

**CONDITIONS FOR GROUP COMPREHENSIVE INSURANCE OF PAYMENT CARD
HOLDERS (HEREINAFTER REFERRED TO AS THE GENERAL CONDITIONS)**

1. DEFINITIONS APPLICABLE TO ALL SECTIONS OF THE GENERAL CONDITIONS

1.1. Baggage – personal belongings of the Insured transported during the trip outside the country of citizenship or country of permanent residence as registered in a transport organization.

1.2. Close relative – legal spouse, parents (parent), children, adoptive parents, adopted children, full and half siblings, grandparents, grandchildren.

1.3. Sudden illness (sudden impairment of health) – acute and unexpected illness of the Insured characterized by the emergence of various forms of disabilities incurred in the period of the insurance cover that requires urgent medical intervention to prevent further damage to the Insured's health or threat to the Insured's life.

1.4. War/armed conflict – any action involving the use of military force between states, civil war, revolution or invasion, rebellion, use of military force or seizure of power, deliberate use of military forces to intercept, prevent or mitigate the consequences of any known or suspected act, armed confrontation between two or more parties in the same country belonging to different ethnic, religious or ideological groups.

1.5. Doctor – a person who has a higher medical education and a license / certificate for the right to carry out the relevant medical activity, and who is not a close relative of the Insured and acts under his/her license for the treatment of an accident or sudden illness.

1.6. Beneficiary – a person who, in accordance with these General terms and conditions, is the recipient of the insurance benefit.

1.7. Hospitalization – putting of the Insured in a 24-hour hospital of a medical institution for emergency treatment within the framework of these General conditions.

1.8. Date of occurrence of the insured event – for a sudden illness, the date of occurrence of the insured event will be the date of seeking medical care or the date of diagnosis, depending on what happened earlier. For an accident, the date when the accident occurred will be considered. For property insurance, the date of occurrence of the event recognized as an insured event will be considered.

1.9. Insurance program – under these General terms and conditions, the property interests of the Insured shall be accepted for insurance in accordance with the selected insurance conditions due to an accident, sudden illness or other event provided for in the insurance program, which involves the occurrence of expenses of the Insured during the period of insurance coverage. The insurance program shall be a table that contains a list of insurance risks for which the Insurer is responsible and the insurance amounts for each risk for each Insured person, depending on the insurance program. The types of expenses covered by insurance shall be determined in these General terms and conditions depending on the selection of one of the following insurance programs:

1.9.1. **"Insurance program No.1"**. This Insurance program contains a set of insurance risks and insurance conditions in accordance with **Annex No.3** to these General conditions, according to which the Insured is issued a corresponding Certificate;

1.9.2. **"Insurance program No.2"**. This Insurance program contains a set of insurance risks and insurance conditions in accordance with Annex No.3 to these General conditions, according to which the Insured is issued a corresponding Certificate;

1.9.3. **"Insurance program No.3"**. This insurance Program contains a set of insurance risks and insurance conditions in accordance with Annex No.3 to these General conditions, according to which the Insured is issued a corresponding Certificate.

1.9.4. **"Insurance program No.4"**. This Insurance program contains a set of insurance risks and insurance conditions in accordance with Annex No. 3 to these General conditions, according to which the Insured is issued a corresponding Certificate.

1.10. Insured person – an individual aged from 1 year to 70 years, who is the holder of an active (valid) payment card of JSC "Halyk Bank of Kazakhstan" whereby there is no debt on the monthly payment of the commission for annual servicing for more than two (2) calendar months, as well as close relatives in accordance with Annex No.2 to this Program, aged from 1 year to 70 years.

1.10.1. **Close relatives (additionally insured persons)** - insured only in relation to Section A, shall be persons aged from 1 year to 70 years (legal spouse, parents (parent), children, adoptive parents, adopted children, full and half siblings, grandparents, grandchildren) traveling with the Insured during one trip outside the country of citizenship or country of permanent residence. Close relatives must be registered at least one (1) day before the start of the trip. The total number of insured persons under program No.3 and No.4 (including under American Express cards) cannot exceed 4 people at the same time.

1.11. Disability – a permanent restriction of the life activity of the Insured person due to a deterioration of health as a result of an accident that occurred during the period of insurance coverage resulting in the need for social protection expressed in the establishment of group I/ II/ III disability by the medical and social expertise body.

1.12. Payment card (card) – an electronic payment instrument issued by the Bank and intended for transactions using the card or card details, the use of which is governed by the laws of the Republic of Kazakhstan, rules of the payment system in which the Bank is a member and the agreement concluded between the Bank and the Insured (the owner of the package of banking services).

1.13. Medical expenses – unavoidable, necessary expenses that arise during the Insured's stay in the insurance territory, related to the disease that has occurred and the need to provide medical care (diagnostics, therapeutic and/or surgical treatment) prescribed by a qualified medical practitioner, which cannot be postponed until the Insured returns to his/her place of permanent residence (citizenship).

1.14. Medical repatriation – transportation of the Insured from abroad (territory of insurance) to the country of nationality or country of permanent residence (up to the checkpoint of the nearest airport of the Republic of Kazakhstan or to the nearest specialized medical institutions in the country of citizenship or country of permanent residence, assuming also the cost of accompanying person (if this support is medically necessary and prescribed by a doctor) when:

a) the costs of hospital stay may exceed the limit set by the insurance agreement, and the Insured is unable (refuses) to pay the difference between the cost of the estimated medical expenses and the amount of the limit set by the insurance agreement;

b) it is not possible to provide the Insured with the required medical care in the country of temporary stay (territory of insurance).

1.15. Medical repatriation shall be carried out only in cases when its necessity is confirmed by the conclusion of the Insurer's doctor, on the basis of documents issued by the local attending physician, and in the absence of medical contraindications. Medical institution – a medical organization that provides medical services to the Insured and which has a license to carry out the relevant medical activities, with which the Insurer (the Insurer's representative – Assistance) has concluded an agreement for the provision of medical services to the Insured.

1.16. Place of permanent residence – address of registration at the place of residence of the Insured in accordance with the requirements of the legislation of the Republic of Kazakhstan.

1.17. Necessary expenses – necessary expenses incurred, not including expenses that would not have been incurred in the absence of insurance, and excluding expenses for medical treatment that was not necessary for medical reasons, either during the period of insurance coverage or during the trip (whichever ends earlier).

1.18. An accident – a sudden physical impact of various external factors (mechanical, thermal, chemical, etc.) on the Insured's body that occurred against the Insured's will and resulted in bodily injuries (damage to the structure of living tissues and the anatomical integrity of organs), violations

of the physiological functions of the Insured's body, or death. Accidents, for example, include an attack by intruders or animals (including reptiles), the fall of an object on the Insured, the fall of the Insured, sudden suffocation, poisoning with chemicals and poisons of biological origin, injuries sustained during the movement of vehicles or collision, when using machines, mechanisms, production tools and all kinds of tools, and others. Accidents also include exposure to external factors: explosion, burn, frostbite, drowning, electric shock, lightning strike, sunstroke, and other external influences.

1.19. Carrier – any registered carrier engaged in the transportation of passengers by land, water or air, having a license / permission issued by authorized bodies for this type of transportation, and carrying out of transportation according to a regular schedule with the issuance of a travel document (a ticket).

1.20. The validity period / term of insurance coverage – insurance coverage begins the next day from the date of issue of the card to the Insured and shall be valid for the period when on the first day of each month there is no debt on the card for monthly/annual payment of a commission for annual servicing of payment card over two (2) months, and in which a trip is made or a purchase was lost.

1.21. Trip – any trip made by the Insured outside the country of citizenship or country of permanent residence. The duration of a trip must not exceed sixty (60) consecutive days. Trips must start and end in the country of citizenship or country of permanent residence. The term of insurance coverage under these General terms and conditions begins from the moment the Insured enters the territory of a foreign country (entry is confirmed by a border service mark in the Insured's passport). Events that occurred after the first sixty (60) consecutive days from the moment when the Insured left the country of citizenship or the country of permanent residence shall not be recognized as insured events and no insurance benefit shall be paid. If at the time of termination or suspension of the insurance coverage, the Insured cannot return from the trip due to hospitalization caused by an insured event, the Insurer's liability for this insurance event shall be maintained for an additional four (4) weeks counting from the date of termination or suspension of the insurance coverage. The Insurer shall not be liable for other insured events that occurred during this period.

1.22. Purchase (Goods) – any material item, the full cost of which is paid using a Bank payment card, intended for personal use with a service life of at least one year provided by the manufacturer. The Goods' service life shall be determined by its manufacturer. If the manufacturer of the Goods does not determine the service life, it shall be determined by the Insurer based on the purpose of use and materials of manufacture of the Goods.

1.23. Flight according to the published schedule – a flight that starts or ends at the airport in accordance with the published schedule of the airline or tour operator.

1.24. Posthumous repatriation – transportation of the Insured's remains in the event of his/her death from the country of temporary residence to the checkpoint of the country of permanent residence/citizenship.

1.25. Prescription – a doctor's written prescription for the use of medicines.

1.26. Service company (Assistance) – a company that provides medical and technical assistance to the Insured upon the occurrence of the insured event.

1.27. Death – termination of the physiological functions of the body that contribute to the process of its vital activity.

1.28. Skimming (ATM skimming) - a type of fraud with Bank cards that involves the theft of payment card data using a special reader, mini-camera, keyboard pads installed on ATMs or other illegal means.

1.29. Term of the agreement – the period specified in section 9 of these Terms and conditions.

1.30. Country of citizenship or country of permanent residence – the country in which the Insured person is a citizen or subject, or in which the Insured person has a permanent residence. In this case, a Person shall be considered to be permanently resident in the territory of the state if he / she

is actually located in the territory of the state for at least 183 consecutive days during the next twelve (12) consecutive months.

1.31. Insurance benefit – the amount of money paid by the Insurer to the Beneficiary within the insurance amount upon the occurrence of the insured event.

1.32. Insurance coverage – a list of insured events (risks).

1.33. Emergency medical indications – sudden deterioration of the Insured's health that requires urgent medical care and which is the reason for contacting a doctor within the framework of these General conditions.

1.34. Personal injury – an injury received by the Insured as a result of an accident.

1.35. Insurance territory (territory of the Insurance program) – the territory or route of movement within the borders of the country or groups of countries of geographical zones specified in the Insurance program within which the Insurer, upon the occurrence of the insured event, is obligated to pay the insurance benefit. States on which territory military operations are conducted and/or a military situation is declared, and/or the state of emergency is introduced, civil wars are prosecuted and/or territories on which (anti) counter-terrorism operations are conducted, or on which pest-holes are discovered and recognized shall be excluded from the territory of validity of this agreement.

1.36. Terrorism – activities, including the threat or use of force by any person or group of persons acting either independently or on behalf of, or in connection with, any organization or government committed for political, religious, ideological, or ethical reasons, or for reasons including the intent to influence any government and/or to intimidate the public or part of it.

1.37. Transport vehicle – a device intended for transportation of people, goods or equipment installed on roads.

1.38. Physiotherapy – a method of treating diseases that uses various physical factors, recommended by a doctor on the basis of medical indications resulting from an insured event and conducted by a licensed physiotherapist.

1.39. Force majeure circumstances (circumstances beyond one's reasonable control) – extraordinary and unavoidable circumstances under the given conditions. Force majeure circumstances shall be understood to mean: military actions and consequences thereof, civil unrests, strikes, riots, confiscations, requisitions, seizure, destruction or damage of property ordered by civil or military authorities, the imposition of the state of emergency or special status, riots, military takeovers, plots, uprisings, revolutions, exposure to nuclear energy.

1.40. Surgical operation – impact on human organs or tissues which the doctor performs for the purpose of diagnosis, treatment or correction of body functions. Within the scope of this agreement, surgical operations include operations performed as a result of an accident or sudden illness that occurred/was diagnosed during the insurance period.

1.41. Chronic diseases – a long-term disease of more than three months that can be controlled and treated, but not completely cured.

1.42. Medical transportation - delivery of the Insured person for emergency medical reasons in connection with the need to provide medical care in an outpatient or inpatient setting to the nearest medical institution by specialized or conventional vehicle,

1.43. Emergency medical care - medical care that requires immediate medical intervention to prevent significant harm to health or eliminate the threat to life in case of sudden acute diseases, injuries, sharp deterioration of health, and exacerbation of chronic diseases in accordance with the list defined by these General conditions.

1.44. Permanent complete loss of general working capacity – the state of health of the Insured person established by medical and social expertise under which he/she completely and indefinitely loses the ability to carry out work as a result of an accident.

1.45. Bank – JSC "Halyk Bank of Kazakhstan", 40, Al-Farabi Ave., Almaty, Republic of Kazakhstan, BIN 940140000385, IIC KZ1460100050000001 at JSC "Halyk Bank of Kazakhstan", BIC HSBKKZXX, resident, economy sector code – 4.

2. INSURANCE CERTIFICATE

2.1. Insurance certificate – a document issued by the Bank to the Insured, if necessary, in a form agreed with the Insurer as information about insurance coverage in accordance with the specified Insurance program and as one of the ways to familiarize the Insured with the insurance terms and conditions provided for herein.

2.2. The certificate shall include the following identification data:

2.2.1. Full name of the Insured/close relative;

2.2.2. Date of birth of the Insured/close relative;

2.2.3. Passport / identity document number of the Insured/close relative;

2.2.4. Certificate validity period;

2.2.5. List of insurance coverage;

2.2.6. The amounts of sums insured (limits of liability);

2.2.7. Contact details necessary for the Insured in the event of occurrence of the insured event;

2.2.8. Contact details of the Insurer;

2.2.9. Certificate serial number and the Insurer's seal (stamp).

2.2.10. Contact details of the Assistance.

2.3. Taking into account the use of the certificate by the Insured outside the Republic of Kazakhstan, as well as when applying to the consular services, the amounts of sums insured (liability limits) in the Certificate shall be indicated only in foreign currency.

3. SERVICE COMPANY (ASSISTANCE)

3.1. The network of offices of the Service Company (Assistance) shall be available whenever the Insured travels during the period of insurance coverage. If medical assistance is required, you need to call the hotline at any time.

3.2. Main phone numbers of round-the-clock assistance center of Allianz Worldwide Partners Servis Hizmetleri A. S., the Service Company:

Contact phone numbers: +90 212 337 26 73, +90 212 337 26 74 (24 hours) shall be effective till 31.12.2019, contact numbers: +90 216 528 30 05; +90 216 528 30 06 shall be effective since 01.01.2020.

3.3. When contacting the Service Company (Assistance) for assistance, the following information must be provided:

3.3.1. surname and first name of the Insured in English, as indicated on the payment card;

3.3.2. date of birth;

3.3.3. individual identification number (IIN);

3.3.4. phone number and / or e-mail address to contact the Insured person;

3.3.5. address of the Insured's stay (country of stay, locality, and hotel).

3.3.6. the reason for the treatment.

4. GENERAL EXCEPTIONS TO INSURED EVENTS AND INSURANCE RESTRICTIONS

4.1. Events occurred directly or indirectly as a result of, or related to, or which are in a cause-and-effect relationship with:

4.1.1. ionizing radiation or contamination with radioactive elements as a result of interaction with radioactive fuel or any radioactive waste resulting from the combustion of radioactive fuel;

4.1.2. radioactive toxic explosive or other harmful property of any nuclear explosive or the nuclear component thereof;

4.1.3. distribution, use or release of pathogenic or toxic biological or chemical materials;

4.1.4. military actions, as well as maneuvers or other military actions and consequences thereof;

4.1.5. actions of the Insured (the Beneficiary) committed in a state of alcoholic, toxic or narcotic intoxication, or under the influence of medicinal or psychotropic substances;

4.1.6. deliberate actions of the Bank, the Insured and (or) the Beneficiary aimed at the occurrence of the insured event or contributing to its occurrence, with the exception of actions performed in a state of necessary defense and extreme necessity;

4.1.7. actions of the Bank, the Insured and (or) the Beneficiary recognized in accordance with the procedure established by legislative acts as intentional crimes or administrative offenses that are causally related to the insured event

shall not be recognized as the insured events.

4.2. The following may also be the grounds for the Insurer's refusal to pay the insurance benefit:

4.2.1. the communication by the Bank to the Insurer of knowingly false information about the object of insurance, the insured risk, the insured event and consequences thereof;

4.2.2. the Insured's deliberate failure to take measures to reduce losses from the insured event;

4.2.3. the prevention of the Insurer on the part of the Insured/the Bank from investigating the circumstances of the occurrence of the insured event and in determining the amount of the loss caused;

4.2.4. the Insured's failure to comply with the established and generally accepted safety rules and regulations, instructions for the operation of dangerous facilities, as well as non-compliance with standards, regulations, laws or departmental regulations established for the implementation of any type of activity.

4.2.5. The Insurer shall not pay the insurance benefit for: indirect commercial losses of the Bank (the Insured), losses (fines, penalties), losses in the form of lost profits; moral damage; legal costs.

5. GENERAL TERMS AND CONDITIONS FOR PAYMENT OF THE INSURANCE BENEFIT AND SETTLEMENT OF INSURED EVENTS

5.1. The Insurer's liability for each insured event shall be limited to the total sum insured for risks specified in the Insurance program. The decision on Insurance benefit or refusal of insurance benefit shall be made by the Insurer on the basis of the submitted documents required for making a decision on insurance benefit within fifteen (15) business days after the full set of documents is provided.

5.2. The Insurance benefit shall be paid within ten (10) business days from the date of making a decision on payment of the insurance benefit by the Insurer.

5.3. In case of making a decision to refuse the insurance benefit, the Insurer shall notify the Insured of the decision in writing within fifteen (15) business days specifying the reasons for the refusal.

5.4. The insurance benefit shall be paid by wire transfer to the Beneficiary's Bank account.

5.5. The insurance benefit shall be paid to the Beneficiary or his/her authorized representative. In respect of any property insurance payments, the Insured must transfer to the Insurer the rights of claim that the Insured has against third parties and organizations responsible for losses compensated as a result of insurance.

5.6. If the Insured has several Bank cards for which the insurance covering the same insured event is provided, the payment will be made only by one of the payment cards on the Insurance Programs, at the choice of the Insured.

5.7. The sum insured in the Insurance program shall be specified in foreign currency.

5.8. The calculation of the insurance benefit shall be made in tenge based on the actual expenses incurred by the Insured, documented within the sum insured specified in foreign currency, at the official foreign exchange rate of the National Bank of the Republic of Kazakhstan (hereinafter – the National Bank of the Republic of Kazakhstan) on the day of occurrence of the insured event.

6. ACTIONS OF THE INSURED UPON THE OCCURRENCE OF THE INSURED EVENT

6.1. If an insured event occurs due to the risks of causing harm to health, the Insured must immediately, within a period not exceeding 72 (seventy-two) hours, notify the Service Company (Assistance) by phone numbers specified in the Certificate. A notification made in this way shall be considered to be a notification to the Insurer of the Insured event that has occurred.

In other cases, it shall be necessary to notify the Insurer in any available way, but no later than three (3) business days from the date of arrival in the country of citizenship or place of permanent residence.

6.2. If the insured event is the death of the Insured, the Beneficiary shall be obliged to notify the Insurer within ten (10) consecutive days after the occurrence of the insured event.

6.3. In case of failure to notify the Insurer and / or the Service company (Assistance) of the occurrence of the insured event, the Insurer shall have the right to refuse the insurance benefit or limit it to the amount at their discretion, if it is not proved that the Insurer learned about the occurrence of the insured event in a timely manner, or the lack of information about this could not affect the Insurer's obligation to pay the insurance benefits.

6.4. Upon the occurrence of the insured event, the Insured shall be obliged to take reasonable and affordable measures to prevent or reduce the amount of damage (loss).

6.5. The proof of the occurrence of the insured event and the losses caused shall be a responsibility of the Insured (the Beneficiary).

IN ACCORDANCE WITH THE TERMS OF A VOLUNTARY GROUP COMPREHENSIVE INSURANCE OF PAYMENT CARD HOLDERS, THE INSURER SHALL PROVIDE INSURANCE COVERAGE IN THE FOLLOWING EVENTS:

7. SECTION A. ACCIDENT INSURANCE

The insured event shall be the following events that occurred during the trip and during the period of insurance coverage provided for by the Insurance program:

7.1. A death as a result of an accident that occurred during the period of insurance coverage or six months after the occurrence of the accident which occurred during the period of insurance coverage and was a direct consequence of such an accident;

7.2. A disability as a result of an accident established during the insurance coverage period, in accordance with the group established by the medical and social assessment, which occurred during the insurance period or six months after the accident and which was a direct consequence of such an accident.

8. SECTION A. EXCLUSION FROM THE INSURED EVENTS AND LIMITATION OF INSURANCE

8.1. The Insurer shall be released from the payment of the insurance benefit in cases provided by the legislation of the Republic of Kazakhstan, and also in cases of:

8.1.1. Health disorders of the Insured person, the cause of which was the fact of the Insured person's unlawful action proven in accordance with legislation of the Republic of Kazakhstan;

8.1.2. Accidents that occurred during the stay of the Insured person in places of deprivation of liberty, imprisonment or execution of a judicial act (except for cases that occurred with employees of penitentiary institutions);

8.1.3. Accident during the period of the Insured's active service in any armed forces of any state or direct participation in military exercises, tests of military equipment or other similar operations as a military officer, law enforcement officer, or civil servant;

8.1.4. Any events related to the use, testing or storage of weapons, ammunition, explosives or toxic substances by the Insured person;

8.1.5. alcohol poisoning of the Insured person, poisoning resulting from the consumption of narcotic, toxic, potent, psychotropic and medicinal substances (drugs) by the Insured without prescription, the diseases caused by the consumption of alcohol, narcotic or toxic substances; an event occurred with the Insured person when he/she was in a condition of alcoholic, narcotic, toxic intoxication, when a causal relationship between the condition of alcoholic, narcotic or toxic intoxication and the event is proved;

8.1.6. driving by the Insured person any vehicle or apparatus without the right to such driving and/or in a state of alcoholic, narcotic or toxic intoxication, as well as transferring control to a

person who, with the knowledge of the Insured person, did not have the right to drive or was in a state of alcoholic, narcotic or toxic intoxication;

8.1.7. related to activities organized by amateur or professional sports, if this is the purpose of the trip or has a competitive nature, including in cases of preparation for such competitions.

8.1.8. related to extreme sports, such as war games, zorbing, karting, water skiing, jet skiing, downhill skiing and snowboarding, motor sledding, rafting, parkour, horse trekking, hunting, skateboarding, bungee jumping, kayaking, trekking, horse racing, auto and motorcycle racing, sailing regattas, free and skin diving, cliff and high diving, cave descents (caving), rock climbing, mountaineering, sports tourism, etc.

8.1.9. related to the following types of outdoor activities (sports), provided that they are the main purpose of the trip or are competitive: badminton, basketball, running, baseball, bowling, cycling, windsurfing, water polo, volleyball, mountain climbing up to 2,000 meters without the use of climbing equipment, golf, mountain running, kayaking, mountain biking on a cinder track, kitesurfing, camel, horse or elephant riding, snowboarding, roller skating, ice skating (on equipped rinks), cricket, table tennis, netball, sailing, paintball, yachting, scuba diving (if not qualified – to a depth of no more than 18 meters, if qualified – no more than 40 meters), hot air balloon flights, pony rides, trampolining, racquetball, fishing, surfing, squash, orienteering, trap shooting, archery, tennis, hockey.

8.1.10. related to any form of flights, including flights on non-motorized aircraft, motor gliders, ultralight aircraft, parachute jumps and parachute flights, except for flights performed as a passenger who paid for travel on a regular flight or a licensed charter flight on a specified route.

8.1.11. related to injuries or illnesses caused by participation in sports competitions that occurred before the commencement of insurance coverage or after its ending;

8.1.12. cases that occurred as a result of nervous or mental diseases or disorders (including epilepsy), as well as accidents that occurred with Insured persons who suffer from alcoholism, drug addiction, substance abuse;

8.1.13. any disease or poisoning with an unknown substance;

8.1.14. treatment received from specialists who practice non-traditional practices;

8.1.15. the Insured's failure to comply with the recommendations of the attending physician and the medical and protective regime; the Insured's refusal of the proposed treatment resulting in death, disability of the Insured or delay in the recovery process;

8.1.16. AIDS, HIV disease in the presence of HIV infection;

8.1.17. violations of labor protection and labor safety requirements by the Insured;

8.1.18. a disease resulting from the bite of insects and animals (with the exception of a poisoning);

8.1.19. food toxicoinfections, pathological fractures, habitual and / or repeated dislocations, subluxations, congenital and hereditary diseases.

9. SECTION A. PROCEDURE AND TIME LIMITS FOR PAYMENT OF THE INSURANCE BENEFIT AND SETTLEMENT OF THE INSURED EVENTS

9.1. In the event of the occurrence of the insured event resulting in the establishment of disability for the Insured, the Insurer shall be obliged to pay the insurance benefit to the Insured in accordance with the terms of the agreement. If the Insured person dies as a result of the insured event, the insurance benefit shall be paid to the Insured person's heirs.

9.2. The amount of the insurance benefit shall be determined as follows:

9.2.1. upon the occurrence of the insured event on accidental death risk – 100% of the sum insured under the Insurance program for this risk;

9.2.2. upon the occurrence of the insured event on accidental disability risk in accordance with a group established by medical-social expertise, the insurance benefit shall be determined as a percentage of the sum insured established by the Insurance program for this risk, depending on the group of disability established for the Insured:

a) when establishing group I of disability – 80% of the sum insured provided by the Insurance program for this risk;

- b) when establishing group II of disability – 60% of the sum insured provided by the Insurance program for this risk;
- c) when establishing group III of disability – 40% of the sum insured provided by the Insurance program for this risk.
- 9.3. in case of death of the Insured after previously made payments for other insured risks, the Beneficiary shall be paid the difference between the sum insured on death risk and the insurance benefits paid previously.
- 9.4. The maximum amount of insurance benefits for all insured events that occurred during the entire period of insurance coverage with the Insured person may not exceed the sum insured on accidental death risk.
- 9.5. After receiving all the documents necessary for the Insurer to make a decision on the insurance payment, the Insurer shall make a decision on payment or refusal to pay within fifteen (15) business days.
- 9.6. In the case of a decision to refuse the insurance payment (lack of basis for insurance payments) the Insurer shall inform the person claiming to receive the insurance payment in writing in a reasoned manner within ten (10) business days from the time of making a decision by the Insurer.
- 9.7. If at any time after the payment for death as a result of an accident it turns out that the Insured person is alive, all insurance benefits must be fully reimbursed to the Insurer by the person who received such benefits.
- 9.8. The Insured person or the Beneficiary must provide all documents confirming the occurrence of the insured event at their own expense. Documents must be prepared and submitted in accordance with the requirements of the Insurer and may include:
- 9.8.1. insurance claim;
- 9.8.2. a copy of the passport – a page with personal data and a page with border control marks on crossing the state border of the Republic of Kazakhstan and the country that is the territory of insurance, except for cases when the insured event occurred on the way to the place of temporary stay;
- 9.8.3. Bank details;
- 9.8.4. documents proving the Beneficiary's identity and his/her right to receive insurance benefits;
- 9.8.5. document confirming registration of the Insured's place of residence;
- 9.8.6. originals or copies of air/railway tickets, as well as tickets for water or road transportation;
- 9.8.7. original receipts, invoices, prescriptions, hospital invoices for payment from a medical institution specifying the name of the Insured and the date of applying for medical services;
- 9.8.8. medical documents specifying the diagnosis, duration of treatment, list of services broken down by dates and cost, list of medications prescribed and/or issued to the Insured during treatment, doctor's referrals for laboratory tests, etc.;
- 9.8.9. discharge epicrisis from the patient's card, an extract from the history of sudden illness, a medical certificate from the trauma center, medical documents confirming the medical care provided to the Insured and/or containing an accurate description and nature of the injury, certified by the seal of the medical institution;
- 9.8.10. if necessary, an x-ray image or its description;
- 9.8.11. documents from the relevant state bodies and organizations based on their competence confirming the occurrence of the insured event and the amount of damage caused to the Insured;
- 9.8.12. conclusion of the medical and social expert commission on the establishment of disability;
- 9.8.13. detailed description of the circumstances of the accident, names of witnesses (if any);
- 9.8.14. in case of death – an official death certificate and documents to establish the identity of all the Beneficiaries;
- 9.8.15. in case of bodily injury and/or accident – a Certificate of the presence/ absence of alcohol in the blood;
- 9.8.16. in case of a claim for reimbursement of medical and emergency transportation expenses, all invoices and receipts that are necessary for the Insurer to determine the total amount of medical and other expenses incurred by the Insured person.

- 9.9. In case of identification of missing documents, the Insurer shall be obliged to notify the Insured/the Beneficiary within ten (10) business days from the date of detection of such shortage.
- 9.10. In all cases, the Insurer shall have the right to request other documents necessary, in the opinion of the Insurer, to make a decision on the insurance benefit.
- 9.11. All documents attached to the insurance claim must be submitted in Russian or the state language. If the document is written in a different language, the Insured/the Beneficiary shall be obliged to submit a notarized translation of the document (translation services shall be paid by the Insured/the Beneficiary).
- 9.12. The above list of documents shall not be exhaustive. Depending on the cause and nature of the insured event, the Insurer may either shorten the list of requested documents or add any documents necessary to establish the causes of the insured event and the amount of damage.

10. SECTION B. HEALTH INSURANCE

- 10.1. The insured event shall be the event provided by the Insurance program caused by a sudden illness, accident, death of the Insured or any other circumstance / incident during the trip in which the Insured need to pay the following incidental expenses during the period of insurance coverage:
- 10.2. medical expenses for emergency medical assistance in outpatient and/or inpatient treatment;
- 10.3. expenses for emergency dental care;
- 10.4. medical transportation expenses for emergency reasons;
- 10.5. posthumous repatriation expenses (burial and funeral services);
- 10.6. transport expenses for the accompanying family member of the Insured, if necessary, for medical reasons and the conclusion of the attending physician.

11. SECTION B. INSURANCE CONDITIONS

Upon the occurrence of the insured event on a risk related to compensation of medical, medical-transport and other expenses in the event of an accident, sudden illness or other events, the Insurer shall compensate:

- 11.1. Medical expenses for payment of emergency and emergency medical care for outpatient and / or inpatient treatment, which include:
- 11.2. expenses for performing surgical operations;
- 11.3. expenses for conducting emergency diagnostic tests and manipulations;
- 11.4. expenses for doctor's services, outpatient and inpatient treatment;
- 11.5. expenses for the services of the local ambulance service;
- 11.6. expenses for payment of medicines and dressings prescribed by the doctor.

All medical measures must be appropriate, necessary, justified by the attending physician and agreed with the Insurer.

- 11.2. Expenses for emergency dental care, namely:

- 11.2.1. expenses related to analgesic treatment of a natural tooth in case of a tooth injury as a result of an accident;
- 11.2.2. expenses related to analgesic treatment of natural teeth and related fillings in acute inflammation of the tooth and surrounding tissues;
- 11.2.3. expenses related to the removal of a natural tooth.

- 11.3. Assistance during travel, namely:

- 11.3.1. The costs of medical transportation according to emergency indications, which include:
- 11.3.2. expenses for moving (transporting by ambulance) from the scene of the accident to the nearest medical facility in the country or place of temporary stay;
- 11.3.3. expenses for urgent medical repatriation by a regular vehicle, including the expenses on accompanying person (if such support is necessary and justified according to medical indications and the Insured's condition) from place of stay of the Insured to the nearest checkpoint in the country of the Insured's nationality or of the country of his/her permanent or primary residence or to the nearest specialized medical institutions in the country of citizenship or country of permanent residence subject to: the lack of opportunities to provide the required medical care at the place of

temporary stay, when the costs of hospital stay may exceed the compensation limit set in the Insurance program. Emergency medical repatriation shall be conducted only in cases when its necessity is confirmed by the conclusion of the Insurer's doctor on the basis of documents from the local attending physician and provided that there are no medical contraindications for transportation. The costs of emergency medical repatriation shall be covered within the sum insured specified in the Insurance program;

11.4. Expenses for repatriation of a deceased body (burial and funeral services), namely:

11.4.1 Expenses authorized by the Service Company (Assistance) for the repatriation of the body to the nearest checkpoint of the country of permanent residence/citizenship, if the death occurred as a result of the insured event. Post-mortem repatriation expenses shall be covered within the sum insured specified in the Insurance program. Expenses for burial and funeral services outside the Republic of Kazakhstan shall be covered by the Insurer by reimbursing expenses paid independently, only authorized by the Service Company (Assistance) / Insurer, namely: the cost of the coffin, clothing for the deceased, the minimum package of necessary documents for burial, organization of a place in the cemetery.

11.4.2 Compensation for expenses authorized by the Service Company (Assistance) / the Insurer and related to the payment of the coffin within the limits set by the Insurance program;

11.5. Transportation expenses for the accompanying family member of the Insured, which include:

11.5.1. Expenses incurred by the Insured on one-way economy class trip to a place of permanent residence including transfer to the airport in case the Insured failed to depart in time, i.e. on the day specified in the travel documents held by the Insured, because of the insured event that caused the Insured to stay for hospital treatment. The Insured shall be obliged to make efforts to return unused travel documents and reimburse the cost thereof to the Insurer. In case of non-compliance with this condition, the Insurer shall have the right to deduct the cost of unused travel documents from the amount of reimbursement of the Insured's expenses;

11.5.2. Expenses for organizing and paying for one round-trip economy class ticket for the travel of one close relative to the Insured's location as a result of emergency transportation, provided that the accompanying person of the Insured was previously absent, if such support is necessary for medical indications and prescribed by a doctor.

11.5.3. Expenses for one-way economy class travel of minor children who are with the Insured during their stay outside of their permanent place of residence to the place of their permanent residence if the children were left unattended as a result of the insured event, as well as payment of travel expenses of one adult accompanying a child or children. If the Insured cannot name such a person, the Insurer will arrange and pay for the appropriate support.

12. SECTION B. EXCLUSION FROM INSURED EVENTS AND LIMITATION of INSURANCE

12.1. Upon the occurrence of the insured event on a risk related to compensation of medical, medical-transport and other expenses, the Insurer shall not compensate:

12.1.1. Expenses for medical services that are not related to the scope of emergency medical care and are not prescribed by the attending physician in case of emergency treatment;

12.1.2. Costs due to deliberate (scheduled) medical treatment abroad;

12.1.3. Expenses related to diseases known at the time of beginning of insurance coverage, as well as chronic diseases and regardless of whether they were treated or not, with the exception of exacerbations that threaten the life of the Insured.

12.1.4. Expenses related to the consequences of accidents that occurred before or after the Insured's trip.

12.1.5. Expenses related to mental conditions/illnesses and suicide attempts.

12.1.6. Repatriation expenses in the event of minor illnesses or injuries that, in the opinion of a medical consultant appointed by the Insurer, are amenable to local treatment and do not prevent the Insured from continuing the trip.

- 12.1.7. Expenses related to any transportation and/or repatriation not organized by the Insurer or the Service Company, as well as expenses incurred as a result of voluntary refusal of the Insured from repatriation
- 12.1.8. Expenses for the organization of planned transportation.
- 12.1.9. Transportation expenses to the country chosen by the Insured that is not approved by the Insurer's medical expert.
- 12.1.10. Any expenses related to subsequent travel in connection with the same insured event after the Insured person returns to the place of residence.
- 12.1.11. Expenses related to plastic and reconstructive, corrective surgery and all kinds of transplants and prosthetics (including endoprosthetics, dental and eye prosthetics), as well as the consequences of such operations.
- 12.1.12. Expenses related to heart surgery (aorto-coronary bypass surgery, stenting, artificial pacemaker installation, etc.), even if there are medical indications.
- 12.1.13. Expenses related to the provision of services that are not medically necessary, or related to treatment not prescribed by a doctor.
- 12.1.14. Expenses related to the diagnosis, treatment or consequences of oncological diseases and neoplasms, hyperplastic processes.
- 12.1.15. Expenses related to any claims that may arise in the course of travel undertaken against medical contraindications.
- 12.1.16. Expenses related to alcoholism, drug addiction and other abuse/addiction or other conditions related to addiction or painful conditions caused by the use of narcotic, toxic substances, alcoholic beverages, as well as treatment of injuries received by the Insured who is under the influence of the above substances when injured.
- 12.1.17. Expenses related to pregnancy, childbirth, abortion (except for termination of pregnancy that poses an immediate threat to life if the pregnancy period is not more than 12 weeks), as well as menstrual disorders;
- 12.1.18. Expenses related to the treatment of injuries or diseases caused by direct or indirect exposure to radiation of any kind, including solar radiation.
- 12.1.19. Expenses related to the purchase of glasses, contact lenses, hearing devices, prosthetic appliances and other corrective equipment, and other medical devices.
- 12.1.20. Expenses related to treatment in sanatoriums and preventative clinics, with accommodation and treatment in homes for the disabled, water, spa, natural clinics, sanatoriums or similar institutions.
- 12.1.21. Expenses related to contraception, sterilization (or reverse procedure), fertilization, vasectomy, sexually transmitted diseases, sexually transmitted diseases, gender reassignment, infertility or related health conditions, or other forms of artificial reproduction.
- 12.1.22. Expenses related to the immunodeficiency virus or HIV diseases, including acquired immunodeficiency syndrome (AIDS) or AIDS-associated complex and other similar infections.
- 12.1.23. Expenses related to any preventive examination, general medical examinations, vaccinations, diagnosis and treatment of genetic and hereditary diseases.
- 12.1.24. Expenses related to cosmetic or plastic surgery, acupuncture, and physical therapy. with rehabilitation, rehabilitation and reconstructive therapy, physical therapy.
- 12.1.25. Expenses related to the provision of dental care, except for emergency dental care.
- 12.1.26. Expenses related to activities organized by amateur or professional sports, if this is the purpose of the trip or they have a competitive nature, including in cases of preparation for such competitions.
- 12.1.27. Expenses related to extreme sports, such as war games, zorbing, karting, water skiing, jet skiing, mountain skiing and snowboarding, motor sledding, rafting, parkour, horse trekking, hunting, skateboarding, bungee jumping, kayaking, trekking, participation in horse races, auto and motorcycle races, sailing regattas, free and skin diving, cliff and high diving, cave descents (speleology), rock climbing, mountaineering, sports tourism, etc.

- 12.1.28. Expenses related to the following types of outdoor activities (sports activities), provided that they are the main purpose of the trip or they have a competitive nature: badminton, basketball, running, baseball, bowling, cycling, windsurfing, water polo, volleyball, mountain climbing up to 2,000 meters without the use of climbing equipment, golf, mountain running, kayaking, mountain biking on a cinder track, kitesurfing, camel, horse or elephant riding, snowboarding, roller skating, ice skating (on equipped rinks), cricket, table tennis, netball, sailing, paintball, yachting, scuba diving (if not qualified – to a depth of no more than 18 meters, if qualified – no more than 40 meters), hot air balloon flights, pony rides, trampolining, racquetball, fishing, surfing, squash, orienteering, trap shooting, archery, tennis, hockey.
- 12.1.29. Expenses related to any form of flight, including flights on non-motorized aircraft, motor gliders, ultralight aircraft, jumps and parachutes, except for flights conducted as a passenger who paid for travel on a regular flight or a licensed charter flight on a specified route.
- 12.1.30. Expenses related to injuries or illnesses caused by participation in sports competitions.
- 12.1.31. Any expenses related to search and rescue activities in order to locate the Insured in the mountains, at sea, in the desert, in the jungle or other remote areas, including the costs of air/sea search and transportation to the shore from the ship or from the sea.
- 12.1.32. Expenses related to the examination and treatment of diseases by scientifically unrecognized methods, as well as expenses for the purchase of non-certified medicines.
- 12.1.33. Expenses related to injuries and diseases received in motor accident if: the Insured drove a vehicle without a driver's license or was in condition of alcoholic, narcotic or toxic intoxication; the Insured transfer control to a person without the driving license; the Insured was in a vehicle (as a passenger) driven by a person who was in a state of alcoholic, narcotic or toxic intoxication, except for public transport.
- 12.1.34. Expenses related to the Insured's violation of the rules for the prevention of diseases endemic to the country of temporary residence, as well as failure to comply with the doctor's instructions.
- 12.1.35. Expenses related to convulsive seizures, including epilepsy, except for the initial consultation with a doctor.
- 12.1.36. Expenses related to medical manipulations - iatrogenic injuries.
- 12.1.37. Expenses related to violation of safety regulations, including when performing work by hire.
- 12.1.38. Expenses related to the provision of services by a medical institution (doctor) that does not have the appropriate license, or if the license was suspended.
- 12.1.39. Expenses for the purchase of medicines, if prescribed, the composition of which is hidden by the compiler, as well as expenses related to the purchase of food products, strengthening agents, weight loss products and laxatives issued on prescriptions, cosmetic and hygienic, homeopathic remedies, biologically active additives, etc., mineral water and bath water additives.
- 12.1.40. Expenses related to rehabilitation, rehabilitation and reconstructive therapy, as well as expenses caused by deterioration of the health condition associated with the treatment that the Insured received before the insurance started.
- 12.1.41. Inpatient treatment expenses not authorized by the Insurer.
- 12.1.42. Expenses incurred as a result of intent or gross negligence of the Insured (the Beneficiary), including injuries that occurred when taking selfies.
- 12.2. The following expenses for posthumous repatriation of the body shall not be recognized as insured events or covered by this insurance:
- 12.2.2. Expenses in the event of nervous or mental illnesses / conditions, as well as as a result of suicide, attempted suicide, or intentional self-harm;
- 12.2.3. Expenses incurred when taking narcotic, toxic, strong substances, alcoholic beverages, as well as due to the treatment of injuries that the Insured received under the influence of the above substances;
- 12.2.4. AIDS-related expenses;
- 12.2.5. Expenses as a result of participation in the ongoing sports competitions;

- 12.2.6. Expenses due to participation in civil wars, popular unrest, military operations, riots, uprisings;
- 12.2.7. Expenses due to the treatment of diseases by non-scientifically recognized methods, as well as the use of non-certified medicines, non-medical expenses (telephone calls, translation services, high-comfort rooms, etc.).

13. SECTION B. PROCEDURE AND TIME LIMITS FOR PAYMENT OF INSURANCE BENEFIT AND SETTLEMENT OF INSURED EVENTS

13.1. Upon the occurrence of the insured event which, under the terms of these general terms and conditions, can be recognized as the insured event in respect of medical expenses for outpatient and / or inpatient treatment, medical transportation expenses, post-mortem repatriation expenses, transportation expenses when traveling outside the Republic of Kazakhstan, the Insured must immediately contact the Service company and inform about the incident providing the data specified in the SERVICE COMPANY (ASSISTANCE) section.

13.2. After receiving the information, the Service company (specialized service center) shall organize the provision of necessary medical, medical-transport and other services to the Insured provided for in the General terms and conditions, as well as pay the Insured's expenses in accordance with the Insurance program.

13.3. In case of hospitalization or visiting a doctor, the Insured must coordinate his/her actions with the Insurer / the Service Company.

13.4. If it is not possible to contact the representative of the Service Company, the Insured can independently contact the nearest medical institution presenting a Certificate or other confirmation of the existence of insurance. If the Insured has incurred expenses related to the insured event independently, when returning from the trip he/she must within ten (10) calendar days from the date of return to country of citizenship or country of permanent residence in writing to inform the Insurer about the incident.

13.5. The full package of documents must be submitted to the Insurer within thirty (30) business days from the date of the Insured's return from the trip during which the insured event occurred.

13.6. The Insurer shall accept only paid invoices for compensation of expenses.

13.7. The Insured person or the Beneficiary must submit all documents confirming the occurrence of the insured event at their own expense. The documents must be prepared and submitted in accordance with the requirements of the Insurer and may include:

13.8. written statement of the insured event.

13.9. original certificate (duplicate).

13.10. a copy of the Insured's passport – pages with personal data and pages with border control marks on crossing the state border of the Republic of Kazakhstan and the country that is the territory of insurance, except for cases when the insured event occurred on the way to the place of temporary stay, a copy of the birth certificate, if the Insured is a minor.

13.11. Bank details.

13.12. identification documents of the Beneficiary and his/her right to receive the insurance benefit.

13.13. originals or copies of air/railway tickets, as well as tickets for water or road transportation.

13.14. original receipts, invoices, prescriptions, hospital invoices for payment from a medical institution specifying the name of the Insured and the date of seeking medical services.

13.15. medical documents/conclusion/report specifying the diagnosis, duration of treatment, list of services broken down by date and cost, list of medications prescribed and / or issued to the insured during treatment, doctor's referral for laboratory tests, etc.

13.16. discharge epicrisis from the patient's card, an extract from the history of sudden illness, a medical certificate from the trauma center, medical documents confirming the medical care provided to the Insured and/or containing an accurate description and nature of the injury, certified by the seal of the medical institution.

13.17. if necessary, the results of medical examinations or the description thereof.

- 13.18. documents from the relevant state bodies and organizations based on their competence confirming the occurrence of the insured event and the amount of damage caused to the Insured, if necessary.
- 13.19. documents confirming the provision of services and the amount of expenses for transportation, repatriation of the Insured (checks, invoices, transport invoices, travel tickets/boarding passes, etc.).
- 13.20. detailed description of the circumstances of the accident, names of witnesses (if available).
- 13.21. in the event of death, an official death certificate and legal documents to establish the identity of all Beneficiaries.
- 13.22. in case of bodily injury and/or accident, a Certificate of the presence/absence of alcohol in the blood.
- 13.23. in case of a claim for reimbursement of medical and emergency transportation expenses - all invoices and receipts that are necessary for the Insurer to determine the total amount of medical and other expenses incurred by the Insured person.
- 13.24. The insurance benefit in the form of reimbursement of the Insured's expenses shall be paid by the Insurer upon receipt of all requested documents, as well as, if necessary, the notarized translation thereof within the period specified by the agreement. The insurance benefit must be paid no later than fifteen (15) working days from the date of the making decision on the payment of the insurance benefit.
- 13.25. The insurance benefit must be paid no more than ten (10) business days after the decision to pay the insurance benefit is made. In case of detection of missing documents, the Insurer shall be obliged to notify the Insured/the Beneficiary within a period not exceeding ten (10) business days from the date of detection of such shortage.
- 13.26. In all cases, the Insurer shall have the right to request other documents necessary, in the opinion of the Insurer, for making a decision on the insurance benefit.
- 13.27. All the documents attached to an insurance claim should be submitted in Russian or state language. If the document is written in a different language, the Insured/ the Beneficiary shall be obliged to provide a translation of the document certified by the translation agency (translation services shall be paid by the Insured/the Beneficiary independently and shall not be compensated by the Insurer).
- 13.28. Upon the occurrence of an event which under the terms hereof may be recognized as the insured event in respect of trip cancellation, travel delay, delayed baggage, loss of baggage, documents reissuance, the Insured person shall, when returning from a trip, immediately in writing inform the Insurer of the incident and submit the following documents (originals):
- 13.29. application for compensation of expenses related to the insured event;
- 13.30. documents justifiably confirming the cause of the insured event, in particular: documents of state bodies and organizations, based on their competence, confirming the fact of occurrence of the insured event and the amount of damage caused to the Insured; documents of transport companies; medical and treatment institutions.
- 13.31. The above list of documents shall not be exhaustive. Depending on the cause and nature of the insured event, the Insurer may either shorten the list of requested documents or add any documents necessary to establish the causes of the insured event and the amount of damage.
- 13.32. The insurance benefit shall be paid by the Insurer by:
- reimbursement of expenses to the Assistance for services rendered to the Insured in the amount established by these terms of insurance or the insurance agreement (Insurance program) on the basis of medical documents and invoices issued and provided by the Assistance;
 - reimbursement of expenses of the Assured (the Insured) in cases stipulated by these terms of insurance or the insurance agreement on the basis of documents confirming such expenses.
- 13.33. The amount of losses shall be determined on the basis of medical expenses actually incurred by the Insured, confirmed by original payment documents in accordance with the terms of the insurance agreement.

13.34. The amount of the insurance benefit for the consequences of one or more insured events that occurred during the Insured's stay abroad during the period of validity of the insurance agreement may not exceed the maximum amount of the Insurer's liability (sum insured) established for each insured event (risk, medical service, etc.) by the insurance agreement.

13.35. The insurance benefit shall be paid in tenge at the official foreign exchange rate of the National Bank of the Republic of Kazakhstan on the day of the insured event (loss).

13.36. In case of non-compliance with the terms established by paragraph 13.4 of this section, the Insurer shall have the right to refuse to pay the insurance benefit or reduce the amount thereof.

13.37. The Insurer shall have the right to refuse to pay the insurance benefit in the following cases:

13.38. The Insured has received medical services in medical institutions in violation of the instructions of the Assistance.

13.39. Medical services have been received by a person who is not the Insured under the insurance agreement;

13.40. On other grounds stipulated by the legislation of the Republic of Kazakhstan, the insurance agreement and these Terms and conditions of insurance.

13.41. The Insurer shall have the right to refuse the insurance benefit in whole or in part if the insured event occurred as a result of:

13.42. deliberate actions of the Assured, the Insured and (or) the Beneficiary aimed at the occurrence of the insured event or contributing to the occurrence thereof, with the exception of actions performed in a state of necessary defense and extreme necessity;

13.43. actions of the Assured, the Insured and (or) the Beneficiary recognized in accordance with the procedure established by legislative acts of the Republic of Kazakhstan as intentional criminal or administrative offenses that are causally related to the insured event;

13.44. an accident that occurred as a result of the Insured's driving a vehicle, if there are no rights to do so.

13.45. The following may also be grounds for the Insurer's refusal to pay the insurance benefit:

13.46. if the Assured (the Insured/the Beneficiary) provides the Insurer with knowingly false information about the object of insurance, the insured risk, the insured event and the consequences thereof;

13.47. if the Assured (the Insured/the Beneficiary) deliberately fails to take measures to reduce losses from the insured event;

13.48. if the Assured (the Insured/the Beneficiary) prevent the Insurer from investigating the circumstances of the occurrence of the insured event and from determining the amount of the loss caused;

13.49. failure to notify the Insurer (the Assistance) of the occurrence of the insured event;

13.50. if the Assured (the Insured) fails to comply with these terms and conditions of insurance (insurance agreement);

13.51. other cases stipulated by legislative acts.

13.52. The release of the Insurer from insurance liability to the Assured on the grounds of the Insurer's unlawful actions provided for in this article simultaneously releases the Insurer from payment of the insurance benefit to the Insured or the Beneficiary.

13.53. If a criminal case is initiated against the Insured person who is in causal connection with the insured event, the Insurer shall have the right to postpone the decision on insurance benefit until the date when the law enforcement authorities decide to terminate the criminal case or until the date when the court makes a decision.

13.54. When making a decision to refuse the insurance benefit, the Insurer shall inform the applicant in writing with justification of the reasons for refusal within three (3) business days from the date of making the decision.

14. SECTION C. PROPERTY INSURANCE CONDITIONS

14.1. The insured event shall be the event provided by the Insurance program that is caused by the Insured's loss due to:

14.1.1. illegal taking of the Insured's funds held on the card account by third parties as a result of unauthorized issue of the payment card /change of the payment card/payment card data (skimming/ATM skimming);

14.1.2. illegal taking of the Insured's funds held on the card account by third parties as a result of open theft of the payment card and/or money in case of withdrawing cash from an ATM (robbery).

14.1.3. The insured event shall be also the event provided by the Insurance program caused by a circumstance / incident during the trip, as a result of which the Insured has to pay the following unforeseen expenses during the insurance coverage period:

14.1.4. expenses incurred as a result of loss or theft of documents specified in clause 15.4.1. of this Agreement;

14.1.5. expenses related to the forced cancellation of the trip;

14.1.6. expenses caused by travel delay;

14.1.7. expenses caused by baggage delay;

14.1.8. expenses caused by loss of baggage.

14.1.9. In relation to purchase insurance, the insured event shall be an unforeseen event that occurred within 90 calendar days from the date of purchase causing complete loss, partial damage, or loss of a purchase purchased using a payment card belonging to the Insured. The Insurer's liability for each Insured for 12 consecutive months of insurance will be incurred within the limits established by the Insurance program.

15. SECTION C. INSURANCE CONDITIONS

15.1. In case of loss or theft of a payment card insured in respect of money on card account, compensation shall be paid in respect of the amount of money debited from the card account of the Insured as a result of conducting operations by third parties on lost or stolen payment card (but not confirmed or not accepted by the Insured within the period established by the Issuer of the payment card in the rules for use of payment cards) within 48 hours from the time the owner has known or had to know about the card loss (theft) in the following cases:

15.1.1. debiting funds from a lost / stolen payment card, receiving cash, traveler's checks, bills or other written orders for the payment of certain amounts of money by the bank or other financial institution or the representative thereof;

15.1.2. payment for goods or services using a lost / stolen payment card.

15.2. In case of a robbery with open theft of the card and/or money when they are withdrew from an ATM, the amount of money stolen within thirty (30) minutes from the time of cash withdrawal from an ATM shall be subject to insurance compensation.

15.3. The cost of re-issue (replacement) of a lost or stolen payment card shall be subject to compensation.

15.4. Expenses related to the loss or theft of documents, namely: passport, the loss of which does not allow the Insured to return to the place of permanent residence; travel documents shall be compensated within the amounts specified in the Insurance program in the amount of expenses for the replacement (re-issue) of the lost documents.

15.5. A forced refusal to travel under this Agreement shall be recognized as:

15.5.1. the Insured's inability to make the intended trip due to a sudden health disorder (subject to hospitalization at the start date of the trip) or death of the Insured;

15.5.2. the Insured's inability to make the intended trip due to the death or sudden impairment of health of a close relative of the Insured (in case of hospitalization on the start date of the trip);

15.5.3. the Insured's inability to make the intended trip due to the death or sudden health impairment (in case of hospitalization on the start date of the trip) of a close relative or spouse) of the Insured;

15.5.4. the Insured's inability to make the intended trip because of the Consulate's decision to refuse a visa taken before the Insured's trip (subject to the terms of the submission documents to the Consulate to obtain a visa), at least one entry visa (if various visas are required for the trip) in the absence of a previously obtained refusals of a visa to the country (countries) of intended trip or the countries of global visa zone;

15.5.5. the Insured's inability to make the intended trip due to his conscription for military service or military training provided that the Insured has received a notification (summons) during the period of insurance coverage.

15.6. The delay of the trip covered by the insurance protection under this Agreement shall be:

15.6.1. delay in a regular air, rail or water voyage for which the Insured has reserved a travel to leave the Republic of Kazakhstan and/or return to the territory of the Republic of Kazakhstan for the period established by the certificate/insurance program, due to: a strike of employees of the airline, airport, railway, or water transport; adverse weather conditions; mechanical or technical breakdowns of air transport, railway transport, or water transport on which the Insured has reserved a trip, in this case a delay of the trip for other reasons shall not be the insured event.

15.6.2. The Insured must register for the voyage in accordance with the provided schedule, if he/she is traveling by flight. When traveling by rail or by water the registration shall not be required;

15.6.3. The Insured must obtain from the carriers (or the agents thereof) a written confirmation of the delay specifying the duration and reasons thereof;

15.6.4. The Insured must comply with the terms of the agreement with the travel agent, tour operator or transport service provider.

15.6.5. In this case, the insurance shall cover expenses incurred by the Insured due to travel delays, the need for which was caused by their urgency or necessity which the Assured must prove (in a documentary form, if necessary).

15.7. Baggage delay shall be considered as taken place:

15.7.1. If during the validity period of this agreement, the Insured person's relevant baggage registered for transportation has not been delivered to him/her within the period established by the certificate / insurance program, after the Insured arrives at the planned destination outside the Republic of Kazakhstan.

15.7.2. In this case, the insurance shall cover expenses incurred by the Insured due to baggage delay, the need for which was caused by the urgency or necessity which the Assured must prove (in a documentary form, if necessary).

15.8. The loss of baggage shall be recognized as the insured event:

if during the validity of this Agreement, the relevant baggage of the Insured registered for transportation was lost during the trip;

15.8.1. The baggage shall be considered as lost if it was not delivered to the Insured person within 48 hours after his/her arrival at the scheduled destination of his / her voyage. However, if the baggage for the loss of which the insurance payment was made is subsequently found, the Insured shall be obliged to return the insurance compensation received;

15.8.2. The insurance benefit for loss of baggage shall be paid within the limits established by the Insurance program, but for one Insured person within twelve (12) consecutive months of insurance, the Insurer shall compensate for the loss of baggage in the amount of no more than two (2) baggage places.

15.9. Upon the occurrence of the insured event under purchase insurance, the Insurer shall compensate:

15.9.1. in the event of total loss or loss of purchases – their actual value less the residual purchase price (if any), but not more than the sum insured specified in the Insurance program;

15.9.2. in case of partial damage to purchases – in the amount of repair costs (if it is appropriate).

15.9.3. complete destruction of purchases takes place if the cost of repair (restoration) exceeds 80% (eighty percent) of the actual purchase price.

16. SECTION C. EXCLUSION FROM INSURED EVENTS AND LIMITATION OF INSURANCE

16.1. In addition to the general exceptions specified herein, the Insurer shall be exempted from payment of insurance benefit if the events provided in this section have occurred:

- 16.2. as a result of exposure to a nuclear explosion, radiation or radioactive contamination, military operations, as well as civil war, popular unrest of any kind, mass riots or strikes, terrorist acts or natural disasters;
- 16.3. as a result of deliberate actions (inaction) or illegal actions of the Insured, the Beneficiary, close relatives of the Insured, the Beneficiary, her / his spouse, persons living together with the Insured, the Beneficiary aimed at the occurrence of the insured event or contributing to the occurrence thereof;
- 16.4. if the damage on the payment card occurred before it was transferred to the Insured by the payment card issuer for use, or before the Insured's obtainment of the personal identification number;
- 16.5. as a result of Internet operations, as well as operations carried out as a result of hacking the Issuer's computer system;
- 16.6. as a result of operations conducted without obtaining authorization from the Issuer;
- 16.7. as a result of direct or indirect non-compliance/violation of the rules of the payment card system;
- 16.8. in respect of a payment card belonging to a person other than the Insured;
- 16.9. as a result of receiving cash and payment documents on a payment card issued by a non-issuer of payment card;
- 16.10. as a result of the insured event occurring before or after the insurance period.
- 16.11. In accordance with these general terms and conditions, the following shall not be considered as the insured events and shall not be compensated:
- 16.12. losses resulting from operations using the card conducted before the notification of the bank by the Insured of its loss, if more than four (4) hours have passed since the bank card information was reported to third parties;
- 16.13. losses incurred as a result of theft from the Insured of cash received from an ATM using the bank card insured, if such theft occurred after thirty (30) minutes from the time of withdrawal of funds;
- 16.14. losses as a result of unauthorized withdrawal of funds from the account in the absence of blocking of the card after the Insured has detected an unauthorized withdrawal of funds, except for cases documented that there are reasonable reasons for non-blocking of the card;
- 16.15. losses caused as a result of violation of the bank card usage rules established by the bank, including as a result of applying the PIN code to the bank card and / or communicating it to third parties and / or leaving the PIN code in a place accessible to third parties;
- 16.16. losses incurred as a result of transferring funds from the Insured's account in payment for goods, works, services, as well as transferring funds from the Insured's account by reconnecting the Insured's mobile bank to a third-party phone number as a result of obtaining by third parties of fraudulent access to the Insured's mobile bank connected to a bank card;
- 16.17. losses incurred as a result of transferring funds from the Insured's account in payment for goods, works, services, as well as transferring funds from the Insured's account by accessing the Internet bank and one-time passwords of the Insured as a result of obtaining by third parties of fraudulent access to the Insured's Internet bank connected to a bank card and one-time passwords.
- 16.18. The following losses shall not be compensated to the Insured (the Beneficiary):
- 16.18.1. moral damage, loss of profit;
- 16.18.2. losses from account blocking as a result of refusal to purchase and non-conducted cancellation of authorization;
- 16.18.3. amounts of overdrafts incurred by the Insured;
- 16.18.4. losses incurred as a result of seizure, confiscation, requisition, destruction of a bank card or seizure of an account by order of state bodies;
- 16.18.5. losses for which the Insured has received full compensation from: the issuing bank; individuals and / or legal entities responsible for causing damage.
- 16.18.6. The following trip cancellation expenses shall not be considered as the insured events and shall not be covered by this insurance:

- 16.18.7. expenses related to the liquidation / bankruptcy / financial insolvency of the tour operator / travel agency, hotel or absence of the tour operator/travel agency, hotel at the address known to the Insurer;
- 16.18.8. expenses related to non-fulfillment or improper fulfillment of obligations by the tour operator;
- 16.18.9. expenses related to non-compliance with the requirements of the consular services when applying for a visa for a foreign trip;
- 16.18.10. expenses related to the preparation of documents for obtaining an entry visa by a person who is not a tour operator for this tour, in the case of a tourist service agreement;
- 16.18.11. expenses related to incorrectly issued passport (or other identity document), travel documents, travel voucher and other documents of the Insured;
- 16.18.12. expenses related to the repeated decision of the consular institution to refuse an entry visa regardless of the date of the previous refusal and / or cancellation of the previously issued visa;
- 16.18.13. expenses related to liability for errors made by consular services, transport companies, travel companies, directly the Insured and other legal entities and individuals related to the preparation, organization and conduct of the trip.
- 16.18.14. The following travel delay expenses shall not be considered as the insured events and shall not be covered by this insurance:
- 16.18.15. expenses in the event of a strike or air traffic control delay that occurs or is publicly announced at the time of booking or purchasing tickets for the Insured's trip (the earlier of the two events shall be selected);
- 16.18.16. expenses related to the temporary or final decommissioning of an air, rail or water vehicle in accordance with the recommendations of the aviation, railway, port authority or similar authority of any country;
- 16.18.17. expenses related to any claims if the Insured has not registered at the international final point of departure within the recommended period;
- 16.18.18. expenses related to any claims, if the Insured has not received a written confirmation from the relevant transport company or authorized body indicating the reason and time of delay.
- 16.18.19. The following baggage delay expenses shall not be considered as the insured events and shall not be covered by this insurance:
- 16.18.20. expenses related to delay or loss of baggage upon return of the Insured to the Republic of Kazakhstan;
- 16.18.21. expenses related to the confiscation or requisition of baggage by customs or other state authorities;
- 16.18.22. expenses related to the failure of the insured To return lost baggage in the usual way, by reasonable measures;
- 16.18.23. expenses related to the Insured's failure to notify the relevant airport authorities of the absence of baggage at the destination and not receiving the relevant document.
- 16.18.24. The following shall be excluded from coverage for loss of baggage:
- 16.18.25. confiscation or requisition of baggage by customs or other state authorities;
- 16.18.26. loss of baggage that was not reported to the relevant authorities of the carrier.
- 16.18.27. The following expenses for re-issue of documents shall not be recognized as the insured events and shall not be compensated by this insurance:
- 16.18.28. if the property was left unattended by the Insured in a public place or was not stored in the safe (if available) of the hotel room during the stay;
- 16.18.29. if the Insured did not inform the police about the fact of theft or loss of documents within 24 hours from the time of detection of the loss or theft of documents and does not have a police report as its confirmation;
- 16.18.30. if the Insured has not informed the representative of the Embassy (Consulate) of the country about the theft or loss of documents within 24 hours of discovery of loss or theft of documents and does not have a document as evidence of applying;

16.19. The insurance coverage shall exclude the risks of total loss, loss or private damage to purchases that occurred as a result of the following events:

16.19.1. mysterious disappearance of the purchase;

16.19.2. fraud, improper handling, negligence or non-compliance with the manufacturer's instructions;

16.19.3. purchases that were used before they were purchased, used, modified, or fraudulently purchased;

16.19.4. damage to the purchase due to a manufacturing defect, also as a result of an error during production or covered by the manufacturer's warranty;

16.19.5. theft that was not reported to the police within 4 hours after the discovery of the loss or for which there is no procedural decision;

16.19.6. purchase left unattended in a public place;

16.19.7. theft of the purchase from the vehicle or damage to the purchase placed in the vehicle as a result of the theft of vehicle itself;

16.19.8. theft from any buildings/structures/apartments in the absence of signs of forced entry or exit from the building/structures/apartments;

16.19.9. damage caused by water, dampness or earthquake, losses resulting from declared or undeclared war, confiscation by order of any government or public authority, or as a result of illegal actions;

16.19.10. theft or damage to a purchase that is under the care or control of any third party or transferred for transportation;

16.19.11. damage due to normal wear and tear or normal use during sports and games (for example, golf balls or tennis balls).

16.20. The following purchases shall be excluded from insurance coverage:

16.20.1. real estate objects;

16.20.2. purchases damaged or destroyed during renovations or any modifications on the part of the Insured;

16.20.3. mobile phones, tablets, cameras;

16.20.4. jewelry, watches, precious metals, precious stones and any elements made of precious metals and precious stones;

16.20.5. vehicles of any kind, motorcycles, bicycles, watercraft, travel trailers, wheelhouses, air-cushion vehicles, air vehicles and components thereof, as well as consumables necessary for the use or maintenance thereof;

16.20.6. services, cash, traveler's checks, tickets, documents, currency, silver, gold, art objects, antiques, rare coins, stamps and collectibles, fur products;

16.20.7. animals, plants, food, perishable products and stationary equipment;

16.20.8. electronics and electronic equipment, including cassette players, MP3 and MP4 players, computers and computer equipment that are used in the workplace or for official purposes;

16.20.9. purchases that were not received by the cardholder or the person specified by the cardholder;

16.20.10. any items ordered by mail or courier before they are received, checked for damage and accepted at the specified delivery address;

16.20.11. expenses for repairs that were not performed in workshops approved by the Insurer.

17. SECTION C. PROCEDURE AND TIME LIMITS FOR PAYMENT OF THE INSURANCE BENEFIT AND SETTLEMENT OF INSURED EVENTS

17.1. Upon the occurrence of the insured event resulting in damage to the Insured, the Insurer shall be obliged to pay the insurance benefit to the Insured in accordance with the terms of the agreement.

17.2. The amount of insurance benefit shall be determined as follows:

- 17.2.1. Upon the occurrence of the insured event on a risk related to debiting of money from a lost/stolen payment card – in the amount debited from the card, but not exceeding the sum insured for this section established by the insurance agreement;
- 17.2.2. Upon the occurrence of the insured event on a risk related to the payment of goods or services through a lost/stolen payment card – in the amount debited from the card, but not exceeding the sum insured for this section established by the insurance agreement.
- 17.2.3. Upon the occurrence of the insured event on a risk related to a robbery with open theft of the card and / or money when they are received from an ATM – in the amount debited from the payment card or the stolen amount, but not exceeding the sum insured for this section established by the insurance agreement.
- 17.3. After receiving all the documents necessary for the Insurer to make a decision on the insurance benefit, the Insurer shall make a decision on payment or refusal to pay within fifteen (15) business days.
- 17.4. In case of making a decision to pay the insurance benefit, the Insurer shall pay the insurance benefit within ten (10) business days.
- 17.5. In case of making a decision to refuse the insurance benefit (lack of grounds for the insurance benefit), the Insurer shall inform the person claiming to receive the insurance benefit in writing in a reasoned manner within ten (10) business days from the time of making a decision by the Insurer.
- 17.6. The Insured or the Beneficiary must provide all documents confirming the occurrence of the insured event at their own expense. The documents must be prepared and submitted in accordance with the requirements of the Insurer and may include:
- 17.6.1. an insurance claim describing the circumstances of loss or theft of the payment card;
- 17.6.2. in case of theft of a payment card - the original of the decision to initiate criminal proceedings specifying the place, date, time and circumstances of the theft, or a copy certified by the body that issued the decision to initiate criminal proceedings;
- 17.6.3. copies of card account statements certified by the Bank's seal confirming illegal debiting of the Insured's money;
- 17.6.4. document of the Bank that issued the payment card containing the date and time of the Insured's request to block the payment card, as well as the date and time of blocking the payment card;
- 17.6.5. a copy of the agreement between the Insured and the Bank that issued the payment card regarding the issue and servicing of the payment card;
- 17.6.6. a copy of the passport – a page with personal data and a page with border control marks on crossing the state border of the Republic of Kazakhstan and the country that is the territory of insurance, except for cases when the insured event occurred on the way to the place of temporary stay;
- 17.6.7. Bank details;
- 17.6.8. documents certifying the Beneficiary's identity and his/her right to receive the insurance benefit;
- 17.6.9. documents from the relevant state / non-state bodies and organizations (based on their competence) confirming the occurrence of the insured event and the amount of damage caused to the Insured;
- 17.6.10. detailed description of the circumstances of the insured event, names of witnesses (if any);
- 17.7. in case of identification of missing documents, the Insurer shall be obliged to notify the Insured/the Beneficiary within a period not exceeding ten (10) business days from the date of detection of such shortage.
- 17.8. Upon the occurrence of an event which under the terms hereof may be recognized as an insured event in respect of trip cancellation, travel delay, delayed baggage, loss of baggage, documents recovery, the Insured must on return from the trip immediately in writing inform the Insurer of the incident and submit the following documents (originals):
- 17.9. application for compensation of expenses related to an insured event;

17.10. documents justifiably confirming the cause of the insured event, in particular: documents of state bodies and organizations (based on their competence) confirming the fact of the insured event and the amount of damage caused to the Insured; documents of transport companies; medical and treatment institutions.

17.11. Upon the occurrence of the insured event on purchase insurance, the Bank shall be obliged to provide the following documents to receive the insurance benefit:

17.11.1. documents of law enforcement agencies confirming the fact of theft;

17.11.2. checks, receipts, labels, etc. for lost or damaged purchases confirming that the purchase was paid using a payment card;

17.11.3. the damaged purchase together with the trade documents for inspection allowing to identify the damaged purchase;

17.11.4. The Insurer, at its own discretion and within the limits of insurance, may repair the damaged purchase at its own expense or reimburse its cost;

17.11.5. When paying the insurance benefit within the purchase price, the Insurer may require the Insured to transfer the damaged purchase to the benefit of the Insurer.

17.12. In all cases, the Insurer shall have the right to request other documents necessary, in the opinion of the Insurer, to make a decision on the insurance benefit.

17.13. All documents attached to the insurance claim must be provided in Russian or the State language. If the document is written in a different language, the Insured/the Beneficiary shall be obliged to provide a notarized translation of the document (translation services shall be paid by the Insured/the Beneficiary).

17.14. The above list of documents shall not be exhaustive. Depending on the cause and nature of the insured event, the Insurer may either shorten the list of requested documents or add the documents necessary to establish the causes of the insured event and the amount of damage.

18. SECTION D. TERMS OF INSURANCE OF CIVIL LIABILITY OF THE INSURED / INSURED EVENT

18.1. The insurance of civil liability shall be a set of types of insurance providing the payment of insurance benefits in the amount of partial or full compensation of damage inflicted to property interests of person connected with his/her duty to compensate the damage caused to third parties.

18.2. The insurance shall cover the occurrence of civil liability of the Insured during the trip during the period of insurance coverage and the insurance period in connection with accidental damage to the life/health or property of a third party within the sum insured. For the purposes of this agreement, civil liability means the obligation of the Insured to compensate for the damage caused on the basis of a court decision that has entered into legal force or after prior written approval by the Insurer of a property claim from a third party.

18.3. The insured event shall be the fact of occurrence of civil liability of the Insured due to the cases established by the legislation of the host country to compensate for the damage caused to the life, health and / or physical damage to the property of third parties (the Aggrieved persons) due to the fault of the Insured, namely:

18.3.1. loss of earnings/income by the Aggrieved person in connection with the establishment of the degree of loss of professional / general ability to work, or his/her death. If the Aggrieved person does not have earnings / income, his/her average monthly earnings / income for the purposes of this Agreement shall be established in the amount of twenty-five (25) times the monthly calculation index established by the legislation of the Republic of Kazakhstan at the time of occurrence of the insured event;

18.3.2. Expenses for the treatment of the aggrieved person;

18.3.3. The amount of damage caused as a result of damage or destruction of property belonging to third parties (the aggrieved persons).

18.4. The fact of the incurrance of liability of the Insured for the damage caused to the Aggrieved persons shall be established on the basis of the recognition by the Insured voluntarily of the grounded claims of the aggrieved persons about compensation of harm with the written consent of

the Insurer and/or on the basis of an enforceable decision/verdict on the damages caused by the Insured to the Aggrieved person, provided that:

18.4.1. The action/inaction of the Insured due to which the aggrieved person was injured was committed by the Insured during the period of validity of the agreement;

18.4.2. a statement of claim or a claim for compensation for damage (loss) caused by the Insured has been filed by the Aggrieved person in court/submitted to the Insurer during the period of validity of the insurance agreement;

18.4.3. causing harm to the life/health or property of the Aggrieved person is in direct casual relation with the actions of the Insured;

18.4.4. the insured event shall have the characteristics of probability and randomness and classified as sudden, unexpected, identified and unintentional;

18.4.5. There are no indications of intent or gross negligence in the Insured's actions:

1) "Intent" shall be characterized by the fact that the person knowingly knew and desired the occurrence of illegal consequences.

2) "Gross negligence" means a violation by the Insured of the requirements of job descriptions, rules and other regulations that define the procedure and conditions for conducting specific activities, provided that the Insured should have foreseen the possibility of events that may cause harm to the life/health and/or property of the Aggrieved persons as a result of non-compliance with the above requirements.

18.5. Causing harm to several persons as a result of a series of consecutive (or simultaneous) events caused by the same cause shall be considered as a single insured event. All claims for damages made as a result of such events will be deemed to have been made at the time when the first of these claims is made against the Insured.

19. SECTION D. EXCLUSION FROM THE INSURED EVENTS AND LIMITATION of INSURANCE

19.1. In addition to the general exclusions specified in this agreement, the insurance protection shall not cover:

19.1.1. losses other than harm to life and health and / or damage (destruction) of property of the Aggrieved persons;

19.1.2. losses resulting from non-performance (improper performance) by the Insured of obligations under agreements concluded with the Aggrieved persons;

19.1.3. claims for warranty or similar obligations;

19.1.4. moral damage and damage to the business reputation of a legal entity;

19.1.5. legal expenses;

19.1.6. fines, taxes and other payments to the budget;

19.1.7. expert expenses, except if these expenses were incurred in order to prevent or reduce losses to be reimbursed by the Insurer;

19.1.8. any claims arising from the Bank's (the Insured's) insolvency or bankruptcy;

19.1.9. losses in the form of lost profits.

19.2. The insurance coverage also shall not apply to cases of damage caused as a result of:

19.2.1. carrying out activities that create an increased danger to others (operation of sources of increased danger);

19.2.2. any negligence, mistake or omission, negligence or professional error committed or suspected of being committed on behalf of, or by, the Insured;

19.2.3. theft of property;

19.2.4. loss of the marketable condition of the Aggrieved person's property;

19.2.5. participation of the Aggrieved persons in sports competitions or in preparatory activities (training) for them;

19.2.6. carrying out activities by the Insured acting as a carrier, as well as using means of transport;

19.2.7. any claims for compensation for damage caused in connection with war or military actions, regardless of whether war is declared or not, civil war, rebellion, riot, popular unrest, effect of

mines, bombs, other weapons of war, the actions of armed groups or terrorists, any political organizations and persons acting in connection with them, confiscation, requisition, arrest, destruction or damage to property by order of state bodies and any political organizations, as well as claims for compensation of damage caused by the effects of a nuclear explosion, nuclear reaction, radioactive or other contamination, radiation exposure, and other consequences of activities related to the use of nuclear fuel.

19.3. The Insurer shall not pay the insurance benefit related to the occurrence of the Insured's liability which is subject to compulsory insurance in accordance with the requirements of the legislation of the Republic of Kazakhstan, including, but not limited to:

19.3.1. compulsory liability of carriers to passengers;

19.3.2. compulsory liability of motor vehicle owners.

20. SECTION D. PROCEDURE AND TERMS OF PAYMENT OF THE INSURANCE BENEFIT AND SETTLEMENT OF INSURED EVENTS

20.1. Upon the occurrence of the insured event that results in damage to the life/health or property of third parties by the actions of the Insured, the Insurer shall be obliged to pay the insurance benefit to the person who suffered the damage in accordance with the terms of the agreement.

20.2. The amount of the insurance benefit shall be determined as follows:

20.2.1. Upon the occurrence of the insured event on a risk related to the Aggrieved person's temporary disability or death – in the amount of lost earnings and expenses necessary incurred to restore health, but not more than the sum insured for this section established by the insurance agreement;

20.2.2. Upon the occurrence of the insured event on a risk related to damage to the Aggrieved person's property – in the amount of the recovery or acquisition of property in the event of total loss minus the established deductible, but not more than the actual value of the damaged property and not more than the sum insured under this section established by the insurance agreement;

20.3. Upon receiving all the documents necessary for the Insurer to make a decision on the insurance benefit, the Insurer shall make a decision on payment or refusal to pay within fifteen (15) business days.

20.4. In case of making a decision on the payment of the insurance benefit, the Insurer shall pay the insurance benefit within ten (10) business days.

20.5. In case of making a decision to refuse the insurance benefit (lack of grounds for the insurance benefit), the Insurer shall inform the person claiming to receive the insurance benefit in writing in a reasoned manner within ten (10) business days from the time of making a decision by the Insurer.

20.6. The Insured person or the Beneficiary must submit all documents confirming the occurrence of the insured event, as well as confirming the amount of damage caused, at their own expense. Documents must be prepared and submitted in accordance with the requirements of the Insurer and may include:

20.6.1. insurance claim with a description of the circumstances of the insured event;

20.6.2. identification documents of the Beneficiary and his/her right to receive the insurance benefit;

20.6.3. Bank details of the Beneficiary;

20.6.4. documents from the relevant state / non-state bodies and organizations (based on their competence) confirming the occurrence of the insured event and the amount of damage caused to the Aggrieved person;

20.6.5. detailed description of the circumstances of the insured event, the names of witnesses (if any);

20.6.6. Upon the occurrence of the insured event related to a temporary disability, the following documents shall be additionally submitted:

a) discharge epicrisis from the patient card, an extract from the medical history, a medical certificate from a traumatic or other medical documents confirming medical assistance provided

for the Insured, and/or containing the exact description and nature of the injury specifying the diagnosis as a cause of death of the Insured certified by the seal of a medical institution;

b) results of examinations (MRI, x-rays, etc.);

c) certificate from the place of work specifying the average monthly salary;

20.6.7. Upon the occurrence of the insured event related to a death, the following documents shall be additionally submitted:

a) Notarized death certificate;

b) a death report specifying the causes of death;

20.6.8. Upon the occurrence of the insured event related to the damage caused to the Aggrieved person property, the following documents shall be additionally submitted:

a) documents confirming the right of possession, use and/or disposal of the insured property (a notarized copy of the agreement of purchase and sale, lease or other document confirming the right of possession, use and/or disposition of property), and the value of this property;

b) damage assessment report prepared by an independent expert appraiser taking into account depreciation and amortization;

20.7. In case of detection of missing documents, the Insurer shall be obliged to notify the Insured/the Beneficiary within ten (10) business days from the date of detection of such shortage.

20.8. In all cases, the Insurer shall have the right to request other documents necessary, in the opinion of the Insurer, for making a decision on the insurance benefit.

20.9. All the documents attached to an insurance claim should be submitted in Russian or the State language. If the document is written in a different language, the Insured/the Beneficiary shall be obliged to provide a notarized translation of the document (translation services shall be paid by the Insured/the Beneficiary independently and no compensation shall be paid by the Insurer).

20.10. The above list of documents shall not be exhaustive. Depending on the cause and nature of the insured event, the Insurer may either shorten the list of requested documents or add the documents necessary to establish the causes of the insured event and the amount of damage.

21. SECTION E. INSURANCE OF COURT EXPENSES

21.1. The insured event shall also be the event provided by the Insurance program that occurred during the trip, as a result of which the Insured has a need to pay for expenses related to legal proceedings.

22. SECTION E. INSURANCE TERMS AND CONDITIONS

22.1. The Insurer shall pay to the Beneficiary within the sum insured under the "Legal aid expenses" cover specified in the List of insurance benefits of the Insurance policy in connection with a claim filed by the Insured person or on his/her behalf for loss indemnity and/or compensation against a third party which was the cause of bodily injury or illness of the Insured person during his/her trip outside the country of permanent residence which constituted a ground for filing a claim by the Insured person to the Insurer for payment of the insurance benefit in accordance with the terms of the insurance agreement.

22.2. The Insurer shall pay to the Beneficiary (within the sum insured under the "Legal aid expenses" coverage specified in the List of insurance benefits of the Insurance policy) any expenses (money deposited as a collateral in order to ensure the appearance of the Insured person in court/other state body) related to the participation of the Insured person in a judicial or administrative process as a defendant (suspected or accused person) initiated in connection with the participation of the Insured person in an accident, if the Insured person is under investigation, arrested or under actual threat of arrest. The payment of such expenses will be arranged by Allianz Worldwide Partners Services Hizmetleri A. S. or otherwise as required by the Insurer.

22.3. The insurance benefit shall include:

22.3.1. Any fees, expenses and other amounts issued by the Authorized Representative (a qualified lawyer or law firm appointed to handle the Insured person's case) to the Insured person for payment

in connection with any claim or legal proceedings, including the costs and expenses of witnesses, as well as those incurred by the Insurer in connection with such claim or legal proceedings.

22.3.2. Any costs (fees, charges, etc.) paid by the Insured person, by decision of any judicial authority, and any costs under the settlement agreement in connection with any claim or legal proceedings.

22.3.3. Any remuneration, expenses and other amounts reasonably incurred by the Authorized Representative to appeal or defend the decision of a court or arbitration court and issued by the Authorized Representative for payment to the Insured person.

23. SECTION E. EXCLUSION FROM THE INSURED EVENTS AND LIMITATION of INSURANCE

23.1. The Insurer shall be released from the obligation to pay any benefit for:

23.1.1. The costs of legal assistance arising from defense of any civil claim or legal proceedings, filed or initiated against the Insured person, except in the cases specified in paragraph 17.3 of these terms and conditions of insurance,

23.1.2. fines or other penalties in respect of the Insured person imposed in the course of criminal proceedings;

23.1.3. The costs of legal assistance arising from an offence committed by the Insured person;

23.1.4. The costs of legal assistance arising from a claim (requirement) brought against the travel agent, accommodation provider, carrier, tour operator, insurer or the agent thereof, and the person with whom/ through whom the Insured made or organized the trip;

23.1.5. requirement or circumstance declared later than one (1) year after the event which resulted to a claim;

23.1.6. Legal aid expenses arising from the claim of the Insured person against the Assured, the Insurer or other organizations, or persons involved in the organization of this insurance;

23.1.7. Legal aid expenses related to personal injury, damage or loss caused directly or indirectly by the Insured's occupation, profession or work performed on contractual terms, or related to the use of any building or structure, or to the Insured's residence in any locality or in any building or structure.

24. SECTION E. PROCEDURE AND TERMS OF PAYMENT OF THE INSURANCE BENEFIT AND SETTLEMENT OF INSURED EVENTS

24.1. The Insured person must at first obtain the written consent of the Insurer to pay for legal aid expenses. This consent will be given if the Insured person can convince the Insurer that:

- there are good grounds for filing a claim;
- legal aid expenses are reasonably necessary in this case.

24.2. The decision on giving consent shall be made taking into account the opinion of the Authorized Representative, as well as the opinion of the Insurer's own lawyers. The Insurer also shall have the right to request the opinion of a lawyer or law firm on the probability of success of a claim or legal action at the expense of the Insured person (if there is his/her prior consent). If the claim is recognized as fair, these expenses of the Insured person will be covered under this insurance.

24.3. All claims and legal actions, including appeals against court decisions arising from the same original cause, event or circumstance shall be considered as a single claim.

24.4. If the Insured person wins the case, any legal aid expenses paid (incurred) by the Insurer must be reimbursed to the Insurer by the Insured person.

24.5. The insurance indemnity paid by the Insurer in respect of the expenses specified in this Section and returned to the Insured person by a court or other state body shall be returned by the Beneficiary to the Insurer within thirty (30) days from the date of the Insured person's return to the country of his/her permanent residence or the court / other state body's decision on the return of expenses incurred by the Insured person, whichever occurs earlier.

Amendments and additions to the

Agreement on the Group Complex Insurance of the JSC Halyk Bank Payment Card Holders

clause 12.1 shall be supplemented with sub-clause 12.1.43 as follows:

“12.1.43. Any expenses related to COVID-19 coronavirus infection.”

Section 1 of Annex 1 to the Agreement shall be amended and supplemented as follows:

clause 1.10.1 to be amended to read as follows:

“1.10.1. **Close relatives (additionally insured persons)** of payment card holders (except for American Express cards) – insured only in respect of Section A are persons aged from 1 year to 70 years (legal spouse, parent (-s), children, adoptive parents, adopted children, brothers and sisters of the whole blood and brothers and sisters of the half blood, grandparents, grandchildren) travelling together with the Insured during one Trip outside the country of citizenship or country of permanent residence. Close relatives shall be registered at least one (1) day before the start of the Trip. Total number of additionally insured: Program No. 1 - zero (0); Program No. 2 – two (2); Programs No. 3, No. 4 – four (4) people at the same time”.

to be supplemented by clause 1.10.2 to read as follows:

“1.10.2. **Close relatives (additionally insured persons)** of American Express payment card holders insured only in respect of Section A, B are persons aged from 1 year to 70 years (legal spouse, children) travelling together with the Insured during one Trip outside the country of citizenship or country of permanent residence. Close relatives shall be registered at least one (1) day before the start of the Trip. The total number of additionally insured persons with American Express cards under the Programs No. 1, No. 3 and No. 4 shall not exceed four (4) persons at the same time”