TRAVEL HEALTH INSURANCE CONDITIONS

Insurer: INTERSIG Vienna Insurance Group, Tax Identification Number (NIPT) K12201002T, "Ismail Qemali" Street, Samos Tower, 2nd Floor, Tirana, Albania Email: info@intersig.al Website: www.intersig.al

Insured: The natural person named in the Policy Form.

Subject Matter of the Contract:

The subject matter of the Travel Health Insurance contract is the contractual relationship under which the Insurer, INTERSIG VIG sh.a., in consideration of payment of the premium and fulfilment by the Insured of the obligations under this contract, provides the coverage specified in the following sections, conditions, coverages, and exclusions.

Section 1: Medical Expenses

This Section covers the expenses listed below, up to the maximum limit per person specified in the Policy Form, in the event of an accident or illness occurring outside the territory of Albania during the insurance coverage period of the insured persons:

a) Reasonable and necessary emergency medical, hospital, and treatment expenses, whereby only medical treatment provided by a general practitioner or specialist physician, or hospital admission within 24 hours of the occurrence of the event causing the emergency, shall be covered.

Reasonable and necessary repatriation expenses incurred as a result of illness or bodily injury suffered by the insured person during the insurance coverage period shall also be covered.

b) Reasonable travel and hotel expenses, limited to the cost of air travel or fuel costs up to a maximum of €150, and accommodation expenses of a maximum of €30 per day for a maximum of seven days, for a relative or friend (who may not be insured) who, upon written medical advice, is required to travel to, remain with, or accompany the insured person if the insured person becomes seriously ill during the insurance period.

c) Funeral expenses outside Albania and/or the costs of transporting the body or ashes of the insured person to the place of residence indicated by the address stated in the Policy Form, if the insured person dies during the insurance coverage period, up to €10,000.

Section 2: Repatriation Expenses

The Insurer shall pay the costs of hiring a means of transport or an air ambulance, or using airline services, including qualified accompanying personnel certified by a physician and authorized by the Insurer, where such services are deemed necessary for the repatriation or treatment during repatriation of a seriously ill or injured person, up to the maximum limits specified in the Policy Form.

Section 3: Personal Accident Benefit

In the event of bodily injury caused directly and solely by violent, external, and visible accidental means, including exposure arising from accidents occurring in aircraft or watercraft used by the insured person for travel, suffered by an insured person during the insurance period, the following benefits shall be paid:

1. Accidental death or loss of one or more limbs, or loss of sight in one or both eyes: Zone A: €10,000; Zone B: €10,000; Zone C: €30,000

2. Permanent total disability: Zone A: €10,000; Zone B: €10,000; Zone C: €30,000

Special Conditions for Insured Persons Under 16 Years of Age at the Time of Injury

(i) Payment under point (1) shall be limited to €1,000.

(ii) No payment shall be made:

a. under point (1), where death or loss occurs more than 12 months after the date of injury;

b. under point (2), where the Insured has been unable to prove to the Insurer that the disability has continued for 12 months from the date of injury and, in all likelihood, will continue for the entire lifetime of the Insured Person.

(iii) The maximum amount of all benefits payable under this Section for one or more injuries sustained by an Insured Person during the Insurance Period shall not exceed €10,000.

DEFINITIONS

"Emergency" means a condition resulting from an accident, or the sudden onset or sudden worsening of a serious illness, resulting in a medical condition that immediately threatens health and therefore requires urgent medical measures.

"Pre-existing Condition" means any illness or injury that: **a.** has been diagnosed by a physician or has required medical treatment before the policy commencement date, including the taking of medication; or **b.** has manifested symptoms before the policy commencement date that would have caused a prudent person to seek medical advice or treatment.

"Loss of limb" means the physical loss of a hand above the wrist or a foot above the ankle.

"Loss of an eye" means the complete, irrecoverable, and irreversible loss of sight in the eye.

"Permanent total disability" means absolute incapacity to perform or engage in any gainful employment for 12 calendar months and, at the end of that period, there being no prospect of improvement.

"Deductible" means the financial amount borne by the Insured.

EXCLUSIONS APPLICABLE TO ALL SECTIONS

This insurance does not cover:

1. Expenses incurred in Albania;

2. Expenses incurred after one month has elapsed from the date of expiry of the Insurance Period;

3. Emergency expenses incurred more than 15 days after the date of diagnosis or commencement of medical treatment;

4. Expenses paid by a medical plan, insurance policy, or state or private medical programme;

5. Expenses arising from the effects or influence of drugs or intoxicating substances of any kind, suicide or criminal acts, or the Insured Person's deliberate self-exposure to serious risks, except when attempting to save human life;

6. Repatriation expenses incurred without the approval of INTERSIG VIG sh.a.;

7. Injuries caused directly or indirectly by war, invasion, acts of a foreign enemy, hostilities or warlike operations, whether war has been declared or not, civil war, insurrection, riots, civil disturbances amounting to popular uprising, military

insurrection, rebellion, revolution, military or usurped power, or any act by any person acting on behalf of or in connection with any organization whose activities are directed toward the forcible overthrow of the de jure or de facto government or toward influencing it through terrorism or violence;

8. Expenses incurred for the treatment of depression, anxiety, mental, psychological, or nervous conditions;

9. Expenses for routine eye examinations and vision aids, routine ear examinations and hearing aids, and ordinary medical examinations and check-ups;

10. Expenses for cosmetic surgery and related treatment;

11. Expenses for normal pregnancy and childbirth;

12. Expenses for routine dental treatment and the provision of false teeth or dental prostheses. For emergency dental treatment, no more than **€50** shall be paid after application of the deductible;

13. Expenses for bodily injuries sustained while participating in mountain climbing where ropes or guides are normally used, air flights except when travelling solely as a passenger, including hang-gliding and parachuting, winter sports, horse racing, motor racing, motorcycle racing, underwater diving, water skiing, or the operation of woodworking machinery, or participation in professional or amateur sporting competitions;

14. Expenses for intentionally self-inflicted injuries, venereal diseases, or AIDS, and all diseases caused by and/or related to the HIV virus;

15. Expenses relating to any physical defect, instability, chronic health condition, or disease existing before the date on which the Insured Person was included in this coverage;

16. Expenses for payments exceeding the reasonable and customary price for services and supplies provided;

17. Expenses for claims made by anyone travelling contrary to medical advice;

18. Expenses for claims made by anyone who intentionally travels for the purpose of obtaining medical treatment;

19. Expenses for claims made by a person who has been diagnosed with a serious and incurable illness;

20. Expenses for claims involving persons aged **65 or older**. Such cases shall only be covered if the person has been insured in accordance with the approved premium table applicable to age groups over 65.

Important: If the Insured reaches the age of 65 during the insurance period, this insurance shall not cover the event if the Insured has not been insured in accordance with the conditions and approved table applicable to persons over 65 years of age.

CONDITIONS APPLICABLE TO ALL SECTIONS

1. If you are admitted to a hospital or clinic as a patient, INTERSIG VIG sh.a. must be notified within **48 hours** of admission. Notification may be made by email to **info@intersig.al** or **demet@vig.al**, or by telephone at:

+355 4 2270 576 +355 4 220 3330

2. The Insurer shall not be liable for payment of claims under this insurance unless the Insured Person(s), or any other person entitled to coverage, has complied with all requirements set out in the Insurance Certificate and the relevant documents.

3. INTERSIG VIG sh.a. shall reimburse the Insured directly only after the Insured has paid the hospital for the medical services received; alternatively, INTERSIG VIG sh.a. shall pay the invoices directly to the hospital where the latter has previously received written confirmation of insurance coverage from INTERSIG VIG sh.a.

4. The Insured Person must exercise due care to prevent accidents, injuries, or illnesses.

5. All certificates, information, and evidence required by INTERSIG VIG sh.a. shall be provided at the expense of the Insured Person or his/her legal representatives.

6. No person shall have the right to accept liability on behalf of the Insurer, represent the Insurer, or undertake similar actions that impose obligations upon the Insurer, except with the Insurer's written approval.

The Insurer shall have the right to pursue, control, and conclude all proceedings arising from or related to claims on behalf of the Insured Person.

7. In the event of a claim, the Insured Person shall permit a physician appointed by the Insurer to examine the Insured Person as often as the Insurer considers necessary.

In the event of the death of the Insured Person, the Insurer shall have the right to conduct an autopsy at its own expense, provided that the Insured has previously signed the Declaration of Acceptance at the time of being insured.

8. The Insurer may, at its own expense, undertake legal proceedings on behalf of the Insured Person to recover compensation from Third Parties for any compensation paid under this Insurance, and all amounts recovered in this manner shall belong to the Insurer.

The Insured Person shall provide the Insurer with all necessary assistance in such proceedings.

9. All disputes between the Insured and INTERSIG VIG sh.a. shall be resolved amicably between the parties and in accordance with Article 69 of Law No. 52/2014, "On Insurance and Reinsurance Activity."

If an amicable settlement cannot be reached, the Albanian Courts shall have jurisdiction to resolve the disputes.

10. No partial or full refund of the premium shall be permitted once the coverage period has commenced.

If requested, this Policy may be cancelled for reasons beyond the control of the Insured. In such case, the premium shall be refunded after deduction of the Insurer's administrative expenses, provided that the cancellation request is made before the commencement date of the insurance coverage.

11. In the event that a claim is submitted under this insurance and the Insurer has notified the claimant in writing that the claim will not be paid, the Insurer shall not be liable for payment of the claim after three months have elapsed from the date of the written rejection, except where the claim is brought within the applicable time limit for initiating legal proceedings.

12. Coverage of persons holding Albanian citizenship but residing in another country shall under no circumstances include any insured event under this contract occurring in the country of residence of the Albanian citizen.

13. All cases of illness for which the Insured has previously been diagnosed and/or treated are excluded from coverage, except in emergencies where the Insurer shall pay expenses relating only to the provision of first aid for the purpose of stabilizing vital parameters.

14. The Insurer's liability under each Section shall not exceed the amounts specified for that Section.

DEDUCTIBLE

The amount of the deductible is specified in the insurance policy and shall be borne by the Insured for each reported claim.

OBLIGATIONS OF THE INSURED IN THE EVENT OF A CLAIM

1. The Insured must:

a. Notify the Insurer within **48 hours** of all circumstances and information relating to the occurrence of the loss.

b. Submit the claim for compensation within 8 days from the date of arrival home.

c. Permit the Insurer to carry out all examinations and investigations relating to the causes of the loss, assessment of whether the event is covered by insurance, and determination of the amount of compensation.

d. Provide all documents requested by the Insurer, at his/her own expense or that of his/her legal representative.

DOCUMENTATION REQUIRED FOR SETTLEMENT OF THE CLAIM

For Medical Assistance

The following are required:

a. The original insurance policy or a copy certified as conforming to the original.

b. Complete medical documentation confirming the urgency of the treatment.

c. Original invoices for the services provided and treatment costs, or copies certified as conforming to the originals.

d. Documentation from the family physician and/or hospital institution concerning illnesses diagnosed and treated before the trip.

e. The diagnostic report, treatment prescription, and report on the patient's condition during the hospital stay, together with the final hospital report.

f. The claim for compensation using the form specified by the Insurer, completed by the Insured, his/her heir, or the insurance beneficiary.

In the Event of an Accident, Including Death

a. The medico-legal certificate in the event of accidental death and the autopsy report.

b. Death certificate.

c. Official notification or certificate issued by the foreign authorities concerning the accident, its circumstances, injuries, and consequences.

d. Valid inheritance decision/certificate.

In the Event of Death

a. Documentation from the family physician and/or hospital institution concerning illnesses diagnosed and treated before the trip.

b. Death certificate.

c. Valid inheritance decision/certificate.

d. Report diagnosing the urgent need for medical treatment of the acute illness, treatment prescription, report on the patient's condition during the hospital stay, and autopsy report.

In the Event of Permanent Disability

a. Medical certificate establishing the degree of disability in accordance with the conditions of the Travel Health Insurance contract.

LIMITATION PERIOD AND CLAIM PAYMENT PERIOD

1. The Insured's right to claim compensation under this contract shall be subject to a limitation period of 2 years:

a. from the date of occurrence of the insured event or from the date on which the Insured became aware of it; or

b. from the date on which the Insurer notified the Insured of the rejection, in whole or in part, of the compensation claim.

2. The Insurer shall pay the claim to the person entitled, in accordance with the insurance coverage amount specified in the Insurance Contract, within 30 days after receipt of all required documentation, i.e. after receipt of the last document necessary for settlement of the claim.

3. Upon payment of the claim, all rights against the person responsible for the damage shall pass to the Insurer, up to the amount paid, except where that person is a relative who lives together with the Insured.