

INGOSSTRAKH Open Joint Stock Insurance Company

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**RULES FOR INSURANCE OF
URGENT MEDICAL AND TRANSPORTATION EXPENSES
FOR TRAVELERS IN RUSSIA**

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Rules for insurance of urgent medical and transportation expenses for travelers in Russia - INGOSSTRAKH Open Joint Stock Insurance Company

1. General Provisions

1.1. Rules for Insurance of Urgent Medical and Transportation Expenses for Travelers in Russia (hereinafter referred to as the "Rules") are developed in accordance with the legislative acts and other regulations of the Russian Federation and are an integral part of the insurance contract for urgent medical and transportation expenses for travelers in Russia. The insurance contract may contain other terms and conditions agreed upon by the parties.

1.2. Ingosstrakh OJSIC is the Insurer and executes the insurance contracts for urgent medical and transportation expenses for travelers in Russia.

1.3. Under the insurance contract, the Insured may be a corporate person or a legally capable individual.

1.4. The Insured is entitled to execute insurance contract in respect of third persons (Insured Persons). If the Contract is executed by the Insured in respect of itself/himself/herself, the rights and obligations of the Insured Person are applied to the Insured.

Only individuals may be the Insured Person under these Rules.

2. Insured Property

Insured Property means the property interest connected with the receiving by the Insured Person of urgent medical and medical-transportation help, upon realization of the insurance risk connected with the expenses incurred for medical and medical-transportation help as well as expenses for receiving of transportation services, including, repatriation services caused by the insured event when travelling in Russia.

3. Insured Events

3.1. Under these Rules, the insured event means an occurred event specified by the insurance contract upon whose occurrence the Insured shall be obliged to make the insurance payment.

3.2. Under these Rules, the insured events are the visit of the Insured Person or his/her representatives to the twenty-four hour Service Center or directly for medical treatment due to the sudden disease, accident or death of the Insured Person, provided that the indicated events occurred during the travel of the Insured Person in Russia within the term of the insurance contract and entail the necessity of receiving medical services and/or expenses for medical care, repatriation and/or rendering of other services specified by the insurance contract, including transportation services.

3.3. A sudden disease means any disease occurring and demanding urgent medical help.

3.4. The accident means a sudden short-time external event resulting in injury or any other damage to health or death of the Insured Person.

3.5. Application in connection with the sudden disease, accident or death of the Insured Person shall not be deemed an insured event if it occurred due to:

3.5.1. alcoholic, drug, toxic or any other intoxication of the Insured Person;

3.5.2. suicide (attempted suicide) of the Insured Person;

3.5.3. nuclear explosion, radiation, radioactive or any other contamination effect;

3.5.4. natural disasters and their consequences, epidemics, quarantine, meteorological conditions;

3.5.5. deliberate acts of the Insured Person and/or interested third parties aimed at the occurrence of the insured event;

3.5.6. commission by the Insured Person of the unlawful act having the direct causal effect on the occurrence of the insured event;

3.5.7. flight of the Insured Person by an aircraft, piloting it, except the cases of flight as the passenger in the airplanes of the civil aviation, piloted by the professional pilot;

3.5.8. flight of the Insured Person by the engineless aircrafts, motor gliders, superlight aircrafts;

3.5.9. military actions and their consequences, civil commotion, strikes, rebellions, revolts, mass riots, terrorist acts and their consequences;

3.5.10. military service of the Insured Person in any armed forces and units;

3.5.11. going in for professional, amateur or organized sports by the Insured Person, including: mountaineering, rock climbing, rafting, riding, diving, downhill skiing, snowboarding, parachuting or paragliding;

3.5.12. carrying out by the Insured Person activities connected with the increased danger (including as the miner, builder, electrician);

3.5.13. receiving medical treatment. The Insurer shall not indemnify the expenses for treatment which is the purpose of the travel as well as the expenses caused by the deterioration of the state of health or death of the Insured Person caused by this treatment.

3.6. Events, specified in Clause 3.1 of the Rules shall not be deemed as the insured events if they are connected with:

3.6.1. chronic diseases, detected by the moment of the execution of the insurance contract, and diseases, which the Insured Person had before the commencement date of the insurance period, regardless of the fact whether they were cured or not;

3.6.2. cancer diseases;

3.6.3. mental diseases, convulsive states, neurosis (panic attack, depressions, hysteric syndromes etc.);

3.6.4. HIV, AIDS and any forms hepatitis of the Insured Person;

3.6.5. pregnancy monitoring, pregnancy complications and/or abortion irrespective of gestational age;

3.7. By an additional agreement of the Parties stated in the insurance contract, the events specified in Clauses 3.5.7 – 3.5.12 may be deemed as the insured events in accordance with these Rules with application of the multiplying factors determined by the Insurer.

4. Expenses Covered by the Insurer

4.1. Upon occurrence of the insured event, the Insured Person applies to the Service Center, provided that such application is specified by the insurance contract (insurance policy) and/or these Rules, before applying and visiting the medical institution. In this case, the Service Center shall organize rendering of the services provided for in the insurance contract, and the Insurer shall pay for such services.

For the purposes of these Rules, the Service Center shall mean a specialized organization (company), whose details are specified in the insurance contract (insurance policy) of the Insured Person, and which provides the twenty-four-hour services provided for in these Rules, by the order of the Insurer.

Under these Rules, the Insurer, in accordance with the insurance contract, pays the following expenses of the specialized organizations (companies) organizing and providing the activities stated below or directly to the Insured Person upon submitting the documents confirming the relevant payments:

A. Urgent medical help expenses, namely:

4.1.1. out-patient treatment, including expenses for the medical services, diagnostic studies, and medicines, dressing and means of fixation (plaster, bandage) prescribed by the doctor.

4.1.2. stay and treatment at the hospital (in a ward of a standard type), including expenses for the medical services, conducting operations, diagnostic studies, and payment of the medicines, dressing and means of fixation (plaster, bandage) prescribed by the doctor.

B. Medical transportation expenses, namely:

4.1.3. for evacuation (transportation by the ambulance or any other means of transport) from the place of the accident to the nearest medical institution or to the nearest doctor in the country of temporary stay, as well as for transfer to another medical institution recommended by the doctor in charge and confirmed by the opinion of the doctor of the Insurer/Service Center;

4.1.4. for urgent medical repatriation by adequate means of transport, including expenses for the accompanying person (if such person is recommended by the doctor) to the place of domicile of the Insured Person in the event if there is no possibility to provide necessary medical care at the place where insured event occurred and it is confirmed by the opinion of the doctor of the Insurer/Service Center upon the documents from the local doctor in charge. Expenses for the urgent medical repatriation are covered to the extent of the insurance amount agreed upon in the insurance contract.

4.1.5. for medical repatriation to the place of domicile of the Insured Person or to the nearest domiciliary medical institution in the case when the expenses for stay at the hospital may exceed the limit specified in the insurance agreement. Medical repatriation is carried out only if there are no medical contra-indications. Expenses for medical repatriation are covered to the extent of the insurance amount agreed upon in the insurance contract.

C. Transportation expenses, namely:

4.1.6. expenses for return of the Insured Person to the place of domicile by the economy class in case if the departure of the Insured Person did not take place in due time that is at the date indicated in the travel documents which the Insured Person should have, due to the occurrence of the insured event which caused the necessity for the Insured Person to stay at the hospital for medical care. The Insured Person shall take every effort to return any unused travel documents and reimburse their price to the Insurer. If this term is violated, the Insurer shall be entitled to deduct the price of the unused travel documents from the reimbursement amount of the Insured Person's expenses;

4.1.7. expenses for return of the children staying by the Insured Person during the travel in the economy class to the place of their domicile in case if the children are left unattended due to the insured event occurred to the Insured Person. The Insurer/Service Center shall decide whether there is any necessity to organize the escort for the children;

D. Expenses for the postmortem repatriation of the remains, namely:

4.1.8. the postmortem repatriation of the remains authorized by the Service Center to the place of the former domicile of the Insured Person if the death

Rules for insurance of urgent medical and transportation expenses for travelers in Russia - INGOSSTRAKH Open Joint Stock Insurance Company was caused by the insured event. The Insurer shall not pay the expenses for keeping of the body and the ceremonial services.

E. Expenses of the Service Center for the organization of help provided for by these Rules.

4.2. Urgent medical help (Clauses 4.1.1 – 4.1.3 of the Rules) is provided to the Insured Persons by the medical institution advised by the Insurer/Service Center.

Means of transportation of the Insured Person (Clauses 4.1.4 – 4.1.8 of the Rules) shall be determined by the Insurer/Service Center subject to the medical indications. The Insurer shall not be held liable for the violation of the schedule by the carrier.

5. Expenses not Covered by the Insurer

5.1. The Insurer shall not cover the following expenses:

- 5.1.1. incurred due to the treatment of the chronic diseases, as well as diseases, identified or existing prior to the date of the execution of the insurance contract notwithstanding whether they were treated or not;
- 5.1.2. caused by the worsening of state of health or death of the Insured Person caused by the treatment course the Insured Person was taking before the commencement date of the insurance and in case if the travel was contraindicated for the Insured Person for health reasons;
- 5.1.3. for reduction and treatment of the convulsive states, neurotic and mental diseases, neuroses;
- 5.1.4. for the diagnostic manipulation (including consultations and laboratory research) without further treatment;
- 5.1.5. for angiography as well as the expenses in connection with the operations on heart and vessels, including angioplasty and bypass even if there is medical evidence for their conducting.
- 5.1.6. for treatment of cancer diseases;
- 5.1.7. for treatment of the solar burns and other acute changes of skin caused by the ultraviolet radiation effect;
- 5.1.8. for getting by the Insured Person of the medical services not connected with the sudden disease or accident; for prevention measures and medical inspections;
- 5.1.9. for the treatment of HIV and diseases caused by it;
- 5.1.10. connected with the consultations and examinations during pregnancy, consultations, examinations and treatment of the complications of pregnancy irrespective of the gestational age, as well as obstetrics and postpartum care for the baby;
- 5.1.11. for treatment of diseases transmitted mostly sexually and the diseases caused by them;
- 5.1.12. connected with plastic and reconstructive surgery, transplantology (organs transplantation) and prosthetics of any kind, including dental and ophthalmic;
- 5.1.13. for rendering dental health service, except expenses for the examination, urgent treatment and medicines on inflammation of a tooth and tissues surrounding it and on dental trauma caused by the accident;
- 5.1.14. connected with rendering services being not necessary from the medical point of view or with treatment not prescribed by the doctor;
- 5.1.15. arisen as a result of voluntary refusal of the Insured Person of the doctor's prescriptions, received in connection with the Insured event;
- 5.1.16. for the treatment by means of manual therapy, reflexotherapy (acupuncture), chiropractic, massage, homeopathy, herbal or natural therapy etc.;
- 5.1.17. for treatment and/or care of the Insured Person carried out by his/her relatives, as well as expenses connected with the assistance in the arrival of the Insured Person's relatives, caused by his/her treatment and further return to the place of domicile;
- 5.1.18. connected with rendering services by a medical institution having no relevant license or by person not entitled to render such services;
- 5.1.19. for rehabilitation, follow-up care and physiotherapy;
- 5.1.20. for carrying out of the course of treatment at health resorts, sanatoria, boarding houses, vacation houses and other institutions of the kind;
- 5.1.21. in the event if the purpose of the travel of the Insured Person was receiving treatment;
- 5.1.22. for carrying out disinfection, vaccination;
- 5.1.23. for carrying out medical and laboratory examinations, diagnostic study, not connected with the accident and sudden disease;
- 5.1.24. connected with providing additional comfort, such as: ward of the "deluxe" class, TV-set, phone, air-conditioner, air humidifier, services of the hairdresser, masseur, cosmetologist, interpreter etc.
- 5.1.25. which took place after the return of the Insured Person to the place of domicile and after the expiry date of the insurance contract and/or beyond the territory of the Russian Federation;
- 5.1.26. exceeding agreed insurance amounts;

5.1.27. connected with diagnosing and curing of cerumen impaction;

5.1.28. for pressure chamber treatment;

5.1.29. for inpatient treatment, medical transportation, transportation services, expenses for the postmortem repatriation not authorized by the Service Center.

5.2. If deductible (amount payable by the Insured Person to the doctor/medical institution and not reimbursed by the Insurer) is provided for in the insurance contract, it applied to payment of the expenses for every insured event.

6. Insurance Amount. Insurance Premium

6.1. The insurance amount means the cash amount specified in the insurance contract pursuant to which the amount of insurance premium and insurance payment are determined upon occurrence of the insured event. The insurance amount shall be agreed upon by the parties. Total amount for one or several insured events occurred within the validity period of the insurance contract shall not exceed the insurance amount stated in the insurance policy.

6.2. The insurance premium is the payment for the insurance payable by the Insurant to the Insurer (its authorized representative) in accordance with the insurance contract.

6.3. The insurance premium is specified by the Insurer in accordance with its rates being in effect at the time of making insurance contract taking into account the insurance risk and insurance period.

The insurance tariff is the insurance premium rate upon the unit of the insurance amount taking into account the insurance property and the insurance risk nature. The amount of the insurance tariff is specified by agreement of the parties on the grounds of the Insurer's base tariffs taking into account the reduction or multiplying factors.

If the Insurant decides to insure any persons carrying out activities connected with the increased danger including those provided for in Clauses 3.5.7 – 3.5.12 of the Rules as well as on the insurance of persons older than 70 years old, the amount of the insurance premium is paid by them in accordance with the multiplying factors of the Insurer.

6.4. The insurance premium amount is stated in the insurance contract (insurance policy) or the invoice for insurance premium payment that is an integral part of the insurance contract.

6.5. The insurance premium shall be paid by the Insurant in a one-off payment for the whole insurance period unless otherwise provided for in the insurance contract.

6.6. Payments of the insurance premium may be made by transfer to the account or in cash. The insurance premium is deemed to be paid: in case of transfer to the account – as of the date of receipt of the insurance premium to the bank account of the Insurer; in case of payment in cash – as of the date of payment of the insurance premium to the cash office of the Insurer (under the receipt to its authorized representative).

6.7. The insurance premium under the agreement of the parties and in accordance with the applicable law of the Russian Federation may be paid both in Russian rubles and a foreign currency equivalent. The insurance premium stated in the foreign currency equivalent shall be paid in Russian rubles at the rate of the Central Bank of the Russian Federation as of the date of the payment unless other rate is not agreed by the parties. In cases provided for by the applicable law of the Russian Federation, the insurance premium may be paid in foreign currency.

6.8. unless otherwise provided by agreement of the parties, the insurance premium (initial premium) shall be paid before receiving the insurance contract (policy) by the Insurant, but not later than five (5) business days from the date of submitting the application for executing the insurance contract.

6.9. If the insurance premium is not paid in accordance with the terms and conditions specified in the insurance contract, the insurance contract shall be deemed null and void and shall not cause any consequences for the parties thereto (unless otherwise provided for in the insurance contract).

7. Term and Territory of the Insurance Contract

7.1. The insurance contract is made for the period not more than one year, unless otherwise provided for in the insurance contract.

7.2. Insurance comes into effect at the beginning of the trip but not earlier than 00.00 on the insurance commencement date specified in the insurance policy (and identification card) provided that the Insurant has paid the insurance premium for the whole insurance period unless otherwise provided for in the insurance contract.

The beginning of the trip means:

For foreign citizens – arrival in the territory of the Russian Federation (crossing the state border, certified with the mark of the border services in the passport);

For the citizens of the Russian Federation – departure of the Insured Person out of the administrative borders of his/her place of domicile for more than 100 km unless any other distance is stipulated by the insurance contract. The

Rules for insurance of urgent medical and transportation expenses for travelers in Russia - INGOSSTRAKH Open Joint Stock Insurance Company place of domicile means a settlement of preferred or permanent domicile of the Insured Person.

7.2.1. If by the expiry date of the insurance contract the return of the Insured Person from abroad is not possible due to the hospitalization caused by the insured event, which is confirmed in the relevant medical report, the Insurer shall fulfill its obligations set forth by these Rules and connected with such insured event within four (4) weeks beginning from the date stated in the insurance policy as the expiry date of the insurance contract.

7.3. The insurance contract shall be null and void:

For foreign citizens – beyond the borders of the Russian Federation

For the citizens of the Russian Federation – beyond the borders of the Russian Federation and within the area of 100 km of the administrative borders of the place of domicile of the Insured Person unless any other distance is specified by the insurance contract.

8. Insurance Contract Conclusion and Execution

8.1. To make the insurance contract, the Insurant shall apply to the Insurer (or its authorized representative) with a verbal or written application of its intention to make the insurance contract and provide the following data:

8.1.1. Full name, gender, date of birth, residential address and telephone number of the Insured Person;

8.1.2. name, legal address, telephone number, bank details, if the Insurant is a corporate person, in this case the list of the Insured Persons is attached to the application;

8.1.3. planned commencement and expiry dates of the period abroad;

8.1.4. purpose of journey;

8.1.5. profession and form of supposed activity, if the Insured Person is going abroad for work purpose;

8.1.6. sport or sports meeting in which the Insured Person is supposed to take part;

8.1.7. insurance amount.

8.2. When making the insurance contract, the Insurant shall inform the Insurer of all the circumstances known to it being important for risk assessment

8.3. The Insurant shall inform the Insurer of all risk changes known to it taking place within the period of insurance.

8.4. The insurance contract is made without medical examination of the Insured Person. At the Insurer's request the Insured Person shall fill in the questionnaire.

8.5. The insurance contract conclusion shall be certified by the insurance policy issued by the Insurer to the Insurant with these Rules attached, or by drawing up of a single document in accordance with the provisions of the civil laws of the Russian Federation. An identification card is also issued if required.

8.6. By making the insurance contract, the Insured Person releases the doctors from confidentiality obligations in relation to the Insurer.

8.7. By making the insurance contract based hereon, the Insurant confirms its consent that the Insurer may process personal data of individuals contained therein during the whole term of the insurance contract. The Insurant shall be personally liable for the provision of consent of individuals – the Insurant and Beneficiaries for processing of their personal data.

Personal data processing shall be understood herein as: collection, systematization, accumulation, storage, specification (update, change), use, depersonalization, blocking, destruction and carrying out of any other actions with personal data of individuals for statistical purposes and for the purposes of analysis of risks insured.

By entering into insurance contract based hereon, the Insurant also confirms its consent to notification of other products and services and of the terms for extension of legal relations with the Insurer as well.

For the purpose of the objectives stated above, the Insurer shall be entitled to transfer the personal data, which became known to it in connection with conclusion and execution of the insurance contract to third parties providing safe storage and prevention of illegal disclosure (confidentiality) of the personal data with whom the Insurer has entered into the relevant agreements. The Insurer undertakes to provide safety and non-disclosure of personal data of the Insurant for other purposes rather than the ones specified in this clause. Consent to personal data processing may be revoked by a subject of the personal data, in whole or in part, regarding the notification of other products and services, by a written application filed to the Insurer in a way allowing validly establishing the date of receipt of such application by the Insurer.

In case of full revocation of consent to personal data processing by a subject of personal data, the effect of the insurance contract with respect to such person will terminate, and in case of revocation of such consent by a subject of personal data being the Insurant, the insurance contract shall terminate completely. In this case, the insurance contract shall terminate earlier from the

date of receipt by the Insurer of the relevant application for revocation of consent to personal data processing.

Upon termination of the insurance contract (including the case of its termination) and also in case of revocation by personal data subject of his/her consent to processing of his/her personal data, the Insurer shall delete such personal data within 100 (hundred) years from the date of termination of the contract or from the time of receipt by the Insurer of the application for revocation of consent to personal data processing.

9. Actions of the Parties upon Occurrence of the Insured Event

9.1. Should the insurance contract (insurance policy) provide for the obligatory application to the Service Centre, the Insured Person (or its representative) shall be obliged:

9.1.1. in advance and prior to the application or visit to the medical institution to inform the Service Centre of the Insurer using telephone numbers specified in the insurance policy of the event occurred and provide the operator with the following information:

- Full name of the Insured Person;
- Insurance policy number;
- Type of aid required;
- Location and telephone number for feedback;

9.1.2. to get medical aid in strict compliance with the Service Centre operator instructions;

9.1.3. to present the original of the insurance policy to the medical personnel;

9.1.4. to pay the deductible if such deductible is specified by the insurance policy;

9.1.5. to coordinate its actions and follow the operator's instructions;

9.1.6. to follow the physician's orders and abide by the timetable of the medical institution;

9.1.7. upon failure to contact the Service Centre upon occurrence of the insured event to make it at the earliest opportunity and present the insurance policy without payment of services offered or rendered by third parties without getting an official confirmation of the Service Centre operator who fixed the request in the Service Centre database;

9.1.8. to explain to the Insurer in writing the reason for failure to meet the requirements of Clause 9.1.1 of the Rules and provide evidencing documents.

9.2. After the receipt of the information the Service Centre of the Insurer will on free basis arrange rendering of medical services, medical transportation and other services necessary and provided by the insurance contract, and the Insurer will pay the Service Centre expenses in accordance with Section 4 of these Rules. The expenses for the primary call to the Service Centre are refunded to the Insured Person upon the presentation of the confirming documentation originals on the form of the certain institution sealed and signed by the authorized person. The bill for call to the Service Centre should contain the following data: date of call, telephone number, call duration and amount paid.

9.3. Upon violation of Clauses 9.1.-9.2 of the Rules, the expenses incurred by the Insured Person directly shall not be subject to reimbursement.

9.4. Should the insurance contract (insurance policy) not provide the obligatory application to the Service Centre, the Insured Person may use medical and other services by one of the following ways:

9.4.1. in strict compliance with the procedure specified in clause 9.1 hereof;

9.4.2. to apply independently to the nearest medical institution, present the policy to the personnel and pay for the services rendered. At the same time, the Insurer shall not seek any information and get documentation specified in Clause 9.5 hereof.

9.5. Should the medical services be paid independently, the Insured Person having returned from travel and applying for reimbursement of the expenses incurred should provide to the Insurer the originals of the following documents:

- Written application of the event occurred including the explanation of reasons for failure to apply to the Service Centre;
- Insurance policy;
- Medical documents containing the diagnosis data, date and state of health of the Insured Person on the application for help, information on medical activities and duration of treatment;
- Doctor's prescriptions regarding this illness bearing the stamp of pharmacy and indicating the price of the medicines purchased;
- Referrals for laboratory tests specifying dates, names and services fee;
- Invoices of medical institutions for services rendered (on a letter-headed paper bearing the certain stamp) indicating the last name of the patient, application date, diagnosis, duration of treatment, list of services rendered with dates and fees breakdown and total amount payable;
- Documents confirming payment of the invoices provided.

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9.6. To reimburse the expenses of the Insured Person the Insurant accepts only paid invoices. The Insured Person should provide the written explanation for the unpaid invoices.

9.7. The application and documents specified in Clause 9.5 hereof, shall be provided to the Insurer not later than within thirty (30) calendar days from the time of the return of the Insured Person from travel during which the insured event occurred.

9.8. The insurance compensation for the expenses incurred by the Insured Person shall be paid by the Insurer within fifteen (15) days from presentation of the documents specified in Clause 9.5 hereof. The Insurer shall be entitled to check the documents provided, make inquiries to the organizations having the information about the insured event as well as conduct medical examination of the Insured Person by the Insurer's doctor. If some additional information regarding the insured event is required, the insurance compensation is paid within fifteen (15) working days after the Insurer has received all the documents required. After the payment of the insurance compensation, the originals of the documents of the Insured Person shall remain at the Insurer's disposal.

9.9. For the purposes of the estimation of the actual state of health of the Insured Person, the Insurer with consent of the Insured Person reserves the right to request and get the information of the state of health of the Insured Person.

10. Refusal in Insurance Compensation

10.1. The Insurer may refuse to pay the insurance compensation either in full or in part under the insurance contract, in the following cases:

10.1.1. expenses incurred after the termination of the insurance contract (expiration of the policy), except for cases provided for in Clause 7.2.1 hereof and/or after the return of the Insured Person to the place of residence;

10.1.2. expenses incurred outside the Russian Federation;

10.1.3. violation of clauses 8.2, 8.3, section 9 of these Rules;

10.1.4. providing the Insurer with documents containing misleading information regarding the state of health of the Insured Person or medical and other services rendered;

10.1.5. contributing (either intentionally or by inadvertence) to the increase of the amount of expenses payable by the Insurer in respect of the insured event or failure to take reasonable measures to their decrease.

10.1.6. refusal by the Insured Person to undergo a medical examination in order to estimate his real state and/or refusal to give consent for the provision of information regarding the state of health to the Insurer.

10.2. The Insurer may refuse to pay the insurance compensation either in full or in part if the event occurred was not admitted as insured event in accordance with Clauses 3.5.-3.6. hereof.

10.3. The Insurer will not pay the insurance compensation under the insurance contract if the insured event occurred outside the effective period of the insurance contract.

10.4. The Insurer's obligation to pay the insurance compensation shall terminate upon expiration of the limitation period.

10.5. The Insurant (Insured person) is informed of the refusal to pay the insurance compensation by notice in writing specifying the reasons for refusal within the term provided for the payment of insurance compensation.

11. Termination of the Insurance Contract

11.1. The insurance contract is terminated:

11.1.1. upon the contract expiration (at 24.00 of the contract expiry date specified in the insurance policy);

11.1.2. after the Insurer has fully performed its obligations under the contract;

11.1.3. in other cases provided for by these Rules and applicable laws of the Russian Federation.

11.2. The insurance contract may be earlier terminated by either party at any time by written notice (including the failure of the other party to perform its obligations under this insurance contract) in accordance with applicable laws of the Russian Federation. The insurance premium shall be refunded as follows:

11.2.1. Should the insurance contract be earlier terminated by the Insurer's request, the latter shall return to the Insurant the received insurance premium for the unexpired period of the contract less the Insurer's expenses; if the Insurer's request is caused by failure of the Insurant to perform its obligations under the contract, the insurance premium shall not be refunded;

11.2.2. Should the insurance contract be earlier terminated by the Insurant's request submitted to the Insurer in writing prior to the contract expiration, the latter shall return to the Insurant the insurance premium for the unexpired period of the contract less the expenses for the Insurant's policy administration pursuant to the current license; if the Insurant's request is caused by failure of the Insurer to perform its obligations under the contract, the latter shall fully return the insurance premium to the Insurant;

11.3. Should the Insured Person inform of the cancelation of travel after the expiration of the insurance period specified in the insurance contract, the insurance premium shall not be refunded.

11.4. Should the insurance contract be terminated before the expiry date the insurance premium is refunded within five (5) banking days from the time of the receipt of notice in writing thereof.

12. Rights and Obligations of the Parties

12.1. The Insurer shall:

12.1.1. issue the insurance policy with the enclosure of the Rules or a copy of the insurance contract;

12.1.2. issue the identification card if necessary;

12.1.3. carry out insurance payment in case of insured event within the period specified by the contract;

12.1.4. not disclose information on the Insurant, Insured Person, Beneficiary, state of their health as well as their property status unless such responsibility is entrusted by law.

12.2. The Insurant shall:

12.2.1. pay the insurance premium (insurance contribution) in due time;

12.2.2. when making the insurance contract, provide the Insurer with information on all the circumstances of vital importance for the assessment of the insurance risk.

12.2.3. upon request of the Insurer, fill in the questionnaire in respect of the Insured Person.

12.3. The Insured Person shall:

12.3.1. undergo a medical examination in order to estimate his real state upon the Insurer's request;

12.3.2. give his consent for the provision of information regarding the state of health to the Insurer.

12.4. The Insurer shall be entitled to:

12.4.1. carry out medical examination of the Insured Person when making the insurance contract in order to estimate his real state of health;

12.4.2. examine documents provided for the resolution of issue upon recognition of the event as the insured event and insurance payment;

12.4.3. request information from organisations that possess information on the circumstances of the insured event including the state of health of the Insured Person;

12.4.4. carry out medical examination of the Insured Person by the Insurer's doctor after the occurrence of the insured event;

12.4.5. refuse in payment of the insurance compensation if the Insured Person refused to undergo the medical examination in order to estimate his real state and/or give consent to provide the Insurer with information upon his state of health.

12.5. The Insurant shall be entitled to:

12.5.1. receive the insurance policy (insurance contract) within the due time;

12.6. The Insured Person shall be entitled to:

12.6.1. receive the insurance payment in accordance with the terms and within the period specified by the insurance contract.

13. Dispute Resolution

All disputes arising between the Parties in connection with the performance of this contract shall be settled through negotiation. Should the Parties fail to reach an agreement, the dispute shall be referred to court in accordance with the applicable laws of the Russian Federation.