

Travel Amateur Sports Injury Insurance

Contract / Terms № NVI/TR/SP/2022–V1 Offer — Information Booklet



Offer — Information Booklet

1. Insurer – JSC "New Vision Insurance";

2. **Policyholder** – A person who carries out fun, on a non-professional level, amateur sports activities for the purpose of recreation and in respect of whom insurance is provided;

3. Type of Insurance Contract — Travel Amateur Sport Injury Insurance;

4. Description of the Insured Risk and Conditions of Insurance Coverage:

COVERED SERVICES	SHARE	ANNUAL AGGREGATE LIMIT
24/7 Information Service	100%	UNLIMITED
Ambulance	100%	UNLIMITED
Emergency Outpatient Services	100%	UNLIMITED
Medicines	50%	200 GEL
Emergency Vaccination (Anti-tetanus)	100%	UNLIMITED
Emergency Hospital Services	100%	UNLIMITED
Implants and Corrective Devices	100%	1000 GEL
Medical Evacuation	100%	UNLIMITED
Repatriation	100%	UNLIMITED
Sum Insured / Annual Aggregate Limit	5,000 GEL	
Insurance Premium	Is determined by the Policy	

5. Type, Amount and Preconditions for using the Deductible – A deductible is an amount that is not reimbursed by the Insurer and is deducted from the amount of the loss; The deductible for this insurance is 50 (fifty) GEL for each event – applies only for outpatient services.

6. Validity of the Insurance contract: Validity of the specific Insurance contract is indicated in the policy.

7. Terms, amount and rules of any other financial expenses incurred by the customer other than the premium – no other financial expenses are provided.

8. Exclusions from Insurance Coverage (cases that are not reimbursed by the insurance policy) – Expenses incurred in the following cases are not subject to reimbursement:

- Events established before the entry into force of the Insurance;
- Any costs of treatment and examination in a medical facility without the right to operate / permit; costs of treatment, experimental treatment, non-traditional medicine (acupuncture, homeopathy, manual therapy, etc.), self-medication conducted by a non-certified person who is not authorized to practice medicine;
- Expenses incurred by the Policyholder through illegal actions, self-harm, suicide attempt, intentional and / or gross negligence, as well as costs incurred under the influence of alcohol, drugs, psychotropic or other toxic substances;
- Expenses related to all types of damage caused by environmental pollution, radioactive radiation, natural disasters;
- Exoprosthesis and External Correction Equipment Costs, Organ and Tissue Transplant / Autotransplant Costs;
- Expenses for sending Research material taken in Georgia and researching abroad; Exclusive services: non-standard / Over-standard medical services, non-standard ward, hired / chosen doctor;



- Cost of services funded by other program / insurance;
- Participation in any type of competition by the Policyholder, carrying out any kind of sports activity on a professional level;
- Any accidental expenses that are not directly related to and that do not arise during the trip, from an injury caused by an amateur sport;
- Services not covered by this Contract / Terms.

The Insurer is released from any obligation to reimburse, in case of misrepresentation, incorrect description or conceal of any important fact by the Insured/Policyholder and in case of breach of any obligation under the contract.

9. Form and terms of sending a notification to the insurer in the event of an insured event, submission of a claim, settlement of the insurance event and insurance indemnity issuance:

- 9.1. In the event of an Insurance Accident, the policyholder (or authorized third party) immediately, but not later than 24 hours (except for delay in notification due to objective circumstances), contact JSC New Vision Insurance's Information Service at (+995) 322 501 501, which provides contact with the relevant person or organization of further services; Expenses for services received without notice or agreement with the insurer are not subject to reimbursement.
- 9.2. In case of medical services required (ambulance, outpatient services, vaccination, hospital services, medical evacuation), the Policyholder must present an identity document and an insurance policy at the medical institution.

9.2.1. In case of applying to the provider medical institution or receiving emergency medical service, based on the identity card and insurance policy submitted by the Insured/Policyholder, the medical institution itself contacts the insurance company, after confirmation of which, the policyholder is released from the obligation to pay the amount, pays only the amount of the deductible provided by the outpatient services, and the remaining costs will be reimbursed by the Insurer through direct payment to the medical institution;

9.2.2. When applying to a non-provider medical facility, the Insurer reserves the right to transfer the Policyholder to a contractor medical facility;

9.2.3. In the non-provider medical institution of the Insurer, the Policyholder pays the full cost of the medical service, and the reimbursement of the mentioned expenses is considered by the Insurer's Insurance Case Regulation Service Department, after the submission of the relevant documentation;

9.2.4. During the trip, the medication prescribed for the injury caused by amateur sports can be purchased both on the basis of an electronic guarantee paper / letter (Request must be made by e-mail: online@nvi.ge or e-portal: https://my.nvi.ge; by relevant form $N_{\rm O}$ IV-100/a or sending a prescription issued by the doctor, the policyholder will receive an SMS message to which he/she submits to the provider pharmacy, or submits a personal number to receive the medication, the policyholder pays the amount specified in the co-payment share) issued by the insurer and in accordance with the principle of free choice, in the latter case the policyholder must submit documentation in accordance with the rules below;

9.2.5. The documentation must be submitted within 30 (thirty) calendar days after the occurrence of the insured event. The Insurer reserves the right not to reimburse the events where the documents is submitted after the expiration of this period. Documents can be submitted both in person and electronically at the insurance company's reimbursement office (e-mail: online@nvi.ge; e-portal: https://my.nvi.ge);

9.2.6. In order to receive compensation, the policyholder must submit the following documents:

- lnsurance policy;
- Patient ID (in case of minor);
- Patient's birth certificate and parent ID card (In the case of a minor);



- Patient Form №IV-100/a or a doctor's prescription paper stamped and signed that includes the following information: patient's name, referral number, diagnosis, medical history / complaints, list of scheduled examinations, medications;
- Proof of payment cash register / terminal check;
- Relevant recipient person's cash receipt (detailed list of medical services provided, indicating cost of each) stamped;
- Bank details the official form of Iban account number, taken from a bank or internet bank, where the account holder can be seen;
- Present the conclusion of the research / morphology, if necessary;
- Contact information: mobile number, e-mail address
- Invoice / bill (in case of inpatient services);
- In case of medical evacuation, a doctor's record of the state of health, a conclusion indicating the diagnosis and need for evacuation;

9.2.7. In case of receiving medical services defined by this Contract/Terms in a non-provider medical institution by policyholder, the insurance reimbursement is paid by the Insurer to the Policyholder within 10 calendar days from the submission of the complete documentation specified under the contract / terms by the Policyholder to the Insurer.

9.3. Repatriation – Provides for reimbursement of expenses within the limits cpecified in the policy and this terms for the transportation of a corpse from Georgia to the nearest international airport of the respective country or to the nearest border point of that country in the event of death of Policyholder as a result of an insured event during a temporary stay on the territory of Georgia and within the insurance period.

9.3.1. To receive compensation, the authorized person of the policyholder must submit the following documents:

- Copy of the Policyholder identity document;
- Conclusions of experts and other invited specialists (if necessary);
- Forensic examination report;
- Death certificate and medical certificate of death, which must indicate the immediate cause of death of the Policyholder;
- A document certifying the identity and remuneration of the authorized person (s);
- Proof of expenses (if the expenses have been incurred by any authorized person): invoice / bill or cash receipt order of the relevant person receiving the money and check of the cash register / terminal;
- Bank details of the authorized person (s) receiving the reimbursement (document certifying the authority to receive reimbursement).

9.3.2. The insurance reimbursement is paid by the insurer within 10 calendar days after the submission of the complete documentation specified in the contract / conditions to the insurer. Insurance reimbursement is issued either to a person or organization authorized to receive reimbursement who has performed repatriation services.

- 9.4. Documentation that the policyholder was traveling at the time of the accident, must be submitted, if necessary, at the request of the insurer.
- 9.5. The Insurer is entitled, if necessary, to request an additional examination by a doctor-expert trusted by him / her;
- 9.6. Depending on the specifics of the event, the insurer is entitled to request the submission of other additional documents for the purpose of reviewing the case and other related issues;



- 9.7. Failure to submit the documents requested by the Insurer and provided for in this Contract entitles the Insurer to refuse to pay the insurance indemnity. Documents can be submitted to the Insurer's Remuneration Office in person or electronically (e-mail: online@nvi.ge; e-portal: https://my.nvi.ge);
- 9.8. The Insurer shall make a decision on the payment of compensation in accordance with the terms and conditions set forth in this Contract, on the basis of the submission of the necessary documentation by the Insured / Policyholder / Authorized person and the necessary documentation obtained by the Insurer to consider the event. Within 10 (ten) calendar days from the date of collection of the above documentation, based on the decision to recognize / reimburse the event as an insurance event, the Insurer shall make reimbursement to the Policyholder or issue a reasoned written refusal to acknowledge the insured event / reimbursement of damages within 15 (fifteen) calendar days from the collection of the above documentation
- 9.9. Only events established and declared within the validity of the insurance policy will be reimbursed by the Insurer.

This Information Booklet – the Offer is incomplete information about the Terms of Insurance; Familiarity with the Information Booklet by the Insured/Policyholder and the explanations made by the Insurer do not give rise to any legal consequences or claims between the parties.

February 01, 2022