

Conditions of GRAWE Travel Insurance

A. GENERAL CONDITIONS

1. Who is covered?

- 1.1. Persons named on the insurance policy who are foreign nationals with a legitimate Croatian residence permit not exceeding 6 months at the time insurance policy is taken out. In case of family insurance not more than two adults and five children under the age of 18 named individually on the insurance policy can be covered.
- 1.2. Coverage is not provided to persons who have conditions requiring treatment, persons with severe physical or mental disorders and nervous system disorders, persons deprived of legal capacity or persons with 100% disability. Coverage to such persons can be provided only in accordance with a special authorization granted by the insurer prior to stipulating the insurance contract.
- 1.3. If the circumstances referred to in Point 1.2 occur while the Insured is on a trip and the insurance coverage is valid, the insurance coverage ends when this trip ends.

2. When is coverage valid?

- 2.1. Insurance coverage starts on the day and at the time specified as the start of coverage on the policy, but not before the start of the trip provided that the premium was paid prior to that day and that a state border is crossed on entry into Croatia. The insurance coverage ends on the day and at the time specified on the policy as the expiry day of the coverage or earlier if the trip ended before that time, i.e. if the Insured has crossed the state border when leaving Croatia.
- 2.2. If the date of issue of the policy and the coverage start date are the same, the insurance coverage shall become effective at 0:00 a.m. of the following day.

3. Where is coverage valid?

- 3.1. Insurance coverage is valid on the territory of the Republic of Croatia.

4. What is the significance of the insured sum?

- 4.1. Insured sum is the highest amount guaranteed by the Insurer for all harmful events while insurance coverage is effective.

5. What happens if a person entitled to compensation has third party claims?

- 5.1. Any compensation arising from this contract is payable only if the person entitled to such compensation is not eligible for compensation arising from another insurance contract.

6. What are exclusions of the Insurer's liability?

- 6.1. The Insurer's liability shall be entirely excluded in case of:
 - 6.1.1. Events that are caused by Insured's wilful misconduct or gross negligence;
 - 6.1.2. Events that are in direct or indirect relation to civil or interstate wars, acts of terrorism, sabotage;
 - 6.1.3. Events that occur as a result of active participation of the Insured in demonstrations or other events;
 - 6.1.4. Events that occur as a result of a strike;
 - 6.1.5. Consequences resulting from the Insured's suicide or attempted suicide;
 - 6.1.6. Events that occur as a result of a decision adopted by competent authorities;
 - 6.1.7. Consequences arising from carrying out of any professional menial job by the Insured or during military service;
 - 6.1.8. Events caused directly or indirectly by ionizing radiation or nuclear energy;
 - 6.1.9. Events resulting from the influence of alcohol, drugs and/or medications on the Insured, i.e. from the Insured's unjustified discontinuation of the prescribed therapy;
 - 6.1.10. Events arising from the use of aircrafts without an engine (e.g. paraglider), participation in sporting competitions of motor vehicles (as well as rallies) and respective practice sessions;
 - 6.1.11. Events that occur as a consequence of epidemics and pandemics;
Cover exists in the context of epidemics and pandemics such as Covid -19 exclusively within the framework of the provisions specified in the area "Medical expenses coverage while travelling or staying in Croatia".

Definition "Epidemic": A contagious disease that spreads rapidly and widely among the population in an area and which is recognized as an epidemic by the local authority or World Health Organization (WHO).

Definition "Pandemic": An epidemic that spreads among the population in many countries or continents and which is recognized as a pandemic by the World Health Organization (WHO).

Definition "Quarantine": Mandatory confinement, imposed on the insured person by order of a government or authority because the insured person is suffering from a contagious disease (including an epidemic or pandemic disease such as Covid-19) or because the insured person is suspected of having contracted such a disease. This does not include quarantine which applies generally or to part or all of the population, a vessel or a geographical area, or which applies on the basis of the place to which the person is travelling, from or through which he is travelling.

- 6.1.12. Events that occur on trips that are undertaken despite travel warnings by the Federal Ministry for Foreign Affairs (Foreign Office) or are not interrupted immediately;
- 6.1.13. Events that are attributable directly or indirectly to natural disasters, seismic phenomena or weather influences;
- 6.2. In case of embargos, economical-, financial- or trading sanctions, that apply to the insurance policy, prevent the payment of an indemnification, insurance coverage is not granted.
- 6.3. Costs for obligatory or precautionary health tests, which are necessary for the start, continuation or return of the journey, will not be reimbursed.
- 6.4. In addition to the aforementioned general exclusions, special exclusions in relation to certain types of insurance coverage shall also apply.

7. What are the obligations of the Insured upon the occurrence of the insured event?

- 7.1. Upon the occurrence of the insured event the Insured shall:
 - 7.1.1. Immediately take any measure available in order to eliminate or reduce the extent of damage;
 - 7.1.2. Notify the Insurer of the insured event and comply with the Insurer's instructions;
 - 7.1.3. Provide the Insurer with all the information available and necessary for the Insurer to be able to determine the cause, extent and amount of damage, and shall present all the original evidence regarding the amount of damage (receipts, medical findings, police reports, etc.) to the Insurer;
 - 7.1.4. Authorize doctors, hospitals, other healthcare facilities and competent authorities where appropriate to provide the Insurer with any information and document required upon the Insurer's written request if the Insurer deems that such information or document may have a cause-and-effect relationship with the insured event;
 - 7.1.5. Enable the transfer of the Insured's rights to the Insurer up to the amount of paid compensation towards the person liable for the damage incurred on any basis;
 - 7.1.6. Report without delay any damage arising from a criminal offence committed by third party, describe it in detail to the local police authority, and obtain a written confirmation of the report made;
 - 7.1.7. Fulfil all other obligations arising from a specific type of insurance.

8. When does the Insured lose the right to insurance compensation?

- 8.1. The Insurer is exempt from liability to pay insurance compensation if the insured event occurred due to Insured's wilful misconduct or gross negligence.

9. When do insurance claims under this contract expire?

- 9.1. Claims under the insurance contract concluded pursuant to the provisions of these conditions shall expire pursuant to the provisions of the Law on Obligatory Relations.

10. When is insurance compensation payable?

- 10.1. The Insurer shall pay the insurance compensation within 14 days from the day it received the notification of the occurrence of the insured event. If a certain time period is required in order to establish the existence of the Insurer's liability or the amount of the liability, the Insurer shall pay the compensation as defined in the insurance contract within 30 days from the receipt of a claim for damages or shall notify the Insured within the same time period that his claim is ill founded.
- 10.2. If the amount of the Insurer's liability is not established within the time periods specified in the previous paragraph, the Insurer shall pay the amount of non-disputable portion of its liability as advance payment without delay.

10.3. If the Insurer fails to meet its liability within the time periods specified in this Article, it shall be liable for default interests payable to the Insured from the day of the receipt of the notification regarding the insured event, as well as the compensation for the consequential damage.

11. How are disputes arising from this contract settled?

11.1. The parties agree that they will endeavour to settle any dispute arising from or in relation to this insurance contract and any amendments to it, including disputes over its inception, breach, termination or interpretation by mutual agreement, in accordance with the Insurer's rules regarding the internal procedure for handling complaints. If this should fail, they may continue the procedure as extrajudicial settlement before the insurance attorney, i.e. before the Mediation Centre within the Croatian Insurance Bureau.

11.2. If the parties fail to settle a dispute in the manner described above, a territorially competent court in Zagreb shall have jurisdiction over any dispute arising hereunder.

B. TRAVEL ACCIDENT INSURANCE

12. What events are covered by this insurance ?

12.1. Insurance coverage shall be provided for accidents that occur while travelling and which result in death or permanent disability of the Insured person.

12.2. Permanent disability is total or partial loss of organs or parts of body, permanent or partial loss of organ functions, i.e. of parts of organs or parts of body if, when taking into consideration sustained injuries and consequences that followed, it will remain with a person after a completed therapy and rehabilitation, i.e. when no improvement or deterioration of the Insured's health status can be expected according to medical findings of a specialist doctor.

13. What is considered an accident?

13.1. An accident is defined as any bodily injury or death involuntarily suffered by the Insured as a result of a suddenly occurring external mechanical or chemical factor.

Accidents are considered in particular: hitting with a vehicle, collision, hitting with an object or against an object, electrocution or thunder strike, fall, slipping, falling down a precipice, wounds caused by a knife or other objects, being hit or bitten by an animal or stung by an insect, unless such stinging results in an infectious disease.

13.2. Accidents as referred to in the previous paragraph are considered the following events:

- Drowning and suffocating;
- Asphyxiation or suffocation due to being buried (by soil, sand, etc.);
- Fire or electrical burns, burns caused by hot objects, liquids or vapour, acids, bases, etc.;
- Poisoning resulting from inhaling gases or toxic vapours, unless in cases of professional diseases;
- Food or chemical poisoning out of ignorance on the part of the Insured, unless due to a professional disease;
- Impact of light, sun rays, temperature or bad weather conditions if the Insured was exposed to them due to a previously occurred accident or if the Insured has found himself in unforeseen circumstances that could not be prevented or was exposed to them in an attempt to save human lives;
- Pulled muscle, bone dislocation, sprain and fracture resulting from sudden body movements or sudden strains caused by unforeseen external factors, if determined as such by adequate specialist doctor after the occurrence of the injury;
- Effects of X-rays or radioactive rays if the onset is quick or sudden, unless in case of a professional disease.

13.3. The coverage is also provided for accidents suffered by the Insured when flying in an aircraft (plane, balloon, glider, helicopter, sports plane, etc.) licensed for carrying of passengers.

Under these conditions passenger shall mean a person carried on an aircraft with the authorization of an aircraft carrier i.e. airliner, with the exception of flight and cabin crew and other aircraft personnel involved in aircraft maintenance (technicians, mechanics, etc.), operation and attendance, and persons who are not involved in aircraft operation through their professional job.

13.4. The following is not considered an accident:

- Infectious, professional and other diseases, as well as consequences

arising from psychical factors, except for poliomyelitis and tick-borne encephalitis;

- Infections and diseases caused by allergies, cutting or ripping of calluses or other areas of thick and hardened skin;
- Anaphylactic shock, unless occurring during treatment of consequences of an accident;
- Consequences arising from delirium tremens or drug abuse;
- Pathological changes of bone and pathological epiphysiolysis;
- System neuromuscular disorders and endocrine conditions;
- Abdominal hernias, umbilical hernias, hydroceles and other hernias, with the exception of those acquired through a direct injury to the abdominal wall caused by a direct external mechanical force exerted on the abdominal wall if after the injury traumatic hernia has been established, accompanied by a clinically established injury of the abdominal wall soft tissue in that region;
- hernia disci intervertebralis, any type of lumbago, discopathy, sacralgia, coccygodynia, ischialgia and myofasciitis, fibrositis, fasciitis and any patho-anatomical change in the lumbosacral region defined with analogous terms;
- Retinal detachment (ablatio retinae) of the previously diseased eye or degenerately changed eye. Retinal detachment of a previously healthy eye is exceptionally accepted if there are signs of direct external injury to the eyeball established in a healthcare facility;
- Consequences of medical, particularly surgical procedures undertaken for the purpose of treatment or prevention of disease, unless such consequences are a result of a determined error on the part of medical personnel (vitium artis);
- Accidents resulting from disease, dizziness, etc.

13.5. Death resulting from the death penalty is not considered an accident. Neither is considered an accident a suicide regardless of the circumstances in which it occurred.

13.6.1. No insurance coverage shall be provided for in case of:

- Pseudoarthrosis;
- Bruising of skeletal muscle structure and overuse syndrome;
- Subjective discomfort felt by the Insured as a pain, weakened muscle strength, swelling at the site of injury, tingling sensation, fear, any other disturbance of mental nature occurring after an accident (post-traumatic stress disorder, fear of driving a car, flying in an aircraft or any other means of transportation, fear of heights or of confined space, insomnia, mood swings, etc.);
- Reduced mobility of the big joints (shoulder joint, elbow joint and wrist joint of the upper extremities, hip joint, knee joint and leg joint of the lower extremities) up to 10 degrees.

14. When is the Insurer exempt from his liability?

14.1. Unless expressly stipulated otherwise, the Insurer shall be exempt from its liability if the accident is a result of:

- 14.1.1. The use of an aircraft, parachute and flying devices of any kind, with the exception of those specified in Point 13.3.
- 14.1.2. Training session or taking part in automobile, carting or motorcycle races, test drives, even if the participation is on an amateur basis;
- 14.1.3. Training session and participation of the Insured in public sporting events as members of sports organizations, as well as in professional sports;
- 14.1.4. During recreational activities involving the following sports: rock climbing, free climbing, base jumping, bungee jumping, martial arts, horse riding, diving, water jumps from a height exceeding 10 m, caving, mountain biking and other hazardous sports;
- 14.1.5. Insured's preparing, attempting or committing criminal offence or a result of escape after such an action;
- 14.1.6. War, regardless of whether it was declared or not, or a war-related event;
- 14.1.7. Civil war, revolution, uprising, rebellion, civilian riots resulting from such events, sabotage, act of terrorism or other similar events;
- 14.1.8. Active participation in physical interpersonal violence (fight), unless in cases of proved self-defence;
- 14.1.9. Detonation of explosive, mines, torpedoes, bombs or other pyrotechnical means while on the job of their mantling and dismantling;
- 14.1.10. A direct or indirect effect of:

- nuclear, chemical or biological weapons;
- atomic energy;
- radioactive contamination if the intensity of radiation measured outside the microlocation perimeter of the radiation source exceeded the contamination threshold permitted by law;

<p>14.1.11. Heart attack (infarction), stroke or diseases described with similar or analogous terms (a heart attack shall in no way be considered a consequence of an accident);</p> <p>14.1.12. Influence of alcohol, drugs or medications on the Insured at the time of the accident regardless of any liability of a third party for the occurrence of the accident:</p> <p>It is considered and presumed that, unless proven otherwise by the Insured, an accident occurred because of the influence of alcohol on the Insured if a blood test or any other method of measuring alcohol content in the body has demonstrated that alcohol content in the Insured's blood at the time of the accident was 0,5 g/kg (0,5 ‰) or more, if the Insured operated a motor vehicle, an aircraft or any type of boat, i.e. 1 g/kg (1‰) or more in all other cases.</p> <p>It is considered and presumed that, unless otherwise proven by the Insured, that an accident occurred because of the influence of alcohol or drugs on the Insured if the Insured refuses alcohol or drug test, if he leaves the site of the accident prior to the arrival of the police, i.e. if he fails to call the police or notify a competent police station of the traffic accident or avoids taking the alcohol test in any other way.</p> <p>14.1.13. Earthquakes;</p> <p>14.1.14. Bodily injuries during treatment or surgical procedures undertaken or arranged for by the Insured on his own, unless such procedures or treatment are indispensable from a medical point of view;</p> <p>14.1.15. Failure to use suitable protective equipment (hard hats, safety harnesses, etc.), serious violation of regulations and unreasonable exposure to excessive or unusual risks and dangers if they had an effect on the occurrence and the extent of the accident.</p> <p>14.2. The Insurer shall not be obliged to pay insurance compensation if the Insured, while operating a motor vehicle, aircraft or boat of any kind, does not have a required official document (licence, certificate, etc.) entitling him to operate a motor vehicle, aircraft or boat of that category.</p> <p>Pursuant to the conditions hereunder, the Insured is considered to have an official document entitling him to operate a motor vehicle, aircraft or boat of a specific category if he is operating it under direct supervision of a licensed instructor while preparing or taking a test for the purpose of obtaining an official document.</p> <p>The Insurer may not invoke exemption from its liability if the Insured has managed to prove that not having a required official document has no influence on the occurrence of accident and the extent of the Insurer's liability.</p> <p>15. What are the Insured's obligations upon the occurrence of the insured event?</p> <p>15.1. In addition to the obligations referred to in Article 7 the Insured shall:</p> <p>15.1.1. Seek medical attention without delay and continue treatment until full recovery complying with doctor's advice and instructions;</p> <p>15.1.2. Undergo medical examination carried out by a doctor designated by the Insurer upon request and with the expenses covered by the Insurer;</p> <p>15.1.3. Report death without delay, even if the accident has already been reported to the Insurer so that an autopsy of the Insured can be performed before funeral;</p> <p>15.1.4. In the event of an accident the following documents shall be submitted to the Insurer:</p> <ul style="list-style-type: none"> - the original policy to be examined; - medical documents which can help establish the type and severity of injury, start and course of treatment, duration and degree of incapacity to work or permanent disability of the Insured; - death certificate if the Insured has deceased. <p>16. How to determine Insurer's liability?</p> <p>16.1. If permanent disability resulting from an accident is established within a year from the accident, the Insurer shall pay indemnity in accordance with the following provisions:</p> <p>16.1.1. Permanent disability indemnity shall be payable in accordance with a determined degree of disability and the stipulated insured sum. If the sum of disability percentage figures as specified in the table below exceeds 100%, the amount of 100% will be taken as the final degree of disability.</p> <p>16.1.2. In order to establish a degree of disability the following provisions shall apply:</p> <p>In case of a total loss of function or impairment of function of:</p> <table border="0" style="margin-left: 20px;"> <tr> <td>- the arm from the shoulder joint</td> <td style="text-align: right;">70%</td> </tr> <tr> <td>- the upper arm</td> <td style="text-align: right;">65%</td> </tr> <tr> <td>- the forearm or hand</td> <td style="text-align: right;">60%</td> </tr> </table>	- the arm from the shoulder joint	70%	- the upper arm	65%	- the forearm or hand	60%	<ul style="list-style-type: none"> - the thumb - the forefinger - any other finger - a portion above the half of the upper leg - a portion under the half of the upper leg - a portion under the half of the lower leg or ankle - the big toe - any other toe - sight in both eyes - sight in one eye - loss of sight in the other eye before the occurrence of the insured event - hearing in both ears - hearing in one ear - loss of hearing in the other ear before the occurrence of the insured event - taste <p>16.1.3. In case of partial loss or impairment of function the specified disability percentages shall be reduced as appropriate. If a permanent disability degree cannot be established under the previous paragraph, disability degree shall be determined in accordance with the above specified percentages taking into consideration the extent of impairment from the medical point of view.</p> <p>16.1.4. Increase of consequences of an accident due to previously existing physical impairment shall not grant a right to an increase in disability indemnity.</p> <p>16.1.5. If previous illnesses or fractures have increased the consequences of an accident, the amount of indemnity shall be proportionally reduced by the amount (percentage) of the disability due to the previous injury.</p> <p>16.2. In case of death the insured sum stipulated in the event of death shall be payable if the Insured's death is a result of an accident or of the consequences of an accident within 5 years from the accident. The insured sum in case of death shall be payable to legal successors if not otherwise specified by the Insured in writing. The insured sum in case of death shall be reduced by the amount paid for disability resulting from the same event.</p> <p>16.3. In case of death of the Insured resulting from an accident within a year from the accident the insured sum in case of death shall be payable and no right to disability indemnity shall be recognized.</p> <p>16.4. In case of death of the Insured not arising from an accident, where the Insured would have had the right to permanent disability indemnity, the Insurer shall pay indemnity in accordance with the degree of disability determined according to the most recent medical findings.</p> <p>16.5. In case of death of a person under 14 years of age, only funeral expenses shall be reimbursed according to the submitted original funeral receipts or receipts of standard local funeral expenses applicable in the place of burial of the Insured, to the extent of the insured sum and not exceeding EUR 3,000.00 EUR.</p> <p>C. MEDICAL EXPENSES COVERAGE WHILE TRAVELLING OR STAYING IN CROATIA</p> <p>17. What are the cases covered by the insurance?</p> <p>17.1. Insurance coverage refers to acute illnesses (including a disease that has been declared an epidemic or a pandemic, such as Covid-19), and bodily injuries resulting from an accident suffered by the Insured in Croatia and Quarantine according to the definition in pt. 6.1.11. of the "General Conditions".</p> <p>18. What is the extent of the Insurer's liability?</p> <p>18.1. Expenses incurred while staying in Croatia due to emergency medical treatment in hospital or in an out-of-hospital setting shall be reimbursed. Expenses for the provision of a higher standard of health care services shall not be reimbursed.</p> <p>18.2. The Insurer shall also reimburse the costs:</p> <p>18.2.1. of rescue and medical emergency transport of the Insured up to 20% of the insured sum and not exceeding EUR 10,000.00 EUR;</p> <p>18.2.2. of transportation of the Insured to the country of residence or to a neighbouring country if the journey started in that country, arranged for by an organization designated by the Insurer in case of a required medical</p>
- the arm from the shoulder joint	70%						
- the upper arm	65%						
- the forearm or hand	60%						

- emergency transport due to a degree of illness (accident);
- 18.2.3. of a new journey of the Insured after transportation referred to in Point 18.2.2 to the amount of the journey during which the insured event occurred, but not exceeding EUR 1,500.00.
- 18.3. If hospitalisation of the Insured person in Croatia is longer than 5 days, the Insurer shall arrange for the transport of one person according to the wish of the Insured and shall cover his/her transport costs to the hospital location and back to the place of residence. The Insurer shall not cover accommodation costs.
- 18.4. Additional accommodation costs in connection with a quarantine (according to the definition in pt. 6.1.11. of the "General Conditions"), up to a maximum of € 1.000 per insured person.
- 18.5. If the Insured fails to notify the Insurer of the occurrence of the insured event without delay, the Insured person shall be liable to the Insurer for any damage so incurred. In such case the Insurer is entitled to deduct the amount of the damage incurred from the insurance indemnity.

19. What are the cases excluding the Insurer's liability?

- 19.1. In addition to the exclusions of the Insurer's liability specified in the terms of travel insurance against consequences of accident, coverage of medical care costs while staying in Croatia shall not include reimbursement of the following costs:
- 19.1.1. Medical treatment in Croatia which was one of the reasons for the trip;
- 19.1.2. Medical treatment for which it was certain when starting the trip to be necessary during the scheduled trip;
- 19.1.3. Medical treatment due to tiredness or exhaustion;
- 19.1.4. Pregnancy and all of its consequences or complications (especially deliberate termination of pregnancy and labour), medical treatment of consequences of birth control usage;
- 19.1.5. Medical treatment of chronic diseases and diseases that existed prior to the beginning of the trip, as well as their consequences, if they existed or were known at the time of taking out the insurance;
- 19.1.6. Dental or prosthetic procedures (except for emergency dental intervention costs to eliminate pain);
- 19.1.7. Treatment in thermal, climatic and altitude health resorts;
- 19.1.8. Rejuvenation treatments, weight loss treatments and beauty treatments;
- 19.1.9. Prosthesis, artificial limbs or equipment;
- 19.1.10. Vaccination, medical opinion and medical certificates;
- 19.1.11. Control checkups, supplemental treatment and therapy;
- 19.1.12. Special services in hospital, such as phone, TV, etc.;
- 19.1.13. Use of phone or taxi for the Insured person, i.e. for the person accompanying the Insured person;
- 19.1.14. Additional accommodation costs and other costs of accompanying person.

20. What damage is covered only under certain conditions?

- 20.1. The decision regarding the need for emergency transport of the Insured and the type of means of transportation shall be made at the discretion of the Insurer or the organization designated by the Insurer in which case the amount of costs so incurred shall be covered.
- 20.2. The compensation referred to in the previous paragraph shall be excluded:
- 20.2.1. If emergency transportation costs, medical treatment and other related costs are reimbursed to the Insured person in another way.
- 20.3. If the transport of the Insured person is arranged for by an organization which has not been designated by the Insurer (Point 20.1.), the Insured shall be liable to the Insurer for any damage so incurred. In such case the Insurer is entitled to deduct the amount of sustained damage from the insurance indemnity.

21. What are the Insured person's obligations upon the occurrence of an insured event?

- 21.1. In addition to the obligations referred to in Article 7 the Insured person shall:
- 21.1.1. IMMEDIATELY notify the Insurer in case of in-patient health care or illness requiring multiple outpatient treatment sessions;
- 21.1.2. undergo a medical examination by a doctor designated by the Insurer upon request and at the expense of the Insurer;
- 21.1.3. The Insured shall make available to the Insurer the originals of the following documents:
- insurance policy;
 - receipt paid to a doctor or hospital receipt which must contain first and last name of the Insured person, his date of birth, type of

- illness, itemized medical care report and relative dates;
- medical documents corroborating the need for the transportation of the Insured;
 - Any other receipts and documents for which reimbursement is applied for.

22. How is indemnity calculated when medical care costs are also covered in another manner?

- 22.1. Medical care costs entitling to a compensation under another contract or right are reimbursed only once.

23. How long is insurance coverage valid?

- 23.1. The Insurer's liability shall terminate on the day indicated on the policy as the policy expiry day. If the transportation of the Insured from Croatia is not possible due to serious consequences resulting from an accident or illness, the Insurer's liability shall be prolonged even after the insurance expiry.

D. ADDITIONAL REPATRIATION COSTS

24. What are the cases covered by the insurance?

- 24.1. The insurance coverage refers to additional expenses in case of an early or late repatriation from a trip of the Insured from Croatia into their country of residence with the same means of transportation, in tourist class, which was used when starting the journey, if the return is included in the journey.
- 24.2. Insurance coverage also refers to transport costs of the Insured Person's remains if death of the Insured Person occurred while the insurance coverage was effective.

25. What is the extent of the Insurer's liability?

- 25.1. Extra costs for repatriation as specified in Article 24 shall be reimbursed if repatriation resulted from:
- 25.2. Sudden severe illness, serious health consequences arising from an accident or death of the Insured.
- Under the terms of this Article severe illness is considered an illness which unconditionally prevents the Insured from finishing the journey or from carrying out his job. Upon request made by the Insurer, the Insured shall present adequate proof. Mental conditions occurring for the first time after taking out of the insurance shall be covered only if in-patient hospital care is necessary. Illnesses caused by drug or alcohol abuse shall not be covered.
- 25.3. Natural disasters or burglary which caused damage to the property of the Insured in his place of residence to such an extent to make his return necessary;
- 25.4. Sudden severe illness, serious health consequences resulting from an accident or death of one of the following persons: spouse or extra-marital partner, parents, children, brothers, sisters, grandmothers, grandfathers, grandchildren, father-in-law, mother-in-law, brother-in-law, sister-in-law or one of the persons indicated on the policy;
- 25.5. Unrest of any kind, natural disasters or epidemics at the destination of the trip if they jeopardize the safety of the Insured and if the continuation of the journey is no longer possible.

26. In what cases is the Insurer's liability excluded?

- 26.1. In addition to the exclusions of the Insurer's liability specified in the "General conditions", the insurance coverage shall not be provided in case of illness or an event described in the previous article which occurs at the time of the start of the trip.

27. What are the Insured's obligations upon the occurrence of the insured event?

- 27.1. In addition to the obligations specified in Article 7, the Insured shall:
- 27.1.1. Immediately notify the Insurer of the insured event exclusively by phoning the Insurer's help line;
- 27.1.2. Deliver to the Insurer the original of the following documents:
- insurance policy;
 - travel agreement (receipt);
 - medical certificate which must contain first and last name of the Insured, his date of birth, diagnosis and start of treatment issued by a doctor at the trip destination by which discontinuation of journey is

advised and a doctor who will continue treatment of the Insured outside Croatia is designated, certificate of temporary disability to work (sick leave), death certificate or any other document required by the Insurer.

E. BAGGAGE INSURANCE

28. What is covered? What is the extent of the Insurer's liability?

- 28.1. The insurance coverage is provided for personal belongings which the Insured has taken with him on a journey or which he acquires during such journey (baggage).
- 28.2. Insurance coverage refers to loss, damage or destruction of baggage caused by:
- criminal offence committed by third party (e.g. theft, robbery);
 - checked-in baggage delays caused by the carrier;
 - accidents to means of transportation (e.g. traffic accident);
 - fire and natural disasters.

29. What are valuables?

- 29.1. Items which contain or are made of precious metals, precious stones or pearls.
- 29.2. Electronic devices, photography equipment, cinema and sound equipment, video equipment, watches and optical devices, portable personal computers, jewellery and fur the individual value of which exceeds EUR 364.00 EUR.

30. What items and damage are covered only under certain conditions?

- 30.1. Valuables referred to in Article 29 shall be covered by insurance only if:
- the Insured keeps them with him or keeps them attended at all times during his journey;
 - consign valuables to an accommodation company for safekeeping or to an attended cloakroom and has adequate proof for that;
 - stored in an enclosed and locked space not accessible to everybody. Any type of bag, cosmetic/toiletry bags and jewellery boxes are not considered adequate space.
- 30.2. In any case, the method of safekeeping must be suitable for the value of items (e.g. safe).
- 30.3. Valuables referred to in Article 29 will not be covered by insurance during transportation for which a third party is liable.
- 30.4. Tents and camping equipment will not be covered by insurance while in use.
- 30.5. Sports equipment will be covered by insurance only during transportation to and from journey destination while on the means of transportation or outside of the means of transportation (at train/bus stations, airports, etc.) if kept by the Insured with him.
- 30.6. Baggage in a motor vehicle shall be covered by burglary insurance only if it can be proved that such burglary occurred between 6:00 a.m. and 9:00 p.m.. This time limit shall not apply if the vehicle was parked in an enclosed garage under constant surveillance.
- 30.7. Baggage on a boat shall be covered by burglary insurance only in the time period referred to in the previous paragraph.

31. What items and damage are not covered by insurance?

- 31.1. Valuables referred to in Article 29 shall not be covered by insurance, with the exception of cases listed in Article 30, point 30.1 if left in a vehicle of any kind (locked or unlocked) or at any other place which is not attended by the Insured.
- 31.2. Money (cash), travel tickets, stamp collections, any kind of document and securities, precious metals, individual precious stones, items intended for trade, items of artistic or subjective value, tools and equipment used to perform a professional job, musical instruments, equipment, tools and spare parts of motor vehicles, weapons, computer equipment (with the exception of portable personal computers), software and accessories.
- 31.3. Items on or in unlocked vehicles or boats, bags on motorcycles, or their contents if bags are left on the motorcycle.
- 31.4. Automobiles, campers, camping trailers, sailing and motor boats, surfboards and accessories, motorcycles and aerial vehicles.
- 31.5. Damage caused by Insured's wilful misconduct or gross negligence.
- 31.6. Damage caused by inappropriate or defective packaging (containers) or storage.

- 31.7. Damage resulting from forgetfulness, pawning of items, losing or leaving them.
- 31.8. Damage caused by the usual use and damage caused by spoiled goods, leaking liquids or weather conditions.
- 31.9. Damage covered by some other insurance.

32. What are the Insured's obligations upon the occurrence of the insured event?

- 32.1. In addition to the obligations referred to in Article 7 the Insured shall provide a detailed description of the causes, circumstances and extent of damage sustained upon the occurrence of the insured event without delay and shall request a confirmation of damage in a written form:
- by the carrier or accommodation company or liable third party in case of damage, destruction or loss of baggage;
 - by the carrier in case of delay of shipment;
 - by the competent police station in case of damage resulting from a criminal offence committed by third parties.

33. What will the Insurer indemnify upon the occurrence of the insured event?

- 33.1. With restrictions under Article 35 the following compensations shall be paid by the Insurer upon the occurrence of the insured event:
- current value of the insured items in case of total loss or destruction of baggage, but not more than its value at the time of purchase;
 - emergency repair costs in case of damaged items if such costs do not exceed their current value reduced by the remaining value, but not exceeding their value at the time of their purchase reduced by the remaining value.

34. What is the amount of current value?

- 34.1. Current value of the insured item is its market value at the time of purchase reduced by assessed amount of lost value due to obsolescence or wear and tear.

35. To what insured assets or insured events insurance compensation restrictions shall apply?

- 35.1. Compensation in case of costs of ordering new cheques and identification documents is limited to 15% of the insured sum.
- 35.2. Compensation in case of vision aids (glasses and contact lenses) and other prosthetic ancillary devices (e.g. hearing aids), cosmetics and perfumes is limited to 75% of the insured sum.
- 35.3. Compensation in case of breakage of items (with the exception of items used for packing, e.g. suitcases) is limited to 50% of the insured sum.
- 35.4. If checked-in baggage arrives to the destination with a delay of at least 12 hours after the arrival of the Insured due to a delay in transport, the compensation for purchase of substitute baggage or rental fee is limited to 50% of the insured sum.
- 35.5. In case of valuables under Article 29, compensation is limited to 75% of the insured sum.
- 35.6. Compensation in case of theft of insured items from a car (with the exception of valuables under Article 31.1) is limited to 75% of the insured sum provided that baggage is in the closed and locked inner space or boot. Baggage must be stored in the boot if there is one. In general, whenever it is possible, baggage must be stored so that it is not visible from the outside.

F. ADDITIONAL TRAVEL COVERAGE

36. When can the right to additional coverage be exercised?

- 36.1. The right to additional coverage is exercised by the Insured in case of:
- illness/accident;
 - death;
 - criminal prosecution;
 - loss of means of payment;
 - loss of travel documents;

Additional coverage can be provided if the Insured or a person authorized by the Insured notifies the Insurer by phone or in other appropriate manner of the occurrence of the insured event. Otherwise the Insurer is entitled to detract additionally incurred expenses from the compensation.

37. Illness/accident

37.1. Outpatient care

37.1.1. The Insurer shall supply information regarding outpatient treatment options. The Insurer is not obligated to put the Insured in contact with a doctor.

37.2. Inpatient care

37.2.1. If inpatient care of the Insured resulting from an illness or accident is required, the Insurer shall:

- establish contact and ensure the exchange of information between the general practitioner of the Insured and doctors at the hospital where the Insured is receiving inpatient treatment;
- communicate any information necessary to the family of the Insured upon request.

38. Death

38.1. Funeral in Croatia

38.1.1. In case of the Insured's death in Croatia the Insurer shall arrange for and sustain expenses for a funeral in Croatia upon request of the family of the Insured (under the conditions of additional repatriation costs).

38.2. Funeral in the country of residence

38.2.1. If the Insured's family does not wish funeral to take place in Croatia, the Insurer shall arrange for and sustain costs of repatriation of remains of the Insured from the place where death occurred to the place in the country of residence where funeral will take place (under the conditions of additional repatriation costs).

39. Other additional coverage

39.1. Criminal proceedings against the Insured

39.1.1. In case of detention of the Insured, the Insurer shall provide assistance by arranging for legal defence and overcoming language barriers.

39.2. Loss of means of payment

39.2.1. In the event of loss of payment resulting from a theft or any other event, the Insurer shall provide assistance to the Insured to establish contact with an appropriate bank. The Insurer shall assist the Insured with the transfer of funds authorized by the bank where necessary.

39.3. Loss of documents

39.3.1. In the event of loss of travel documents (and not means of payment) resulting from a theft or any other event, the Insurer shall provide assistance when obtaining new documents and shall cover expenses for the issuance of identification documents (under the conditions of baggage insurance).

Effective as of 23.10.2020