

Travel Insurance Rules No. 061

General Part

Main terms used in the Rules

Insurer shall mean ERGO Insurance SE Lithuanian branch.

Policyholder shall mean AB SEB bank.

Payment Card shall mean a valid *Visa Classic, Mano Visa (credit) MasterCard Standard, Visa Business, MasterCard Business, Visa Gold, Visa Platinum and/or MasterCard World Elite* credit card issued by the Policyholder. A credit card shall be considered valid, if it has been activated, it has not expired and has not been blocked.

Card Holder shall mean the natural person indicated on the Payment Card.

Insured shall mean the holder of at least one valid Payment Card issued by the Policyholder (except for *Visa Business* and *MasterCard Business*) and his accompanying family members (children (also adopted children and foster children) under 21 years of age and his spouse (or a cohabitant, or a person living together without marriage registration and sharing household for at least one year)). Insurance coverage for *Visa Business* and *MasterCard Business* credit card holders shall also cover co-workers traveling along (no more than three persons including the Insured).

For the Insurance coverage to apply, dates and time of the Trip, routes, vehicles and Travel destination of the Insured (the Card Holder) and his family members or co-workers shall match.

Beneficiary shall mean a person entitled to receive an insurance benefit in the procedure prescribed by laws of the Republic of Lithuania.

Insurance Coverage shall mean the obligation of the Insurer to pay an insurance benefit to the Insurer or the Beneficiary in case of an Insured Event provided for in these Rules. Insurance Coverage shall apply respectively based on the type of the Credit Card indicated in paragraph 1.11 of the General Part of these Rules. The Insurance Coverage shall not cover Insured persons older than 75 years of age according to conditions of insurance of medical and repatriation expenses, insurance against accidents and travel disruption or interruption insurance in case of an Insured Event described in paragraph 2.1.1 of Section VIII of the Rules.

Foreign Countries (Abroad) shall mean all foreign states, except the Republic of Lithuania (Lithuania) and the country of permanent residence of the Insured.

Travel (Trip) shall mean a departure from Lithuania or the country of permanent residence of the Insured, arrival to the destination of the Trip and return to Lithuania or the country of permanent residence of the Insured.

Trip Period shall mean an uninterrupted period of staying in a Foreign Country.

Insured Event shall mean an incident having happened during a Trip Abroad when incurred losses are reimbursed and/or a respective insurance benefit is paid according to these Insurance Rules. All events not specified in the Insurance Rules as Insured Events shall be considered Non-Insured Events.

Non-Insured Event shall mean an incident, which is not subject to Insurance Coverage and the payment of an insurance benefit.

Insurance Period shall mean one year calculating from 16 April 2019. The Insurance Period shall be automatically extended each year upon the agreement of the Policyholder and the Insurer. This version of the Rules shall take effect on 16 April 2019.

Sum Insured shall mean the maximum amount of money, which may be paid within one year of insurance for all the Insured under one Payment Card. After the Insurer pays a part of the Sum Insured, the Insurer's obligation shall remain valid until the end of the insurance year for the remaining part of the Sum Insured. Once the Insurer pays an Insurance Benefit (Benefits) equal to the Sum Insured for the period of one insurance year, the Insurer's obligations for the respective insurance year shall expire and shall resume only upon the start of a new Insurance Period.

Actual Expenses shall mean direct documented losses.

Limit shall mean the maximum part of the Sum Insured, which is used in calculation of Insurance Benefits by Insurance Coverage types indicated in these Rules, expressed as a specific figure or calculated in the procedure prescribed in the Rules.

Public Transport Vehicle shall mean an air, water or rail vehicle for carrying a large number of passengers, the services of which are paid by purchasing a respective one-time ticket.

Carrier shall mean a legal person entitled to engage in passenger carriage by means of Public Transport travelling in pre-fixed routes.

1. General provisions and options of insurance conditions

1.1. In case of contradictions between the provisions of the General Part and the Special Part of these Rules and in situations not regulated by the provisions of the General Part, provisions of the Special Part shall apply.

1.2. In situations that are not regulated by the provisions of the Special Part of these Rules, provisions of the General Part shall apply.

1.3. In situations not regulated by these Rules, legal acts of the Republic of Lithuania shall apply, while all disputes arising out of the performance and interpretation of the Insurance Agreement shall be settled in the manner prescribed by legal acts of the Republic of Lithuania.

1.4. The Insured shall be provided with a possibility to read these Rules before acquiring a Payment Card; the Rules or a link thereto is available on the website of the Insurer and the Policyholder, and the Insurer shall be informed about their amendments in advance on the Policyholder's website.

1.5. The Insured undertakes to read these Rules and to comply therewith during the Insurance Period.

1.6. The Insurer shall not be liable for losses of the Insured incurred because of a decision of state authorities prohibiting him from traveling and/ or entering a Foreign Country.

1.7. The Insurance Coverage granted according to these Insurance Rules shall not be considered a basis for a foreign authority to issue a visa and/ or to allow entry into the territory of a Foreign Country.

1.8. In all cases, Insurance Coverage for the Insured shall be provided and an Insurance Benefit according to these Rules shall be paid under one Payment Card only. If according to these Rules a natural person is the Insured person according to more than one Payment Card issued to him or other persons, Insurance Coverage shall apply to the Insured according to the Payment Card, which provides the greatest Insurance Coverage. If Insurance Coverage is the same under all Payment Cards, Insurance Coverage shall apply under one Payment Card depending on the choice of the Insured. The Insured shall have the right to receive one Insurance Benefit for one happened event regardless of the number of Payment Cards under which he is insured, except for accident insurance where a Benefit can be paid under the available Payment Cards held.

1.9. Notwithstanding other provisions of the Insurance Agreement, Insurance Coverage shall be valid solely for as long as it is not in conflict with any trade and economic sanctions, prohibitions or restrictions under United Nations' resolutions, laws or regulations of the European Union, the United Kingdom or the United States. If the sanctions imposed continue to directly or indirectly interfere with

the Insurer's provision of services under this Agreement, the Insurer shall have the right to terminate this Agreement unilaterally by informing You and the Policyholder thereof in writing.

1.10. When planning to assign its rights and obligations to another insurer, the Insurer shall inform the Policyholder of such intention and shall publish thereof in media, specifying a term of at least 2 months for the Policyholder to file written objections with the Insurer regarding his plans to assign his rights and obligations. If the Policyholder submits a written objection to the Insurer's intention to assign his rights and obligations to another insurer, the Policyholder shall have the right to terminate the insurance agreement within one month from his assignment of rights and obligations.

1.11. The scope of the Insurance Coverage shall depend on the type of a Payment Card:

Payment Card type	Visa Classic Mano Visa (credit) MasterCard Standard	Visa Gold	Visa Platinum	Visa Platinum	Visa Business MasterCard Business
Insurance Coverage type	Insurance Coverage validity				
	Yes	Yes	Yes	Yes	Yes
Accident insurance: in case of a disability or death	Yes	Yes	Yes	Yes	Yes
Personal civil liability insurance	No	Yes	Yes	Yes	Yes
Travel delay while Abroad insurance	No	Yes	Yes	Yes	Yes
Baggage delay insurance	No	Yes	Yes	Yes	Yes
Travel cancellation Abroad insurance	No	Yes	Yes	Yes	Yes
Missed Travel connection insurance	No	Yes	Yes	Yes	Yes
Travel disruption or Travel interruption insurance	No	No	Yes	Yes	No
Travel documents insurance	No	No	Yes	Yes	No
Extension of personal civil liability insurance for management and use of rented sports inventory	No	No	Yes	Yes	No
Vehicle hijacking insurance	No	No	Yes	Yes	No

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

2.1. In case of an Insured Event, the Insured shall take all available reasonable measures to avoid or reduce potential damage following instructions of the Insurer, if any. The Insurer shall indemnify the necessary expenses of the Insured incurred for trying to avoid damage or to reduce it in the performance of instructions given by the Insurer regardless of the fact that respective measures rendered of little use. Such expenses shall be indemnified despite the fact that they exceed the Sum Insured together with the damage amount.

2.2. The Insured shall immediately report an Insured Event to respective competent authorities (the police, fire service, ambulance, etc.), if this is requested according to legislation of a respective

country, and notify the Insurer thereof without any undue delay, but no later than within the period of time indicated in the Special Part of the Rules and applicable in respect of a specific insurance type.

2.3. At the Insurer's request, the Insured shall grant the Insurer the right to receive information from third persons (all types of treatment institutions and their doctors, dentists, insurers, health and welfare services, including state social insurance and compulsory health insurance institutions) on previous, existing illnesses and illnesses manifested before the expiry of Insurance Coverage, also, consequences of accidents, ailments as well as personal insurance contracts, which are planned to be concluded, have already been concluded or expired; also, information on using coverage provided by state social insurance and compulsory health insurance and the scope thereof. To this end, the Insured shall present to the Insurer a written consent relieving the above-mentioned third persons shall from their obligation to keep secret and be authorized to provide to the Insurer all the necessary information.

2.4. The Insured shall comply with the Insurer's requirements, assist the Insurer in clearing up all circumstances of an Insured Event and provide all information and documents, which the Insurer believes to be important for determining circumstances of the Insured Event and the insurance benefit amount.

2.5. The Insured shall, at the Insurer's request, authorize the latter in writing to make all representations on behalf of the Insured related to the meeting or rejection of third persons' claims, which the Insurer believes to be expedient.

3. Procedure for determining damage and paying insurance benefits

3.1. Insurance benefits shall be paid for Insured Events provided for in these Rules without exceeding the Sum Insured.

3.2. The Insurer shall pay an insurance benefit only if it has been furnished with all the necessary evidence, and such evidence has become property of the Insurer.

3.3. At the request of the Insurer, the Insured and/ or his representative shall present all the available documents and information on the circumstances and consequences of an Insured Event necessary for determining insurance benefit amount. They shall have the right to receive these documents in the procedure prescribed by laws and other legislation.

3.4. The Insurer shall pay an insurance benefit no later than within 30 calendar days from the day when it received the entire information, which is important for determining the fact, circumstances and consequences of an Insured Event as well as the insurance benefit amount. Having failed to pay the Insured or a Beneficiary an insurance benefit within the deadline set, the Insurer shall pay annual interest of 5% for the period of time it has delayed the payment of an insurance benefit.

3.5. The Insurer shall not have the right:

- a) to pay an insurance benefit or to refuse to pay it without having made sure of the existence of an Insured Event;
- b) to refuse to pay an insurance benefit without having inspected all information available to him.

3.6. If in case of an Insured Event the Insured and the Insurer fail to agree on an insurance benefit amount, the Insurer shall, at a written request of the Insured, pay an amount equal to the insurance benefit amount undisputed by the parties, if the coordination of the damage amount lasts longer than 3 months.

3.7. The right of claim to paid amounts from a person responsible for damage (subrogation) shall pass on to the Insurer having paid an insurance benefit. The Insured shall transfer to the Insurer all the information, which he disposes or should dispose as a responsible individual for the Insurer to be able to properly implement the right of claim passed on thereto. If the Insured refused its right of claim or the implementation thereof has become impossible at the fault of the Insured, the Insurer shall be fully or partially relieved from paying an insurance benefit and have the right to request to repay the insurance benefit paid.

3.8. The Insurer shall have the right to pay a benefit to forwarders or presenters of appropriate documents substantiating an insurance benefit: to the Policyholder, the Insured or a person indicated thereby, if they paid for services themselves, also authorized persons or medical institutions, persons or institutions at the expense of whom remains of the Insured were transported, and other persons, who are entitled to receive an insurance benefit according to laws and these Insurance Rules.

3.9. If an insurance benefit is paid in a foreign currency, the currency exchange rate valid on the day of paying an invoice (if an invoice was paid) or issuing of an invoice shall apply in currency conversion.

3.10. The right of claim to the insurance benefit can neither be assigned to another person by the right of ownership nor pledged by a separate agreement.

4. Double insurance conditions

4.1. The Insured shall inform the Insurer about his held Payment Cards which provide Travel Insurance Coverage of other banks, or other concluded or planned to be concluded insurance contracts against the same risks with other insurance companies.

4.2. Upon occurrence of an Insured Event and having determined that the Insured has been insured against the same risks according to other insurance contracts with more than one insurance company, each insurance company shall pay an insurance benefit in proportion, without exceeding the total damage amount. If the Insured has received for the same event insurance benefits for the manifestation of those same insured risks under other insurance agreements, the Insured shall repay the share of the paid insurance benefit proportionate to the Sum Insured according to this insurance agreement. This provision shall not apply in case of accident insurance.

5. Validity and scope of Insurance Coverage, Non-Insured Events and uninsured persons

5.1. During the period of one Trip, Insurance Coverage, except for Travel disruption, 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. In case of a Travel disruption, Insurance Coverage shall be valid in Lithuania.

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

5.3. If the Insured is treated for a health disorder recognized as an Insured Event for longer than the day of expiry of the Insurance Coverage, and medical repatriation of the Insured or his traveling to his permanent country of residence are impossible from medical perspective for reasons independent of the Insured, Insurance Coverage for that health disorder shall apply for no longer than 28 calendar days calculating from the day of expiry of the Insurance Coverage.

5.4. At the Insurer's request, the start and end of each Trip Abroad shall be substantiated with documentation.

5.5. The Insurer shall provide Insurance Coverage in cases provided for in these Rules, which happen during the validity period of Insurance Coverage in the insurance territory.

5.6. According to these Insurance Rules, any damage, losses or expenses directly or indirectly related to the below-listed events shall not be indemnified, regardless of the fact whether the occurrence 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 Rules, the term "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 and ethnic goals, also in order to influence or to intimidate the government, society or a part thereof;
- c) damage, losses or expenses resulted or related to response to, prevention or suppression of actions and incidents listed in subparagraphs a) and b) hereof shall not be indemnified either.

5.7. According to these Insurance Rules, the following shall not be indemnified either:

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

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

5.7.3. 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.

5.8. Illnesses and consequences of accidents resulting from the following shall also be considered Non-Insured Events:

5.8.1. 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 centres, 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.

Provisions of this paragraph shall not apply in respect of sports activities, which are not held by sports organizations, and are a form of pastime of the Insured;

5.8.2. engagement in combat sports or high-risk and extreme recreational sports (deep diving to more than 30 meters deep, climbing, spelunking, gliding, hang gliding, paragliding, kiting, parachuting, bungee jumping, etc.), off-piste skiing, including skiing using gliders or helicopters. Recreational cross-country skiing, alpine skiing in specially adapted and designated routes, yachting and diving (up to 30 meters deep) are not considered high-risk or extreme recreational sports, thus Insurance Coverage shall apply when engaging in these sports activities;

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

5.8.4. driving or rendition to drive a vehicle to someone under the influence of alcohol (exceeding blood alcohol concentration 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;

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

5.8.6. 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.

5.9. According to these Rules, non-pecuniary damage shall not be indemnified, unless provisions of other Sections of these Rules establish otherwise.

5.10. According to these Rules, persons in penitentiaries cannot be insured. Insurance Coverage shall lapse as soon as the Insured becomes uninsured under this condition

5.11. Losses caused by criminals acts of the Insured shall not be indemnified according to these Rules.

5.12. Insurance Coverage shall end:

5.12.1. upon the expiry of the insurance period;

5.12.2. after the Insurer has paid the total planned Sum Insured.

6. Reduction or non-payment of insurance benefits

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

6.1.1. an Insured Event happened at the intent of the Insured, except for cases when intentional actions or omissions are socially valuable (self-defence, performance of civil duties, etc.).

6.1.2. the Insured has failed defaulted on his duties provided for in these Rules, including duties on reporting Insured Events to the Insurer, except for cases when a default on or improper performance of these duties had no impact on the determination of the fact of an Insured Event and/or its circumstances and/or damage amount.

6.2. The Insurer shall not indemnify expenses when compulsory health insurance funds fully or partially cover emergency medical aid services in EU states. When travelling to EU states, Lichtenstein, Norway, Iceland and Switzerland, the Insured shall have a European health insurance card, which certifies the coverage of a person by compulsory health insurance (for more information, refer to www.vlk.lt).

6.3. In case of a failure of the Insured to perform his duties established in these Rules 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 insurance benefit by the amount, which would have been compensated from the compulsory health insurance fund.

6.4. If a damage occurred because the Insured deliberately failed to take available reasonable measures to avoid or reduce damage, the Insurer shall be relieved from the indemnification of such damage.

6.5. If the Insured fully or partially recognized or satisfied claims of third persons for the compensation 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 affect the determination of the fact of an Insured Event and/or its circumstances and/or damage amount.

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

7. Reports and statements of will

7.1. All reports and statements intended for the Insurer shall be laid out in writing and sent to the following address: ERGO Insurance SE Lithuanian branch, Geležinio Vilko g. 6A, LT-03507 Vilnius, e-mail: zalos@ergo.lt.

7.2. In all cases events can be reported by remotely completing a report form available on the Insurer's website at www.ergo.lt.

7.3. In case of an acute health disorder suffered while on a Trip and in presence of the need for inpatient treatment, please immediately inform the Insurer's representative, namely, the medical assistance partner Euro-Center Prague (tel. +420 221 860 639 open 24-7, e-mail: help@euro-center.cz) or by calling the Insurer's call centre (tel. 1887 (calling from abroad - +370 5 2683 222) open 24-7).

Special Part

Section I. Medical expense and repatriation insurance

Terms used in this Section of the Rules

Medical Repatriation shall mean bringing the Insured back to the country of his permanent residence for further treatment.

Emergency Medical Aid shall mean immediate, uninterrupted and urgent medical assistance based on official and universally recognized medicine aimed at eliminating a threat posed to life of the Insured or evading severe complications, lasting till the earliest event: stabilization of the condition of the Insured; medical repatriation of the Insured; death of the Insured. Emergency medical aid shall not include rehabilitation, spa or sanatorium treatment as well as non-conventional medicine.

Body Repatriation shall mean the carriage of mortal remains of the Insured to his country of permanent residence.

Health Disorder (Injury) shall mean a disorder of bodily functions of the Insured.

Medical Expenses shall mean emergency medical aid expenses substantiated with financial and medical documents having formed when the Insured addressed a treatment institution for an acute illness or bodily injury suffered in an accident while traveling Abroad.

Acute Illness shall mean an acute, unexpected change of the human's body condition threatening health and life, which started Abroad during the validity period of the insurance agreement, the elimination whereof requires Emergency Medical Aid provided for in the insurance agreement.

Chronic Disease shall mean a health condition, which already existed before leaving for a Trip (even if it was wrongly diagnosed or its existence had not yet been approved by a qualified physician) and/or with regard to which the Insured consulted a physician, received treatment or

used medication during the period of the last 6 months before the day of concluding a contract for going Abroad.

Bodily Injury shall mean damage to the integrity of tissues having occurred as a result of a sudden physical, chemical or thermal environmental impact having led to a functional disorder experienced by the Insured while travelling Abroad.

1. Object of insurance

1.1. Object of insurance shall cover property interests of the Insured related to health disorders experienced Abroad.

2. Insured Events

2.1. Insured Events shall be cases resulting in a sudden and unexpected Health Disorder or Acute Illness insured under these Rules suffered by the Insured while Abroad during the validity period of the insurance agreement.

2.2. Solely *Mastercard World Elite* Card holders shall be subject to Insurance Coverage for terrorist acts (clause 5.6 (b) of the General Part of these Rules shall not apply):

2.2.1. Insurance Coverage shall be valid, if the Insured leaves for a Trip before the start of terrorism-related events, or when such events start during his stay Abroad. In these cases, Insurance Coverage shall be valid for the first 7 days after the start of terrorism-related events and provided that the Insured is not involved in them himself.

2.2.2. Insurance Coverage shall also be valid if the Insured goes on a Trip knowing that a state of emergency has been declared in that country, and acts related to terrorism have been taking place there; in such a case, Insurance Coverage shall be valid for the first 7 days from the date of the declaration of the state of emergency.

2.2.3. In all cases, Insurance Coverage shall not include acts of terrorism when a nuclear, chemical or biological weapon or similar device has been used or launched.

3. Scope of Insurance Coverage and the Sum Insured

3.1. In case of an Insured Event, the Insurer shall indemnify treatment expenses and expenses of other services indicated in these Rules.

3.2. The Sums Insured depend on the type of a Payment Card and are presented in the Table below:

Payment Card type	<i>Visa Classic Mano Visa credit MasterCard Standard</i>	<i>Visa Gold</i>	<i>Visa Platinum</i>	<i>MasterCard World Elite</i>	<i>Visa Business MasterCard Business</i>
Sum Insured, EUR	40.000	200.000	500.000	500.000	100.000

4. Duties of the Insured

4.1. The Insured shall:

4.1.1. perform the duties specified in the General Part of the Rules;

4.1.2. immediately refer to a health care institution in case of Health Disorders;

4.1.3. in case of inpatient treatment, address health care institutions which belong to the state health care system, or, if it is impossible to do so or such a health care system does not exist in the visited country, refer to usual health care institutions, which are usually addressed for treatment in that country;

4.1.4. if a Health Disorder occurs while in the US, Canada or Australia, the Insured shall address the Insurer with a request to specify a personal health care institution, which will provide medical assistance, if it is possible to do so given the nature of a health disorder, circumstances and consequences thereof;

4.1.5. if the Insured is covered by compulsory health insurance in the country of his permanent residence, learning or work, before getting inpatient treatment, he shall submit to the personal health care institution an application for taking advantage of medical services paid (fully or partially) from the compulsory health insurance fund budget and a document substantiating this right, or in case

the Insured does not have the said document with him, he shall submit to the treatment institution an application to obtain such documents and follow instructions of the Insurer for obtaining this document;

4.1.6. follow instructions of the physician;

4.1.7. inform the Insurer about a Health Disorder no later than within 30 calendar days, except for cases of death or hospitalization in an inpatient personal health care institution. The Insurer shall be informed about death of the Insured immediately, but no later than within 48 hours, and about hospitalization of the Insured in an inpatient health care institution - before receiving inpatient treatment services, if it is possible to do so given the nature of a Health Disorder, circumstances and consequences thereof;

4.1.8. provide the Insurer with medical documents substantiating a Health Disorder, circumstances and consequences of the emergence thereof;

4.1.9. present to the Insurer original invoices for the provided medical services indicating tariffs for each medical service individually. If original invoices must be stored at the personal health care institution in accordance with legislation of the visited country, duly certified copies of invoices shall be presented;

4.1.10. present to the Insurer medical documents substantiating the necessity of medical repatriation, if an indemnification of medical repatriation expenses is requested;

4.1.11. provide the Insurer with medical documents substantiating the fact of death, its reasons and circumstances, if an indemnification of expenses of repatriation, cremation and burial of the body of the Insured is requested;

4.1.12. refrain from ordering services of repatriation or burial of the Insured's body without a prior approval of the Insurer;

4.1.13. refrain from making a decision on accompanying the Insured without a prior approval of the Insurer;

4.1.14. refrain from using inpatient personal health care service institution services without a prior approval of the Insurer, except for cases when any delay is unjustifiable from medical perspective.

4.2. In case of a failure of the Insured to receive the approvals specified in paragraphs 4.1.12 - 4.1.14 hereof, the insurance benefit payable shall be calculated on the basis of commercial offers presented by third parties hired by the Insurer.

4.3. All reports shall be submitted to the Insurer in the procedure prescribed in Section 7 of the General Part of the Rules.

5. Insurance benefit amount

5.1. In case of an Insured Event, the Insured or a Beneficiary shall gain the right to expenses indicated in this Section without exceeding the Sum Insured provided for in the Rules. In case of individual expenses, the Rules provide for benefit limits or maximum reimbursements. Emergence of the right to reimbursement of incurred expenses can be associated with the presence of circumstances indicated in the insurance agreement.

5.2. Treatment expenses of the Insured shall include:

5.2.1. expenses for medical services provided by a personal health care institution;

5.2.2. dental treatment expenses in order to reduce toothache or provide emergency aid in case of traumatic dental injuries without exceeding the limit of EUR 200 (for *MasterCard World Elite Card* holders – EUR 400) per one Trip;

5.2.3. expenses of acquisition of medication and bandaging prescribed by a physician;

5.2.4. expenses for medical repatriation to the country of permanent residence of the Insured, if the treatment institution having rendered emergency medical aid substantiates in writing the necessity of medical repatriation, and treatment of the Insured is continued in inpatient personal health care institution of a country of his permanent residence. Regardless of the permanent place of residence of the Insured, these expenses cannot exceed expenses for medical repatriation to Lithuania;

5.2.5. expenses of an accompanying person, which comprise his accommodation in a Foreign country and traveling from the country of hospitalization of the Insured to the country of permanent residence of the Insured and back to the country of permanent residence of the accompanying person, if the necessity of the accompanying of the Insured has been substantiated with medical documents. Expenses of travelling of the accompanying person shall be indemnified without exceeding an airfare (economy class), while hotel expenses shall be compensated for no more than 10 calendar days and no more than EUR 100 per day (for *MasterCard World Elite Card* holders – EUR 250) per day.

5.3. Expenses for the transportation and burial of the body of the Insured shall cover:

5.3.1. reimbursable expenses for the cremation of the body of the Insured and repatriation to the country of his permanent residence in case of his death. These expenses shall be indemnified without exceeding EUR 10 000, or when the Insured has died outside the geographical Europe - without exceeding EUR 15 000;

5.3.2. reimbursable expenses for the burial of the Insured in a Foreign Country without exceeding EUR 10 000.

5.4. Expenses for extra assistance to the Insured including:

5.4.1. transportation of the Insured to the nearest personal health care institution and back to his place of residence in a Foreign Country during the Trip;

5.4.2. phone call expenses without exceeding EUR 30 (for *MasterCard World Elite* Card holders – EUR 100) during one Trip, if the Insured is treated in inpatient personal health care institution;

5.4.3. daily allowance - EUR 30 for each day spent in an inpatient personal health care institution, without exceeding the limit of EUR 100 for one Insured Event;

5.4.4. expenses for bringing back of the Insured's children (also adopted and foster children) up to 21 years of age to the country of permanent residence of the Insured without exceeding an airfare (economy class) when going to Lithuania, if they are left without adult supervision due to a health disorder or death of the Insured.

6. Non-Insured Events

6.1. In this Section, Non-Insured Events include the following:

6.1.1. the cases listed in the General Part of the Rules;

6.1.2. events, which were caused by the consumption of alcohol, drugs, toxic or psychotropic substances, also potent drugs with the aim to get intoxicated. The Insurer shall also refuse to pay an insurance benefit, when the Insured consumed alcohol or other intoxicating substances after an incident before medical examination, or avoided insobriety or intoxication tests. Pursuant to these Rules, insobriety and intoxication shall be understood in accordance with the procedure prescribed by legislation of a respective country;

6.1.3. incidents having happened in a country, where the Insured does physical work (construction, agriculture, forestry, wood, metal treatment works, works of transportation of cargo and/or passengers by land, air or water transport, physical safety, warehousing and/or loading works, machinery repair works, construction of roads and/or bridges and similar physical work).

6.2. The following expenses shall not be indemnified either:

6.2.1. expenses for treatment and means of treatment of addiction disorders, for example those intended for tapering of alcohol, drugs and psychotropic substances;

6.2.2. expenses for diagnosing oncological diseases and their treatment;

6.2.3. for treatment which is not intended to directly fight an illness, especially for removal of cosmetic defects, doctors' examination findings and statements, vaccines, food additives and supplements, toiletry;

6.2.4. for examination and treatment for pregnancy, also, expenses for abortion, childbirth, postpartum diseases, except for expenses for emergency medical aid for pregnancy complications, which the Insured did not and could not have foreseen before the effective date of the Insurance Coverage or until the moment of departing for a Trip (depending on which moment in time happens later);

6.2.5. psychoanalytic and psychotherapy treatment expenses;

6.2.6. expenses for treatment provided by family members;

6.2.7. medical aids of all types, for example, glasses, prostheses, hearing aids, crutches, splints and other aids, except for cases when crutches or splints were first prescribed by a physician on the basis of medical findings for a health disorder while Abroad, and are necessary during the carriage of a patient to the country of his permanent residence;

6.2.8. for diagnosis or tests and treatment for sexually transmitted diseases, including AIDS, and all other AID virus-related diseases;

6.2.9. expenses for the diagnosis and treatment of chronic and congenital diseases or their complications, and illnesses having started before the effective date of the Insurance Coverage. Only emergency and urgent expenses for doctor's assistance in case of an acute illness relieving intense pain or saving life of the Insured shall be indemnified;

6.2.10. expenses for dental treatment, except for treatment reducing toothache, the price whereof does not exceed the maximum amount (limit) set in this Section of the Insurance Rules;

6.2.11. expenses in excess of emergency medical aid expenses, also expenses for bringing back the Insured to the country of his permanent residence, if emergency health care services were provided to the Insured Abroad and further treatment is not necessary;

6.2.12. treatment expenses in Lithuania or the place of permanent residence of the Insured;

6.2.13. search for body of the Insured.

6.3. Persons suffering from mental diseases or disorders, who need long-term care (i.e. persons, who require assistance of others in their daily life), shall not be insured under this Section of the Rules, except for cases when the diagnosed disease did not have any impact on an Insured Event.

Section II. Accident insurance

Terms used in this Section of the Rules

Medical Expert shall mean an Insurer's employee having medical education entitling him to make decisions requiring special knowledge, presenting his conclusion or conducting a medical expertise.

Disability shall mean a long-term and permanent deterioration of health condition of the Insured, when the Insured becomes disabled, losses his capacity for work or acquires special need within one year from the day of an accident.

Long-Term Disability shall mean disability granted for a period of 1 year at the least.

Permanent Disability shall mean a prolongation of Long-Term Disability up to 2 years of longer.

1. Object of insurance

1.1. Object of insurance shall be property interests related to accidents having happened Abroad in case of a Disability or death.

2. Insured Events

2.1. Accidents shall be events when the body of the Insured is suddenly and involuntarily affected from the outside resulting in harm done to his health or life.

2.2. An Insured Event shall be an accident having happened Abroad and during the validity period of the Insurance Coverage, when the Insured has become disabled, lost his capacity for work, acquired special needs or died within one year from the day of an accident due to the injuries suffered during the event. Solely a Long-Term or Permanent Disability (loss of capacity for work) or a case when the need to meet special needs has been recognized for a period of at least 2 years shall be considered an Insured Event.

2.3. Solely *Mastercard World Elite* Card holders shall be subject to Insurance Coverage for terrorist acts (clause 5.6 (b) of the General Part of these Rules shall not apply):

2.2.1. Insurance Coverage shall be valid, if the Insured leaves for a Trip before the start of terrorism-related events, or when such events start during his stay Abroad. In these cases, Insurance Coverage shall be valid for the first 7 days after the start of terrorism-related events and provided that the Insured is not involved in them himself.

2.2.2. Insurance Coverage shall also be valid if the Insured goes on a Trip knowing that a state of emergency has been declared in that country, and acts related to terrorism have been taking place there; in such a case, Insurance Coverage shall be valid for the first 7 days from the date of the declaration of the state of emergency.

2.2.3. In all cases, Insurance Coverage shall not include acts of terrorism when a nuclear, chemical or biological weapon or similar device has been used or launched.

3. Sum Insured

3.1. The Sums Insured depend on the type of a Payment Card and are listed in the Table below:

Payment Card type	<i>Visa Classic Mano Visa credit</i>	<i>Visa Gold</i>	<i>Visa Platinum</i>	<i>MasterCard World Elite</i>	<i>Visa Business</i>
--------------------------	---	-------------------------	-----------------------------	--	---------------------------------

	MasterCard Standard				MasterCard Business
Sum Insured, EUR	20.000	30.000	30.000	30.000	30.000

3.2. If the Insurance Coverage according to Payment Cards of the Insured is provided to more than one Insured person, the Sums Insured specified in paragraph 3.1. of this Article shall apply to each of them; however, the insurance benefit during the insurance validity period for all the Insured under the same Payment Card shall not exceed the Sum Insured stipulated in paragraph 3.1 hereof. In all cases, the Insurance Coverage shall apply to the Insured, and an insurance benefit for one Insured Event shall be paid under one Payment Card only, except for accident insurance when a benefit can be paid out according to all the Payment Cards held.

4. Duties of the Insured

4.1. In case of an Insured Event, the Insured shall:

4.1.1. perform the duties specified in the General Part of the Rules;

4.1.2. immediately, but not later than within 48 hours, refer to a doctor (a healthcare institution);

4.1.3. immediately, but not later than within 30 calendar days, inform the Insurer about each Insured Event;

4.1.4. follow doctor's instructions and mitigate the consequences of an accident as much as possible;

4.1.5. prevent damage or take appropriate available steps to minimise it following the Insurer's instructions; also, provide information requested by the Insurer;

4.1.6. seek to provide the Insurer with necessary notifications and conclusions as soon as possible;

4.1.7. undergo a medical examination ordered by the Insurer, if medical data are insufficient to determine the exact degree of a health disorder caused by the accident. In such a case, the Insurer shall cover the necessary expenses;

4.1.8. allow the Insurer to carry out investigation of the reason and scope of damage, provide the Insurer with detailed and accurate information, also present all the documents requested by him.

4.2. If an accident has resulted in death, the Insurer shall be notified thereof within 5 calendar days (120 hours), even if the accident itself already was reported.

4.3. All notifications shall be presented to the Insurer in the procedure prescribed in Section 7 of the General Part of the Rules.

5. Types of insurance benefits

5.1. **Insurance benefit in case of a Disability** shall be paid pursuant to provisions of this Section of the Rules in the numerical value equal to the percentage (according to the *Table for Determining the Level of Disability* in paragraph 6.10 of this Section) of the Sum Insured indicated in paragraph 3.1 of this Section of the Rules, if all the following conditions are met:

5.1.1. the disability was caused by an accident, which was declared an Insured Event;

5.1.2. the disability has prevailed in at least 12 months after the accident, and has been confirmed by medical documents issued no later than within 3 months, after the expiry of a 12-month period from the date of the accident;

5.1.3. the disability has been confirmed by a certificate of disability, incapacity for work or special needs issued by competent authorities, medical records and conclusions of medical experts.

5.2. **Insurance benefit in case of death** shall be paid to successors of the Insured, if the Insured dies due to an Insured Event within one year from the day of an accident. In this case, an insurance benefit shall be equal to the Sum Insured for accident insurance set in paragraph 3.1 of the Rules. Where the court declares the Insured dead, an insurance benefit shall be paid solely in cases when a court ruling indicated that the Insured went missing in presence of circumstances, which allow considering the Insured to have died due to an Insured Event and the Insured went missing and/or supposedly died during the validity period of the Insurance Coverage. If a benefit was paid for a disability due to the same accident, which resulted in the death of the Insured, the part of the insurance benefit, which was already paid, shall be deducted from the insurance benefit amount in case of death.

6. Procedure for determining damage and paying insurance benefits

6.1. The Insured shall present all available documents and information on circumstances and consequences of an Insured Event necessary for determining the insurance benefit amount. The Insured shall have the right to receive the said documents in the procedure prescribed by laws and other legislation.

6.2. Having received initial information, the Insurer shall conduct an investigation of an accident, at the time whereof witnesses of the event shall be interrogated, inquiries shall be sent to respective law enforcement, law and order, treatment or medical expertise authorities, also organizations drawing up the lists of psycho-neurological, toxicological and narcological records. The Insurer shall take pictures, if necessary.

6.3. In case of death of the Insured, the entire Sum Insured for accidents provided for in this Section of the Rules shall be paid.

6.4. In case of an Insured Event, an insurance benefit shall be paid in the amount expressed as a percentage of the Sum Insured according to the type of the Payment Card held specified in this Section, and calculated as per the Table for Determining the Level of Disability.

6.5. The insurance benefit amount shall be determined by medical experts according to the Table for Determining the Level of Disability presented in this Section of the Rules, also according to the level of disability, incapacity for work or special needs on the day of paying an insurance benefit.

6.6. If the determined level of Disability, capacity for work (loss of capacity for work) or special needs determined by a competent authority raises reasonable doubt to the Insurer, the Insurer shall have the right to refer, at its own expense, to experts and / or specialists in the relevant field and to rely on conclusions of such experts and / or specialists regarding the level of Disability, capacity for work (loss of capacity for work) or determined special needs when paying an insurance benefit.

6.7. If a Disability (a level of Disability or loss of capacity for work) was already determined for the Insured before the Insured Event, and the level of Disability increased as a result of the Insured Event, an insurance benefit shall be calculated as a difference between the level of Disability or loss of capacity for work before the Insured Event and after the Insured Event, expressed as a percentage.

6.8. If some special needs were already determined in respect of the Insured having reached the age of retirement before the Insured Event, he shall not be paid an insurance benefit for Disability.

6.9. If Disability is unquestionable, the Insurer shall have the right to pay an insurance benefit without waiting for the set term (in such a case, the insurance benefit shall not be paid repeatedly for Disability).

6.10. All insurance benefits listed in this Section of the Rules shall be determined according to the below Table for Determining the Level of Disability:

TABLE FOR DETERMINING THE LEVEL OF DISABILITY

Insured	Insured Event	Insurance benefit (% of the Sum Insured)
People of working age	Permanent loss of capacity for work due to an accident	Equal to the level of lost capacity for work
	Long-term loss of capacity for work due to an accident	Equal to 1/3 of lost capacity for work. If our experts have no doubts as to the prolongation of long-term loss of capacity for work, an insurance benefit payable in case of a permanent loss of capacity for work may be paid.
Children under the age of 18	Minor level of Disability due to an accident	40 %
	Average level of Disability due to an accident	70 %
	Severe level of Disability due to an accident	100 %
People having reached the age of retirement	Special need for compensation of purchase of a passenger car and its technical adaptation and / or special need for compensation of transport expenses in the event of an accident	10 %

	Special need for permanent care (assistance) due to an accident	30 %
	Special need for permanent nursing due to an accident	100 %

7. Non-Insured Events

7.1. Non-Insured events for which the Insurer shall not be obliged to pay insurance benefits include the following:

7.1.1. Non-Insured Events specified in the General Part of these Rules;

7.1.2. accidents due to chronic, congenital or degenerative, mental or consciousness disorders, apoplexy, epilepsy and other convulsive seizures, if such disorders were a reason of the Insured Event or affected it. Insurance Coverage shall apply, if disorders or seizures listed in this paragraph occurred as a result of an accident, which is considered an Insured Event in accordance with these Rules;

7.1.3. accidents having happened when the Insured:

a) used motor-less air transport, motor airplanes, light aircrafts or spaceships;

b) flied an air vehicle, was its crew member or used it for the performance of professional duties;

7.1.4. health disorders caused by treatment or surgeries, which the Insured has prescribed to or performed on himself. If a surgery or treatment (radiotherapy, physiotherapy or medical) was necessary because of the accident, this is considered to be an Insured Event;

7.1.5. infections, except for those, the pathogens of which got into the body at the time of an injury during the Insured Event provided for in these Rules. Minor skin and mucous membrane lesions (bruises, grazes) shall not be considered Insured Events, even though pathogens got into the body through the lesion immediately or in some time. In cases of rabies or tetanus this restriction shall not apply. Infections caused during treatments shall be subject to paragraph 7.1.4 of the Rules;

7.1.6. accidents the occurrence whereof was affected by consumption of alcohol, drugs or other toxic or psychotropic substances, or potent drugs used for intoxication purposes. The Insurer shall not pay insurance benefits in cases where the Insured consumed alcohol or other intoxicating substances after an accident before a medical check-up or evaded sobriety or intoxication check. In the sense of these Rules, insobriety and intoxication shall be understood as prescribed by laws of Lithuania;

7.1.7. abdominal and intra-abdominal hernias;

7.1.8. pathological bone fractures, intervertebral disc impairments and hernias, degenerative joint diseases;

7.1.9. health disorders caused by mental reactions (in affective state) regardless of their reason;

7.1.10. recurrent bone (joint) dislocations (sprains);

7.1.11. when the court declared the Insured to be missing;

7.1.12. accidents when medical documents do not confirm that they occurred during the validity period of the Insurance Coverage;

7.1.13. consequences of an accident that have not been listed in Section II of the Rules;

7.1.14. accidents having occurred in a country where the Insured does physical work (construction, agricultural, forestry, wood, metal processing works, carriage of cargoes and/or passengers by land, air or water transport, physical protection, storage and/or loading works, machinery repairs, road and/or bridge building and similar physical work).

7.2. According to this Section of the Rules, persons suffering from mental diseases and disorders who require long-term care (i.e. persons who need to be assisted by others in their daily life), except for cases when the identified disease had no impact on the Insured Event.

7.3. The Insurer shall have the right not to pay an insurance benefit or to reduce it, if:

7.3.1. the Insured does not allow or interferes with getting familiar with medical documents of the Insured and/or his health check;

7.3.2. the Insured had not buckled seatbelts when driving in a motor vehicle as a driver or a passenger with installed safety belts, if such a requirement is established in road traffic rules or other legislation of the respective country;

7.3.3. the Insured drives a motor vehicle without having the right to drive a vehicle of this type or disobeys legitimate requirements of police officers leading to an accident suffered by the Insured.

Section III. Personal civil liability insurance

Terms used in this Section of the Rules

Rented Sports Equipment shall mean various devices, equipment and gadgets used in sports necessary for physical education, sports exercises, leisure and games, managed by the right of trust.

1. Object of insurance

1.1. Object of insurance shall be property interests related to damage inflicted by the Insured on a third person or property.

2. Insured Events

2.1. In accordance with these Rules, an Insured Event shall be an incident having happened to the Insured during a Trip suddenly and unexpectedly, which resulted in the following:

2.1.1. death or health impairment of a third person;

2.1.2. damage or destruction of property belonging to third persons, when a claim for indemnification of damage caused by these Insured Events according to valid laws regulating civil liability has been filed with the Insured.

2.2. Civil liability insurance coverage shall be granted to the Insured against dangers of everyday life during the Trip.

2.3. Civil liability of the Insured with regard to damage caused by his minor children, stepchildren, adopted children and foster children under the age of 21 during the Trip shall be insured along.

2.4. Property interests of the Insured arising from possible civil liability for damage caused by the Insured to sports equipment rented during the Trip Abroad shall additionally be insured for persons insured under *Visa Platinum* and *MasterCard World Elite* Payment Cards.

3. Sum Insured

3.1. The Sums Insured depend on the type of a Payment Card and are presented in the Table below:

Payment Card type	<i>Visa Classic</i> <i>Mano Visa credit</i> <i>MasterCard Standard</i>	<i>Visa Gold</i>	<i>Visa Platinum</i>	<i>MasterCard World Elite</i>	<i>Visa Business</i> <i>MasterCard Business</i>
Sum Insured, EUR	-	10.000	10.000	10.000	10.000
Limit for non-property damage, EUR	-	1.000	1.000	1.000	1.000
Limit for the cases specified in paragraph 2.4 of this Section of the Rules, EUR	-	-	600	600	-

4. Types of civil liability insurance benefits and calculation of insurance benefits

4.1. In case of an Insured Event, the Insurer shall represent the Insured, check circumstances of the Insured Event, uphold justified claims of third persons and dismiss unjustified ones.

4.2. Depending on the claim of a third person for indemnification of damages, the following types of insurance benefits may be distinguished:

- a) a benefit for damage done to human health or for death of a person;
- b) a benefit for damage done to property.

4.3. In case of each specific Insured Event, the insurance benefit shall be calculated and the basis for paying it shall be established in accordance with valid laws regulating civil liability without exceeding the Sum Insured set in this Section.

4.4. In case of occurrence of a few events having caused damage to third persons for the same reasons during the Insurance Coverage validity period, this shall be treated as one Insured Event,

while the sum of insurance benefits paid by the Insured cannot exceed the total Sum Insured set in this Section for each year of insurance.

4.5. In legal proceedings related to an Insured Event, where third persons demand indemnification of damages caused by the Insured, the Insurer shall participate on behalf of the Insured at its own expense.

4.6. Costs incurred in the Insurer's representation of the Insured shall be added and deducted from the Sum Insured. Such costs shall comprise:

4.6.1. litigation expenses;

4.6.2. expenses for the lawyer hired at the request of the Insurer;

4.6.3. expenses incurred for avoiding damage or reducing it during an Insured Event or afterwards; also, expenses for determining damage amount, which do not fall on the Insured himself; and expenses incurred for execution of instructions of the Insured.

4.7. If the sum of third person claims for indemnification of damage exceeds the Sum Insured, the Insurer shall pay litigation expenses (the lawyer's fee, a stamp duty and expenses related to case hearing) proportionally to the ratio between the Sum Insured and the claims of third persons, so that the total sum of the insurance benefit and litigation expenses do not exceed the Sum Insured specified in this Section of the Rules.

4.8. If the Insured disagrees with the Insurer acknowledging claims of third persons as valid, amicably agreeing with third persons or upholding their claims, additional expenses (including interest) caused by this disagreement shall not be paid by the Insurer.

4.9. Unconditional deductible for the case indicated in paragraph 2.4 hereof shall be EUR 60.

5. Duties of the Insured

5.1. The Insured shall:

5.1.1. perform the duties laid down in the General Part of the Rules;

5.1.2. inform the Insurer about an Insured Event within 3 (three) calendar days after the end of the Trip in the procedure prescribed in Section 7 of the General Part of the Rules;

5.1.3. having received claims of third persons, inform the Insurer thereof in writing within 7 calendar days;

5.1.4. if third persons refer to court for losses caused by the Insured, he shall immediately additionally inform the Insurer thereof in writing even when the Insured Event itself has already been reported.

5.2. The Insured shall authorize the Insurer in writing to make all representations related to the upholding or rejection of claims of third persons on behalf of the Insured at his request, which, in the opinion of the Insurer, are expedient.

5.3. If third persons who demand for the indemnification of losses file a lawsuit in court, the Insured shall be obligated to assign the right to conduct the case to the Insurer, authorise the lawyer appointed by the Insurer and give all explanations that are necessary in the opinion of the lawyer or the Insurer.

5.4. The Insured shall not have the right to completely or partially recognize or uphold claims for indemnification of damage of third persons without a clear written prior consent of the Insurer.

5.5. Duties of the Insured to holders of *Visa Platinum* and *MasterCard World Elite* Card holders, emerging out of the Insurance Coverage granted under paragraph 2.4 hereof shall include the following:

5.5.1. before accepting the Rented Sports Equipment according to a respective rent agreement, to carefully inspect the Rented Sports Equipment, check its condition, and, having detected some deficiencies, report them to the provider of rental services, recording the deficiencies in the rental agreement;

5.5.2. having transferred the Rented Sports Equipment to the rental service provider, to receive a written confirmation that the Rented Sports Equipment was returned without any damage done thereto;

5.5.3. to report damages appeared on Rented Sports Equipment during the rent period to the rental services provider and to record them according to the rental agreement conditions;

5.5.4. to present to the Insurer the rental agreement of the Rented Sports Equipment, if he has filed a claim for cases indicated in paragraph 2.4 of this Section of the Rules.

6. Non-Insured Events

6.1. The following is the list of Non-Insured Events for which the Insurer shall not be obligated to pay insurance benefits:

- 6.1.1. Non-Insured Events specified in the Special Part of the Rules;
- 6.1.2. cases when third persons require the indemnification of damage done by the Insured:
- 6.1.2.1. based on provisions of contracts or agreements, when scopes of those provisions exceed the requirements of valid civil liability laws, also when third persons require the indemnification of damage for a default on or improper performance of the contract (contractual liability);
- 6.1.2.2. which the Insured has done when participating or preparing for participation (training) for horse, bicycle, motorcycle or car racing, also, boxing, wrestling or combat sports competitions;
- 6.1.2.3. for impact of the Insured on wildlife;
- 6.1.2.4. done during hunting;
- 6.1.2.5. property which the Insured managed under lease, loan-for-use, lending, keeping or other contracts or agreements. This clause shall not apply when the Insured has done damage to leased residential premises used for living (real estate), however, cases when damage was done to any other movable property kept in the leased premises shall be considered Non-Insured Events. This clause shall neither apply to the case indicated in paragraph 2.4 of this Section of the Rules in respect of the Insured under *Visa Platinum* and *MasterCard World Elite* Payment Cards;
- 6.1.2.6. because of the damage, which the Insured has done to property, which it managed unlawfully or unfairly;
- 6.1.2.7. related to the performance of work, research and professional activities, service (including honorary service), all kinds of associations of responsible activities, undertakings and/or organizations;
- 6.1.2.8. which the Insured has done when driving, using or disposing all types of land, water or air (including space) vehicles;
- 6.1.2.9. related to the keeping of any livestock and/or animals;
- 6.1.2.10. due to activities of the Insured related to high-energy ionizing radiation (for example, alpha, beta and gamma rays propagating from radioactive materials, and neutrons, or rays, formed by a particle accelerator) as well as the use of a laser or a maser;
- 6.1.2.11. for damage or destruction of their own property, when the damage occurred due to a long-term (continuous) temperature, gas, vapour, smoke, humidity or precipitation (for example, soot, dust, etc.) propagation and the resulting effects (sudden or continuous);
- 6.1.2.12. natural environment, also other losses to third persons, which were caused by land, air or water pollution, or another harmful change of natural environment and noise. Damage to natural environment shall be the change in the natural conditions of land, water and air;
- 6.1.2.13. resulting from actions (action, omission), which the Insured would not have done, had he observed at least minimum care and attention requirements;
- 6.1.2.14. to cash (bills and coins), securities and other debt or credit documents.
- 6.1.3. The following shall also be considered Non-Insured Events:
- 6.1.3.1. when civil liability of the Insured is or may be related to asbestos;
- 6.1.3.2. when third persons require the Insured to pay them salary or pension due to their loss of working capacity, to compensate treatment expenses, provide other welfare, when social insurance has already compensated his salary, pension or treatment expenses, or the suffered third persons have already received different social welfare;
- 6.1.3.3. when the Insured has done damage under the influence of alcohol, narcotic, toxic or psychotropic substances;
- 6.1.3.4. when third persons require to indemnify financial losses, which are directly unrelated to civil liability of the Insured for the damage and/or destruction of items and harm to human health and/or the killing of a person, and/or does not come as a consequence of damage and/or destruction of items and harm to human health and/or life;
- 6.1.3.5. when compensation of penalties, punishments (civil, criminal or contractual), exemplary and/or punitive and/or multiplied damages, also, when indemnification of other losses resulting from direct losses or in excess of direct losses is requested;
- 6.1.3.6. when a claim for indemnification of damage has been filed by family members travelling along with the Insured, including his parents, adoptive parents, stepparents, stepchildren, grandparents and grandchildren, siblings, guardians and foster children, who have been appointed care, and carers;
- 6.1.3.7. when a claim for indemnification of damage has been filed by persons infected with a disease which the Insured had;
- 6.1.3.8. when third persons require a compensation of the loss of income or losses for the reduction of trade value of their property;

6.1.3.9. when an event was caused by intentional actions of the Insured, except for cases when intentional actions or omission were socially valuable (self-defence, performance of a civil duty, etc.), or when acts (action or omission) of the Insured make him subject to a criminal liability-

Section IV. Travel delay while Abroad insurance

Terms used in this Section of the Rules

Travel Delay shall mean postponement of the departure time of a Public Transport Vehicle departing according to a pre- fixed schedule until a later time. Travel delay shall not include cases of Travel cancellation while Abroad according to Section VI of the Rules.

1. Object of insurance

1.1. Object of insurance shall be property interests of the Insured related to Travel Delay while Abroad.

2. Insured Events

2.1. An Insured Event due to a Travel Delay shall be such an event when a Public Transport Vehicle departing according to a pre-fixed schedule to be taken by the Insured is delayed for 3 hours or more, provided that the Insured ordered a Trip in the aforementioned vehicle 48 hours before its departure according to a pre-fixed schedule, or earlier.

3. Sum Insured

3.1. The Sums Insured depend on the type of a Payment Card and are presented in the Table below:

Payment Card type	<i>Visa Classic Mano Visa credit MasterCard Standard</i>	<i>Visa Gold</i>	<i>Visa Platinum</i>	<i>MasterCard World Elite</i>	<i>Visa Business MasterCard Business</i>
Sum Insured, EUR	-----	500	600	800	500

4. Insurance benefit amount

4.1. Holders of *Visa Gold*, *Visa Business* and *MasterCard Business* Payment Cards shall be reimbursed for documented and actually incurred expenses for the necessary exchange of tickets, hotel accommodation (up to 150 Eur per day), meals (except for alcoholic beverages) and essential transport expenses.

Insurance Coverage shall start applying as from the full third (3) hour of delay, but not longer than till the start of a Trip or Travel cancellation, whichever is earlier, if the Insured has incurred actual direct expenses due to a Travel Delay.

4.2. Holders of *Visa Platinum* and *MasterCard World Elite* Payment Cards shall be paid insurance benefits for each full hour of a Travel Delay, starting from the third (3) full hour of a Travel Delay, but not longer than till the start of a Trip or the moment of Travel cancellation, whichever is earlier.

When calculating an insurance benefit, losses incurred by the Insured shall be limited to EUR 40 for each full hour of Travel Delay. In case of incomplete hours of Travel Delays, i. e. an integer is not received having divided the duration of Travel Delay expressed in minutes by 60, it shall be rounded to a lower integer.

4.3. The insurance benefit shall be reduced by the sum of money, which the Insured received as a compensation for Travel Delay or as a compensation of damage from the Carrier or other third persons.

4.4. The Insurer shall acquire the right of subrogation claim within the limits of the paid insurance benefit in respect to the person responsible for Travel Delay.

4.5. Indirect losses incurred by the Insured related to Travel Delay shall not be included in the insurance benefit amount.

4.6. An insurance benefit shall not be paid for Travel Delay while Abroad, if a basis for paying an insurance benefit for Travel cancellation while Abroad was determined in accordance with these Rules.

5. Duties of the Insured

5.1. The Insured shall:

5.1.1. perform the duties laid down in the General Part of the Rules;

5.1.2. upon the occurrence of an Insured Event:

5.1.2.1. inform the Insurer about the Insured Event within 3 (three) calendar days after the end of the Trip in accordance with the procedure prescribed in Section 7 of the General Part of the Rules;

5.1.2.2. within the period of time set by the Carrier for filing claims, or if no such period of time has been set, within 7 (seven) calendar days starting with the day of Travel Delay, file a written claim regarding indemnification of losses established in this Section of the Rules with the responsible carrier;

5.1.2.3. inform the Insurer about sums of money received from the Carrier or third persons;

5.1.2.4. provide the Insurer with documents confirming the date and time of ordering the Trip, the Travel ticket and boarding passes, or their copies;

5.1.2.5. provide the Insurer with a document received from the Carrier confirming the duration and reason for the delay of the Public Transport Vehicle;

5.1.2.6. provide the Insurer with other requested documents necessary for determining the fact of the Insured Event and the insurance benefit amount.

6. Non-Insured Events

6.1. The following are Non-Insured Events for which the Insurer shall not be obliged to pay insurance benefits:

6.1.1. Non-Insured Events indicated in the General Part of the Rules;

6.1.2. cases, which are not specified in the list of Insured Events of this Section of the Rules;

6.1.3. the below-listed reasons resulting in Travel Delay:

6.1.3.1. decisions of state authorities;

6.1.3.2. bankruptcy of the travel agency, tour operator and/or the Carrier, their insolvency, limitation of operations or interruption for financial reasons, also a default on monetary obligations or improper performance thereof;

6.1.3.3. criminal acts of the Insured.

6.2. Insurance Coverage shall not cover medical expenses, expenses of accompanying persons and expenses related to the carriage of a dead person.

Section V. Travel baggage delay insurance

Terms used in this Section of the Rules

Travel Baggage shall mean the entirety of Travel baggage items stored in a suitcase, a travel bag or other packaging intended for carrying by a Public Transport Vehicle (including the suitcase, the travel bag and packaging), which, for the purpose of these Rules, shall be treated as a single unit.

1. Object of insurance

1.1. Object of insurance shall be property interests of the Insured related to delayed delivery of Travel Baggage in Foreign Countries.

2. Insured Events

2.1. Insurance Coverage shall apply to registered Travel Baggage that has been transferred to a Public Transport Carrier for carriage.

3. Sum Insured

3.1. The Sums Insured depend on the type of a Payment Card and are presented in the Table below:

Payment Card type	Visa Classic	Visa Gold	Visa Platinum	MasterCard World Elite	Visa Business
--------------------------	---------------------	------------------	----------------------	-------------------------------	----------------------

	Mano Visa credit MasterCard Standard				MasterCard Business
Sum Insured, EUR	-----	500	600	800	500

4. Insurance benefit amount

4.1. Holders of *Visa Gold, Visa Business, MasterCard Business, Visa Platinum and MasterCard World Elite* Payment Cards shall be indemnified any documented actually incurred expenses for the purchase of the essentials (clothes, toiletries, medicines) without exceeding the Sum Insured.

Insurance Coverage shall take effect after full three (3) hours of delay, if the Insured has suffered direct actual expenses for a baggage delay.

Indirect losses incurred by the Insured related to the delay of Travel Baggage/ a baggage item shall not be included in the insurance benefit amount.

4.2. The insurance benefit shall be reduced by the sum of money, which the Insured received as a compensation for Travel Delay or indemnification of damage from the Carrier or other third persons.

4.3. The Insurer shall acquire the right of subrogation claim within the limits of the paid insurance benefit in respect of the person responsible for Travel Delay.

5. Duties of the Insured

5.1. The Insured shall:

5.1.1. perform the duties laid down in the General Part of the Rules;

5.1.2. upon the occurrence of an Insured Event:

5.1.2.1. inform the Insurer about the Insured Event within 3 (three) calendar days after the end of a Trip in the procedure prescribed in Section 7 of the General Part of the Rules;

5.1.2.2. address the Carrier with a requirement to issue a document confirming the fact and reason for Travel Baggage delay, and submit it to the Insurer;

5.1.2.3. provide the Insurer with a Travel ticket, a baggage tag-ticket and a boarding pass or their copies;

5.1.2.4. provide the Insurer with his requested documentation necessary for determining the fact of the Insured Event and insurance benefit amount (list of essential items, documents certifying actual expenses – a receipt, a copy of a money transfer, an invoice, a card statement, etc.).

6. Non-Insured Events

6.1. The following are Non-Insured Events for which the Insurer shall not be obliged to pay insurance benefits:

6.1.1. Non-Insured Events specified in the General Part of the Rules;

6.1.2. Insurance Coverage shall not cover Travel Baggage, if it is delayed by decisions of state authorities (such as police, customs, etc.).

6.2. Cases, where Travel Baggage was determined to have been lost, destroyed or damaged for the following reasons, shall also be considered Non-Insured Events:

6.2.1. an accident of the vehicle carrying baggage of the Insured;

6.2.2. a fire, explosion, natural disasters and circumstances recognized as force majeure by public legislation;

6.2.3. a theft;

6.2.4. a destruction or damage of baggage at the fault of the Carrier, when visual damage registered by the Carrier is obvious when claiming baggage.

Section VI. Travel cancellation insurance Abroad

Terms used in this Section of the Rules

Travel Cancellation shall mean a change of the Travel plan Abroad having at least one of the below-listed characteristics: a) a change of the Carrier, b) a replacement of a Public Transport Vehicle with another one, c) a change of the trip number of the Public Transport Vehicle, d) a change of the

departure or arrival point (airport, port, railway station), e) baggage return to passengers, f) new passenger registration, g) assigning new seats in a vehicle, h) issuing new boarding passes, i) indication made by the Carrier's employee or displayed on the screen of the "cancelled" flight.

1. Object of insurance

1.1. Object of insurance shall be property interests of the Insured related to Travel Cancellation Abroad.

2. Insured Events

2.1. A case when a departure of a Public Transport Vehicle departing according to a pre-fixed schedule Abroad, which the Insured has to take, provided that the Insured has ordered the Trip in the said Public Transport Vehicle at least 48 hours before its departure according to a pre-fixed schedule or earlier than that shall be considered an Insured Event due to a Travel Cancellation.

3. Sum Insured

3.1. The Sums Insured depend on the type of a Payment Card and are presented in the Table below:

Payment Card type	Visa Classic Mano Visa credit MasterCard Standard	Visa Gold	Visa Platinum	MasterCard World Elite	Visa Business MasterCard Business
Sum Insured, EUR	-----	500	600	800	500

4. Insurance benefit amount

4.1. Holders of *Visa Gold*, *Visa Business*, *MasterCard Business*, *Visa Platinum* and *MasterCard World Elite* Payment Cards shall be indemnified any documented actually incurred expenses for the necessary exchange of tickets, hotel accommodation (no more than EUR 150 per day) and the necessary transport expenses. An insurance benefit shall be paid starting as from the third (3) full hour of Travel Cancellation.

4.2. An insurance benefit shall be reduced by the sum of money, which the Insured has received from the Carrier or other third persons as a compensation or indemnification of damage.

4.3. The Insurer shall acquire the right of subrogation claim within the limits of the paid insurance benefit in respect of the person responsible for Travel Cancellation.

4.5. Losses indirectly incurred by the Insured related to Travel Cancellation shall not be included in insurance benefit amount.

4.5. An insurance benefit for Travel Cancellation Abroad shall not be paid, if a basis for paying an insurance benefit for Travel delay Abroad has been determined according to these Rules. If an insurance benefit for Travel delay Abroad has already been paid, the corresponding sum of money shall be deducted from the insurance benefit payable according to this Section of the Rules.

5. Duties of the Insured

5.1. The Insured shall:

5.1.1. perform the duties laid down in the General Part of the Rules;

5.1.2. in case of an Insured Event:

5.1.2.1. inform the Insurer about the Insured Event within 3 (three) calendar days after the Travel cancellation in the procedure prescribed in Section 7 of the General Part of the Rules;

5.1.2.2. file a written claim with the Carrier for the indemnification of losses laid down in this Section of the Rules within the period of time set by the Carrier for filing a claim, or, if it has not been set, within 7 (seven) calendar days calculating from Travel cancellation day;

5.1.2.3. inform the Insurer about monetary compensations received from a Travel agent or third persons;

5.1.2.4. provide the Insurer with documents substantiating the Trip order date and time, a Travel ticket, boarding passes or their copies;

5.1.2.5. provide the Insurer with the Carrier's document confirming the duration and reason of delay of a Public Transport Vehicle;

5.1.2.6. provide other documents requested by the Insurer necessary for determining the fact of the Insured Event and calculating the insurance benefit (a receipt, a copy of a money transfer, an invoice, a card statement, etc.).

6. Non-Insured Events

6.1. The following is the list of Non-Insured Events for which the Insurer shall not be obliged to pay insurance benefits:

6.1.1. Non-Insured Events specified in the General Part of the Rules;

6.1.2. cases, which are not indicated in the description of Insured Events in this Section of the Rules;

6.1.3. when reasons for Travel Cancellation include:

6.1.3.1. decisions of state authorities;

6.1.3.2. bankruptcy or insolvency of the travel agency, travel agent and/or the Carrier, also restriction or disruption of their activities for financial reasons, default on monetary obligations or improper performance thereof;

6.1.3.3. fault of the travel agency, travel agent and/or the Carrier;

6.1.3.4. criminal acts of the Insured.

6.2. Insurance Coverage shall not be valid for treatment expenses, expenses incurred by accompanying persons and expenses related to the transportation of a dead person.

Section VII. Missed travel connection insurance

Terms used in this Section of the Rules

Missed Travel Connection shall mean the inability of the Insured to continue a Trip due to events laid down in this Section of the Rules having happened after the moment of the start of the Trip and going to an intermediate Travel point. Missed Travel Connection from the initial point of Travel shall not be reimbursed.

Moment of the Start of a Trip shall mean the boarding of the Insured in the first Public Transport Vehicle indicated in the Travel ticket travelling according to a pre-fixed schedule from Lithuania to a Foreign country.

Intermediate Travel Point shall mean a place where the Insured boards another Public Transport Vehicle specified in his ticket after the moment of the start of a Trip departing according to a pre-fixed schedule.

End of a Trip shall mean the moment of the return of the Insured to the country of his permanent residence.

Trip Price shall mean expenses incurred for purchasing Travel tickets, accommodation and car rental substantiated with payment documents. The Trip Price shall also include excursion expenses substantiated with documentation only if they were agreed upon in the tourism service provision agreement.

1. Object of insurance

1.1. Object of insurance shall be property interests of the Insured related to Trip continuation for its missed connection.

2. Insured Events

2.1. The following cases shall be treated as Insured Events due to a Missed Travel Connection:

2.1.1. delay (or non-departure) of a Public Transport Vehicle departing according to a pre-fixed schedule from an Intermediate Travel Point due to unfavourable weather conditions;

2.1.2. delayed arrival of a Public Transport Vehicle departing according to a pre-fixed schedule from Lithuania to an Intermediate Travel Point due to unfavourable weather conditions;

2.1.3. the Insured person getting into a road traffic accident Abroad.

3. Sum Insured

3.1. The Sums Insured depend on the type of a Payment Card and are equal to the Trip Price, but cannot exceed the Sums Insured indicated in the Table below:

Payment Card type	Visa Classic Mano Visa credit MasterCard Standard	Visa Gold	Visa Platinum	MasterCard World Elite	Visa Business MasterCard Business
Sum Insured, EUR	-----	500	600	800	500

4. Insurance benefit amount

4.1. In case of a Missed Travel Connection, the following expenses incurred by the Insured shall be compensated without exceeding the Sum Insured:

- 4.1.1. expenses for ticket exchange or purchase of new tickets (economy class);
- 4.1.2. hotel accommodation expenses without exceeding EUR 150 (for holders of *MasterCard World Elite* Payment Card – EUR 250) per day and no longer than 3 (three) days.

4.2. The insurance benefit shall be reduced by the sum of money, which the Insured received from the Carrier or other third persons as a compensation or indemnification of damage for a Missed Travel Connection.

5. Duties of the Insured

5.1. The Insured shall:

- 5.1.1. perform the duties laid down in the General Part of the Rules;
- 5.1.2. upon the occurrence of an Insured Event, the Insured shall:
 - 5.1.2.1. inform the Insurer about the Insured Event within 3 (three) calendar days after the end of the Trip in the procedure prescribed in Section 7 of the General Part of the Rules;
 - 5.1.2.2. immediately refer to the Travel agent or its authorized person and present a written requirement for compensation of Travel expenses;
 - 5.1.2.3. inform the Insurer about sums of money received from the Travel agent, travel agencies or third persons reducing Travel expenses incurred by the Insured;
- 5.1.3. present to the Insurer:
 - 5.1.3.1. a document from a transport company confirming the duration and reason of the delay of a Public Transport Vehicle;
 - 5.1.3.2. an accident declaration and, in cases established by laws, a police statement, if departure has been delayed or a Travel connection has been missed due to an accident;
 - 5.1.3.3. written documents substantiating Travel expenses of the Insured, and other documents requested by the Insurer necessary for determining the fact of the Insured Event and calculating the insurance benefit amount.

6. Non-Insured Events

6.1. The following is the list of Non-Insured Events for which the Insurer shall not be obliged to pay insurance benefits:

- 6.1.1. Non-Insured Events indicated in the General Part of the Rules;
- 6.1.2. cases, which are not indicated in the list of Insured Events in this Section of the Rules;
- 6.1.3. cases resulting in a Missed Travel Connection:
 - 6.1.3.1. at the fault of a Travel agent, agency and/or the Carrier;
 - 6.1.3.2. bankruptcy or insolvency of the Travel agency, agent and/or the Carrier;
 - 6.1.3.3. if a period between the departure of one Public Transport Vehicle in which the Insured arrived and another Public Transport Vehicle in which he has to depart lasts longer than 24 hours.
- 6.2. Insurance Coverage shall not be valid for treatment expenses, expenses of accompanying persons and expenses related to the transportation of a dead person.

Section VIII. Travel disruption and travel interruption insurance

Terms used in this Section of the Rules

Travel Disruption shall mean the inability of the Insured to start a Trip due to an event having happened before the moment of the start of a Trip.

Travel Interruption shall mean the inability of the Insured to continue the Trip due to an event having happened after the moment of the start of a Trip.

Moment of the Start of a Trip shall mean the boarding of the Insured in the first Public Transport Vehicle indicated in the Travel ticket travelling according to a pre- fixed schedule from Lithuania to a Foreign Country.

Intermediate Travel Point shall mean a place where the Insured boards another Public Transport Vehicle after the moment of the start of a Trip departing according to a pre-fixed schedule.

End of a Trip shall mean the moment of the return of the Insured to the country of his permanent residence.

Trip Price shall mean expenses for Travel tickets, accommodation, car rental and excursions substantiated with payment documentation. The Trip Price shall also include expenses for excursions and entertainment related to sightseeing of the country substantiated with documentation, which the Insured incurred and does not have a possibility to recover from the seller. If the Trip Price is completely or partially covered by monetary value equivalents of the Carrier's loyalty programme (for example, points, coupons, vouchers, etc.), the Trip Price shall be considered the lowest Trip Price on the market paid for an equivalent trip on the day of the acquisition of the Trip. If no objective evidence has been presented in substantiation of the Trip Price of every person insured under one Payment Card, the Sum Insured for each Insured under one Payment Card shall be considered to be equal to the share of the Trip Price of all the Insured, which does not exceed the sums indicated in this Section, proportionate to the number of the Insured under one Payment Card.

1. Object of insurance

1.1. Object of insurance shall be property interests of the Insured related to Travel Disruption or Travel Interruption.

2. Insured Events

2.1. A sudden, unexpected below-indicated case having happened at no intent of the Insured resulting in the Insured being unable to start or continue his Trip shall be considered an Insured Event:

2.1.1. health disorder of the Insured caused in the past seven (7) calendar days before the Moment of the Start of a Trip or during the Trip;

2.1.2. dismissal of the Insured without his fault, if employment relations are terminated in at least one calendar year of employment in that same company and the Insured did not know and could not have known about his dismissal before purchasing the Trip;

2.1.3. the Insurer getting into an accident on his way to the Start Point of a Trip in Lithuania;

2.1.4. acute disease of a family member of the Insured requiring constant care of the Card holder, if the disease was diagnosed no earlier than 7 calendar days before the Start of a Trip and lasts on the day of the Start of a Trip;

2.1.5. death of the Insured or his family members, parents, adoptive parents, stepparents, stepchildren, grandchildren or siblings 7 calendar days before the Moment of the Start of a Trip or during the Trip;

2.1.6. an event having happened in the permanent place of residence (a fire, flood, explosion, storm, heavy rain, hail or theft) no earlier than 7 calendar days before the Start of a Trip or during the Trip, which resulted in minor damage caused to property of the Insured, i.e. when damage amount exceeds EUR 1 500.

3. Sum Insured

3.1. The Sum Insured shall be equal to the Trip Price of all the Insured, but cannot exceed the Sums Insured indicated in the Table below:

<i>Payment Card type</i>	<i>Visa Classic</i>	<i>Visa Gold</i>	<i>Visa Platinum</i>	<i>MasterCard World Elite</i>	<i>Visa Business</i>

	<i>Mano Visa credit MasterCard Standard</i>				<i>MasterCard Business</i>
Sum Insured, EUR	-----	-----	2.000	2.000	-----

4. Insurance benefit amount

4.1. In case of an Insured Event, the insurance benefit may not exceed 80% of the Trip Price (unconditional deductible – 20%), which is determined in the below procedure:

4.1.1. in case of a Travel Disruption - monetary obligations for the payment of services constituting the Trip Price having formed before the moment of the formation of the circumstances having resulted in a Travel Disruption;

4.1.2. in case of a Travel Interruption - expenses for the exchange of Travel tickets or purchase of new ones for going to Lithuania in economy class of equivalent Public Transport Vehicle.

5. Duties of the Insured

5.1. The Insured shall:

5.1.1. perform the duties laid down in the General Part of the Rules;

5.1.2. immediately address the Carrier, Travel agent, Travel agency, broker or his authorized person and submit a written claim for recovery of Travel expenses and payment of compensations according to legislation and contracts;

5.1.3. immediately, but no later than within 12 hours from the moment when the Insured became physically capable, inform the Insurer about the Insured Event in the procedure set in Section 7 of the General Part of the Rules;

5.1.4. inform the Insurer about sums of money reducing Travel expenses incurred by the Insured received from third persons;

5.1.5. provide the Insurer with medical documents issued by a health care institution confirming a health disorder, which shall contain a doctor's conclusion on inability of the Insured to start a Trip or to continue it;

5.1.6. submit to the Insurer an accident declaration and, in cases established by laws, a police statement, if he has not gone on a Trip because of a road accident;

5.1.7. present to the Insurer documents substantiating the Trip Price or other expenses having emerged as a result of the cases listed in this Section of the Rules;

5.1.8. provide other documents requested by the Insurer necessary for determining the fact of the Insured Event and calculating the insurance benefit amount.

6. Non-Insured Events

6.1. The following is the list of Non-Insured Events for which the Insurer shall not be obliged to pay insurance benefits:

6.1.1. Non-Insured Events indicated in the General Part of the Rules;

6.1.2. cases, which are not indicated in the list of Insured Events in this Section of the Rules;

6.1.3. when circumstances (reasons) resulting in the Insured being unable to start or continue a Trip include:

6.1.3.1. pregnancy, abortion, birth and related complications;

6.1.3.2. repetitive health disorder, which was suffered in the past 12 months before the day of the conclusion of the insurance agreement, and relating complications;

6.1.3.3. psychiatric, oncologic or sexually transmitted disease;

6.1.3.4. those, for which a Travel agent, agency, broker and/or the Carrier, also persons whose actions lead to liability of the latter, are held liable;

6.1.3.5. bankruptcy or insolvency of the Travel agency, broker, Travel agent and/or the Carrier or their authorized persons.

Section IX. Insurance of travel documents

Terms used in this Section of the Rules

Travel Document shall mean a passport, an identity card, a driver's license or a vehicle registration certificate, also, a birth certificate.

Loss of a Travel Document shall mean an event having happened during the Trip Abroad, when the Insured cannot legally return to the country of his permanent residence due to the Loss of a Travel Document.

1. Object of insurance

1.1. Object of insurance shall be property interests related to the loss of Travel Documents during a Trip Abroad.

2. Insured Events

2.1. Loss of documents for the following reasons shall be considered an Insured Event due to a Loss of Travel Documents:

2.1.1. a theft, if during the Trip residential premises of the Insured have been locked and windows have been closed making it impossible to enter without causing damage to structures of the premises, and there are obvious signs of a break-in into the residential premises, or because of a theft from a locked safe kept in the hotel room;

2.1.2. a robbery, malicious acts of third persons; a theft from a locked safe in a hotel room;

2.1.3. their loss;

2.1.4. an accident of the Vehicle in which the Insured was traveling;

2.1.5. a fire, explosion, natural disasters or circumstances, which are recognized as force majeure by public legislation.

3. Sum Insured

3.1. The Sums Insured shall depend on the type of a Payment Card and are presented in the Table below:

Payment Card type	<i>Visa Classic Mano Visa credit MasterCard Standard</i>	<i>Visa Gold</i>	<i>Visa Platinum</i>	<i>MasterCard World Elite</i>	<i>Visa Business MasterCard Business</i>
Sum Insured, EUR	-----	-----	600	800	-----

4. Insurance benefit amount

4.1. In case of the Loss of Travel Documents, the Insurer shall indemnify expenses substantiated with documents when determining the below-listed benefit limits:

4.1.1. fees and administrative costs for documents replacing the lost documents issued for one Insured, having which the Insured will be able to legally return to the country of his permanent residence, without exceeding EUR 100;

4.1.2. expenses of a trip to the nearest official place of issuance of Travel Documents, without exceeding EUR 150;

4.1.3. hotel accommodation expenses up until the day of the receipt of Travel Documents, but no longer than for 3 (three) calendar days and without exceeding EUR 300.

5. Duties of the Insured

5.1. The Insured shall:

5.1.1. perform the duties laid down in the General Part of the Rules;

5.1.2. in case of an Insured Event:

5.1.2.1. a theft, robbery, malicious actions by third persons as well as in cases of loss immediately (in presence of the first objective possibility) report the event to the police and request issuing a document substantiating the facts listed in this paragraph;

5.1.2.2. inform the Insurer about the Insured Event within 3 (three) calendar days after the end of the Trip in accordance with the procedure laid down in Section 7 of the General Part of the Rules;

5.1.2.3. present to the Insurer a document issued by a respective competent authority confirming the event, the determined circumstances and other documents requested by the Insurer, which are necessary for determining the fact of the Insured Event and calculating the insurance benefit.

6. Non-Insured Events

6.1. The following is the list of Non-Insured Events for which the Insurer shall not be obliged to pay insurance benefits:

6.1.1. Non-Insured Events specified in the General Part of the Rules;

6.1.2. Insurance Coverage shall not be provided in the following cases:

6.1.2.1. Travel Documents handed over to another person (except for family members) or those who are not under the supervision of the Insured;

6.1.2.2. Travel Documents lost when the Insured was under the influence of alcohol, narcotic or toxic substances;

6.1.2.3. Travel Documents lost when the Insured was committing a criminal act or an administrative offense;

6.2. The Insurer shall be relieved from his duty to pay an insurance benefit in below-indicated cases:

6.2.1. if the loss of Travel Documents has not been confirmed by a police statement;

6.2.2. if Travel Documents have been lost as a result of decisions of state authorities.

Section X. Vehicle hijacking insurance

Terms used in this Section of the Rules

Vehicle shall mean a factory assembled land vehicle produced in series (except for rail vehicles, mopeds, four-wheelers or motorcycles) with an issued state license plate number.

Vehicle Hijacking shall mean a case when the Insured loses a possibility to manage a Vehicle due to a theft, exertion of physical violence or a threat to immediately exert it, or otherwise depriving the Insured of the possibility to resist.

1. Object of insurance

1.1. Object of insurance shall be property interests of the Insured related to inability to continue a Trip due to a Vehicle Hijacking.

2. Insured Events

2.1. Insurance Coverage shall apply if a Vehicle is hijacked at the time of the Insured's departure in the Vehicle on a Trip from Lithuania or when traveling in a Vehicle rented Abroad.

2.2. Financial losses incurred by the Insured and determined in this Section of the Rules incurred as a result of a Vehicle Hijacking resulting in the Insured being unable to continue his Trip shall also be considered Insured Events.

3. Sum Insured

3.1. The Sums Insured depend on the type of a Payment Card and are presented in the Table below:

Payment Card type	<i>Visa Classic</i> <i>Mano Visa credit</i> <i>MasterCard Standard</i>	<i>Visa Gold</i>	<i>Visa Platinum</i>	<i>MasterCard World Elite</i>	<i>Visa Business</i> <i>MasterCard Business</i>
Sum Insured, EUR	-----	-----	600	2 000	-----

4. Insurance benefit amount

4.1. The Insurer shall pay an insurance benefit for the following financial losses incurred by the Insured:

4.1.1. expenses for the return (in the most direct route) to Lithuania or the planned place of return of the rented Vehicle, without exceeding the airfare (economy class), if the Insured decides to return to Lithuania;

4.1.2. hotel accommodation costs without exceeding EUR 100 per day and for no more than 3 (three) days, if the Insured decides to continue the Trip.

5. Duties of the Insured

5.1. The Insured shall:

5.1.1. perform the duties laid down in the General Part of the Rules;

5.1.2. in case of an Insured Event:

5.1.2.1. inform the Insurer about the Insured Event within 3 (three) calendar days after the end of the Trip in the procedure laid down in Section 7 of the General Part of the Rules;

5.1.2.2. report a Vehicle theft to the police immediately (at the first objective possibility) and ask it to issue a document confirming this fact;

5.1.2.3. provide the Insurer with documents substantiating financial losses and other documents requested by the Insurer necessary for determining the fact of the Insured Event and calculating the insurance benefit amount.

6. Non-Insured Events

6.1. The following is the list Non-Insured Events for which the Insurer shall not be obliged to pay insurance benefits:

6.1.1. Non-Insured Events indicated in the General Part of the Rules;

6.1.2. cases not indicated in the list of Insured Events presented in this Section of the Rules;

6.1.3. financial losses, if:

6.1.3.1. the Insured fails to report a theft of a Vehicle to the police at the first opportunity;

6.1.3.2. in case of a theft of a Vehicle, documents confirming the fact of a theft are not presented;

6.1.3.3. an event has not been officially confirmed by law enforcement and other competent authorities.

6.2. Also, the Insurer shall not indemnify non-property damage incurred by the Insured.