

## Mastercard World Elite – Kazakhstan Benefit Schedule

| BENEFIT TABLE   | Benefits are per beneficiary per <b>trip</b> unless otherwise noted |
|---|---|
| <b>Section I - Travel Advice</b>  |   |
| Travel Advice   | Included  |
| <b>Section II - Travel Assistance</b>   |   |
| Medical Assistance  | Included  |
| Lost or Stolen Document Assistance  | Included  |
| Message Relay   | Included  |
| Lost Luggage Assistance   | Included  |
| <b>Section III – Curtailment</b>  |   |
| Cancellation or Curtailment or Abandonment in total for all beneficiaries travelling together | €18,750   |
| <b>Section IV – Missed Departure/Missed Connection</b>  |   |
| Missed Departure/ Missed Connection   | €750  |
| <b>Section V– Delayed Departure</b>   |   |
| Delayed Departure, maximum in total for all beneficiaries travelling together                 | Up to €1,000  |
| - After 4 hours per beneficiary   | Up to €450  |
| <b>Section VI - Baggage Delay and Extended Baggage Delay</b>                                  |   |
| Baggage Delay, after 4 hours, in total for all beneficiaries travelling together              | €750  |
| Extended Baggage Delay, after 48 hours, in total for all beneficiaries travelling together    | €3,750  |
| <b>Section VII – Involuntary Denial of Boarding</b>   |   |
| - After 4 hours per beneficiary   | €350  |
| - Up to a maximum in total for all beneficiaries travelling together                          | €750  |
| <b>Section VIII – Emergency Medical and Other Expenses Abroad</b>                             |   |
| Medical Expenses and Repatriation Expenses  | €1,500,000  |
| Medical Expenses for infants born following Complications of pregnancy, maximum per event     | €75,000 (€200,000 for trips to USA or Caribbean)                    |
| Emergency Dental treatment  | Up to €750  |
| Close Relative to travel out if hospitalized  | €150 per day, max.10days + Economy Flight                           |
| Extended Stay of Beneficiary / Companion  | €200 per day, max.10days  |
| Business Colleague Replacement  | Economy Flight  |
| Return Home of Children   | €150 per day, max.3days+Economy Flight                              |
| Funeral Expenses and Repatriation of Mortal Remains   | €4,500  |

| BENEFIT TABLE   | Benefits are per beneficiary per <b>trip</b> unless otherwise noted |
|---|---|
| <b>Section IX - Hospital Benefit</b>  |   |
| Hospital Benefit, maximum   | €3,000  |
| - Per day, maximum 30 days  | €100  |
| <b>Section X – Personal Belongings and Personal money</b>   |   |
| Maximum under this section  | Up to €4,375  |
| - Personal belongings, maximum  | €3,250  |
| - Single Article Limit  | €750  |
| - Valuables Limit in Total  | €750  |
| - Personal Money  | €1,125  |
| Excess per claim  | €125  |
| <b>Section XI - Travel Accident</b>   |   |
| Travel Accident, maximum  | Up to €500,000  |
| - Loss of Life, 16 years of age and over  | €500,000  |
| - Permanent Total Disablement   | €500,000  |
| - Loss of Life under 5 years of age   | €10,000   |
| - Loss of Life 5 – 15 years of age  | €20,000   |
| Rental Car Accident, Loss of life or Permanent Total Disablement                                      | Up to €100,000  |
| Search and/or Repatriation of Mortal Remains  | € 60,000  |
| Aggregate limit per person per incident for Accident and Search and/or Repatriation of Mortal Remains | Up to €560,000  |
| Groups covered per incident   | €5,000,000  |
| <b>Section XII – Personal Liability</b>   |   |
| Personal Liability  | €1,500,000  |
| <b>Section XII – Legal Expenses</b>   |   |
| Legal Expenses  | €9,000  |
| <b>Section XIV – Purchase Protection</b>  |   |
| - Limit per 365-day period  | €30,000   |
| - Limit per Incident  | €5,000  |
| - Single Article Minimum Limit  | €50   |
| <b>Section XV – Rental Car Collision Damage Waiver</b>  |   |
| Rental Car Collision Damage Waiver, up to 31 days rental by Cardholder                                | €75,000   |
| - Per event Excess  | €75   |

## INTRODUCTION

This document is not a contract of insurance but summarizes the benefits provided to **you** by virtue of **your** holding a Mastercard World Elite card. The provision of those benefits is enabled by an insurance policy held by Mastercard Europe SA and issued to Mastercard Europe SA by the JSC Halyk Insurance Company (policy number XXXXXXXX).

Mastercard Europe SA is the only policyholder under the insurance policy and only they have direct rights under the policy against the **insurer**. This agreement does not give **you** any rights under the policy of insurance. Strict compliance with the terms and conditions of this agreement is required if **you** are to receive its benefit.

## ELIGIBILITY

The benefits summarized in this document are dependent upon **you** being a valid Mastercard World Elite **Cardholder** at the time of any incident giving rise to a claim. Mastercard Europe SA or **your** bank will give **you** notice if there are any material changes to these terms and conditions or if the policy supporting the benefits available under this agreement is cancelled or expires without renewal on equivalent terms.

This is **your** benefit guide and agreement with **us**. It contains details of benefits, conditions and exclusions relating to Mastercard World Elite **Cardholders** and is the basis on which all claims **you** make will be settled.

## INSURER

Benefits under the policy issued to Mastercard Europe SA are underwritten by AIG Europe S.A., whose registered branch office is 35D Avenue J.F. Kennedy, L-1855, Luxembourg. Some of the services under this Policy will be provided by CLASS-ASSISTANCE Company, an agent of JSC Halyk Insurance Company. JSC Halyk Insurance Company is a network partner of AIG Europe S.A., and a Republic of Kazakhstan firm of A05A1B9 (050008), Republic of Kazakhstan, 109V Abay Ave, Almaty, n.p. 9a, which is authorised by the National Bank of Kazakhstan.

## POLICYHOLDER

Mastercard Europe SA

## IMPORTANT INFORMATION

1. Claims arising directly or indirectly from any **pre-existing medical conditions** are NOT covered.
2. The benefits will NOT cover **you** when you are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a medical practitioner had **you** sought his/her advice);
3. The benefits will NOT cover **you** when **you** are travelling with the intention of obtaining medical treatment or consultation;
4. The benefits will NOT cover **you** if **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established).
5. If injury, illness loss, theft or damage happens you should immediately call **Assistance** on +7 727 356-77-27 to report a medical emergency, request repatriation, report any loss, theft or damage.
6. In order to be eligible to receive benefits under this Benefit Schedule **you** must charge **your trip** in

full to **you** Mastercard World Elite card except for:

Section VIII – Emergency Medical and Other Expenses Abroad – as long as **you** meet the **trip** definition.

Section XIV – Purchase Protection – cover for **eligible items** purchased with the **covered card**.

Section XV - Rental Car Collision Damage Waiver – cover when the rental of the vehicle is paid with the **covered card**.

7. All benefit amounts listed in the **Benefit Table** are per **beneficiary** per **trip** unless otherwise noted (excluding Section XIV - Purchase Protection through to Section XV – Rental Car Collision Damage Waiver).
8. These benefits will be governed by the laws of Kazakhstan unless **we** have specifically agreed in writing otherwise.
9. Cover only applies for any incident arising during a **trip** during the **period of cover**.
10. An excess applies to benefits in Sections X – Personal Belongings and Personal Money, Section XV – Rental Car Collision Damage Waiver.

## **DEFINITIONS**

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this Benefit Schedule (unless otherwise noted) and is highlighted in bold print.

### **You/your/beneficiary(ies)**

– the **Cardholder** and his/her spouse or **civil partner**, their children, aged under 25 who are financially dependent (according to the regulations of Kazakhstan) on the **Cardholder**, all living in Kazakhstan and travelling on a **trip**.

**Beneficiaries** are covered for benefits when travelling independently of one another except for:

Section III – Curtailment

Section VI– Baggage Delay

Section V – Delayed Departure

Section IV – Missed Departure

Section X – Personal Belongings and Personal Money

Section XII – Personal Liability

where all **beneficiaries** must be travelling on the **trip** with and to the same destination as the **Cardholder**.

**You** will only be covered if 100% of the total cost of transport and/or accommodation for the **trip** has been charged to the **covered card**, except for:

Section VIII– Emergency Medical and Other Expenses Abroad – as long as **you** meet the **trip** definition.

Section XIV – Purchase Protection – cover for **eligible items** purchased with the **covered card**.

Section XV - Rental Car Collision Damage Waiver – cover when the rental of the vehicle is paid with the **covered card**.

### **We/us/our**

– CLASS-ASSISTANCE Company of 41 bc rumb, Zaitseva street, Saint-Petersburg, Russia, 198188, and/or JSC Halyk Insurance Company of A05A1B9 (050008), Republic of Kazakhstan, 109V Abay Ave, Almaty, n.p. 9a, and/or AIG Europe S.A. of 35D Avenue J.F. Kennedy, L-1855, Luxembourg.

### **Adverse weather conditions**

– rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm which is not caused by or has not originated from a geological or catastrophic event such as but not limited to an earthquake, volcano or tsunami.

**Adviser**

– specialist solicitors or their agents.

**Adviser's costs**

– reasonable fees and disbursements incurred by the **adviser** with **our** prior written authority. Legal and accounting expenses shall be assessed on the standard basis and third-party costs shall be covered if awarded against **you** and paid on the standard basis of assessment.

**Assistance**

– the service provider CLASS-ASSISTANCE Company of 41 bc rumb, Zaitseva street, Saint-Petersburg, Russia, 198188, arranged by JSC Halyk Insurance Company of A05A1B9 (050008), Republic of Kazakhstan, 109V Abay Ave, Almaty, n.p. 9a.

**Benefit Table**

– the table listing the benefit amounts beginning on page 1.

**Bodily injury**

– an identifiable physical injury caused by a sudden, violent, external, unexpected specific event. Injury as a result of **your** unavoidable exposure to the elements shall be deemed to be a **bodily injury**.

**Cardholder**

– the holder of a **covered card**, the card being valid and the account in good standing at the time of the incident.

**Civil Partner/Civil Partnership**

– A couple permanently living together at the same address for a minimum of one year prior to the **trip**. This must be evidenced by a joint account, or utility bill, used by each partner and being registered as living permanently together.

**Close business associate**

– any person whose absence from business for one or more complete days at the same time as **your** absence prevents the proper continuation of that business.

**Close relative**

– mother, father, sister, brother, spouse, **civil partner**, daughter, son, including adopted daughter or son), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, legal ward, of the **Cardholder**.

**Complications of Pregnancy**

– the following unforeseen complications of pregnancy as certified by a **medical practitioner**: toxemia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum hemorrhage; placental abruption; placenta previa; post-partum hemorrhage; retained placenta membrane; miscarriage; stillbirths; medically necessary emergency Caesarean sections/ medically necessary termination; and any premature births or threatened early labor more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.

**Covered Card**

– a Mastercard World Elite card, the card being valid and the account in good standing at the time of the incident.

**Curtailment / curtail**

– cutting short **your trip** by returning **home** due to an emergency authorized by **us**.

**Home**

– **your** normal place of residence in Kazakhstan.

**Insurer**

- AIG Europe S.A. and its affiliates, subsidiaries and network partners. AIG Europe S.A., whose registered branch office in Luxembourg is 35D Avenue J.F. Kennedy, L-1855, Luxembourg, is authorised by the Luxembourg Ministère des Finances.

**Loss of limb**

– loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

**Loss of sight**

– total and irrecoverable loss of sight in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what **you** should see at 60 feet.)

**Medical condition(s)**

– any medical or psychological disease, sickness, condition, illness or injury that has affected **you** or any **close relative**, travelling companion or person with whom **you** intend to stay whilst on **your trip**.

**Medical emergency**

– a **bodily injury** or sudden and unforeseen illness suffered by **you** while **you** are on a **trip** outside Kazakhstan and a registered **medical practitioner** tells **you** that **you** need immediate medical treatment or medical attention.

**Medical practitioner**

– a legally licensed member of the medical profession, recognized by the law of the country where treatment is provided and who, in rendering such treatment is practicing within the scope of his/her license and training, and who is not related to **you** or any travelling companion.

**Pair or set**

– items of **personal belongings** or **valuables** forming part of a set or which are normally used together.

**Panel**

– **our** panel of **advisers** who may be appointed by **us** to act for **you**.

**Period of cover**

– cover begins for the eligible portion of **trips** commencing on or after 1 April 2021. Under Section III – Curtailment cover shall be operative from the time **you** pay for the **trip** and ceases upon commencement of **your trip**. For all other sections of the Benefit Schedule unless otherwise noted, the benefits commence when **you** leave your **home** or hotel, or **your** place of business (whichever is the later) to commence the **trip** and terminates at the time you return to **your home**, hotel or place of business (whichever is the earlier) on completion of the **trip**. **Eligible items** purchased after 31 March 2021 are covered under Section XIV – Purchase Protection. Cover under Section XV – Rental Car Collision Damage Waiver begins for cars rented after 31 March 2021. (All benefits subject to terms and conditions.) Cover will end when the card account is terminated or when these benefits are cancelled or expire.

The period of any **trip** may not exceed 60 consecutive days. **Trips** must begin and end in the **home** country. If **your trip** exceeds 60 consecutive days no cover will apply for any part of that **trip**. The cover is limited to a total of 183 days in any 12-month period.

#### Extension to the **period of cover**

The **period of cover** is automatically extended for the period of the delay in the event that **your** return to Kazakhstan is unavoidably delayed due to an event covered by this Benefit Schedule.

#### **Permanent total disablement**

– disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, prevents **you** from engaging in, or giving any attention to, any business or occupation for the remainder of **your** life.

#### **Personal belongings**

– baggage, clothing, personal effects, and other articles which belong to **you** and are worn, used or carried by **you** during any **trip**.

#### **Personal money**

– bank notes, currency notes and coins in current use, travelers' and other checks, postal or money orders, pre-paid coupons or vouchers, travel tickets, hotel vouchers, all held for private purposes.

#### **Pre-existing medical condition(s)**

- any past or current **medical condition** that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during the 2 years prior to the booking of and/or commencement of any **trip**: and
- any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to commencement of cover under this Benefit Schedule and/or prior to any **trip**.

#### **Public transport**

– any publicly licensed aircraft, sea vessel, train or coach on which **you** are booked to travel.

#### **Sports and activities**

– the activities listed in the below Sports and Activities section for which **your** participation in during your **trip** is not the sole or main reason for **your trip** (excluding golf and winter sports holidays).

#### **Strike or industrial action**

– any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.

#### **Terrorism**

– an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

#### **Trip**

– any holiday, or journey for business or pleasure made by **you** worldwide, during the **period of cover** for which 100% of the total cost of transport and/or accommodation has been charged on or after 1 April

2021 to **your covered card**. **Trips** must begin and end in Kazakhstan. One-way **trips** are not covered. Any trip solely within the country of residence is only covered when **you** are travelling further than 100 kilometers from **home** or where **you** have pre-booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee. Cover for benefits in Section VIII – Emergency Medical and Other Expenses Abroad and Section XII - Personal Liability is only provided when **you** are travelling out of country of residence and further than 100 kilometers from **home** and **you** have pre-booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee.

### **Unattended**

– when **you** are not in full view of and not in a position to prevent unauthorized interference with **your** property or vehicle.

### **Valuables**

– jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, leather goods, cameras, camcorders, photographic audio video computer television and telecommunications equipment (including films, phones, laptops, tablets and headphones), computer games and associated equipment, telescopes, binoculars, and any other item worth €2,500 or more.

## **EMERGENCY ASSISTANCE**

Contact **Assistance** on Telephone: +7 727 356-77-27

In the event of a serious illness or accident which may lead to in-patient hospital treatment, or before any arrangements are made for repatriation or in the event of **curtailment** necessitating **your** early return **home** or in the event of an emergency **you** must contact **Assistance**. The service is available to **you** and operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation and authorization of medical expenses. If this is not possible because the condition requires immediate emergency treatment **you** must contact **Assistance** as soon as possible. Private medical treatment is not covered unless authorized specifically by **Assistance**.

### **Medical Assistance**

**Assistance** has the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. **Assistance** will also arrange transport **home** when this is considered to be medically necessary, or when **you** have notice of serious illness or death of a **close relative** at **home**.

### **Payment for Medical Treatment**

If **you** are admitted to a hospital/clinic while on a **trip**, **Assistance** will arrange for medical expenses covered by the policy to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact **Assistance** for **you** as soon as possible.

Beware of requests for **you** to sign for excessive treatment or charges. If in doubt regarding any such requests, please call **Assistance** for guidance.

## **GENERAL CONDITIONS**

**You** must comply with the following conditions to have the full protection of the Benefit Schedule. If **you** do not comply, **we** may at **our** option refuse to deal with **your** claim or reduce the amount of any claim payment.

1. **You** are covered for worldwide trips of up to 60 consecutive days. If **your trip** exceeds 60 consecutive days no cover will apply for any part of that **trip**. The cover is limited to a total of 183 days in any 12-month period. **Trips** must begin and end in Kazakhstan, one-way **trips** are not

covered.

2. **You** must take all reasonable care and precautions to protect **yourself** against accident, illness, disease or injury and to safeguard **your** property against loss, theft or damage. **You** must act as if **you** are not covered and take steps to minimize **your** loss as much as possible and take reasonable steps to prevent a further incident and to recover missing property.
3. In the event of **curtailment** necessitating **your** early return **home you** must contact **Assistance**. The service is available to **you** and operates 24 hours a day, 365 days a year for advice and assistance with **your** return **home**. **Assistance** will arrange transport **home** when **you** have notice of serious illness, imminent demise, or death of a **close relative** in Kazakhstan.
4. **You** must tell **us** as soon as possible in the event of an emergency or if **you** are hospitalized.
5. **We** ask that **you** notify **us** within 28 days of **you** becoming aware of any incident or loss leading to a claim other than a claim in point 4. , above, and **you** return **your** completed claim form and any additional information to **us** as soon as possible.
6. **You** must report all incidents to the local Police in the country where it occurs and obtain a crime or lost property report, which includes an incident number.
7. **You** must not abandon any property for **us** to deal with or dispose of any damaged items as **we** may need to see them.
8. **You** or **your** legal representatives must supply at **your** own expense all information, evidence, medical certificates, original invoices, receipts, reports, assistance that may be needed including details of other insurance policies that may cover the loss. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
9. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
10. **You** must tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must also immediately send **us** any writ or summons, letter of claim or other document relating to that claim.
11. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice, at **our** expense. In the event of **your** death **we** may also request and will pay for a post-mortem examination.
12. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not, **we** will deduct the amount of those tickets from any amount paid to **you**.
13. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
  - a) take over the defense or settlement of any claim;
  - b) take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made;
  - c) take any action to get back any lost property or property believed to be lost.
14. If **you** or anyone acting for **you** in any respect, attempts to gain funds, information or other assets by deception or any other illegal means, including deliberate misrepresentation or omission of facts in order to misrepresent the true situation, this policy shall become void. **We** may inform the police and **you** must repay to **us** any amount already received under the policy.
15. If **we** pay any expense for which **you** are not covered, **you** must pay this back within one month of **our** asking.
16. **We** will make every effort to apply the full range of services in all circumstances as shown in **your** Policy booklet. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
17. **We** may at any time pay to **you** **our** full liability under the Policy after which no further payments will be made in any respect.
18. If at the time of any incident which results in a claim under this Benefit Schedule, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our**

proportional share (not applicable to Section XI – Travel Accident).

19. If **you** possess multiple cards **you** may only claim and **we** will only pay up to the highest limit of the cards, the benefit values will not be cumulative.

## **GENERAL EXCLUSIONS**

These exclusions apply throughout **your** Benefit Schedule. **We** will not pay for claims arising directly or indirectly from:

1. Any **pre-existing medical conditions**.
2. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section VIII – Emergency Medical and Other Expenses Abroad and Section IX – Hospital Benefit, unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
3. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
4. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
5. **Your** participation in or practice of any sport or activity unless it is shown as covered in the list of **Sports and Activities**.
6. **Your** engagement in or practice of: manual work involving the use of dangerous equipment in connection with a profession business or trade, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorized two or three wheeled vehicles unless a full driving license is held permitting the use of such vehicles and **you** and **your** passengers are all wearing helmets, professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, or any tests for speed or endurance.
7. Any claim resulting from **you** attempting or committing suicide; deliberately injuring yourself; using any drug not prescribed by a registered **medical practitioner**, being addicted to any drugs, or abusing solvents, drugs, or alcohol, or being under the influence of drugs, solvents, or alcohol.
8. Self-exposure to needless peril (except in an attempt to save human life).
9. Any claim resulting from your involvement in a fight except in self-defense.
10. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
11. **Your** own unlawful action or any criminal proceedings against **you**.
12. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other Insurance, or any amount recoverable from any other source, had these benefits herein not been effected.
13. Any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost incurred in preparing a claim, loss of earnings, loss or costs incurred arising from the interruption of **your** business, inconvenience, distress, or loss of enjoyment.
14. Operational duties as a member of the Armed Forces.
15. **Your** travel to a country or specific area or event to which a government agency in Kazakhstan or the World Health Organization has advised the public not to travel, or which are officially under embargo by the United Nations.
16. Any claim caused by **you** climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
17. Any costs **you** would have been required or been expected to pay if the event resulting in the claim

had not happened.

18. Any circumstances **you** are aware of that could reasonably be expected to give rise to a claim on this policy.
19. Costs of telephone calls or faxes, meals, taxi fares (with the exception of the taxi costs incurred for the initial journey to a hospital on a **trip** due to **your** illness or injury), newspapers, laundry costs, or interpreters' fees.
20. Cover for benefits in Section VIII – Emergency Medical and Other Expenses Abroad and Section XII – Personal Liability is excluded in the country of residence.

## **SPORTS AND ACTIVITIES**

**You** are covered under Section VIII – Emergency Medical and Other Expenses Abroad for the following activities provided **your** participation in them is not the sole or main reason for **your trip** (excluding golf and winter sports holidays). Cover under Section XI – Travel Accident and Section XII – Personal Liability for those sports or activities marked with \* is excluded.

|                                       |
|---------------------------------------|
| *Abseiling                            |
| *Archery                              |
| Badminton                             |
| Baseball                              |
| Basketball                            |
| Bowling                               |
| Camel Riding                          |
| Canoeing (up to grade/class 2)        |
| *Canoeing (up to grade/class 3 to 4)  |
| *Clay pigeon shooting                 |
| Cricket                               |
| *Cross country skiing                 |
| Elephant Riding                       |
| *Fell running                         |
| *Fencing                              |
| Fishing                               |
| Football                              |
| *Glacier Skiing                       |
| *Go- Karting                          |
| Golf                                  |
| Hockey                                |
| *Horse Riding                         |
| Horse Trekking                        |
| *Hot air ballooning                   |
| Ice Skating (on recognized ski rinks) |
| *Jet Biking                           |
| *Jet Skiing                           |
| Kitesurfing                           |
| Monoskiing                            |
| *Mountain bicycling on tarmac         |
| Netball                               |
| Orienteering                          |
| *Paintball                            |
| Pony Trekking                         |
| Racquetball                           |

Road Cycling  
Roller skating  
Rounders  
Running  
Sailing (within 20 Nautical Miles of the coastline)  
\*Sailing (Outside 20 Nautical Miles of the coastline)  
Scuba diving †  
\*Ski touring  
\*Skidoo  
Skiing (on piste or off piste with a guide)

† - Scuba Diving: scuba diving to the following depths, when **you** hold the following qualifications, and are diving under the direction of an accredited dive marshal, instructor or guide and within the guidelines of the relevant diving or training agency or organization:

- PADI Open Water – 18 meters
- PADI Advanced Open Water – 30 meters
- BSAC Ocean Diver – 20 meters
- BSAC Sports Diver – 35 meters
- BSAC Dive Leader – 50 meters

**We** must agree with any equivalent qualification. If **you** do not hold a qualification, **we** will only cover **you** to dive to a depth of 18 meters.

## **BENEFIT SCHEDULE**

### **SECTION I – TRAVEL ADVICE**

#### **WHAT IS COVERED**

Before and during **your trip** **we** will provide **you** with information on:

1. preparing for a journey.
2. current visa and entry requirements for all countries. If **you** hold a passport from a country other than Kazakhstan, **we** may need to refer **you** to the embassy or consulate of the country concerned.
3. current vaccination requirements for all countries and information on current World Health Organization warnings.
4. customs duties and regulations
5. foreign exchange rates and value added taxes.
6. referrals to embassies or Consulates.
7. weather forecasts abroad.
8. specific languages spoken at the travel destination.
9. time zones and time differences.

## SECTION II – TRAVEL ASSISTANCE

### WHAT IS COVERED

During **your trip** we will:

1. assist **you** with the procurement of a lawyer and/or interpreter if **you** are arrested or threatened with arrest while travelling or are required to deal with any public authority.
2. relay messages to **your close relatives**, business colleagues or friends in Kazakhstan.
3. assist in locating **your** luggage lost by a common carrier and organize the dispatch of such luggage, if recovered, to **your** location. Costs of dispatch, if any, shall be borne by **you** without prejudice of **your** possible claim against the responsible and/or the travel agent.
4. provide you with necessary information and assist you in obtaining replacement travel documents such as passport, entry visa or airline tickets, from the appropriate local authority if the documents required for the return journey are lost or stolen. **We** will not pay the charges payable for issuing new documents.
5. organize and pay for the dispatch of **your** replacement personal items that are essential to the continuation of **your** journey, such as but not limited to contact lenses and glasses (excluding any type of document, whether private or business related). This service will be provided upon the condition that either **we** are permitted and given access to such replacement items or, that such replacement items are delivered to **our** office as indicated by **us** to **you** or **your** representative.
6. refer **you** to physicians, hospitals, clinics, ambulances, private duty nurses, dentists, dental clinics, services for the disabled, ophthalmologists, pharmacies, opticians and suppliers of contact lenses and medical aid equipment.
7. replace essential prescription medication which has been lost or stolen, if it, or a local equivalent, is unavailable during **your trip**. **We** will bear the costs for dispatch, but all costs of obtaining the medicine will be borne by **you**. The transportation of medicine remains subject to the regulations imposed by airline companies or any other transportation company, as well as local and/or international law.
8. in the case of an illness or **bodily injury** affecting **your close relative** residing in Kazakhstan, **Assistance** will monitor their condition and keep **you** informed.

### SPECIAL CONDITIONS

Anything mentioned in GENERAL CONDITIONS.

### WHAT IS NOT COVERED

1. The cost of any advance or delivery fee.
2. Anything mentioned in GENERAL EXCLUSIONS.

## SECTION III –CURTAILMENT

**YOU SHOULD ALWAYS CONTACT ASSISTANCE BEFORE CURTAILMENT +7 727 356-77-27**

### WHAT IS COVERED

**We** will pay **you**, up to the amount shown in the **Benefit Table** per trip for all **beneficiaries** for any irrecoverable unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay together with any reasonable additional travel expenses incurred if the **trip** is **curtailed** before completion as a result of any of the following changes in circumstances, which is beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip**:

1. unforeseen illness, injury or death of **you**, a **close relative**, a **close business associate** or any person with whom **you** are travelling or staying during **your trip**.
2. A **complication of pregnancy** relating to **you**.
3. Compulsory quarantine, jury service attendance or being called as a witness at a Court of Law of **you**

or any person with whom **you** are travelling or have arranged to travel with.

4. Redundancy (which qualifies for payment under the current redundancy payment legislation in the **county of residence** and at the time of booking the **trip** there was no reason to believe anyone would be made redundant) of **you** or any person with whom **you** are travelling or have arranged to travel with.
5. The withdrawal of leave for members of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department, provided that such **curtailment** could not reasonably have been expected at the time of receiving these benefits or booking **your trip** (whichever is the later).
6. The Police requesting **you** to remain at or subsequently return **home** due to serious damage to **your home** or business (if **you** are the owner, president or director) caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft.

### SPECIAL CONDITIONS

1. **You** must obtain a medical certificate from **your** treating **medical practitioner** and prior approval of **Assistance** to confirm the necessity to return **home** prior to **curtailment** of the **trip** due to death, **bodily injury** or illness.
2. If **you** delay or fail to notify the travel agent, tour operator or provider of transport/ accommodation, at the time it is found necessary to cancel the **trip**, **our** liability shall be restricted to the cancellation charges that would have applied had failure or delay not occurred.
3. If **you** cancel the **trip** due to **bodily injury** or illness **you** must provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that this necessarily and reasonably prevented **you** from travelling.
4. If the car which **you** intended to use for the **trip** is stolen or damaged within 7 days prior to the departure date then the costs of a hire car will be covered, and no cancellation costs will be paid.
5. **You** must contact **us** to make necessary travel arrangements for **you**.
6. In the event of a claim for **curtailment**, indemnity will be calculated strictly from the date **you** return to **your home** in Kazakhstan.
7. Anything mentioned in GENERAL CONDITIONS.

### IMPORTANT LIMITATIONS UNDER SECTION III - CURTAILMENT

This Benefit Schedule will not cover any claims for Curtailment arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to these benefits becoming effective or prior to booking any **Trip** (whichever is the later) affecting any **close relative**, **close business associate**, or any person with whom **you** are travelling or staying during **your trip**. if:

1. a terminal diagnosis had been received; or
2. they were on a waiting-list for, or had knowledge of the need for, surgery, in-patient treatment or investigation at any hospital or clinic at the commencement of the policy or prior to booking any **trip** (whichever is the later); or
3. during the 90 days immediately prior to the commencement of the policy or prior to booking any **trip** (whichever is the later) they had required surgery, in-patient treatment or hospital consultations.

### WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from **your pre-existing medical conditions**.
2. The cost of recoverable airport charges, levies and taxes.
3. Any costs incurred because **you** did not contact **Assistance** to make the necessary travel arrangements, immediately when **you** knew that **your trip** was to be **curtailed**.
4. Any claims arising directly or indirectly from redundancy caused by or resulting from misconduct leading to dismissal or from resignation or voluntary redundancy or where a warning or notification of redundancy was given prior to the date these benefits became effective or the time of booking any

- trip** (whichever is the earlier).
5. Any claim resulting from change of plans due to **your** financial circumstances except if **you** are made redundant and qualify for redundancy payment under current legislation in Kazakhstan.
  6. Any claim arising directly or indirectly from circumstances known to **you** prior to the date these benefits became effective or the time of booking any **trip** (whichever is the later) which could reasonably have been expected to give rise to **curtailment** of the **trip**.
  7. Any costs paid for using any airline mileage reward scheme, for example Avios, or any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday points scheme and/or any associated maintenance fees.
  8. Any claim arising from **complications of pregnancy** which:
    - a) for Curtailment - first arise before departing on **your trip**.
  9. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
  10. Any costs incurred when **you** do not get a medical certificate from the treating **medical practitioner** at **your** resort or place of incident, explaining why it is deemed medically necessary to return early to Kazakhstan.
  11. Any claim resulting from **your** inability to travel due to a **beneficiary's** failure to hold, obtain or produce a valid passport or any required visas.
  12. Anything mentioned in GENERAL EXCLUSIONS.

#### **SECTION IV - MISSED DEPARTURE/ MISSED CONNECTION**

##### **WHAT IS COVERED**

We will pay **you**, up to the amount shown in the **Benefit Table**, for reasonable meals, refreshments, additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** destination or connecting flights on a **trip** if **you** fail to arrive at the departure point in time to board the scheduled **public transport** on which **you** are booked to travel on the initial journey of the **trip** as a result of:

1. the failure of other scheduled **public transport**; or
2. an accident to or breakdown of the vehicle in which **you** are travelling.

##### **SPECIAL CONDITIONS**

1. **You** must allow sufficient time for the scheduled **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
2. **You** must obtain a written report from the carrier confirming the delay and cause.
3. **You** must retain all receipts.
4. **You** must obtain a written report from the police or attending emergency service if the vehicle **you** are travelling in breaks down or is involved in an accident.
5. **You** may claim only once under Section V – Delayed Departure/Abandonment or once under Section IV – Missed Departure/Missed Connection or once under Section VII – Involuntary Denial of Boarding for the same event, not twice or all.
6. Anything mentioned in GENERAL CONDITIONS.

##### **WHAT IS NOT COVERED**

1. **Strike or industrial action** existing or declared publicly by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
2. An accident to or breakdown of the vehicle in which **you** are travelling for which a professional repairers report is not provided.
3. Breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with manufacturer's instructions.
4. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation

- of the Aviation Authority or a Port Authority or any similar body in any country.
5. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
  6. Missed departure when less than a minimum connection time of 2 hours between connecting flights at a point of departure has been arranged or longer if flight reservations systems require longer periods for connections.
  7. Anything mentioned in GENERAL EXCLUSIONS.

## **SECTION V – DELAYED DEPARTURE**

### **WHAT IS COVERED**

If departure of the scheduled **public transport** on which **you** are booked to travel is delayed at the final departure point prior to **your** return to Kazakhstan for at least 4 hours from the scheduled time of departure due to:

- a) **strike or industrial action** or
- b) **adverse weather conditions** or
- c) mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel **we** will pay **you**:
  1. up to the amount shown in the **Benefit Table** after a minimum of 4 hours delay, up to a maximum of the amount shown in the **Benefit Table** for **beneficiaries** travelling together, for reasonable meals, refreshments, additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** destination.

### **SPECIAL CONDITIONS**

1. **You** must check in according to the itinerary supplied to **you**.
2. **You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.
4. **You** may claim only once under Section V – Delayed Departure/Abandonment or once under Section IV – Missed Departure/Missed Connection or once under Section VII – Involuntary Denial of Boarding for the same event, not twice or all.
5. Anything mentioned in GENERAL CONDITIONS.

### **WHAT IS NOT COVERED**

1. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
2. Abandonment after the first leg of a **trip**.
3. Any costs or charges for which any carrier or provider will compensate **you**.
4. Any expenses when reasonable alternative travel arrangements have been made available within 4 hours of the scheduled departure time.
5. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
6. Anything mentioned in GENERAL EXCLUSIONS.

## **SECTION VI – BAGGAGE DELAY AND EXTENDED BAGGAGE DELAY**

### **WHAT IS COVERED**

#### **BAGGAGE DELAY**

**We** will pay **you** up to the amount shown in the **Benefit Table** in total for all **beneficiaries** travelling together, for Baggage Delay for the emergency replacement of clothing, medication and toiletries if the

checked in baggage containing **personal belongings** is temporarily lost in transit during the outward journey and not returned to **you** within 4 hours of **your** arrival.

#### EXTENDED BAGGAGE DELAY

**We** will pay **you** up to the amount shown in the **Benefit Table** in total for all **beneficiaries** travelling together, for Extended Baggage Delay if the checked in baggage has still not arrived at **your** destination airport within 48 hours of **your** arrival.

If the loss is permanent the amount paid will be deducted from the final amount to be paid under Section X – Personal Belongings and Personal money.

#### SPECIAL CONDITIONS

1. Written confirmation must be obtained from the carrier, confirming the number of hours the baggage was delayed. **You** must:
  - a) obtain a Property Irregularity Report from the airline.
  - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c) retain all travel tickets and tags to submit with a claim.
2. All amounts are only for real expenses in excess of any compensation paid by the carrier.
3. The amounts shown in the **Benefit Table** are the total for each delay irrespective of the number of **beneficiaries** travelling together.
4. Claims will be considered only for the purchase of essential clothing and toiletries and only if such purchases are made within 4 days of actual arrival at destination and are charged to the **covered card** account. If the **covered card** could not be used for the essential purchases, itemized receipt for these purchases must be retained.
5. No reimbursement will be made if purchases were made after the luggage was returned.
6. All itemized receipts must be retained.
7. Cover only applies to **your** outbound **trip**.
8. Anything mentioned under Section X – Personal Belongings and Personal money, Special Conditions.
9. Anything mentioned in GENERAL CONDITIONS.

#### WHAT IS NOT COVERED

1. Anything mentioned under Section X – Personal Belongings and Personal money, What is not covered.
2. Anything mentioned in GENERAL EXCLUSIONS.

### SECTION VII – INVOLUNTARY DENIAL OF BOARDING

#### WHAT IS COVERED

If **you** have checked-in, or attempted to check in, for a confirmed scheduled flight, within the published check-in times, and **you** are involuntarily denied boarding as a result of overbooking, **we** will pay **your** costs incurred in respect of restaurant meals and refreshments consumed after a minimum of 4 hours delay and **your** actual departure time, up to the amount shown in the **Benefit Table**.

#### SPECIAL CONDITIONS

1. **You** may claim only once under Section V – Delayed Departure/Abandonment or once under Section IV – Missed Departure/Missed Connection or once under Section VII – Involuntary Denial of Boarding for the same event, not twice or all.
2. Anything mentioned in GENERAL CONDITIONS.

## WHAT IS NOT COVERED

1. Any costs or charges for which the airline will compensate **you**;
2. Any costs or charges incurred where denial of boarding was not involuntary and/or on a mandatory basis;
3. Any claims where written proof from the airline is not obtained confirming **your** inability to travel through over-booking and the period of delay until **your** next available flight is confirmed.
4. Anything mentioned in GENERAL EXCLUSIONS.

## SECTION VIII – EMERGENCY MEDICAL AND OTHER EXPENSES ABROAD

### WHAT IS COVERED

**We** will pay the following costs, up to the amount shown in the **Benefit Table**, for each **beneficiary** who suffers sudden and unforeseen **bodily injury** or illness, or who dies during a **trip** outside Kazakhstan.

1. All reasonable and necessary expenses which arise as a result of a **medical emergency** or a **complication of pregnancy** involving **you**. This includes **medical practitioners'** fees, hospital expenses, medical treatment and all the costs of transporting **you** to the nearest suitable hospital, when deemed necessary by a recognized **medical practitioner**.
2. All reasonable and necessary emergency medical expenses for all infants born following **complications of pregnancy** during a **trip**. Claims involving multiple births are considered to be one event.
3. Emergency dental treatment for the immediate relief of pain and/or emergency repairs to dentures or artificial teeth solely to relieve distress in eating.
4. With the prior authorization of **Assistance**, additional travelling costs to repatriate **you** to **your home** when recommended by **our** Chief Medical Officer, including the cost of a medical escort if necessary. Repatriation expenses will be in respect only of the identical class of travel utilized on the outward journey unless **Assistance** agrees otherwise.
5. Up to the amount shown in the **Benefit Table** per night for 10 nights for reasonable accommodation expenses incurred, up to the standard of **your** original booking, if it is medically necessary for **you** to stay beyond **your** scheduled return date. This includes, with the prior authorization of **Assistance**, up to the amount shown in the **Benefit Table** per night for reasonable additional accommodation expenses for a friend or **close relative** to remain with **you** and escort **you home** (two parents or guardians if the **beneficiary** is under 25 years of age). If **you** and **your** friend or **close relative** are unable to use the original return ticket, **Assistance** will provide additional travel expenses up to the standard of **your** original booking to return **you** to **your home**.
6. Economy class transport and up to the amount shown in the **Benefit Table** per night for 10 nights' accommodation expenses for a **close relative** from Kazakhstan to visit **you** or escort **you** to **your home** if **you** are travelling alone and if **you** are hospitalized as an in-patient for more than 10 days, with the prior authorization of **Assistance**.
7. Economy class transport and up to the amount shown in the **Benefit Table** per night for 3 nights' accommodation expenses for a friend or **close relative** to travel from Kazakhstan to escort **beneficiaries** under the age of 15 to **your home** in Kazakhstan if **you** are physically unable to take care of them. If **you** cannot nominate a person, **we** will then select a competent person. If the original pre-booked return ticket(s) for the child cannot be used, **we** will pay for economy one-way travel to return the child to the **home**.
8. In the event of **your** death the reasonable additional cost of funeral expenses abroad plus the reasonable cost of conveying **your** ashes to **your home** and the cost of the coffin/urn, or the additional costs of returning **your** remains to **your home** up to the amount shown in the **Benefit Table**.
9. For a **close business associate** to take **your** place on a pre-arranged business trip if in the opinion of **our** Chief Medical Officer, **you** are unable to continue working on **your trip** following **your** illness or **bodily injury**.

### SPECIAL CONDITIONS

1. **You** must give notice as soon as possible to **Assistance** of any **bodily injury** or **medical condition** which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. **You** must contact **Assistance** as soon as possible in the event of **you** incurring medical expenses in excess of €500 relating to any one incident. **You** must always contact **Assistance** before **curtailing your trip**.
3. In the event of **your bodily injury** or **medical condition** **we** reserve the right to relocate **you** from one hospital to another and arrange for **your** repatriation to Kazakhstan at any time during the **trip**. **We** will do this if in the opinion of the **medical practitioner** in attendance or **Assistance** **you** can be moved safely and / or travel safely to Kazakhstan to continue treatment.
4. Subject to timely application to **us** and prior acceptance of the medical expenses for further claims payment, the **Insurer** has a right to decline the incurred expenses if **you** do not have these agreed in advance.
5. Anything mentioned in GENERAL CONDITIONS.

### WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
3. Any expenses which are not usual, reasonable or customary to treat **your bodily injury** or **illness**.
4. Any claim arising directly or indirectly from oncology related diseases or neoplasms (benign and malignant tumors).
5. Any form of treatment or surgery which in the opinion of **our** Chief Medical Officer can be delayed reasonably until **your** return to Kazakhstan.
6. Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside Kazakhstan.
7. Additional costs arising from single or private room accommodation.
8. Treatment or services provided by a private clinic or hospital, health spa, convalescent or nursing home or any rehabilitation center unless agreed by **Assistance**.
9. Treatment costs for cosmetic reasons unless our Chief Medical Officer agrees such treatment is necessary as a result of an accident covered by this Policy.
10. Any expenses incurred after **you** have returned to Kazakhstan unless previously agreed to by **Assistance**.
11. Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations or vaccinations and/or taken the recommended medication.
12. Any costs **you** incur outside Kazakhstan after the date **our** Chief Medical Officer tells **you** that **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.).
13. **You** must not unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this Policy. If **you** choose alternative medical repatriation services without reasonable grounds for doing so, which **we** have accepted in writing, it will be at **your** own risk and own cost.
14. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s) travelling).
15. Any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth,

would not constitute an unforeseen event.

16. Any treatment or diagnostic testing that was pre-planned or pre-known by **you**.
17. The cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals.
18. Costs incurred in the United States that exceed the average reimbursement the medical service provider receives for all services rendered to its patients for like treatment, but in any event no more than one and a half times the rate that would be applicable if the costs were payable by US Medicare.
19. Costs of telephone calls, other than calls to **Assistance** notifying them of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
20. Air-sea rescue costs.
21. Anything mentioned in GENERAL EXCLUSIONS.

## **SECTION IX - HOSPITAL BENEFIT**

### **WHAT IS COVERED**

If **we** accept a claim under Section VIII – Emergency Medical and Other Expenses Abroad, **we** will also reimburse **you** up to the amount shown in the **Benefit Table** for incidental expenses (such as telephone line rental, television rental and visitor taxi journeys) for each continuous 24 hour period that **you** have to spend in hospital as an in-patient.

### **SPECIAL CONDITIONS**

1. **You** must give notice as soon as possible to **Assistance** of any **bodily injury** or **medical condition** which necessitates **your** admittance to hospital as an in-patient.
2. Anything mentioned in GENERAL CONDITIONS.

### **WHAT IS NOT COVERED**

1. Any claims arising directly or indirectly from:
  - a) any additional period of hospitalization relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **medical condition** which necessitated **your** admittance into hospital.
  - b) any additional period of hospitalization relating to treatment or services provided by a convalescent or nursing home or any rehabilitation center.
  - c) any additional period of hospitalization following **your** decision not to be repatriated after the date when in the opinion of **Assistance** it is safe to do so.
2. Anything mentioned in GENERAL EXCLUSIONS.

## **SECTION X – PERSONAL BELONGINGS AND PERSONAL MONEY**

### **WHAT IS COVERED**

#### **PERSONAL BELONGINGS**

**We** will pay **you**, up to the amount shown in the **Benefit Table**, for the accidental loss of, theft of or damage to **personal belongings**. The amount payable will be the value at today's prices less a deduction for wear, tear and depreciation, (or **we** may at **our** option replace, reinstate or repair the lost or damaged **personal belongings**). The maximum **we** will pay for any one article, **pair or set** of articles is equal to the Single Item Limit shown in the **Benefit Table**. The maximum **we** will pay for all **valuables** in total is equal to the **valuables** limit shown in the **Benefit Table**.

#### **PERSONAL MONEY**

**We** will pay **you** up to the amounts shown in the **Benefit Table** for the accidental loss of, theft of or damage to **personal money**.

## SPECIAL CONDITIONS

1. All receipts must be retained.
2. **You** must report all incidents of loss, theft, or attempted theft of **personal belongings** to the local Police within 24 hours of discovery and obtain a written report. A Holiday Representatives Report is not sufficient.
3. For items damaged whilst on **your trip you** must obtain an official report from an appropriate local authority.
4. If **personal belongings** are lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **you** must report to them, in writing, details of the loss, theft or damage and obtain an official report from an appropriate local authority. If **personal belongings** are lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) obtain a Property Irregularity Report from the airline.
  - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c) retain all travel tickets and tags to submit with a claim.
5. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.
6. Receipts for items lost, stolen or damaged must be retained as these will help **you** to substantiate **your** claim.
7. Payment will be made based on the value of the property at the time it was damaged, lost or stolen. A deduction will be made for wear, tear and loss of value depending on the age of the property.
8. Anything mentioned in GENERAL CONDITIONS.

## WHAT IS NOT COVERED

1. The Policy Excess. **You** are responsible for the first €125 per claim.
2. Loss, theft of or damage to **valuables** or **personal money** left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box.
3. Loss, theft of or damage to **personal belongings** contained in an **unattended** vehicle:
  - a) overnight between 9pm and 8am (local time); or
  - b) at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view;
  - c) and evidence of forcible and violent entry to the vehicle confirmed by a police report.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Loss, theft of or damage to checks other than travelers checks, money, postal or money orders, pre-paid coupons or vouchers, travel tickets, credit/debit or charge cards.
6. Loss, theft of or damage to unset precious stones, contact or corneal lenses, eye glasses, hearing aids, dental or medical fittings, perfumes, cosmetics, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, bicycles and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
7. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
8. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
9. Claims which are not supported by the original receipt, proof of ownership or insurance valuation (obtained prior to the loss) of the items lost, stolen or damaged.
10. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown or liquid damage.
11. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or

omission.

12. Claims arising from loss or theft from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
13. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or baggage.
14. Claims arising from loss, theft or damage of **personal belongings** shipped as freight or under a bill of lading.
15. Anything mentioned in GENERAL EXCLUSIONS.

## **SECTION XI - TRAVEL ACCIDENT**

### **DEFINITIONS - Applicable to this section**

#### **Rental car**

– passenger vehicles authorized to use public roads (passenger cars, estate cars and vans, authorized to carry up to nine people) hired on a daily or weekly basis, but not more than 31 days, from an authorized rental agency or hire car firm.

### **WHAT IS COVERED**

1. **We** will pay **you**, up to the amount shown in the **Benefit Table**, if **you** sustain **bodily injury**:
  - a) between the home point of departure and the destination or on the return journey whilst on **public transport** which has been charged to **your covered card**, or in a **rental car**, which has been charged to **your covered card**, or
  - b) during **your trip**;
  - c) which shall solely and independently of any other cause, result within one year in **your** death, **loss of limb**, **loss of sight** or **permanent total disablement**.

If you suffer from **loss of limb** or **loss of sight** the following amounts may be paid, but in any case will not exceed the benefit amount for **permanent total disablement**.

| Loss of:  | Benefit Amount   |
|---|--|
| <ul style="list-style-type: none"><li>• Both hands</li><li>• Both feet</li><li>• Entire sight in both eyes</li><li>• One hand and one foot</li><li>• One hand and the entire sight of one eye</li></ul> | 100% of the <b>Permanent Total Disablement</b> Benefit |
| <ul style="list-style-type: none"><li>• One hand</li><li>• One foot</li><li>• The entire sight of one eye</li></ul>   | 50% of the <b>Permanent Total Disablement</b> Benefit  |

2. **We** will pay up to the amount shown in the **Benefit Table** for search and rescue of a **beneficiary** after an accident. This includes the means used by the rescuers from the point of departure as far as the nearest hospital. If the accident leads to **your** death, **we** will reimburse the cost of repatriating **your** mortal remains. The repatriation must be affected in the most economical way as **we** will only reimburse reasonable and customary costs.

### **SPECIAL CONDITIONS**

1. **Our medical practitioner** may examine **you** as often as may be reasonably necessary prior to paying a claim.

2. The benefit is not payable under **permanent total disablement**, until one year after the date **you** sustain **bodily injury**.
3. The benefit is not payable to **you** under more than one of the items shown in the **Benefit Table**.
4. The most **we** will pay per **beneficiary** in total per incident for Accident and search and rescue is €560,000.
5. Normal and habitual travel to and from the **Cardholder's home** and place of employment or second residence shall not be considered as a covered **trip**.
6. Anything mentioned in GENERAL CONDITIONS.

#### WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
3. Anything mentioned in GENERAL EXCLUSIONS.

#### SECTION XII - PERSONAL LIABILITY

##### WHAT IS COVERED

**We** will pay up to the amount shown in the **Benefit Table**, against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any event occurring during a **trip** outside of Kazakhstan in respect of accidental:

1. **Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a relative, **close relative** or member of **your** household.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a relative, **close relative**, anyone in **your** employment or any member of **your** household other than any temporary holiday accommodation occupied (but not owned) by **you**.

##### SPECIAL CONDITIONS

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must forward every letter, writ, summons and process to **us** as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.
4. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defense of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.
5. In the event of **your** death, **your** legal representative(s) will have the protection of the Benefit Schedule provided that such representative(s) comply(ies) with the terms and conditions outlined in this document.
6. Anything mentioned in GENERAL CONDITIONS.

##### WHAT IS NOT COVERED

1. Compensation or legal costs arising directly or indirectly from:
  - a) Liability which has been assumed by **you** under agreement unless the liability would have attached in the absence of such agreement.
  - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services.
  - c) Ownership, possession or use of vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts, canoes).
  - d) The transmission of any communicable disease or virus.
  - e) Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **we** will not pay for the first €250 of each and every claim arising

- from the same incident).
- f) **Your** criminal, malicious or deliberate acts.
2. Anything mentioned in the GENERAL EXCLUSIONS.

### **SECTION XIII – LEGAL EXPENSES**

#### **WHAT IS COVERED**

Up to the amount shown in the **Benefit Table** for legal costs to pursue a civil action for compensation if someone else causes **you bodily injury, medical conditions** or death during **your trip**. **We** will also pay reasonable costs for an interpreter **we** selected for court proceedings.

#### **HOW WE SETTLE LEGAL EXPENSES CLAIMS:**

**We** will appoint a member of **our panel** to handle **your** case. However, should **you** choose to appoint an **adviser** to act on **your** behalf, **you** must notify **us** immediately to that effect. **We** will, upon receipt of **your** notice, advise **you** of any conditions concerning such appointment.

#### **SPECIAL CONDITIONS**

1. **You** must notify **us** of claims as soon as reasonably possible and in any event within 90 days of **you** becoming aware of an incident which may lead to a claim.
2. **You** must provide all necessary information as soon as possible at **your** own expense as requested by **us** to assess **your** claim.
3. **We** will only authorize a legal adviser if **we** accept there is a reasonable prospect of success.
4. **We** will only pay for **adviser's costs** for work expressly authorized by **us** in advance in writing and undertaken where there are reasonable prospects of success. In the event that **you** instruct an **adviser** of **your** choice instead of the **panel adviser** appointed by **us**, **your adviser's costs** will be covered to the extent that they do not exceed **our** standard **panel adviser's costs**.
5. **We** may choose to conduct legal proceedings in the United States of America or Canada under the contingency fee system operating in those countries.

#### **WHAT IS NOT COVERED**

1. Any claim where **we** think there is not a reasonable prospect of success. or achieving a reasonable settlement.
2. Costs or expenses incurred before **we** accept **your** claim in writing.
3. Claims not notified to **Assistance** within 90 days of the incident or as soon as reasonably possible.
4. Claims against a carrier, the travel or holiday agent or tour operator arranging any **trip**, **us**, **AIG Europe S.A.** or its affiliates or subsidiaries, **JSC Halyk Insurance Company**, **your** employer, **Assistance** or their agents.
5. Claims against someone **you** were travelling with or another **beneficiary** or any other person covered under any Insurance policy of **AIG Europe S.A.** or its affiliates or subsidiaries.
6. Legal action where in **our** opinion the estimated amount of compensation is less than €750 or where **you** do not have a reasonable prospect of success.
7. Actions undertaken in more than one country.
8. Lawyers' fees incurred if **your** action is successful.
9. Penalties or fines which a Court awards against **you**.
10. Claims by **you** other than in **your** private capacity.
11. Anything mentioned in the GENERAL EXCLUSIONS.

### **SECTION XIV – PURCHASE PROTECTION**

#### **DEFINITIONS - Applicable to this section**

**You/your**

– the holder of a Mastercard World Elite card, the card being valid and the account in good standing at the time of the incident.

**Eligible item**

– an item, purchased by the **Cardholder** (including gifts), which has been charged fully (100%) to the **Cardholders** Mastercard World Elite card account and is not listed under WHAT IS NOT COVERED in this section.

**Purchase price**

– the lower of the amounts shown on either the Mastercard World Elite card billing statement or the store receipt for the **eligible item**.

WHAT IS COVERED

In the event of theft and/or accidental damage to an **eligible item** within 90 days of purchase, **we** will, at **our** option, replace or repair the **eligible item** or reimburse the **Cardholder** an amount not exceeding the **purchase price** of the **eligible item**, or the single item limit shown in the **Benefit Table** whichever is lower. **We** will not pay more than the amount shown in the **Benefit Table** for any one event, or more than the maximum amount shown in the **Benefit Table** in any one 365-day period.

SPECIAL CONDITIONS

1. Purchase Protection provides cover only for claims or portions of claims that are not covered by other applicable guarantees, warranties, insurance or indemnity policies, subject to the stated limits of liability
2. Claims for an **eligible item** belonging to a **pair or set**, will be paid up to the full **purchase price** of the **pair or set**, provided the items are not useable individually and cannot be replaced individually.
3. If **you** purchase the **eligible item** as a gift for someone else, **we** will if **you** wish, pay a valid claim to the recipient, subject to **you** making the claim.
4. **You** must exercise due diligence and do all things reasonably practicable to avoid any direct physical theft or damage to an **eligible item**.
5. **You** will need to transfer to **us**, on **our** request and at **your** expense, any damaged **eligible item** or part of a **pair or set**, and assign the legal rights to recover from the party responsible up to the amount **we** have paid.
6. **You** must document that the claim has not been sent to other insurance company.
7. **You** must provide **us** with the original sales receipt from store, original of card receipt, original of account showing the transaction and the police report.
8. Anything mentioned in GENERAL CONDITIONS.

WHAT IS NOT COVERED

1. Events not connected to theft or damage caused by accident.
2. Mysterious disappearance of **eligible items**.
3. Events caused by fraud, mistreatment, carelessness or not following the manufacturers manual.
4. **Eligible Items** which were used before purchase, second-hand, altered, or bought fraudulently.
5. Damage to **eligible items** caused by product defects or error during production.
6. Theft not reported to the police within 48 hours of discovery and a written report obtained.
7. **Eligible Items** left **unattended** in a place accessible to the public.
8. Theft of or damage due to **eligible items** in a motor vehicle as a result of theft of the motor vehicle.
9. Theft of any item from any property, land or premises unless entry or exit to the property or premises was gained by the use of force, resulting in visible physical damage to the property or premises.
10. Jewellery, watches, precious metals and gemstones and any item made from precious metals and gemstones.
11. Motor vehicles, motorcycles, bicycles, boats, caravans, trailers, hovercraft, aircraft and their accessories.

12. Service, cash, travel checks, tickets, documents, currency, silver and gold, art, antiques, rare coins, stamps and collector's items.
13. Animals, living plants, consumables, perishable goods or permanent installations.
14. Damage due to normal wear and tear, normal use or normal activity during sports and games (example: golf or tennis balls).
15. Theft or damage when the **eligible item** is under the supervision, control or safe keeping of a third party other than required according to safety regulations.
16. **Eligible items** not received by the **Cardholder** or other party designated by the **Cardholder**.
17. Mail order items or courier delivered item(s) until item(s) are received, checked for damage and accepted at the nominated delivery address.
18. Expenses due to repairs not performed by workshops approved by **us**.
19. Damage due to water, damp or earthquake.
20. Loss caused by declared or undeclared war, confiscation order of any government or public authority, or arising from illegal acts.
21. Theft or accidental damage to any **eligible item** where there is any other insurance covering the same theft or accidental damage, or where the terms and conditions of such other insurance have been broken or for the reimbursement of any evident excess.
22. Anything mentioned in GENERAL EXCLUSIONS.

## **SECTION XV – RENTAL CAR COLLISION DAMAGE WAIVER**

### **DEFINITIONS - Applicable to this section**

#### **Rental vehicle**

– passenger vehicles authorized to use public roads (passenger cars, estate cars and vans, authorized to carry up to nine people) hired on a daily or weekly basis from an authorized rental agency or hire car firm, which was paid for in full with **your** Mastercard World Elite card. Benefit cover is granted for the duration specified in the rental agreement, but not more than 31 days. Loss Damage Waiver is only valid for **rental vehicles** rented and driven on a **trip**.

#### **Rental vehicle insurance**

– the primary insurance held by a licensed car rental agency or company in respect of the **rental vehicle** covering risks such as third part liability, or theft of the **rental vehicle**.

#### **You/ your/driver**

– the Mastercard World Elite **Cardholder** being the named first driver in the rental agreement, and other **Cardholder's** specifically listed in the rental agreement, being at least 21 years of age, in possession of a valid driver's license valid for the class of **rental vehicle**.

### **WHAT IS COVERED**

**We** will pay up to the amount shown in the **Benefit Table** to indemnify **you** if the licensed rental agency or company holds **you** responsible for costs arising from:

1. material damage to the **rental vehicle** during the period of hire resulting from damage, fire, vandalism, or theft of the **rental vehicle**, including its tires or glass;
2. any claim from the rental company for subsequent loss of revenue whilst the **rental vehicle** is unavailable for hire as a result of such damage or loss.

### **SPECIAL CONDITIONS**

1. No cover will apply to any **driver** who:
  - a) does not hold a valid driving license for the class of **rental vehicle** being driven (such license issued in Kazakhstan or in the country issuing the **driver's** passport);
  - b) has more than three convictions for speeding or has collected more than nine points on their driving license within the five years prior to the **trip**;
  - c) has any conviction (or pending conviction) for driving whilst under the influence of a drug or

- drugs;
  - d) has had a conviction (or pending conviction) for drink driving, within the last two years;
  - e) has been suspended (or is awaiting prosecution) for dangerous driving;
  - f) is under 21 years of age;
  - g) violates the conditions of the rental agreement.
2. No cover under will apply in respect of the following types of **rental vehicle**:
    - a) mopeds and motorbikes; commercial vehicles, trucks, motor homes, and vehicles not licensed for road use including but not limited to trailers or caravans;
    - b) **rental vehicles** with a retail purchase price exceeding €75,000 (or local currency equivalent);
    - c) **rental vehicles** being used for reward, motor racing, rallies, speed, endurance tests, or practicing for such events.
  3. The **driver** will be covered when renting only one passenger car at any one time.
  4. Benefit cover is granted for the duration specified in the rental agreement, but not more than 31 days.
  5. Revolving or lease type contracts are not covered.
  6. Anything mentioned in GENERAL CONDITIONS.

### WHAT IS NOT COVERED

1. **We** will only pay in excess of any insurance which is included in the rental agreement or any other insurance that **you** hold which covers the same incident.
2. The Policy Excess. **You** are responsible for the first €75 per claim.
3. Claims made against **you** by **your close relatives**, relatives, any Cardholders on **your** account and their relatives, or any passengers or anyone who works for **you**.
4. Mopeds and motorbikes, commercial vehicles, trucks, motor homes and vehicles not licensed for road use including but not limited to trailers and caravans.
5. Vehicles used off-road, in or in training for racing competitions, trials rallies or speed testing.
6. Loss and/or damage to vintage cars over 20 years old, or cars that have not been manufactured for at least 10 years.
7. Loss and/or damage to vehicles whose value exceeds the amount stated in the **Benefit Table**.
8. Loss and/or damage resulting from failure of any person to observe the maintenance and operating instructions supplied with the **rental vehicle**.
9. Loss and/or damage caused by wear and tear, insects or vermin.
10. Loss and/or damage arising from the **rental vehicle** being employed for a purpose other than that stated in the rental agreement.
11. Any costs where **you** admit liability, negotiate, make and promise or agree any settlement.
12. Any fines and punitive damages.
13. Anything mentioned in GENERAL EXCLUSIONS.

### CLAIMS PROCEDURE

1. Please read the appropriate section in the benefits to see exactly what is, and is not covered, noting particularly any conditions, limitations and exclusions.
2. Making a claim.
  - a) In the event of an emergency **you** should first call **Assistance** on telephone +7 727 356-77-27.
  - b) For all other claims telephone **our** Claims Helpline on telephone +7 727 356-77-27 to obtain a claim form. **You** will need to give:
    - **your** name,
    - **your covered card** number,
    - brief details of **your** claim.

**We** ask that **you** notify **us** within 28 days of **you** becoming aware of an incident or loss leading to a claim and **you** return **your** completed claim form and any additional information to **us** as soon as

possible.

3. Additional Information.

**You** must supply all of **your** original invoices, receipts and reports etc. **You** should check the section under which **you** are claiming for any specific conditions and details of any supporting evidence that **you** must give **us**. It is always advisable to keep copies of all the documents that **you** send to **us**.

4. Claims Handling Agents.

To help **us** agree a quick and fair settlement of a claim, it may sometimes be necessary for **us** to appoint a claims handling agent.

## **COMPLAINTS PROCEDURE**

### **MAKING YOURSELF HEARD**

**We** are committed to providing **you** with an exceptional level of service and customer care. **We** realize that things can go wrong and there may be occasions when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

### **WHEN YOU CONTACT US:**

Please give **us your** name and contact telephone number. Please quote **your covered card** number and/or claim number. Please explain clearly and concisely the reason for **your** complaint.

### **INITIATING YOUR COMPLAINT**

**You** need to contact **Assistance** on +7 727 356-77-27 where **we** expect the complaint will be quickly and satisfactorily resolved.

## **USE OF YOUR PERSONAL DATA**

**We** may disclose all information **we** collect, as described above, to companies that perform administrative services on our behalf solely in connection with insurance coverage **you** have received. **We** restrict access to personal information to our employees, our affiliates' employees, or others who need to know that information to service the account or in the course of conducting our normal business operations. **We** maintain physical, electronic, and procedural safeguards to protect personal information.

## **CANCELLATION OF THE POLICY AND COVERS**

These benefits are included with **your covered card**; the benefits cannot be cancelled separately. If **you** cancel the **covered card** the cover will end, and all benefits will stop. Please see **your** Credit Card agreement for full details of how to cancel the **covered card**.