EXTRACT FROM THE GENERAL TERMS AND CONDITIONS OF PERSONAL ACCIDENT INSURANCE

SUBJECT MATTER OF THE INSURANCE

Under this insurance policy, the Insured Persons are covered against the risks specified in the **"Schedule of Benefits."**

SCALE OF BENEFITS

Death Benefit – A benefit equal to 100% of the Sum Insured shall be paid. Any benefits previously paid in respect of temporary or permanent disability shall be deducted from this benefit.

Total Temporary Disability Benefit – An amount equal to 0.12% of the Sum Insured for each day of disability shall be paid, excluding days of leave/rest.

Partial Permanent Disability Benefit – The benefit shall be calculated as a percentage of the Sum Insured, in accordance with the percentages and criteria set out in the table of disability percentages.

Total Permanent Disability Benefit – A benefit equal to 100% of the Sum Insured shall be paid.

The above benefits include the benefit for temporary disability.

Medical Expenses Benefit – The Insurer shall pay an additional benefit for medical expenses up to 12% of the Sum Insured.

EXCLUDED RISKS

This insurance shall not cover death or disability suffered by the Insured as a result of:

a. War, invasion, acts of external hostility, military operations (whether war is declared or not), civil war, rebellion, revolution, internal disturbances, or coups d'état. In such circumstances, the Insurer shall provide insurance coverage only for the first 7 days, and the policy shall be cancelled with effect from the eighth day of such circumstances.

b. Radioactive contamination, nuclear explosions, floods, landslides, earthquakes, or volcanic eruptions.

c. Driving or operating land, water or air motor vehicles without holding the relevant certificate or licence of competency, or being a passenger in any of the aforementioned vehicles which are not licensed for the carriage of passengers.

d. The use of unpowered aircraft, being a passenger therein, or parachuting.

e. The use of explosive or corrosive substances, except where such use is in the performance of professional duties.

f. The Insured's involvement in illegal or criminal activities.

g. Acts intentionally committed or attempted by the Insured or the Beneficiary to the detriment of the Insured.

h. The Insured's participation in assaults or violent acts or counter-actions provoked against third parties, except where the Insured is acting in circumstances of legitimate self-defence.

i. The Insured's conscious and deliberate exposure to risks, except where the purpose is or an attempt is made to save human life.

j. The influence of alcohol or drugs, except where the drug is taken in accordance with medical advice and under medical supervision for the purpose of treating drug addiction or the consequences arising from its use.

k. Pregnancy, childbirth or abortion.

l. Venereal diseases, sexually transmitted diseases, diseases resulting from the HIV virus, including AIDS, as well as any disease affecting the Insured which is unrelated to the accident.

m. Any pre-existing physical or mental defect or condition, unless it has been declared in writing by the Insured and accepted by the Insurer.

n. Surgical procedures, examinations or treatment for consequences unrelated to the terms and conditions of this policy.

o. This Policy does not cover any type of expense, injury, loss or disability directly or indirectly caused by any epidemic and/or pandemic.

SPECIAL CONDITIONS

a) The Insurer shall pay compensation for the direct consequences caused by the accident.

b) If, at the time of occurrence of the accident, the Insured is not physically sound and in good health, only those consequences which would have been established had the accident occurred to a physically sound and healthy person shall be indemnifiable.

c) If the accident results in the anatomical loss of, or functional impairment of, an organ or limb that had been injured prior to the accident, the percentages indicated above shall be reduced, taking into account the degree of pre-existing disability.

d) If, as a result of the accident, there is a reduction, but not a complete loss, of the function specified in the Schedule of Benefits for partial permanent disability, the percentages indicated in the Schedule shall be reduced proportionately to the degree of anatomical or functional loss.

e) The benefit for temporary disability shall be payable for a maximum period of **12 months**, whether consecutive or non-consecutive.

FALSE OR INACCURATE DECLARATIONS

If the Insurer establishes that incomplete or inaccurate notifications or declarations have been made intentionally, this shall constitute grounds for termination of the insurance policy.

COMMENCEMENT OF INSURANCE COVERAGE

The insurance policy shall enter into force at 24:00 hours on the seventh day following collection of the premium or the first instalment thereof.

The premium shall be deemed to have been collected upon receipt of payment by the Insurer or its agent, whether into the Insurer's cash office or current account.

NOTIFICATION OF ACCIDENT

The Insured or the Beneficiary shall be obliged to notify the Insurer within 24 hours of the occurrence of the accident and its consequences, and to comply with the instructions issued by the Insurer.

The written accident notification form must be submitted to the Insurer within 14 days from the date of the accident; otherwise, the right to receive the benefit shall be forfeited.

The Insurer shall be entitled to carry out any necessary verification and expert assessment.

CLAIM FOR PAYMENT OF BENEFITS

In order to receive the benefit, the Insured or the Beneficiary shall submit a written claim to the Insurer, which shall also contain the name of the Insured Person, the policy number and the date of issue of the policy.

The complete documentation shall be submitted to the Insurer within 30 days from the date of the accident.

All costs incurred in obtaining and delivering the documents to the Insurer shall be borne by the Insured.

PAYMENT OF BENEFITS

The Insurer shall be obliged to approve or reject the benefit claimed by the Insured within 30 days from the date on which the Insured submits the complete documentation.

For each day of delay, the Insurer shall pay the Insured a penalty amounting to 0.1% of the value of the benefit.

Payment of the benefit shall be made in the currency specified in the insurance policy.

FINAL PROVISIONS

Any disputes that may arise between the Insurer and the Insured which cannot be resolved amicably between the parties shall be resolved through judicial proceedings.

Except as expressly provided for in this Policy, the provisions of the Civil Code shall apply.