accident in order to avoid further deterioration of his health condition and (or) a threat to his life.

Medical Repatriation – bringing the Insured back to his Country of Permanent Residence for further inpatient treatment.

Chronic Illness – a health condition, which has already existed when going on a Trip (even if it was diagnosed incorrectly or its existence was not yet confirmed by a qualified doctor) and/or wherefor the Insured has sought for a medical advice, a treatment or used medicines for the past 6 months before concluding an agreement for going Abroad.

Exacerbation of a Chronic Illness – the emergence of symptoms typical of a chronic illness leading to the Insured's need for urgent medical aid.

Daily Allowance – the sum of money for each day spent in a hospital, which the Insurer shall pay to the Insured if he is hospitalized.

Leisure Sport/Physical Activity – a sport or activity that is directly or indirectly related to a higher danger level (Annex 1, Table 2).

Professional Sport – participation in a sport, if this is the main or one of the sources of income of the Insured, as well as if the Insured participates in a European or world championship. Any sporting activity in a sports school, with or without income, is also considered professional sport.

EHIC (European Health Insurance Card) – a common document of the European Union member states, Norway, Iceland, Liechtenstein and Switzerland certifying the right of citizens of these countries to receive state-guaranteed immediate and necessary healthcare to the scope that is ensured to citizens of the respective country.

Assistant Company – an assistant partner authorized by the Insured, who helps arrange assistance in case of an insured event.

Doctor – Expert – the Insurer's employee or employee of the Insurer's assistant partner who has medical education allowing him to make decisions that require special knowledge, provide his opinion or perform a medical examination.

Disability – an irreversible injury sustained by the Insured during a trip, which persists at least 12 months after an accident date and has been substantiated with medical documents.

Death – death of the Insured within one year from the day of an accident suffered during a trip.

Physical Work – physical activity of an increased risk related to physical work done in construction, agriculture, forest management, wood, metal processing, cargo and (or) passenger carriage by land, air or water transport, physical protection, warehousing and (or) handling, repair of machinery, construction of roads and (or) bridges, nursing staff, airport staff and similar physical work, including working in mines and on oil and gas platforms.

Minimum Connecting Time – the airport's requirement for the minimum time between arrival and departure necessary to connect flights, which must be observed when ordering and purchasing flight tickets, if the flight is operated with a connection in that airport.

Natural Disasters – a natural disaster independent of humans and activities, which occurs, causing widespread damage to nature and buildings, and during which people die or their health and/or physical condition suffers.

Carrier – a legal person (an airline, a shipping or a railway company) entitled to carry passengers by means of Public Transport operated on established routes.

Public Transport – a system of air, water, road, or rail vehicles designed to carry a large number of passengers who pay for the service by purchasing a ticket.

Baggage – Defined as articles of personal use and clothing accompanying the insured person on the trip and intended for their personal use, with the exception of the items provided in chapter VI, article 8, which are not covered by baggage insurance.

Unconditional Deductible – the sum of money, which the Insured himself shall pay in case of each insured event, or which shall be deducted from an insurance benefit.

Actual Expenses – direct document-based losses.

Sports inventory – a Travel baggage item (along with its appurtenances) for sports of the Insured. Motor land, air or water vehicles shall not be considered sports equipment.

Passenger car – is a vehicle intended for the carriage of passengers and having up to eight passenger seats in addition to the driver's seat. Camper van, towered caravan and other similar vehicles are not considered passenger cars.

Pandemics – epidemics in a wide region or throughout the world, based on a severe infectious disease that spreads easily and has not been previously known or there are known cases of similar diseases that are known to the population at large.

Chapter I. Validity of Insurance Coverage.

Article 1. Insurance Coverage.

1.1. Insurance Coverage shall be valid for the entire validity period of the Insurance Contract. For Bank issued Cards insurance coverage valid from 01.07.2024 but not before the card issuing date. Individual Travel insurance terms and conditions and their expiry date shall be available on the Policyholder's website: www.citadele.lv.

1.2. Insurance Coverage for the Insured shall be valid during a Trip.

1.3. Insurance Coverage shall be valid for no more than 90 (ninety) days in one Trip.

1.4. Insurance Coverage shall be valid 24/7 during a Trip.

1.5. The Insured shall be covered when engaging in the sports/physical activity listed in Table 1 of Annex 1 to these individual terms and conditions (except for professional and extreme sports and participation in competitions).

SPECIAL PART

Chapter II. Medical expense insurance.

Article 1. Medical expense insurance.

1.1. The Insurer shall reimburse the Insured the Emergency Medical Aid expenses incurred Abroad, related to the following:

1.1.1. a Sudden or Acute Illness;

1.1.2. treatment of Injuries suffered during an Accident;

1.1.3. sudden deterioration of health condition as a result of a sunburn, frostbite, poisoning and other cases;

1.1.4. a sudden and unexpected Exacerbation of a Chronic Illness, which the Insured could not foresee before going on a Trip;

1.1.5. necessary dental care expenses incurred abroad, not exceeding EUR 500.

Article 2. Insurance Benefit in case of medical aid.

2.1. The Insurer shall indemnify the Emergency Medical Aid expenses for the following:

2.1.1. outpatient and in-patient treatment services, including urgent surgeries, treatment until the Insured can be taken to his Country of Permanent Residence, but no longer than 90 (ninety) days from the first day in the hospital. In the event of an Exacerbation of a Chronic Illness, treatment expenses for providing the Emergency Medical Aid but no longer than 30 days shall be paid calculating from the first visit to a doctor. Treatment expenses of the same Chronic Illness shall be paid to the Insured only once throughout the entire validity period of the Insurance Contract;

2.1.2. diagnostics (functional, laboratory, instrumental);

2.1.3. medicines and dressings prescribed by a doctor;

2.1.4. procedures prescribed by a doctor while receiving inpatient treatment;

2.1.5. maintenance, nutrition and hospital care;

2.1.6. emergency aid for pregnancy complications, if pregnancy is no longer than 32 weeks;

2.1.7. telephone calls to call the Insurer and/or the Assistant Company;

2.1.8. medical aids prescribed by a doctor, including crutches, splints, rent of wheelchairs and lockers;

2.2. The Insurer shall pay to the Insured an insurance benefit of 20 (twenty) euro for each day spent in a hospital Abroad, if the Insured has been treated in a hospital Abroad for at least 48 hours.

2.3. The Insurer shall reimburse the Insured transportation expense, if the Insured received medical aid for one of the reasons listed in Article 1 of Chapter II and continues to receive medical treatment Abroad, thus is unable to use the previously purchased tickets to return to his Country of Permanent Residence. The Insurer shall indemnify the amount of transport expenses equivalent to an economy class ticket, which the Insured was unable to use. If tickets can be exchanged or returned, the Insurer shall pay the amount of money which the Insured must pay for exchanging the tickets.

2.4. If the insured event has occurred in Turkey or Egypt, before receiving medical help, the Insured Person is highly recommended to contact the Insurer`s Assistance partner for the organization of medical help, receive instructions, agree on the amount of planned, necessary expenses.

2.5. When travelling to EU member states, Lichtenstein, Norway, Iceland and Switzerland, for Insured is recommended to have a European Health Insurance Card, which certifies the coverage of a person under compulsory health insurance (for more information, refer to https://www.vmnvd.gov.lv/en/european-health-insurance-card-ehic).

Article 3. Amount of compensation of medical transport and rescue expenses.

3.1. The Insurer shall reimburse to the Insured expenses for the Emergency Medical Aid transport or taxi Abroad, related with a Sudden or Acute Illness or elimination of consequences of an Accident, and, if necessary, for taking the Insured to a doctor or to/from a medical institution where he received medical aid.

3.2. The Insurer shall reimburse pre-agreed expenses for carrying the Insured (Medical Repatriation) to a hospital in the Country of Permanent Residence for further inpatient treatment.

3.3. The Insurer shall reimburse the services provided by rescue services, if having provided these services, the Insured is provided with Emergency Medical Aid in accordance with provisions of clause 2.1 of Chapter II of these terms and conditions.

Article 4. Amount of compensation of repatriation expenses in case of an illness/death.

4.1. The Insurer shall reimburse expenses related to Medical Repatriation/Repatriation of the Insured after receiving Emergency Medical Aid or after his death in accordance with the provisions of Article 2.1 of Chapter II of the individual terms and conditions, if there are additional expenses related thereto.

4.2. The Insurer or his authorized person shall consult the specialist of the respective medical institution regarding the necessity of Medical Repatriation, and expenses shall be reimbursed if Medical Repatriation is medically justified and the treating doctor recommends it in writing.

4.3. If, according to the instructions of the treating doctor, the Insured must be accompanied by medical staff, the Insurer shall pay for the services of the accompanying medical specialist.

4.4. If mortal remains of the Insured are carried to the Country of Permanent Residence of the Insured at the request of his relatives, the Insurer shall indemnify the following:

4.4.1. costs of cremation, carriage of a casket or an urn;

4.4.2. expenses related to documents and permits for Repatriation of mortal remains as well as the preparation thereof.

4.5. If, before starting Medical Repatriation/Repatriation, the Insured or his representative did not agree with the Insurer on the procedure of Medical Repatriation/Repatriation and a compensation, the Insurer shall reimburse solely the expenses within the limits of the possible minimum amount which the Insurer could charge for Medical Repatriation/Repatriation.

Article 5. Duties of the Insured in case of an Insured Event.

5.1. The Insured shall:

5.1.1. do everything that is possible to receive the Emergency Medical Aid in case of a Sudden or Acute Illness;

5.1.2. if the insured person visits a medical institution in any Member State of the European Union or in Norway, Iceland, Liechtenstein or Switzerland for medical treatment, is highly recommended present their European Health Insurance Card;

5.1.3. approve with the Insurer or the Insurer's Assistant Partner treatment at a higher-level service institution, offering advanced diagnostics, surgery, or intensive care with highly trained specialists and modern equipment, as well as a change of a medical institution, surgeries and their necessity, and Medical Repatriation/Repatriation;

5.1.4. in case of inpatient treatment, refer to personal health care institutions that are a part of the state health care system, and, if this is not possible or such health care system does not exist in the visited country, refer to usual personal healthcare facilities where treatment is normally pursued in that country;

5.1.5. inform the relevant competent authority/institution (ambulance, police, fire brigade, etc.) about a bodily injury and continue following the instructions of relevant law enforcement officers.

Article 6. Documents required for receipt of insurance indemnity.

6.1. In case of medical aid expenses, the Insured shall present the following:

6.1.1. a medical statement specifying the exact diagnosis, a detailed list of the services received, the place and date of provision of the services;

6.1.2. a prescription for purchased medicines or medicinal products or a copy thereof;

6.2. In case of Medical Repatriation expenses in the event of an illness – a doctor's statement on the necessity to carry the Insured.

6.3. In case of Repatriation expenses in the event of death – a statement on the reason of death certified by the doctor.

6.4. invoices for services received.

Article 7. Non-Insured Events.

The Insurer shall not reimburse the following expenses of the Insured:

7.1. for medical services to treat illnesses which are chronic and/or congenital illnesses of the Insured, except for cases where the services are related to the provision of Emergency Medical Aid;

7.2. for medical services to treat illnesses, which the Insured was diagnosed before going on a Trip;

7.3. for treatment, if doctors recommended before a Trip not going on the Trip because of the health condition;

7.4. for rehabilitation prescribed by a doctor;

7.5. for hospital treatment lasting more than 90 (ninety) days;

7.6. for heart and blood vessel surgeries related to chronical and/or congenital illness, tissue and organ transplantation or prosthetics;

7.7. for the treatment of tick-borne encephalitis, except for cases when the full vaccine course was received, as well as for the treatment of Lyme disease;

7.8. for treatment of infectious diseases such as yellow fever or malaria, if the recommendations of the World Health Organization for travelers on vaccination and prophylaxis have been disregarded, also if the recommendations of the Ministry of Foreign Affairs of Latvia regarding going to regions affected by dangerous communicable diseases have been ignored;

7.9. for surgeries, which, according to the opinion of the treating doctor and/or the authorized doctor of the Insurer, can be postponed, including knee and knee joint surgeries;

7.10. for pregnancy examination and treatment, abortion, childbirth, postnatal illnesses, except for the expenses for emergency medical aid for pregnancy complications, which the Insured did not and could not foresee before the effective date of the Insurance Coverage or before the moment of leaving for a Trip (depending on which moment in time is later);

7.11. for psychiatric, psychoanalytical and psychotherapeutic treatment;

7.12. for treatment of any psychological and mental illnesses, behavioral disorders and disturbances of consciousness, regardless of the cause of their emergence;

7.13. for treatment of epilepsy;

7.14. for diagnosis and treatment of oncological diseases;

7.15. for treatment of diseases and health conditions caused by STD (sexually transmitted diseases), positive HIV test or immunodeficiency virus (AIDS);

7.16. for beauty or plastic surgeries, medical conclusions and statements, disinfection, vaccinations, preventive examinations, nutritional products and boosters/food supplements or dietary aids;

7.17. for medicines which had to be regularly taken before a Trip for an existing medical condition;

7.18. for further treatment starting from the date when Medical Repatriation was approved with the treating doctor and was possible, but the Insured refused it;

7.19. for unused services that were paid for (e. g. car rental, theater, concert tickets, etc.) which the Insured could not use in cases listed in Article 1 of Chapter II;

7.20. for dental treatment, prosthetics, dental hygiene, root canal filling, treatment of orthodontic and periodontal diseases, or orthopantomograms;

7.21. if the Insured or his relatives unilaterally, without approving with the Insurer or the Insurer's Assistant Partner, decide to receive an examination, diagnosis, treatment or be treated at a higher-level institution, or to change the medical institution; agree on surgeries and their necessity, for Medical Repatriation and Repatriation of the Insured;

7.22. for treatment performed by family members;

7.23. for treatment and medical aids for addiction diseases, for example for tapering off alcohol, narcotic and psychotropic substances;

7.24. for events, the occurrence whereof was affected by the consumption of alcohol, drugs or other toxic or psychotropic substances and potent drugs used for intoxication purposes. Also, the Insurer shall not pay an insurance benefit when the Insured consumed alcohol or other psychotropic substances after the event before doctor's examination or avoided having his sobriety and intoxication level checked. Insobriety and intoxication according to these individual terms and shall be understood in accordance with the procedure prescribed by legal acts of the respective country;

7.25. expenses incurred at the time of the Insured acting as a pilot or a passenger, when flying a glider, a sailplane, a hang glider or a parachute;

7.26. for the events having happened while the Insured was driving a water vehicle registered as a vehicle for carrying passengers in a certain route;

7.27. for events suffered while on tours or expeditions to areas with extreme climate conditions (such as the polar zone, the desert, the open sea, etc.);

7.28. for events suffered while engaging in recreational sports/physical activity, which is not specified in Table 2 of Annex 1 to the individual terms and conditions;

7.29. for events suffered while doing physical work for which remuneration is received.

7.30. more than is necessary for urgent dental treatment (e.g. dental care, dentures, dental hygiene, treatment of orthodontic and periodontal diseases, orthopantomograms).

Chapter III. Accident insurance.

Article 1. Accident insurance.

1.1. If the Insured is determined to have a permanent disability or dies as a result of an Accident having happened during a Trip within one calendar year after the day of the Accident, the Insurer shall pay an Insurance Benefit provided for in case of death or disability, without exceeding the Sum Insured provided for a specific Insurance Risk specified in Table 1 of Annex 1 to the individual terms and conditions.

Article 2. Insurance Benefit in case of an Accident.

2.1. Insurance Benefit in case of disability shall be determined as a percentage share of the Sum Insured. Non-recoverable permanent loss of functional abilities, when the person loses the following, shall be considered a Disability:

Loss of a limb/organ/functional ability	Percentage share of the Sum Insured %
Loss of an arm at the shoulder joint	70%
Loss of an arm above the elbow joint	65%
Loss of an arm below the elbow joint	60%
Loss of an arm at the wrist joint	45%
Loss of a thumb	15%
Loss of the distal phalanx of a thumb	8%
Loss of any other finger	5%
Loss of a leg above the knee	70%
Loss of a leg below the knee	60%
Loss of a foot at the joint	40%
Loss of any toe	5%
Loss of vision in one eye	50%
Loss of hearing in one ear	25%
Anosmia (loss of olfaction)	5%
Loss of taste sensation	5%

2.2. If, due to an Accident which happened Abroad, the Insured dies within a year, the right to a benefit in case of disability shall be lost.

2.3. When paying an Insurance Benefit in case of death, the amounts of Insurance Benefits that were paid for disability caused by the same Accident shall be deducted therefrom.

2.4. If insured loses multiply functional abilities in the same Accident, then the Insurance Indemnity is calculated for each of them for one Accident together may not exceed the Insured Amount specified in the Insurance Policy for the risk Death/Disability due to accident.

Article 3. Duties of the Insured in case of an insured event.

3.1. The Insured shall immediately refer to a medical institution for medical aid.

3.2. The Insured shall inform a respective competent authority/institution (police, ambulance, etc.) of trauma suffered during a traffic accident, or of a criminal offense committed against the Insured.

Article 4. Documents required for receipt of insurance indemnity.

4.1. If the Insured is determined to have an irreversible permanent disability or dies as a result of an Accident, this shall be confirmed by medical documents, which shall be presented to the Insurer not later than within 3 months after stating the fact.

4.2. Additional documents to be submitted in order to receive an Insurance Benefit:

4.2.1. a comprehensive description of the Accident;

4.2.2. a certificate from the police or another responsible body on the Accident, if it was registered;

4.2.3. a medical statement indicating the nature and type of injury and the exact diagnosis;

4.2.4. a copy of the death certificate of the Insured, presenting the original;

4.2.5. a statement on the reason of death;

4.2.6. a copy of the certificate of inheritance, presenting the original.

Article 5. Non-Insured Events.

5.1. The Insurer shall not reimburse the following expenses incurred by the Insured:

5.1.1. expenses for Accidents caused by mental disorders or disturbances of consciousness, including stroke, epilepsy or other seizures;

5.1.2. expenses for health disorders caused by treatment or intervention which the Insured performed on himself/or allowed others to perform it on him, except when treatment or intervention measures, including radiological diagnosis and therapy, were necessary for the Accident, which is subject to insurance coverage and which was prescribed by a doctor;

5.1.3. expenses for any infections, except cases where pathogens got into the body due to an injury suffered at the time of an Accident, if the Accident is considered an insured event according to the conditions of the Insurance Contract. Injury of a skin or mucous membrane, which are insignificant as such but transmit a pathogen into the body immediately or later on shall not be considered bodily injuries suffered during an Accident. This limitation shall not apply in case of tetanus or rabies;

5.1.4. expenses for poisoning when liquid or solid substances get into the body through esophagus;

5.1.5. expenses for abdominal and lower abdominal hernia, except when they form as a result of an Accident having happened against the will of the Insured, when it is considered an insured event in accordance with the terms and conditions of the Insurance Contract;

5.1.6. expenses for intervertebral disc injuries, internal bleeding and intracerebral hemorrhage, except for cases when they have been caused by an Accident, which is considered an insured event in accordance with the terms and conditions of the Insurance Contract;

5.1.7. expenses for traffic accidents, if the Insured drove a vehicle without the right to drive a vehicle of the respective category;

5.1.8. expenses for events having happened while the Insured was using a glider, a sailplane or a hang glider as a pilot or a passenger, or while parachuting;

5.1.9. expenses for events having happened while the Insured was driving a water vehicle registered as a means for carrying passengers on a certain route;

5.1.10. expenses for events having happened at the time of the Insured's participation in expeditions;

5.1.11. expenses for events having happened while the Insured was engaged during his leisure time in sports which are listed in Table 2 of Annex 1 to these individual terms and conditions;

5.1.12. expenses for events having happened while the Insured was doing physical work for which he receives remuneration;

5.1.13. expenses for events the happening whereof was affected by the use of alcohol, drugs or other toxic or psychotropic substances or potent drugs used for intoxication purposes. The Insurer shall not pay an insurance benefit when the Insured consumed alcohol or other intoxicating substances after the event before the doctor's examination or avoided having his sobriety and intoxication level checked. Insobriety and intoxication according to these individual terms shall be understood in accordance with the procedure prescribed by legal acts of the respective country.

Chapter IV.
Insurance against civil liability of a person.

Article 1. Object of insurance.

1.1. The object of insurance shall be property interests related to civil liability of the Insured for the damage done to property, health or life of a third person.

Article 2. Insurance Benefit in case of insurance against civil liability of a person.

2.1. Insurance protection, within the Insurer's liability limit, provides for:

2.1.1. verification of the validity of claims for damages;

2.1.2. satisfaction of justified claims for damages;

2.1.3. rejection of unjustified claims for damages.

2.2. Insurance protection also applies to court and extrajudicial costs appropriate to the circumstances, which are related to the establishment of third-party claims for damages or their rejection.

2.3. Insurance protection also applies to additional costs, which are related to the defense carried out on behalf of the Insurer.

2.4. An application for civil liability of the Insured shall be considered an insured event, if during the trip or within 3 days, counting from the date of the event, a notification of a possible insured event or a claim for compensation for damages has been submitted.

Article 3. Duties of the Insured in case of an insured event.

3.1. The Client has no right to recognize or satisfy a claim for compensation for loss without the Insurer's prior consent.

3.2. If, at the initiative of the Insurer, a lawyer is appointed to protect the Client's interests, the Client is obliged to submit the necessary powers of attorney and information to the lawyer.

Article 4. Documents to be furnished in order to receive an insurance benefit.

4.1. In the event of a third party liability insurance risk, the Client must submit:

4.1.1. a detailed description of the accident, personal data of witnesses;

4.1.2. documents proving the validity of the claim;

4.1.3. other documents related to the incident and its circumstances.

Article 5. Non-Insured Events.

5.1. The Insurer does not compensate for losses:

5.1.1. arising from the Client's contractual liability;

5.1.2. incurred when the Client performs official, professional or commercial activities, as well as official duties during internship, or when performing any work for remuneration;

5.1.3. incurred in connection with the possession or use of motorized vehicles (including air and water vehicles);

5.1.4. related to animals;

5.1.5. incurred when engaging in such types of High-risk physical activities that are not mentioned in Appendix No. 1 to these Terms.

5.1.6. incurred to property that the Client leases, rents, uses, or has otherwise taken into his possession;

5.1.7. incurred to property that the Client uses illegally;

5.1.8. arising from a third party becoming infected with a disease diagnosed by the Client;

5.1.9. relating to a claim for lost profits or downtime costs;

5.1.10. non-pecuniary, relating to defamation, defamation, dissemination or publication of false information, as well as moral damage, insult to honor and dignity;

5.1.11. relating to a claim for financial loss. Financial loss is that which is not related (does not directly result) from harm to the life, health or physical condition of a third party or loss of property;

5.1.12. arising from the damage or destruction of: cash, securities, jewelry, precious metals, collections, paintings, unique or antique items, mobile phones, computers, tablets. Insurance protection for mobile phones, computers, tablets is valid only if the person who incurred the loss was not traveling with the Client;

5.1.13. which arose as a result of malicious intent, gross negligence or criminally punishable action of the victim or the Client;

5.1.14. which arose in connection with the Internet (use of the Internet, intranet, extranet, e-mail), with cyberattacks, with damage or destruction of computer programs, data, and databases;

5.1.15. which arose in connection with the production, processing, storage, transportation, use or trade of weapons, ammunition and other explosives, liquefied gases and toxic substances;

5.1.16. which are related to a claim for payment of fines, taxes or any other comparable payments;

5.1.17. which were caused to the Client's relatives. Relatives are considered parents, spouse and children, adopted children and adoptive parents, stepfather, stepmother and stepchildren, grandparents and grandchildren, brothers, sisters, foster parents and foster children, as well as another person with whom the Customer has a common household;

5.1.18. related to damage to health, life, physical condition or material losses arising from the influence of an electromagnetic field (EMF) and/or electromagnetic radiation (EMR), including from any type of EMF/EMR radiation in connection with any type of electrical power lines or equipment operated using electrical energy;

5.1.19. resulting from long-term or gradual exposure (for example, temperature, gases, vapors, smoke, soot, dust); loss arising in connection with flooding caused by flowing or standing water;

5.1.20. arising from participation in expeditions, cycling, equestrian sports or martial arts;

5.1.21. relating to any claims directly or indirectly arising from, connected with or relating to damage to health, life, physical condition (including emotional harm, mental trauma, phobia) arising from, developing or in any other way connected with Acquired Immune Deficiency Syndrome (AIDS) or Hepatitis A, B, C or their pathogens. This exclusion also includes the costs of defense or the costs of medical examinations in connection with suspected infection with any of the above.

Chapter V. Legal aid insurance.

Article 1. Legal aid insurance.

1.1. The Insurer shall reimburse the Insured's expenses incurred during a Trip for the receipt of legal aid Abroad.

Article 2. Insurance Benefit in case of legal aid.

2.1. The Insurer shall reimburse the losses incurred by the Insured related to legal aid expenses (lawyers' fees) without exceeding the Sum Insured, if the Insured inadvertently fails to comply with traditions of the respective country and rules of conduct established in the respective country, and/or accidentally violates legal acts of the respective country, thus causing damage to a third person.

2.2. Insurance Coverage shall be valid in cases instituted during a Trip for damage done to a third person, where the Policyholder takes part as a defendant in a civil case. Expenses in the court of first instance shall be covered.

Article 3. Documents required for receipt of insurance indemnity.

3.1. In case of legal aid expenses, the Insured shall present the following:

3.1.1. a copy of a claim instituted against the Insured in court (accepted by court);

3.1.2. an agreement with a legal aid provider (an authorized lawyer or an assistant lawyer) indicating the reason for the provision of legal aid;

3.1.3. a document confirming the payment for legal aid services.

Article 4. Non-Insured Events.

4.1. Insurance Coverage shall not cover the following cases:

4.1.1. when legal assistance is provided in connection with a claim brought against the Client due to the storage, rental, use of the vehicle, including due to violations of road traffic regulations, or in the event of the driver's civil liability;

4.1.2. when legal assistance is provided in connection with a claim brought if the damage is caused by animals that are the property of the Client or are under its supervision or these animals belong to persons for whom the Client is legally responsible;

4.1.3. when the Client has made any offers of a legal nature or made payments before the Insurer has given written confirmation;

4.1.4. when the Client has not sought free legal assistance and such an opportunity exists in accordance with local legislation;

4.1.5. when legal services have been provided by a representative who does not have the appropriate qualifications to consider a legal issue or if the Client has been represented in court by a representative who does not have the appropriate qualifications and the Client was aware of this;

4.1.6. when legal assistance is provided in connection with an appeal against an administrative act;

4.1.7. when legal assistance is provided in connection with the Client's defense in a criminal case, if the accusation is made for deliberate action, direct or indirect intent, such as drunk driving, fraud, forgery, etc., if the Client is found guilty;

4.1.8. when legal assistance is provided in connection with the forced execution of a court judgment;

4.1.9. when legal assistance is provided in connection with insolvency or bankruptcy;

4.2. The Insurer does not reimburse the following expenses of the Client:

4.2.1. arbitration expenses;

4.2.2. court expenses that, according to the judgment, must be paid or an agreement has been reached that they will be paid by the Client;

4.3. expenses for obtaining a court expert opinion;

4.4. expenses for reporting a violation, criminal offense and its pre-trial investigation;

4.5. expenses for the failure of the Client or his representative to appear in court, failure to comply with court decisions or expenses incurred by intentionally prolonging the court process, or expenses due to gross negligence or otherwise increasing expenses.

Chapter VI. Baggage insurance.

Article 1. Baggage insurance.

1.1. The Insurer shall reimburse actual expenses incurred by the Insured incurred during a Trip due to the following:

1.1.1. delayed Baggage;

1.1.2. Baggage loss or damage during transportation;

1.1.3. Baggage theft during a Trip.

Article 2. Insurance Benefit in case of delayed baggage.

2.1. If Baggage or sports inventory, which was registered and handed over to the Carrier, is late for 4 (four) hours to 21 days, the Insurer shall:

2.1.1. compensate the Insured the expenses of the essential hygiene products and purchasing of essential clothing incurred while Abroad, which were necessary to replace the personal belongings arriving late;

2.1.2. compensate the Insured the expenses for the rental or purchasing of other sports inventory in the Abroad until the delivery of the personal sports inventory.

Article 3. Insurance Benefit in case of a baggage loss.

3.1. If Baggage of the Insured, which was registered and handed over to the Carrier as a unit of baggage, has been lost during a Trip, the Insurer shall pay for the lost baggage a benefit in the amount of the actual expenses without exceeding the Sum Insured for Baggage loss. Baggage shall be considered lost if it is not delivered within 21 (twenty one) days from the initial scheduled time of delivery, and a document confirming this fact has been received from the Carrier.

3.2. If the Carrier pays a compensation to the Insured, the Insurer shall pay an Insurance Benefit according to the principle of compensation, i.e. the Insurer shall pay the difference between the actual expenses of the Insured and a compensation paid by the Carrier.

3.3. New items (not older than 1 year) shall be compensated for at the purchase price of an equivalent new item. The insurance premium for items older than 1 year shall be calculated taking into account the age of the items and the degree of depreciation, applying 15 % depreciation rate per calendar year, but not exceeding 70 (seventy)% depreciation.

Article 4. Insurance Benefit in case of a baggage damage.

4.1. The Insurer shall reimburse the actual expenses incurred by the Insured on the basis of documents substantiating the expense amount for cleaning, repair or repair workshop for damaged Baggage. In case of destruction of Baggage, a Carrier's statement shall be issued.

4.2. If the Carrier pays a compensation, the Insurer shall pay an Insurance Benefit according to the principle of compensation, i.e. the Insurer shall pay the difference between the actual expenses incurred by the Insured and a compensation paid by the Carrier.

4.3. New items (not older than 1 year) shall be compensated for at the purchase price of an equivalent new item. The insurance premium for items older than 1 year shall be calculated taking into account the age of the items and the degree of depreciation, applying 15 % depreciation rate per calendar year, but not exceeding 70 (seventy) % depreciation.

Article 5. Insurance Benefit in case of a baggage theft.

5.1. If Baggage or sports equipment of the Insured is stolen during the Trip, except for cases, when it is at the Carrier's disposal, the Insurer shall reimburse expenses of items purchased Abroad to replace the stolen items. By agreement with the Insurer, the Insured's expenses for the purchase of equivalent sports (and computer, mobile phone) equipment in the Country of Residence may be reimbursed.

Article 6. Duties of the Insured in case of an Insured Event.

6.1. The Insured shall notify the Carrier about the event within 24 (twenty-four) hours.

6.2. The Insured shall demand and receive a document confirming the fact of the event issued by the Carrier.

6.3. The Insured shall notify state police of a Foreign Country about a Baggage theft during a Trip within 24 (twenty-four) hours of the theft and receive a document confirming the fact of the Baggage theft.

Article 7. Documents required for receipt of insurance indemnity.

7.1. In case of baggage delay, the Customer must submit:

7.1.1. Carrier's certificate confirming the baggage delay at the destination;

7.1.2. a copy of the ticket and the Baggage Tag or a copy thereof;

7.1.3. payment documents for the purchased items;

7.1.4. in case of active recreation, sports equipment delay – documents confirming the rental or purchase of the equipment, including the name of the item, price, rental time and place, details of the lessor or seller.

7.2. In case of baggage damage, the Customer must submit:

7.2.1. Carrier's certificate confirming the fact of baggage damage;

7.2.2. Carrier's certificate regarding the amount of compensation paid, if any;

7.2.3. damaged item or its photo, documents confirming its value;

7.2.4. a payment document confirming the repair of the Baggage or a statement of the repair costs, if the repair is not economically justified.

7.3. In the event of loss of Baggage, the Customer must submit:

7.3.1. a statement from the Carrier confirming the fact of the loss of the Baggage;

7.3.2. a statement from the Carrier regarding the amount of compensation paid, if any;

7.3.3. a detailed description of the property, indicating the value and, if possible, documents confirming it (for example, purchase receipts);

7.3.4. a copy of the ticket and the Baggage Tag or a copy thereof.

7.4. In the event of theft of the Baggage, the Customer must submit:

7.4.1. a police statement regarding the fact, place and circumstances of the theft;

7.4.2. a description of the Baggage, indicating the value;

7.4.3. payment documents for the purchased property that replaces the stolen property.

Article 8. Non-Insured Events.

8.1. The Insurer shall not reimburse the following expenses incurred by the Insured:

8.1.1. expenses which were caused by the Insured himself regardless of the reason therefor;

8.1.2. for Baggage, which is transported as cargo by a vehicle not used by the Insured to travel, or by a transport aircraft;

8.1.3. for scratched items;

8.1.4. for broken glass or other fragile items;

8.1.5. for delays, damage, loss or theft of money, currency and securities, checks, tickets, all types of cards (bank, telephone, transport, fuel, etc.), vouchers and all types of documents except passport, id card or driving license;

8.1.6. for jewelry, precious metals, works of art and antiques;

8.1.7. for decorative cosmetics and perfumery;

8.1.8. for plants and animals;

8.1.9. for software, audio and video recordings; computer equipment, video, audio, photography and other communication equipment, cables and wires. This exemption shall not apply to the risk of Baggage theft;

8.1.10. for partial loss and damage of items when Baggage has been handed over to the Carrier, except for cases where the Insured can provide documentary evidence of the fact that they were in the Baggage;

8.1.11. for food and alcoholic beverages, tobacco products;

8.1.12. if delivery of Baggage to the Country of Permanent Residence has been delayed.

Chapter VII. Trip cancellation, termination, delay and loss of connection insurance.

Article 1. Trip cancellation, termination, delay and loss of connection insurance.

1.1. The Insurer shall reimburse the Insured his actually incurred expenses for the following:

- Trip cancellation;
- Trip termination;
- Late arrival to the place of departure for a Trip;
- Loss of connection.

Article 2. Insurance Benefit in case of cancelation, termination or delay of a Trip.

2.1. The Insurer shall reimburse the Insured his actual expenses incurred due to a cancellation, termination or delay of the planned Trip for the following reasons:

2.1.1. a Sudden or Acute Illness of the Insured, an Exacerbation of a Chronic Illness or an Accident, which, according to a doctor's opinion, requires Emergency Medical Aid or hospital treatment, and therefore he cannot go on a Trip or continue to travel;

2.1.2. death of the Insured;

2.1.3. in case of a Sudden or Acute Illness or an Accident suffered by family members and relatives of the Insured (parents, foster parents, spouses, children, foster children or siblings) or the sole companion (if Travel tickets and reservations were purchased for two people) wherefor the relative or the sole companion was hospitalized based on a doctor's opinion, or he died, and for this reason, the Insured cannot go on a Trip or continue to travel;

2.1.4. if the Insured's property was lost due to a fire, natural disaster or unlawful third-party actions, if this loss, compared to the state of the damaged property, is essential, or if the presence of the Insured in his Country of Permanent Residence is necessary to assess the loss;

2.1.5. if the Insured got into a traffic accident or became a victim of a crime, when the Trip is to be canceled, discontinued or delayed as a result of that;

2.1.6. if public transport (including taxi) used by the Insured is late to depart from its place of departure or arrive to the place of start of the Trip not on time due to a traffic accident, technical malfunctions/defects or bad weather, and this forms a reason for being late for a Trip;

2.1.7. cancellation of a planned and paid concert or conference at the travel destination, if the purpose of the trip was to attend a public concert or conference.

2.2. In the event of cancellation or termination of a Trip, or late arrival to the place of departure for the Trip, the Insurer shall reimburse the following actual expenses of the Insured without exceeding the Sum Insured:

2.2.1. the actual expenses incurred by the Insured for tickets and other services included in the Travel Package which were paid for, but not used, or additional expenses for a change of tickets or the new tickets purchased;

2.2.2. the actual transport and subsistence expenses incurred by the Insured for accessing the final destination or the necessary reasonable transport expenses for the Insured to be able to return to his Country of Permanent Residence.

2.3. In case of an Insured Event, the Insurer shall reimburse that share of the total sum paid for a Trip, which is not compensated by the service provider (a tour operator, an airline or a travel agency) according to conditions of the booked Trip.

2.4. An unconditional deductible of 15% shall apply to the payment of the insurance benefit due to cancellation or termination of a Trip.

Article 3. Insurance benefit in case of loss of connection.

3.1. If the flight is delayed for technical reasons or weather conditions, and the Insured is late for connection in another transport, the Insurer shall reimburse the Insured the following actual expenses:

3.1.1. additional transport expenses necessary to continue the planned economy-class Trip in another same or alternative transport departing as soon as possible;

3.1.2. additional hotel expenses at the point of transfer and transportation cost from and to airport, if the Insured gets to stay there for at least 4 hours at night or at least 8 hours during the day.

Article 4. Duties of the Insured in case of an insured event.

4.1. The Insured shall immediately refer to a tour operator or his authorized person and present him with a written request for the recovery of Travel expenses;

4.2. The Insured shall inform the Insurer about monetary amounts received from a tour operator, a travel agency and third persons reducing Travel expenses incurred by the Insured.

Article 5. Documents required for receipt of insurance indemnity.

5.1. In case of cancellation or termination of a Trip, the Insured shall present the following documents:

5.1.1. in case of an Illness or an Accident suffered by the Insured – a statement from a medical institution indicating the diagnosis and a document confirming the incapacity for work;

5.1.2. in case of death of the Insured – relatives of the Insured shall present a copy of his death certificate;

5.1.3. in case of a Sudden or Acute Illness or an Accident suffered by family members and relatives of the Insured (parents, foster parents, a spouse, children, foster children or siblings) or the sole companion (if Travel tickets and reservations were purchased

for two people) wherefor the relative or the sole companion was hospitalized based on the doctor's opinion, or died, – a document confirming the received hospital treatment or a copy of the death certificate;

5.1.4. in case of losses of property incurred by the Insured – a statement of the relevant competent state authority/ institution (police, fire or rescue service, etc.), confirming the fact of the loss and the amount of losses;

5.1.5. payment documents confirming the amount paid to the tour operator (the service provider);

5.1.6. documents or a copy of the concluded Travel agreement, indicating conditions of cancellation and the sum, which the Travel agent (the service provider) will not return in case of cancellation of a Trip;

5.1.7. a police statement on the fact of a traffic Accident or a crime.

5.2. In case of loss of connection, the Insured shall present the following documents:

5.2.1. travel tickets for all connecting trips or their copies;

5.2.2. an airline or an airport statement on delayed flight, which has led to arriving late for another connecting flight. The statement shall indicate the reason of the delay;

5.2.3. documents certifying transport and hotel expenses.

Article 6. Non-Insured Events.

6.1. The Insurer shall not reimburse the following expenses incurred by the Insured:

6.1.1. if the possibility of Trip cancellation could be foreseen before the Trip (before purchasing flight tickets, booking hotels, renting cars and purchasing other Travel services);

6.1.2. if the travel connection period is less than 2 hours or shorter than the Minimum Connecting Time set by the respective airport;

6.1.3. if late arrival for a connecting flight was determined by the fact that law enforcement or other official state authorities/institutions interfered with timely arrival to an intermediate point of Travel.

Chapter VIII. Exchange of plane ticket.

We will compensate the costs of exchange of plane tickets and the increase of the price of the new plane tickets within the limit of compensation,provided that the reason for the exchange is a change of the itinerary independent of your actions and attributable to reasons beyond your control. The exchange of the plane tickets must have occurred before check in.

Chapter IX. Rental car deductible insurance.

Article 1. Insured event.

1.1. An insured event of rental car deductible insurance is the theft, robbery or destruction of or damage to a passenger car (hereinafter the rental car) rented by the Client, due to which the Client must pay the lessor the deductible prescribed in the CASCO insurance contract of the rental car.

Article 2. Insurance indemnity.

2.1. The insurer indemnifies the part of the deductible specified in the claim submitted by the car rental company up to the sum insured as indicated for a specific Insurance Risk specified in Table 1 of Annex 1 to these Terms and Conditions.

2.2. The insurance cover applies:

2.2.1. only to passenger cars (laden mass up to 3,500 kg);

2.2.2. if the insured event occurred during a trip in the Foreign Country;

2.2.3. if the lessor of the rental car is a legal person in the Foreign Country whose official area of activity is short-term rental of vehicles;

2.2.4. if the lesser of the rental car is a legal person in the Foreign Country or country of Permanent Residence whose official area of activity is short-term rental of vehicles;

2.2.5. if the rental car had a valid casco insurance contract;

2.2.6. also if Client is not the lessee, but has been indicated as the driver of the vehicle in the vehicle rental contract.

Article 3. Obligations of Client upon the occurrence of an insured event.

3.1. Upon damage to the rental car, the car rental company must immediately be contacted and notified of the event and instructions must be requested for further conduct.

3.2. If the rental car is stolen or robbed, the car rental company and the local police must be notified of the event.

3.3. If the rental car is damaged in a situation where the lessee is not in the immediate vicinity of the car, the local police must be notified of the event.

3.4. In the case of a traffic accident that involves human injuries or in a situation where the parties do not reach an agreement on who is at fault, the local police must be notified of the event.

3.5. The lessee is required to photograph the scene of the event and the damages caused to the rental car.

3.6. Following a loss event, the lessee must take measures for reducing the loss or for restricting any further increase in the scope of loss.

Article 4. Documents required for receipt of insurance indemnity.

4.1. Upon the occurrence of a loss event, the following must be submitted to the Insurer:

4.1.1. a copy of the rental contract;

4.1.2. if the rental car had a valid casco insurance contract;

4.1.3. an explanation prepared by the lessee of the car about the occurrence of the loss event and, if necessary, other documents certifying the occurrence of the loss event;

4.1.4. a copy of the police report (if the incident required the police to attend);

4.1.5. photographs of the scene of the event and the damages arisen to the rental car;

4.1.6. the claim submitted to the lessee by the car rental company for payment of the part of the deductible and a certificate on payment of the claim by the lessee.

Article 5. Exclusions.

5.1. In addition to the exclusions mentioned in section XI point 5 of these Terms and Conditions the Insurer does not indemnify to Client:

5.1.1. expenses or loss arisen due to the driver's failure to close the windows or sunroof of the vehicle, failure to lock the doors to the vehicle, failure to take along all keys, remote controls and documents, or failure to apply anti-theft equipment when leaving the rental car;

5.1.2. any expenses subject to payment on the basis of an insurance contract entered into in respect of the rental car;

5.1.3. any expenses that exceed the sum insured as specified in the Table 1 of Annex 1 to these Terms and Conditions;

5.1.4. claims for default interest, fine or contractual penalty submitted to the lessee;

5.1.5. for any claim where Client has not met the terms of his car rental agreement;

5.1.6. for any claim, the occurrence whereof was affected by the consumption of alcohol, drugs or other toxic or psychotropic substances and potent drugs. Also, the Insurer shall not pay an insurance benefit when the Client consumed alcohol or other psychotropic substances after the event before doctor's examination or avoided having his sobriety and intoxication level checked. Insobriety and intoxication according to these individual terms and shall be understood in accordance with the procedure prescribed by legal acts of the respective country.

5.1.7. if the vehicle was used in competitions, races or driven on roads unsuitable for regular traffic, such as off-road terrain, in water or unofficial ice roads;

5.1.8. expenses or losses incurred in the country of residence.

Chapter X. Phone expenses.

Article 1. Phone expenses.

The Insurer shall pay the expenses of telephone calls made by the Insured abroad in order to contact the Insurer and/or the 24-hour Help desk, air company, travel agency, medical institution, police and any other organization which were necessary in connection with the occurrence of any insured risk mentioned in the policy. The fact and expenses of telephone calls are confirmed by a printout of telephone conversations.

Chapter XI. General part.

Article 1. General provisions.

1.1. In case of a conflict between provisions of the General Part and the Special Part of these individual terms and conditions, also situations not covered by provisions of the General Part shall be subject to provisions of the Special Part.

1.2. Situations that are not governed by provisions of the Special Part of these individual terms and conditions shall be subject to provisions of the General Part.

1.3. Situations that are not governed by these individual terms and conditions shall be subject to legal acts of the Republic of Latvia, and all disputes arising from the performance and interpretation of the Insurance Contract shall be settled in accordance with the procedure established by legal acts of the Republic of Latvia.

1.4. The Insured shall be allowed to read these individual terms and conditions prior to acquiring a Payment Card; the individual terms conditions or a link thereto shall be published on the website of the Insurer and the Policyholder, and the Insured shall be informed about any changes thereof in advance, on the website of the Policyholder.

1.5. The Insured undertakes to get familiar with these individual terms and conditions and to comply therewith during the Insurance period.

1.6. The Insurer shall not be liable for losses of the Insured incurred as a result of the decision of state authorities not to allow him to leave for a Trip and/or to enter a Foreign Country.

1.7. Insurance Coverage granted in accordance with these individual insurance terms and conditions shall not constitute the basis for a Foreign Country institution to issue a visa and/or allow entering the territory of a Foreign Country.

1.8. In all cases, the Insured shall be subject to Insurance Coverage, and an Insurance Benefit shall be paid to the Insured according to these individual terms and conditions under one Payment Card only. If a natural person is an Insured person under more than one Payment Card issued to him or other persons in accordance with these individual terms and conditions, the Insured shall be subject to Insurance Coverage under the Payment Card under which the Insurance Coverage is the highest. If the Insurance Coverage provided under the Payment Cards is the same, the Insurance Coverage shall apply on the basis of one Payment Card at the choice of the Insured. The Insured shall have the right to receive one Insurance Benefit for one event regardless of the number of Payment Cards under which he has been insured.

1.9. 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 this 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, the Republic of Latvia, the United Kingdom or the United States of America (provided that this does not violate any regulation or specific national law applicable to the Insurer). If the sanctions imposed continue to directly or indirectly interfere with the Insurer's provision of the services hereunder, the Insurer shall have the right to terminate the Insurance Contract unilaterally by notifying the Insured and the Policyholder thereof in writing.

1.10. When planning to assign his rights and duties to another insurer, the Insurer shall inform the Policyholder of such a plan and shall publish about it in press, indicating a period of at least 2 months during which the Policyholder shall have the right to file written objections with the Insurer regarding his intention to assign rights and duties. If the Policyholder files a written objection to the Insurer's plan to assign his rights and obligations to another insurer, the Policyholder shall have the right to terminate the Insurance Contract within one month from the day of assignment of rights and obligations.

1.11. The scope of the Insurance Coverage is provided in Table 1 of Annex 1 to these individual terms and conditions.

Article 2. Duties of the Insured in case of an Insured Event.

2.1. In case of an Insured Event, the Insured shall take reasonable measures available to him in order to avoid possible damage or to reduce it, acting in observance of the Insurer's instructions, if such instructions were given or recommended by the Insurer's Assistant Partner after an event has already happened. The Insurer shall reimburse the Necessary Expenses of the Insured incurred in order to avoid damage or to reduce it in the implementation of the instructions of the Insurer, irrespective of the fact that the respective measures have not rendered a positive result. Such expenses shall be remunerated regardless of the fact that they exceed the Sum Insured together with the damage amount.

2.2. The Insured shall immediately notify respective competent authorities (police, fire service, ambulance, etc.) of the Insured Event, if this is required according to legal norms of the respective country, and shall notify the Insurer thereof without any undue delay, but not later than within the time period specified in the Special Part of these individual terms and conditions and applicable to the respective type of insurance.

2.3. At the Insurer's request, the Insured shall grant the Insurer the right to receive information from third parties (all types of medical institutions and their doctors, dentists, insurers, health and care services, including state social insurance and compulsory health insurance institutions) about the previous, current illnesses and illnesses having manifested before the expiry of Insurance Coverage, consequences of accidents, ailments, also about personal insurance contracts being drafted for conclusion, the already concluded and expired contracts; also information on the use of coverage provided by the state social insurance and compulsory health insurance and its scope. To this end, the Insured shall give to the Insurer a written consent, whereby the previously mentioned third parties shall be exempted from the obligation to keep secret and shall be authorized to provide the Insurer with all the necessary information.

2.4. The Insured shall execute the Insurer's requirements and help the Insurer to clear up the circumstances of the Insured Event and provide all information and documents which, in the opinion of the Insurer, are relevant in determining circumstances of the Insured Event and the Insurance Benefit amount.

2.5. The Insured shall, at the Insurer's request, authorize the Insurer in writing to make all claims on behalf of the Insured relating to satisfying or rejecting claims of third parties that are necessary in the opinion of the Insurer.

Article 3. Procedure for determining damage and paying insurance benefits.

3.1. Insurance Benefits shall be paid for Insured Events provided for in individual terms and conditions, without exceeding the Sum Insured.

3.2. The Insurer shall pay an insurance benefit only if he has been provided with the necessary evidence and it becomes property of the Insurer.

3.3. The Insured and/or his representative shall, at the Insurer's request, submit all the available documents and information related to circumstances and consequences of the Insured Event necessary to determine the Insurance Benefit amount. They shall be entitled to receive these documents in accordance with the procedure established by laws and other legal acts.

3.4. The Insurer shall pay the Insurance Benefit not later than within 30 calendar days from the day when all information important for determining the fact, circumstances and consequences of the Insured Event and the Insurance Benefit amount was received.

3.5. The Insurer shall not have the right to:

a) pay an Insurance Benefit or to refuse to pay it without making sure of the existence of the Insured Event;

b) refuse to pay an Insurance Benefit without checking all the information available to him.

3.6. If, upon the occurrence of an Insured Event, the Insured and the Insurer fail to reach an agreement on the Insurance Benefit amount, the Insurer shall, at a written request of the Insured, pay an amount equivalent to the Insurance Benefit amount undisputed by the Parties if the adjustment of the amount lasts longer than 3 months.

3.7. Having paid an Insurance Benefit, the right to claim the amounts paid from the person responsible for the damage done (subrogation) shall pass on to the Insurer. The Insured shall transfer to the Insurer all information that is available to him or would be available to him as a careful person in order for the Insurer to properly implement the right of claim that has passed to him. If the Insured has waived his right of claim or implementing it has become impossible at the fault of the Insured, the Insurer shall be fully or partially exempted from the payment of an Insurance Benefit and shall have the right to demand to refund the compensation that has already been paid.

3.8. The Insurer shall have the right to pay a compensation to forwarders and providers of appropriate documents substantiating the payment of an Insurance Benefit: the Policyholder, the Insured or the person specified by him, if they paid for the services themselves, also to authorized persons or medical institutions, and to those persons or institutions at the expense of whom mortal remains of the Insured were transported, also to other persons who are entitled to an Insurance Benefit in accordance with laws or these individual insurance terms and conditions.

3.9. If an Insurance Benefit is paid in a foreign currency, the foreign currency exchange rate applicable on the day of calculation of the Insurance Benefit shall apply to currency conversion.

3.10. The right of claim to the Insurance Benefit can neither be transferred to another person by the right of ownership nor pledged by a separate agreement.

3.11. Notwithstanding the Insured Risk, the Insured shall provide the Insurer with the following information and documents in all cases of claims for an Insurance compensation:

3.11.1. a written application for damages indicating the Cardholder's name, date of birth and the first 6 (six) and the last 4 (four) digits of the Card number;

3.11.2. all receipts, original invoices or copies thereof. They shall contain information on the recipient of the service – (name, surname, date of birth) and the service provider (name, address, registration number, bank account details), the scope of the service and exact name, place of service provision, and start and end dates.

Article 4. Double insurance conditions.

4.1. The Insured shall inform the Insurer about the Payment Cards with Travel Insurance Coverage from other banks that he has or other contracts on insurance for the same risks concluded or planned to be concluded with other insurance companies.

4.2. In case of an Insured Event and having determined that the Insured had been insured under other insurance contracts for the same risks with more than one insurance company, each insurance company shall pay an insurance benefit in proportion, without exceeding the total damage amount. In case the Insured has received insurance benefits for the same insured risks for the same event under other insurance contracts, the Insured shall repay the share of the paid insurance benefit in proportion to the Sum Insured under this Insurance Contract. This provision shall not apply to accident insurance.

Article 5. Validity and scope of insurance coverage, non-insured events and uninsured persons.

5.1. During the period of one Trip, Insurance Coverage shall be valid during a Trip abroad for 90 calendar days from the day of the Insured's crossing of the state border when going Abroad.

5.2. Insurance Coverage shall not apply to family members of the Insured who do not travel along on the same Trip.

5.3. The start and end of each Trip Abroad shall be substantiated with documents, at the Insurer's request.

5.4. The Insurer shall provide Insurance Coverage in cases provided for in these individual terms and conditions that happen in the insurance territory during the Insurance Coverage validity period.

5.5. According to these individual terms and conditions, any damage, losses or expenses directly or indirectly related to the below listed events shall not be indemnified, regardless of the fact whether the emergence of such damage, losses or expenses or the determination of the amount thereof could have been impacted by other reasons and circumstances:

a) war, hostile actions of Foreign forces, military acts (regardless of whether or not a war was declared), civil war, rebellion, revolution, uprising, introduction of a state of emergency, internal unrest having reached the scale of an uprising, use of military or illegal forces, strikes, lockouts, also, detentions or arrests by state authorities and officials;

b) terrorist acts of any nature. In these individual terms and conditions, the concept of terrorism shall mean endangering life or health of many people, property or infrastructure objects through the use or threatening to use force (for example, by exploding, setting on fire, spreading radioactive, biological or chemical harmful substances, preparations, microorganisms, etc.) in pursuit of political, religious, ideological or ethnic goals, also in order to influence or intimidate the government, the society or a part thereof. This exception shall not apply to the risks listed in Chapter II (Medical expense insurance) and Chapter III (Accident insurance) whereon no warning was published on the website of the Ministry of Foreign Affairs of the Republic of Latvia and no recommendations were made not to go to this zone before the start of the Trip. If such a warning was published after the Insured had already entered

the zone specified in the warning, insurance coverage against terrorism shall end on the 7th day after publishing a warning;

c) damage, losses or expenses resulting from or related to response to, prevention or suppression of actions and incidents listed in subparagraphs a) and b) hereof shall not be reimbursed either.

5.6. According to these individual insurance terms and conditions the following shall not be reimbursed either:

5.6.1. damage for confiscation, arrest or destruction of property at the instruction of state authorities;

5.6.2. damage caused by direct or indirect effects, use or natural manifestation of nuclear energy and damage done to health by any radiation (radioactive, electromagnetic, heat, light, etc.) effects, also, damage done by the use of chemical and biological materials for non-peaceful purposes;

5.6.3. damage caused by epidemic, pandemic, quarantine, global natural calamity, natural disaster, irresistible forces (force majeure);

5.6.4. damage caused by an intentional injury, suicide or attempted suicide, also damage due to an accident incurred by the Insured when committing or preparing to commit a crime.

5.7. Illnesses and consequences of accidents resulting from the following shall also be considered non-insured events:

5.7.1. participation in any officially held sports competitions and trainings. Officially held sports competitions and trainings are such competitions and trainings, which are held by sports organizations, sports clubs having the rights of a legal person, sports schools, sports centers, sports bases, sports federations, associations, societies and other organizations and institutions engaged in physical education and sports activities, which allow practicing physical education and sports, training sportsmen, holding sports competitions and other physical education and sport events. Officially held sports competitions are conducted according to competition regulations, which shall be in line with sports competition rules. The regulations shall list competition organizers, conditions and procedure for holding competitions as well as safety requirements. Sports activities which are not held by sports organizations and are a form of pastime of the Insured shall not be subject to the provisions of this clause;

5.7.2. engagement in combat sports or increased-risk and extreme recreational sports (deep diving to more than 10 meters deep, climbing, spelunking, gliding, hang gliding, paragliding, kiting, parachuting, bungee jumping, etc.), out of piste skiing, including skiing using gliders or helicopters. Insurance coverage also does not apply to recreational sports listed in Table 2 of these individual insurance terms and conditions shall be subject to insurance coverage;

5.7.3. participation in outings and expeditions to locations of extreme climate conditions (such as polar zone, desert, open sea, etc.);

5.7.4. driving or rendition to drive a vehicle to someone under the influence of alcohol (exceeding blood alcohol content set by legislation of a respective country) or to a person who does not have the right to drive a vehicle of a respective category;

5.7.5. serving in military or another similar service, participation in war or military acts, peacekeeping missions;

5.7.6. working as a driver of land vehicles, carrying passengers and/or cargos for a remuneration in any form and amount, during their work hours, breaks, daily and weekly rest time;

5.7.7. events the occurrence whereof was affected by the use of alcohol, drugs, other toxic or psychotropic substances or potent drugs used for intoxication. The Insurer shall not pay an insurance benefit when the Insured used alcohol or other intoxicating substances after the event before doctor's examination or avoided having his sobriety or intoxication level checked. Insobriety and intoxication according to these individual terms and conditions shall be understood in accordance with the procedure prescribed by legal acts of the respective country.

5.8. According to these individual terms and conditions, non-property damage shall not be reimbursed, unless other provisions of these individual terms and conditions establish otherwise.

5.9. According to these individual terms and conditions, persons in penitentiaries cannot be insured. Insurance Coverage shall end as soon as the Insured becomes uninsured under this condition.

5.10. According to these individual terms and conditions, losses for criminal offense of the Insured shall not be reimbursed.

Article 6. Validity of Insurance Coverage.

6.1. Insurance Coverage shall end:

6.1.1. at the end of the insurance period;

6.1.2. upon the Insurer's payment of the total planned Sum Insured for one and the same insured event;

6.1.3. upon closing Bank card.

Article 7. Reduction or non-payment of an insurance benefit.

7.1. The Insurer shall have the right to reduce or refuse to pay an insurance benefit, if:

7.1.1. an insured event happened at the intent of the Insured, except for cases when intentional actions or omissions were socially valuable (self-defense, performance of civil duties, etc.);

7.1.2. the Insured has defaulted on his duties provided for in these individual terms and conditions, including duties on reporting Insured Events to the Insurer, except for cases when a default on or improper performance of these duties did not affect the determination of the fact of the Insured Event and/or its circumstances and/or damage amount.

7.2. In case of a failure of the Insured to perform his duties established in these individual terms and conditions to implement his right to medical aid or treatment services compensated from the compulsory health insurance fund budget, the Insurer shall have the right to reduce an insurance benefit by the amount which would have been compensated from the compulsory health insurance fund budget.

7.3. If damage occurred because the Insured deliberately failed to take available reasonable measures to avoid or reduce damage, the Insurer shall be exempted from reimbursement of such damage.

7.4. If the Insured fully or partially recognized or satisfied claims of third persons for reimbursement of damage without a prior explicit written consent of the Insurer, the Insurer can refuse to pay an insurance benefit or may reduce it, except for cases when the recognition or satisfaction of claims did not have any effect on the determination of the fact of an Insured Event and/or its circumstances and/or damage amount.

7.5. If a claim for insurance benefit has not been asserted in court within the deadlines set in laws after the Insurer's rejection thereof, the Insurer shall not accept any more claims.

Article 8. Information on personal data processing.

8.1. A Data Subject is a natural person who is a beneficiary, an insured, a family member or another person equivalent to the Policyholder.

8.2. The Insurer shall process personal data received from the Data Subject:

8.2.1. for the purposes of the conclusion of an insurance contract, its administration, risk assessment, investigation of insured events, determination of insurance benefit amounts in accordance with clauses (a) and (b) of Article 6 (1) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and

repealing Directive 95/46/EC (General Data Protection Regulation), for 10 (ten) years after the expiry of contractual relations;

8.2.2. for direct marketing purposes in presence of a Data Subject's consent;

8.2.3. for the purpose of recording telephone conversations in order to receive evidence of the conclusion and execution of insurance contracts for 10 (ten) years from the end of contractual relations.

8.3. Personal data of the Data Subject can be provided and received from state registries, banks, law enforcement authorities, fire services, emergency services, multi-apartment building administrators, multi-apartment building associations, independent experts, health care institutions and other natural and legal persons in order to assess circumstances of the insured events that took place and to determine the insurance benefit amount.

8.4. The Insurer may provide Data Subject's personal data to:

8.4.1. courts, law enforcement authorities and other institutions in cases provided for by laws;

8.4.2. reinsurers, for reinsurance purposes both in the Republic of Latvia and other countries;

8.4.3. data processors, i.e. companies that provide the Insurer with customer service and other value-added (administration), assistance services in the organization of medical, financial, legal and other aid, administration of the Insurer's damages, document scanning, handling and storage of archival documents (archive), support for information systems of the Insurer, and servicing services;

8.4.4. other data recipients with the consent of the Data Subject or at its request.

8.5. The Data Subject shall be informed of the fact that he has the right to request the Insurer to give him access to his personal data and to correct or erase them, or to limit the processing of personal data, also the right to object to the processing of his personal data, and the right to data portability. These rights shall be implemented in accordance with the terms and the procedure laid down in Regulation (EU) 2016/679, except for the exceptions established in Regulation (EU) 2016/679.

8.6. When personal data are processed in accordance with clause a) of Article 6(1) of Regulation (EU) 2016/679, the Data Subject shall have the right to cancel the given consent at any time.

8.7. The Data Subject shall have the right to address the data protection officer of the Insurer (by e-mail dpo@compensa.lv or by calling +371 6755 8888) on all matters relating to the processing of personal data and the use of his rights according to Regulation (EU) 2016/679.

8.8. The Insurer may apply profiling of the Data Subject's personal data for the purposes specified in the Chapter "Information on personal data processing". For more information on profiling, refer to the Insurer's Privacy Policy.

8.9. Considering his rights established by Regulation (EU) 2016/679 to have been violated, the Data Subject shall have the right to lodge a complaint with a supervisory authority, the State Data Protection Inspectorate first of all, pursuant to Article 77(1) of Regulation (EU) 2016/679, and to take advantage of the remedy according to Article 79 of Regulation (EU) 2016/679.

Article 9. Reports and statements of will.

9.1. All reports and statements intended for the Insurer shall be laid out in writing and sent to the following address: Compensa Vienna Insurance Group ADB Latvia Branch, Vienibas gatve 87H, Riga, LV-1004, e-mail: info@compensa.lv.

9.2. In all cases, events may be reported by remotely completing a report form available on the Insurer's website at www.compensa.lv.

9.3. In case of an acute health disorder experienced while on a Trip and in presence of the need for inpatient treatment, please immediately inform the Insurer's representative, namely, the medical assistant partner OPS LV,(tel. +371 6755 8899 open 24/7, e-mail: citadele@ops24.eu).

Annex 1

Table 1. Insured Events and Sums Insured

Risk/Card type	X/C SUPREME	X/C PRIME	C AIRBALTIC	X/C BUSINESS	X/C BUSINESS PLUS
Territorial scope	Whole world				
The insured	Card owner	Card owner and family members travelling together		Card owner	Card owner
Family members	Not covered	Spouse or partner, children and grandchildren up to 21 y.o. and parents		Not covered	Not covered
Max age of insured person	80 y. o				
Maximum length of one trip	90 days				
Terrorism cove	Not covered				
Trip cancellation or interruption due to strike/natural disaster/pandemia					
Active sport	Not covered	Covered			
Limit per card per insured event					
Medical expenses	EUR 100 000	EUR 300 000	EUR 300 000	EUR 100 000	EUR 300 000
Medicament's expences					
Denistry	EUR 500	EUR 500	EUR 500	EUR 500	EUR 500
Medical aids	EUR 500	EUR 500	EUR 500	EUR 500	EUR 500
Repatriation (incl. Coffin expences)	Up to medical expences limit				
Medical evacuation					
Medical transport in home country					
Medical transport					
Accompanying personnel					
Family member (transport and accommodation costs)					
Death/Disability due to accident	EUR 10 000	EUR 30 000	EUR 30 000	EUR 15 000	EUR 15 000
Luggage					
Checked-in baggage delay 4 hrs	Not covered	EUR 400	EUR 700	EUR 400	EUR 700
Damage of theft of baggage	Not covered	EUR 1 000	EUR 1 500	EUR 1 000	EUR 1 000
Travel disruption					
Trip delay (deductible 15 %)	Not covered	2 000 EUR	3 500 EUR	2 000 EUR	2 000 EUR
Trip cancelation (deductible 15 %)	Not covered				
Trip interruption (deductible 15 %)	Not covered				
Loss of connection (deductible 15 %)	Not covered				
Change of tickets	Not covered	200 EUR	300 EUR	200 EUR	200 EUR
Personal liability	Not covered	EUR 10 000	EUR 10 000	Not covered	
Legal assistance	Not covered	EUR 1 000	EUR 10 000	EUR 1 000	
Phone expenses	EUR 50	EUR 50			
Rental car deductible insurance (deductibleEUR 200)	Not covered	EUR 2 000	EUR 2 000	Not covered	

Table 2. Non-insured events engaging in recreational sports/physical activity.

In all cases, the insurance of professional sports and participation in all kinds of competitions is not covered.
Recreational sports/physical activity risk does not apply to X supreme and C supreme cardholders.
Recreational sports/physical activity risk applies to C airBaltic, X prime / C prime / X Platinum, X Business / C Business and X Business plus / C Business plus cardholders, but subject to the following non-insurable events:

I. EXTREME SPORTS AND HIGH-RISK ACTIVITIES	
1. Mountain, Rock, and Ice Sports	1.1. Alpine skiing, snowboarding, or snowmobile riding outside marked trails, Heliboarding, heliskiing.
	1.2. Specific skiing types: Slalom, speed and downhill skiing, freestyle skiing, ski jumping, bobsleighing
	1.3. Mountain Hikes: At an altitude higher than 3,000 m or on routes whose difficulty category is higher than PD (according to the European Alps system).
	1.4. Rock or mountain climbing, ice climbing, crossing of semi-covered and covered glaciers.
2. Water Sports	2.1. Diving deeper than 10 meters.
	2.2. Sailing or going on a motorboat in high seas and ocean (more than 12 nautical miles from the coast).
	2.3. Surfing, windsurfing, kiteboarding.
	2.4. Boating in rapid rivers, jumping from waterfalls, speedboating, formulas.
	2.5. Ice Fishing or boat fishing in icy waters.
3. Air Sports and Altitude	3.1. Gliding, hang gliding, paragliding, skydiving, parachuting, and bungee jumping.
	3.2. Flying in a hot air balloon (except as a passenger).
	3.3. Flying on aircraft (except as a passenger).
4. Extreme Sports (Other High-Risk Leisure Activities)	Any leisure activity which by its nature involves a significantly increased risk of serious injury due to the requirement of high speed, extreme heights, specialized equipment, or high-level acrobatic/stunt maneuvers performed outside of controlled environments or designated sports facilities. This includes, but is not limited to: Land and Urban Stunts (Skateboarding, scooter riding, rollerblading, and cycling which involves jumps, tricks, or maneuvers, e.g., BMX cycling, Downhill, Trial), High-Impact Team Sports (e.g., American football or rugby), and all types of freestyle motor sports and stunt riding.
II. SPORTS COMPETITIONS AND PHYSICAL CONTACT	
5. Competitions and Events	5.1. Participating in competitions or training camps as a competitive athlete.
	5.2. Participating in mass sports events, such as a marathon.
6. Combat Sports	Combat sports or contact sports which involve direct physical combat between opponents (e.g., boxing, wrestling, judo, or karate).
III. PROFESSIONAL AND HAZARDOUS OCCUPATIONAL ACTIVITIES	
7. High-Risk Professions	Working in mines, on oil and gas platforms.
	Working while traveling as a long-distance truck driver, police officer, security guard, rescue worker, deminer, miner, diver, stuntman, or member of a flight crew.
IV. GEOGRAPHICALLY RISKY ACTIVITIES AND AREAS	
8. Hazardous Remote Areas	8.1. Hiking in remote areas where there are no professional rescue services and no regular mobile phone connection.
	8.2. Hiking in wild nature.
	8.3. Going with a mechanic/motorized vehicle off-road.
9. Crisis Zones	A stay in an area of crisis as a monitor, reporter, rescue worker, medical staff, or for other similar purposes. A crisis zone is understood as a place where events such as political instability (riots, rallies), humanitarian crises (refugees), and places affected by natural events (volcanic eruption, rainstorm, fire, landslides, tsunami) occur.