



JSC “Eurasian Bank” - WORLD MASTERCARD BLACK EDITION CORE CARD – BENEFIT SCHEDULE

| BENEFIT TABLE | | Benefits apply for trips outside of Kazakhstan |
|---|--|---|
| All benefit amounts are per beneficiary per trip unless otherwise noted | | |
| Section A – Delayed Departure | | |
| Delayed Departure, after 4 hours delay, up to a maximum of 12 hours | | up to € 35 per hour delay |
| Maximum | | up to € 375 |
| Section B – Baggage Delay | | |
| Baggage Delay, after 4 hours, up to a maximum of 12 hours | | up to € 35 per hour delay |
| Maximum | | up to € 375 |
| Section C – Hijack Benefit | | |
| Hijack Benefit, maximum | | € 1,575 |
| - per day | | € 75 |
| Section D – Emergency Medical and Other Expenses | | |
| Medical Expenses | | € 115,000 |
| - per event per person excess | | € 75 |
| Evacuation and Repatriation Expenses | | € 75,000 |
| Emergency dental treatment | | up to € 7,500 |
| Return Home of Beneficiaries - limit per incident | | up to € 75,000 |
| Close Relative to travel out if hospitalised | | Economy Return Flight |
| Return Home of Children | | up to € 75,000 + Economy Return Flight |
| Infants born following Complications of Pregnancy, maximum per event | | € 55,000 (or € 75,000 for trips to USA or Caribbean) |
| Repatriation of Mortal Remains | | transport + coffin/urn up to € 3,750 |
| Section E – Hospital Benefit | | |
| Hospital Benefit, maximum | | € 1,050 |
| - per day, maximum 30 days | | € 35 |
| Section F – Personal Belongings | | |
| Personal belongings, maximum in total for all beneficiaries travelling together | | € 750 |
| - Single Article Limit | | € 150 |
| - Valuables Limit in Total | | € 150 |
| - Excess per claim | | € 35 |
| Section G – Travel Accident | | |
| Travel Accident on Public Transport, maximum | | up to € 374,500 |
| - Permanent Total Disablement, Loss of Limbs, Loss of Sight, (Age 70 and under) | | up to € 374,500 |
| - Loss of Life, (Age 18 to 70) | | € 75,000 |
| - Loss of Life (Age 17 and under) | | € 15,000 |
| - All Benefits (Age 70 and over) | | € 15,000 |
| Personal Accident Abroad, maximum | | up to € 18,725 |
| - Permanent Total Disablement, Loss of Limbs, Loss of Sight, (Age 70 and under) | | € 18,725 |
| - Loss of Life, (Age 18 to 70) | | € 11,200 |
| - Loss of Life (Age 17 and under) | | € 3,750 |
| - All Benefits (Age 70 and over) | | € 3,750 |
| Groups covered per incident | | € 750,000 |
| Section H – Purchase Protection Abroad | | |
| - Limit per 365 day period | | € 15,000 |
| - Limit per incident | | € 4,500 |
| - Single article maximum limit | | € 2,500 |
| - Single article minimum limit | | € 75 |
| - per item excess | | € 35 |

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INTRODUCTION

This document is not a contract of insurance but summarises the benefits provided to **you** by virtue of **you** holding a Mastercard Black Edition Core Card through JSC “Eurasian Bank”. The provision of those benefits is enabled by an insurance policy held by Mastercard Europe S.A. and issued to Mastercard Europe S.A. by Inter Partner Assistance S.A.

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

ELIGIBILITY

The benefits summarised in this document are dependent upon **you** being a valid JSC “Eurasian Bank” World Mastercard Black Edition Core **Cardholder** at the time of any incident giving rise to a claim. JSC “Eurasian Bank” will give **you** notice if there are any material changes to these terms and conditions or if the policy supporting the benefits available under this agreement is cancelled or expires without renewal on equivalent terms.

This is **your** benefit guide and agreement with **us**. It contains details of benefits, conditions and exclusions relating to World Mastercard Black Edition Core JSC “Eurasian Bank” **Cardholders** and is the basis on which all claims **you** make will be settled.

INSURER

Inter Partner Assistance SA, directly and through its branches (and any AXA group companies IPA appoint), will provide and administer the Benefits and Services available under this policy. This policy is underwritten by Inter Partner Assistance SA, member of the AXA Partners group, Avenue Louise 166, 1050 Brussels, Belgium, insurance company regulated by the National Bank of Belgium under the number 0487, Company number: 0415.591.055.

SERVICE PROVIDER

Some of the services under this Policy will be provided by Oxygen LTD.

POLICYHOLDER

Mastercard Europe S.A., Chaussée de Tervuren 198, 1410 Waterloo, Belgium.

IMPORTANT INFORMATION

1. Claims arising directly or indirectly from any **pre-existing medical conditions** are not covered.
2. The benefits will not cover **you** when **you** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/ her advice).
3. The benefits will not cover **you** when **you** are travelling with the intention of obtaining medical treatment or consultation abroad.
4. The benefits will not cover **you** if **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established).
5. If injury, illness loss, theft or damage happens **you** should immediately call **us** on +7 499 270 35 00 to report a medical emergency, request repatriation, report any loss, theft or damage.
6. These benefits and terms and conditions will be governed by and subject to the laws of Kazakhstan unless **we** have specifically agreed in writing otherwise.
7. In order to be eligible to receive benefits under this Benefit Schedule **you** must charge **your trip** in full to **your covered card** with the exception of: Section D – Emergency Medical and Other Expenses Abroad – which is valid without charging the **trip** to the **covered card**.
8. **We** will only pay up to the single item limit for any **baggage** or **valuables**.
9. In order to be eligible to receive benefits under this benefit schedule **you** will only be covered for the following benefits if 100% of the total cost has been charged to the **covered card**: Section H – Purchase Protection.
10. **You** are covered worldwide for **trips** of 45 consecutive days, if **your trip** exceeds 45 consecutive days no cover will apply for any part of that **trip**. The cover is limited to a total of 183 days in any 12 month period. **Trips** must begin and end in Kazakhstan. One way **trips** will not be covered.
11. Cover only applies for any incident arising during a **trip** outside Kazakhstan during the **period of cover**. Incidents occurring during a **trip** within Kazakhstan are not eligible for benefits under this Agreement.

SECONDARY INSURANCE

Your insurance policy is a secondary insurance. **You** must claim off of any other insurance policy, indemnity, warranty or any other source for any claim up to the policy limit. Once this has been reached **we** will start our insurance cover. **We** will not cover any costs where there is another insurance policy, indemnity, warranty, or health insurer or any other source covering the same loss, damage, expense or liability (not applicable to Section G – Travel Accident).

DEFINITIONS

Wherever the following words or phrases appear in bold in this Benefit Schedule they will have the meaning shown below (unless otherwise noted).

You/your/beneficiary (ies) – the **Cardholder** travelling on a **trip** and his/her

- his/her spouse or **civil partner** who must be 75 years of age or younger at the beginning of the **period of cover**, and
- up to 5 of his/her children, step-children and adopted children, aged under 19 or under 24 if in full time education, who are all unmarried, financially dependent on the **Cardholder** (according to the regulations of Kazakhstan), all living with the **Cardholder** (unless living elsewhere while in full time education).

To be covered, the Spouse and/or children must be travelling with the **Cardholder** on a **trip**.

You will only be covered if 100% of the total cost of transport and/or accommodation for the **trip** has been charged to the **covered card**, with the exception of: Section D – Emergency Medical and Other Expenses Abroad – which is valid without charging the **trip** to the **covered card**;

We/us/our

– Inter Partner Assistance SA, member of the AXA Partners group, Avenue Louise 166, 1050 Brussels, Belgium. Some of the services under this policy will be provided by Oxygen LTD.

Adverse weather conditions

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

Benefit Table

– the table listing the benefit amounts on page 1.

Bodily injury

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

Cardholder

– the holder of a **covered card**. The **Cardholder** must be 75 years of age or younger at the beginning of the **period of cover**.

Civil Partnership

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

Close relative

– mother, father, sister, brother, spouse, **civil partner**, daughter, son, including adopted daughter or son), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child,

step sister, step brother, foster child, legal guardian, legal ward, of the **Cardholder**.

Complications of Pregnancy

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

Covered Card

– a World Mastercard Black Edition Core card issued by JSC “Eurasian Bank”, the card being valid and the account in good standing at the time of the incident.

Excess

– the first amount, as shown in the **Benefit Table** which **you** will be responsible for, per **beneficiary** for each and every event.

Home

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

Loss of limb

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

Loss of sight

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

Medical condition(s)

– any medical or psychological disease, sickness, condition, illness or injury that has affected **you** or any **close relative**.

Medical emergency

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

Medical practitioner

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

Medically necessary

Reasonable and essential medical services and supplies, ordered by a **medical practitioner** exercising prudent clinical judgement, needed to diagnose or treat an illness, injury, condition, disease or its symptoms, and that meet generally accepted standards of medical practice.

Pair or set

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

Period of cover

– cover begins for the eligible portion of **trips** outside Kazakhstan commencing on or after 1st October 2017 and for any eligible item purchased on or after 1st October 2017. Cover will end when the card account is terminated or when these benefits are cancelled. For Sections A-H the benefits commence when **you** leave Kazakhstan during a **trip** and terminates at the point in time **you** return to Kazakhstan prior to completion of the **trip**.

The duration of any **trip** may not exceed 45 consecutive days with a maximum 183 travel days in any 12 month period. Please note if **your trip** is longer than the maximum duration, benefits will not apply to any part of that **trip**.

Extension to the period of cover

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

Permanent total disablement

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

Personal belongings

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

Pre-existing medical condition(s)

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

Public transport

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

Sports and activities

– the activities listed on page 6 for which **your** participation in during your **trip** is not the sole or main reason for **your trip**.

Strike or industrial action

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

Terrorism

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

Trip

– any journey for business or pleasure made by **you** worldwide during the **period of cover** for which at least 100% of **your trip** has been charged to **your covered card**. Only those portions of any **trip** during which **you** are travelling outside Kazakhstan are eligible for benefits under this Agreement.

The period of any **trip** may not exceed 45 consecutive days, If **your trip** exceeds 45 consecutive days no cover will apply for any part of that trip. The cover is limited to a total of 183 days outside of Kazakhstan in any 12 month period. **Trips** must begin and end in Kazakhstan, one way **trips** will not be covered.

Unattended

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

Under the influence

– if a toxicology has been completed and produces a result above 0.02% BAC (Blood Alcohol Content) or drug screening proves positive. If a toxicology has not been completed, any report from the time of the incident confirming or noting any suspicion of **your** consumption/use of drugs or alcohol.

Valuables

– jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, leather goods, cameras, camcorders, photographic audio video computer television and telecommunications equipment (including CD's, DVD's, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes, binoculars, portable DVD players, MP3 and MP4 players and any other item worth € 1,875 or more.

EMERGENCY ASSISTANCE

Contact **us** on Telephone: +7 499 270 35 00

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

Medical Assistance

We have the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. **We** will

also arrange transport **home** when this is considered to be medically necessary, or when **you** have notice of serious illness or death of a **close relative at home**.

Payment for Medical Treatment Abroad

If **you** are admitted to a hospital/clinic while outside Kazakhstan, **we** will arrange for medical expenses covered by the Benefit Schedule to be paid directly to the hospital/clinic. To take advantage of this benefit someone must contact **us** for **you** as soon as possible. Beware of requests for **you** to sign for excessive treatment or charges. If in doubt regarding any such requests, please call **us** for guidance.

GENERAL CONDITIONS

You must comply with the following conditions in addition to the items listed under SPECIAL CONDITIONS in Section A-H below to have the full protection of the Benefit Schedule. If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

1. **You** must be 75 years of age or younger at the beginning of the **period of cover** to be eligible for benefits.
2. **You** are covered worldwide for trips up to 45 consecutive days. If **your trip** exceeds 45 consecutive days no cover will apply for any part of that **trip**. The cover is limited to a total of 183 days in any 12 month period. **Trips** must begin and end in Kazakhstan, one way **trips** will not be covered.
3. **You** must take all reasonable care and precautions to protect **yourself** against accident, illness, disease or injury and to safeguard **your** property against loss, theft or damage. **You** must act as if **you** are not covered and take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident and to recover missing property.
4. **You** must tell **us** as soon as possible in the event of an emergency or if **you** are hospitalised.
5. **We** ask that **you** notify **us** within 28 days of **you** becoming aware of any incident or loss leading to a claim other than in an emergency, and **you** return **your** completed claim form and any additional information to **us** as soon as possible.
6. **You** must report all incidents to the local police in the country where it occurs and obtain a crime or lost property report, which includes an incident number.
7. **You** must not abandon any property for **us** to deal with or dispose of any damaged items as **we** may need to see them.
8. **You** or **your** legal representatives must supply at **your** own expense all information, evidence, medical certificates, original invoices, receipts, reports, assistance that may be needed including details of other insurance policies that may cover the loss. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
9. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
10. **You** must tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must also immediately send **us** any writ or summons, letter of claim or other document relating to that claim.

11. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice, at **our** expense. In the event of **your** death **we** may also request and will pay for a post-mortem examination.
12. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**.
13. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
 - a) take over the defence or settlement of any claim;
 - b) take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made;
 - c) take any action to get back any lost property or property believed to be lost.
14. If **you** or anyone acting for **you** in any respect, attempts to gain funds, information or other assets by deception or any other illegal means, including deliberate misrepresentation or omission of facts in order to misrepresent the true situation, this Benefit Schedule shall become void. **We** may inform the police and **you** must repay to **us** any amount already received under the Benefit Schedule.
15. If **we** pay any expense for which **you** are not covered, **you** must pay this back within one month of **our** asking.
16. **We** will make every effort to apply the full range of services in all circumstances as shown in the Benefit Schedule. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
17. **We** may at any time pay to **you** **our** full liability under the Benefit Schedule after which no further payments will be made in any respect.
18. If at the time of any incident which results in a claim under this Benefit Schedule, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to Section G – Travel Accident).
19. If **you** possess multiple member bank cards **you** may only claim and we will only pay up to the highest limit of the cards, the benefit values will not be cumulative.

GENERAL EXCLUSIONS

These exclusions apply throughout **your** Benefit Schedule in addition to the items listed under WHAT IS NOT COVERED in Section A-H below. **We** will not pay for claims arising directly or indirectly from:

1. Any **pre-existing medical conditions**.
2. Under all sections, any claim not arising from the circumstances listed in WHAT IS COVERED.
3. Claims where **you** have not provided the necessary documentation requested by **us** at **your** expense. **We** may also ask for more documentation to substantiate **your** claim.
4. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section D – Emergency Medical and Other Expenses and Section

E – Hospital Benefit unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.

5. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
6. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
7. **Your** participation in or practice of any sport or activity unless it is shown as covered in the list of **Sports and Activities** on page 6.
8. **Your** engagement in or practice of: manual work involving the use of dangerous equipment, cutting tools, power tools and machinery, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorised two or three wheeled vehicles unless a full driving licence issued in Kazakhstan is held permitting the use of such vehicles, professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, or any tests for speed or endurance.
9. Any claim resulting from **you** attempting or committing suicide; deliberately injuring yourself; using any drug not prescribed by a registered medical practitioner, being addicted to any drugs, or abusing solvents, drugs, or alcohol, or being under the influence of drugs, solvents, or alcohol.
10. Self exposure to needless peril (except in an attempt to save human life).
11. Any claim resulting from **your** involvement in a fight except in self-defence.
12. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
13. **Your** own unlawful action or any criminal proceedings against **you**.
14. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other Insurance, or any amount recoverable from any other source, had these benefits herein not been effected.
15. Any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost incurred in preparing a claim, loss of earnings, loss or costs incurred arising from the interruption of **your** business, inconvenience, distress, or loss of enjoyment.
16. Operational duties as a member of the Armed Forces.
17. **Your** travel to a country or specific area or event to which a government agency in Kazakhstan or the World Health Organisation has advised the public not to travel, or which are officially under embargo by the United Nations.
18. Any claim caused by **you** climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
19. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.

20. Any circumstances **you** are aware of that could reasonably be expected to give rise to a claim on this Benefit Schedule.

21. Costs of telephone calls or faxes, meals, taxi fares (with the exception of the taxi costs incurred for the initial journey to a hospital due to **your** illness or injury), newspapers, laundry costs, or interpreters' fees.
22. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
23. Only those portions of any **trip** during which **you** are travelling outside Kazakhstan are eligible for benefits under this Agreement.

SPORTS AND ACTIVITIES

You are covered under Section D – Emergency Medical and Other Expenses for the following activities provided **your** participation in them is not the sole or main reason for **your trip** (excluding golf and winter sports holidays).

| |
|---|
| Abseiling |
| Archery |
| Badminton |
| Baseball |
| Basketball |
| Bowling |
| Camel Riding |
| Canoeing (up to grade/class 2) |
| Canoeing (up to grade/class 3 to 4) |
| Clay pigeon shooting |
| Cricket |
| Cross country skiing |
| Elephant Riding |
| Fell running |
| Fencing |
| Fishing |
| Football |
| Glacier Skiing |
| Go- Karting |
| Golf |
| Hockey |
| Horse Riding |
| Horse Trekking |
| Hot air ballooning |
| Ice Skating (on recognised ski rinks) |
| Jet Biking |
| Jet Skiing |
| Kitesurfing |
| Manual Work - bar and restaurant, waitress, waiter, maid, au pair and nanny and occasional light manual work at ground level including retail work and fruit picking but excluding the use of dangerous equipment, cutting tools, power tools and machinery |
| Monoskiing |
| Mountain bicycling on tarmac |
| Netball |
| Orienteering |
| Paintball |
| Pony Trekking |
| Racquetball |
| Road Cycling |
| Roller skating |
| Rounders |
| Running |
| Sailing |

| |
|--|
| Scuba diving † (see note below) |
| Ski touring |
| Skidoo |
| Skiing (on piste or off piste with a guide) |
| Snowblading |
| Snowboarding (on piste or off piste with a guide) |
| Snowshoeing |
| Squash |
| Surfing |
| Table Tennis |
| Tennis |
| Tobogganing |
| Trampolining |
| Trekking (Up to 4000 metres without use of climbing equipment) |
| Volleyball |
| War games |
| Water polo |
| Water Skiing |
| Wind Surfing |
| Yachting |
| Zorbing |

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

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

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

SECTION A – DELAYED DEPARTURE

WHAT IS COVERED

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

- a) **strike or industrial action** or
- b) **adverse weather conditions** or
- c) mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel

we will pay **you** up to the amount shown in the **Benefit Table** after a minimum of 4 hours delay, per one hour delay, up to a maximum of 12 hours delay, for reasonable meals, refreshments, additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination.

SPECIAL CONDITIONS

1. **You** must check in according to the itinerary supplied to **you**.
2. **You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.
4. **You** must retain all receipts.

WHAT IS NOT COVERED

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

SECTION B – BAGGAGE DELAY

WHAT IS COVERED

We will pay **you** up to the amount shown in the **Benefit Table**, up to a maximum of 12 hours, for Baggage Delay for the emergency replacement of clothing, medication and toiletries if the checked in baggage containing **personal belongings** is temporarily lost in transit during the outward journey of a **trip** and not returned to **you** within 4 hours of **your** arrival.

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

SPECIAL CONDITIONS

1. Written confirmation must be obtained from the carrier, confirming the number of hours the baggage was delayed. **You** must:
 - a) obtain a Property Irregularity Report from the airline.
 - b) give formal written notice of the claim within the time limit contained in their conditions of carriage (please retain a copy).
 - c) retain all travel tickets and tags to submit with a claim.
2. All amounts are only for real expenses in excess of any compensation paid by the carrier.
3. Claims will be considered only for the purchase of essential clothing and toiletries and only if such purchases are made within 4 days of actual arrival at destination and are charged to the **covered card** account. If the **covered card** could not be used for the essential purchases, itemised receipt for these purchases must be retained.
4. No reimbursement will be made if purchases were made after the luggage was returned.
5. All itemised receipts must be retained.
6. Cover only applies to the final destination of **your** outbound **trip**.

WHAT IS NOT COVERED

1. Claims due to delay, confiscation or detention by customs or other authority.
2. Claims arising from **baggage** shipped as freight or under a bill of lading.
3. Amounts under the amount of compensation that has, must or will be paid by the carrier.
4. Reimbursement for items purchased after **your baggage** was returned.

5. Reimbursement where itemised receipts are not retained.
6. Claims which do not relate to **your outward journey** on a **trip** outside of Kazakhstan.

SECTION C – HIJACK BENEFIT

WHAT IS COVERED

We will pay **you** up to the amounts shown in the **Benefit Table** for each 24 hours **you** are detained in the event that the aircraft or sea vessel in which **you** are travelling as a fare paying passenger on a **trip** is hijacked, up to a maximum of 21 days.

SECTION D – EMERGENCY MEDICAL AND OTHER EXPENSES

If **you** become unexpectedly ill, injured or have a **complication of pregnancy** and **you** require in-patient treatment, repatriation or it is likely that the costs will exceed €500 then **you** must contact **us** on +7 499 270 35 00

We may

- a) move **you** from one hospital to another; and/or
- b) return **you** to **your home** in Kazakhstan; or move **you** to the most suitable hospital in Kazakhstan;

at any time, if **we** and the treating **medical practitioner** believe that it is **medically necessary** and safe to do so. If **our** Chief Medical Officer advises a date when it is feasible and practical to repatriate **you**, but **you** choose not to be repatriated, **our** liability to pay any further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.

WHAT IS COVERED

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

1. All reasonable and necessary expenses which arise as a result of a **medical emergency** or a **complication of pregnancy** involving **you**. This includes **medical practitioners'** fees, hospital expenses, medical treatment and all the costs of transporting **you** to the nearest suitable hospital, when deemed necessary by a recognised **medical practitioner**.
2. All reasonable and necessary emergency medical expenses for all infants born following **complications of pregnancy** during a **trip**. Claims involving multiple births are considered to be one event.
3. Emergency dental treatment for the immediate relief of pain and/or emergency repairs to dentures or artificial teeth solely to relieve distress in eating.
4. With the prior authorisation of **us**:
 - a) additional travelling costs to repatriate **you** to **your home** when recommended by **our** Chief Medical Officer, including the cost of a medical escort if necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the outward journey unless **we** agree otherwise.
 - b) Economy class return transport for **beneficiaries** to escort **you** to **your home** in Kazakhstan. If the original pre-booked return ticket(s) cannot be used, **we** will pay for economy one way travel to return **home**.

- c) Economy class return transport for a **close relative** from Kazakhstan to visit **you** or escort **you** to **your home** if **you** are travelling alone and if **you** are hospitalised as an in-patient for more than 7 days.
- d) Economy class transport for a friend or **close relative** to travel from Kazakhstan to escort **beneficiaries** under the age of 15 to **your home** in Kazakhstan if **you** are physically unable to take care of them. If **you** cannot nominate a person **we** will then select a competent person. If the original pre-booked return ticket(s) for the child cannot be used, **we** will pay for economy one way travel to return the child to the **home**.

5. In the event of **your** death the reasonable cost of conveying **your** remains to **your home** and the cost of the coffin/urn up to the amounts shown in the **Benefit Table**.

SPECIAL CONDITIONS

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

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. The **excess**. **You** are responsible for the first € 75 per incident per **beneficiary**.
3. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
4. Any claim arising directly or indirectly from oncology related diseases or neoplasms (benign and malignant tumours).
5. Any expenses which are not usual, reasonable or customary to treat **your bodily injury** or **illness**.
6. Any form of treatment or surgery which in the opinion of **our** Chief Medical Officer can be delayed reasonably until **your** return to Kazakhstan.
7. Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside Kazakhstan.
8. Additional costs arising from single or private room accommodation.
9. Treatment or services provided by a private clinic or hospital, health spa, convalescent or nursing home or any rehabilitation centre unless agreed by **us**.
10. Treatment costs for cosmetic reasons unless **our** Chief Medical Officer agrees such treatment is necessary as a result of an accident covered by this Benefit Schedule.
11. Any expenses incurred after **you** have returned to Kazakhstan.
12. Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations

or vaccinations and/or taken the recommended medication.

13. Any costs **you** incur outside Kazakhstan after the date **our** Chief Medical Officer tells **you** **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.
14. **You** must not unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this Benefit Schedule. If **you** choose alternative medical repatriation services without reasonable grounds for doing so, which **we** have accepted in writing, it will be at **your** own risk and own cost.
15. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s) travelling).
16. Any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
17. Any treatment or diagnostic testing that was pre-planned or pre-known by **you**.
18. The cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals.
19. Costs incurred in the United States that exceed the average reimbursement the medical service provider receives for all services rendered to its patients for like treatment, but in any event no more than one and a half times the rate that would be applicable if the costs were payable by US Medicare.
20. Costs of telephone calls, other than calls to **Us** notifying them of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
21. Costs incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside Kazakhstan.
22. Air-sea rescue costs.

SECTION E – HOSPITAL BENEFIT

WHAT IS COVERED

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

SPECIAL CONDITIONS

You must give notice as soon as possible to **us** of any **bodily injury** or **medical condition** which necessitates **your** admittance to hospital as an in-patient.

WHAT IS NOT COVERED

Any claims arising directly or indirectly from:

1. any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **medical**

condition which necessitated **your** admittance into hospital.

2. any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
3. any additional period of hospitalisation following **your** decision not to be repatriated after the date when in the opinion of **our** Chief Medical Officer it is safe to do so.

SECTION F – PERSONAL BELONGINGS

WHAT IS COVERED

PERSONAL BELONGINGS

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

| | |
|-----------------------------|------------------------------------|
| Items up to 1 year old | 90% of purchase price |
| Items up to 2 years old | 70% of purchase price |
| Items up to 3 years old | 50% of purchase price |
| Items up to 4 years old | 30% of purchase price |
| Items up to 5 years old | 20% of purchase price |
| Items over 5 years old | No payment |
| Where there are no receipts | An additional 15% will be deducted |

SPECIAL CONDITIONS

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

WHAT IS NOT COVERED

1. The **Excess. You** are responsible for the first € 35 per claim.
2. Loss, theft of or damage to **valuables** left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box.
3. Loss, theft of or damage to **personal belongings** contained in an **unattended** vehicle:
 - a) overnight between 9pm and 8am (local time); or
 - b) at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view; and evidence of forcible and violent entry to the vehicle confirmed by a police report.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Loss, theft of or damage to unset precious stones, contact or corneal lenses, eye glasses, hearing aids, dental or medical fittings, cosmetics, perfumes, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, bicycles and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
6. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
7. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
8. Claims which are not supported by the original receipt, proof of ownership or insurance valuation (obtained prior to the loss) of the items lost, stolen or damaged.
9. Loss, theft of or damage to tools of trade, motor accessories and other items used in connection with **your** business, trade, profession or occupation.
10. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown or liquid damage.
11. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.
12. Claims arising from loss or theft from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
13. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or baggage.
14. Claims arising from loss, theft or damage of **personal belongings** shipped as freight or under a bill of lading.

SECTION G – TRAVEL ACCIDENT

WHAT IS COVERED

We will pay **you**, up to the amount shown in the **Benefit Table**, if **you** sustain **bodily injury**:

- a) between the home point of departure and the destination or on the return journey whilst on **public transport** which has been charged to **your covered card** or
- b) during **your trip** outside of Kazakhstan;

which shall solely and independently of any other cause, result within one year in **your** death, **loss of limb**, **loss of sight** or **permanent total disablement**.

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

| Loss of: | Benefit Amount |
|--|--|
| Both hands | 100% of the Permanent Total Disablement Benefit |
| Both feet | |
| Entire sight in both eyes | |
| One hand and one foot | |
| One hand and the entire sight of one eye | |
| One hand | 50% of the Permanent Total Disablement Benefit |
| One foot | |
| The entire sight of one eye | |

SPECIAL CONDITIONS

1. **Our medical practitioner** may examine **you** as often as may be reasonably necessary prior to paying a claim.
2. A group of people travelling together, for whom travel has been organised by any single member of the group, shall be covered up to the amount shown in the **Benefit Table**.
3. The benefit is not payable under **permanent total disablement**, until one year after the date **you** sustain **bodily injury**.
4. The benefit is not payable to **you** under more than one of the items shown in the **Benefit Table**.

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
3. Normal and habitual travel to and from the Cardholder's home and place of employment or second residence shall not be considered as a covered **trip**.

SECTION H – PURCHASE PROTECTION

DEFINITIONS - Applicable to this section (shown in Italics)

Eligible item

– an item, purchased by the **Cardholder** solely for personal use (including gifts), not used for business purpose, which has been charged fully (100%) to the **covered card** and is not listed under **WHAT IS NOT COVERED** in this section.

Purchase price

– the lower of the amounts shown on either the **covered card** billing statement or the store receipt for the **eligible item** being at least € 35.

WHAT IS COVERED

In the event of theft and/or accidental damage to an **eligible item** during **your trip** outside of Kazakhstan, **we** will, at **our** option, replace or repair the **eligible item** or credit the **Cardholder** account an amount not exceeding the **purchase price** of the **eligible item**, or the single item limit shown in the **Benefit Table** whichever is lower. **We** will not pay more than the amount shown in the **Benefit Table** for any one event, or

more than the maximum amount shown in the **Benefit Table** in any one 365 day period.

SPECIAL CONDITIONS

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

WHAT IS NOT COVERED

1. The **excess** of €35, applying to each and every item.
2. Purchases made in Kazakhstan.
3. Any theft and/or accidental damage to an *eligible item* incurred separate to **your trip** outside of Kazakhstan.
4. Events not connected to theft, fire or damage caused by accident.
5. Mysterious disappearance of *eligible items*.
6. Events caused by fraud, mistreatment, carelessness or not following the manufacturers manual.
7. *Eligible items* which were used before purchase, second-hand, altered, or bought fraudulently.
8. Damage to *eligible items* caused by product defects or error during production.
9. Theft not reported to the police within 48 hours of discovery and a written report obtained.
10. *Eligible items* left **unattended** in a place accessible to the public.
11. Theft of or damage due to *eligible items* in a motor vehicle as a result of theft of the motor vehicle.
12. Theft from any item of any property, land or premises unless entry or exit to the property or premises was gained by the use of force, resulting in visible physical damage to the property or premises.
13. Mobile telephones.
14. Jewellery, watches, precious metals and gemstones and any item made from precious metals and gemstones
15. Motor vehicles, motorcycles, bicycles, boats, caravans, trailers, hovercraft, aircraft and their accessories.
16. Service, cash, travel checks, tickets, documents, currency, silver and gold, art, antiques, rare coins, stamps and collector's items.
17. Animals, living plants, consumables, perishable goods or permanent installations.
18. Electronic items and equipment, including but not limited to, personal stereos, MP3/4 players, mobile telephones, computers or computer-related equipment

whilst at **your** place of employment, items used for business purpose.

19. Damage due to normal wear and tear, normal use or normal activity during sports and games (example golf or tennis balls).
20. Theft or damage when the *eligible item* is under the supervision, control or safe keeping of, a third party other than required according to safety regulations.
21. *Eligible items* not received by the **Cardholder** or other party designated by the **Cardholder**.
22. Mail order items or courier delivered item(s) until item(s) are received, checked for damage and accepted at the nominated delivery address.
23. Expenses due to repairs not performed by workshops approved by **us**.
24. Damage due to water, damp or earthquake.
25. Loss caused by declared or undeclared war, confiscation order of any government or public authority, or arising from illegal acts.
26. Theft or accidental damage to any *eligible item* where there is any other insurance covering the same theft or accidental damage, or where the terms and conditions of such other insurance have been broken or for the reimbursement of any evident excess.

CLAIMS PROCEDURE

1. Please read the appropriate section in the benefits to see exactly what is, and is not covered, noting particularly any conditions, limitations and exclusions.
2. Making a claim.
 - a) In the event of an emergency **you** should first call **us** on telephone +7 499 270 35 00
 - b) For all other claims telephone **our** Claims Helpline on +7 499 270 35 00 (Monday – Friday 9:00 – 17:00) to obtain a claim form. **You** will need to give:
 - **your** name,
 - **your covered card** number,
 - brief details of **your** claim.

Alternatively **you** can email **our** Claims Helpline on assistance@eda-assistance.ru

You will need to provide:

- **your** name,
- **your covered card** number,
- **your** address including the postcode,
- the section under which **you** wish to make a claim.

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

3. Additional Information.

You must supply all of **your** original invoices, receipts and reports etc. **You** should check the section under which **you** are claiming for any specific conditions and details of any supporting evidence that **you** must give **us**.

It is always advisable to keep copies of all the documents that **you** send to **us**.
4. Claims Handling Agents.

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

COMPLAINTS PROCEDURE

MAKING YOURSELF HEARD

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

WHEN YOU CONTACT US:

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

STEP ONE – INITIATING YOUR COMPLAINT

You need to contact **us** on +7 499 270 35 00. **We** expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **you** are not satisfied, **you** can take the issue further:

STEP TWO – CONTACTING HEAD OFFICE

If **your** complaint is one of the few that cannot be resolved by this stage contact the Head of Customer Care in **your** preferred language, who will arrange for an investigation on behalf of the Chief Executive: Oxygen LTD, Bolshaya Dmitrovka str. 32 bld 4 office 250, 107031 Moscow, Russia.; Attention Complaint Department. Or **you** may use e-mail: complaints@eda-assistance.ru

USE OF YOUR PERSONAL DATA

In using these benefits you also agree we may:

- a) disclose and use information about you and your benefits – including information relating to your medical status and health – to companies within the AXA Assistance Group of companies worldwide, our partners, service providers and agents in order to administer and service your benefits, process and collect relevant payments and for fraud prevention;
- b) undertake all of the above within and outside the European Union (EU). This includes processing your information in countries in which data protection laws are not as comprehensive as in the EU. However, we have taken appropriate steps to ensure the same (or equivalent) level of protection for your information in other countries as there is in the EU; and
- c) monitor and/or record your telephone calls in relation to cover to ensure consistent servicing levels and account operation.

We use advanced technology and well defined employee practices to help ensure that **your** information is processed promptly, accurately and completely and in accordance with applicable data protection law.

If **you** want to know what information is held about **you** by the AXA Assistance Group, please write to:
Oxygen LTD, Bolshaya Dmitrovka str. 32 bld 4 office 250, 107031 Moscow, Russia.; Attention Data Protection Officer

There may be a charge for this service, as permitted by law. Any information which is found to be incorrect will be corrected promptly.

CANCELLATION OF THE BENEFITS

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