



Travel Amateur Sports Injury  
Insurance Contract / Terms

NVI/TR/SP/2022-V1

### Key Terms of the Contract (Title)

This document – Key terms of the Contract provide incomplete information about the terms of Insurance; Full information about the insurance is given in the **Travel Amateur Sport Injury Insurance Contract/Terms № NVI/TR/SP/2022-V1**, which is available at [www.nvi.ge](http://www.nvi.ge) and in the Insurance Policy. The Insurance Contract / Standard Terms, Insurance Policy and the Insurer's Application for Insurance constitute a single complete agreement between the parties.

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%                               | 1 000 GEL              |
| Medical Evacuation                          | 100%                               | UNLIMITED              |
| Repatriation                                | 100%                               | UNLIMITED              |
| <b>Sum Insured / Annual Aggregate Limit</b> | <b>5,000 GEL</b>                   |                        |
| <b>Insurance Premium</b>                    | <b>Is determined by the Policy</b> |                        |

5. **Detailed Terms of Service** are defined in the Travel Amateur Sport Injury Insurance Contract/Terms № NVI/TR/SP/2022-V1 (hereinafter referred to as the Agreement).
6. **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.
7. **Validity of the Insurance contract:** Validity of the specific Insurance contract is indicated in the policy.
8. **Insurance period** is indicated in the policy.
9. The insurer is free from his / her obligations until the payment of the one-time insurance premium defined by the insurance policy.
10. **Sum Insured** is indicated in the policy.
11. **The rule of claim notification to the insurer by the Insured / Policyholder** is given in Article 6 of the Agreement, paragraph 6.1.
12. **The procedure for submitting a claim by the Insured / Policyholder to the Insurer for insurance reimbursement in case of an Insurance Event** is given in Article 6 of the Agreement, paragraph 6.2., 6.3., 6.4., 6.5., and 6.6.

13. **Detailed procedures for regulating an insured event** are set out in Article 6 of the Agreement.

14. **The reimbursement terms** is regulated in Article 2 of the Agreement.

15. **Agreement Termination Terms:**

The grounds for early termination of insurance may be the following:

- Full fulfillment of the obligations assumed by the insurer or full exhaustion of the relevant liability / reimbursement limit;
- Non-fulfillment of obligations by the parties;
- Prior written agreement of the parties;
- Other cases provided by this agreement and the legislation of Georgia

In case of early termination of the contract, the premium paid by the insurer is not refundable by the insurer;

Upon termination / cancellation of the insurance, the obligations of the insurer towards the Insured/policyholder are terminated.

16. **Exclusions from Insurance Coverage (cases that are not reimbursed by the insurance policy) are set out in Article 3 of the Agreement and are the following:**

- 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.

17. **In case of a claim against the Insurer, the claim is received, reviewed and regulated** in accordance with the "Procedure for Receiving, Reviewing and Regulating Consumer Complaints", which is posted electronically at the following address: [www.nvi.ge](http://www.nvi.ge). The claim of the Policyholder / Insured is submitted to the Consumer Protection Service through the following means:

A) In written (material) form in all offices and service centers of the insurer:

- By submitting a written application (in such a case, the claimant's identification data, telephone, e-mail, insurance policy / card number must be recorded as required and should indicate in what form the applicant wishes to receive a response to the complaint);
- By filling out a claim form developed by the insurer.

B) In **electronic** form:

- By filing a complaint on the insurer's e-mail [complaints@nvi.ge](mailto:complaints@nvi.ge);
- By filling in the claim application form on the official website of the insurer [www.nvi.ge](http://www.nvi.ge)

C) **Orally**:

- By filing a claim with the Insurer Information Service;

The maximum time for receiving a response to a complaint submitted in any form is 30 (thirty) calendar days after receiving the application / complaint. Detailed information on the address (s) of the Insurer's office / service center (s) and the procedure can be found on the Insurer's website [www.nvi.ge](http://www.nvi.ge) or by contacting the Information Service Hotline - (+ 995 032) 2 501 501;

In case of disputes / disagreements related to the fulfillment of the insurance contract, the parties have the opportunity to apply to N(N)LP the Insurance Mediation of the Insurance Association of Georgia via the telephone number: +995 032 2 555 155 and / or by e-mail: [mediacia@insurance.org.ge](mailto:mediacia@insurance.org.ge);

The insured / Policyholder is also entitled to apply to the LEPL State Insurance Supervision Service of Georgia at the following address: Tbilisi, L. Mikeladze st. N3, Tel .: +995 032 2 23 44 10.

February 01, 2022

## Travel Amateur Sport Injury Insurance Contract/Terms No. NVI/TR/SP/2022-V1

On the one hand, JSC "New Vision Insurance" (hereinafter "Insurer") and on the other hand, the person indicated in the Insurance Policy (hereinafter "Insured/Policyholder"), we enter into this Travel Amateur Sport Injury Insurance Contract/Terms.

The present Terms, the Insured's Application and the Insurance Policy issued under it (hereinafter referred to as the policy) constitute an Insurance Contract entered into between the parties. All annexes / additional terms of the contract (if any) are an integral part of the contract.

### 1. Definitions of Terms

- 1.1. **Insured** – The person who entered into the insurance contract. Unless otherwise provided by the insurance policy, the Insured may be Policyholder at the same time.
- 1.2. **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;
- 1.3. **Insurance policy** (Hereinafter – the policy) – a document certifying the conclusion of the insurance contract and which reflects the basic terms of the contract. The insurance policy is submitted to the Insured/Policyholder in the form of an electronic document and/or material form;
- 1.4. **Insurance period** – The time interval specified in the insurance policy during which the insurance is valid;  
The validity period of the insurance starts at 24:00 on the day defined as the beginning of the insurance period in the policy and is valid at 24:00 on the day defined as the end of the insurance period in the policy, however, the insurance is valid only from 24:00 on the day of payment of the insurance premium by Insured/Policyholder;
- 1.5. **Insurance Area** – This insurance is valid only on the territory of Georgia, except for the occupied territories;
- 1.6. **Insurance Premium** – The amount payable by the Insured/Policyholder specified in the insurance policy, which is the cost of insurance services to be provided by the Insurer;
- 1.7. **Insurance Limit** – The amount specified in the policy, which is the maximum limit of insurance reimbursement in total for all insurance coverages provided for in this Contract;
- 1.8. **Sub-limit** – The amount provided for in this contract and the policy, which is the maximum of the total insurance reimbursement issued during the insurance period for a specific insurance coverage;
- 1.9. **Insurance Reimbursement** – The amount that the insurer will reimburse upon the occurrence of the insured case based on the present insurance terms and policy, within the relevant limit;
- 1.10. **Insurance Event** – In the territory of the insurance, during the insurance period, damage to the health (trauma, fracture, dislocation, bruising, wound, etc.) or death of the Policyholder as a result of the risks provided for in this contract;
- 1.11. **Information Service** – 24-hour telephone information service that provides advice on any issues or problems with this insurance; Organizes medical services, provides complete and operational information on providers and insurance conditions;
- 1.12. **Ambulance** – Provides medical services provided by the emergency medical brigade as a result of the insurance accident, as well as transportation and referral from the scene of the accident to the medical facility in order to maintain the vital functions of the Policyholder;
- 1.13. **Medical Evacuation** – Provides for reimbursement of the car or air transportation costs of the injured Policyholder, which were incurred during the insurance period and insurance event ongoing during this period, accompanied by medical personnel, from the scene of the accident or to another medical institution. In case of non-residents, transportation to Tbilisi / Kutaisi / Batumi International Airport or border checkpoint, within the limit specified in the policy. Transportation of the Policyholder (in Tbilisi, as well as in the nearest relevant medical institution of the districts) is organized by the Insurer;
- 1.14. **Emergency Outpatient Services** – Is a combination of medical and diagnostic measures required in the event of an insurance event (specialist consultation, instrumental and laboratory examinations, outpatient procedures, medications), in case of delay or non-implementation for more than 24 hours, the death of the Policyholder, disability or significant deterioration of health is inevitable and when there is no need to provide hospital medical care, and the duration of treatment does not exceed 24 hours;
- 1.15. **Vaccination** – Reimbursement of vaccination (anti-tetanus) costs required in case of Policyholder bodily injury as a result of an insurance event;
- 1.16. **Emergency Hospital Services** – Provides for reimbursement of the cost of medical services (medicines, diagnostic manipulations, therapeutic and surgical treatments) if the Policyholder stays in the hospital for more than 24 hours during an insured event, the postponed of which for more than 24 hours, causes death of the Policyholder, disability or significant deterioration of health;
- 1.17. **Medications** – Provides, Based on medical indications only, for reimbursement of medical expenses for outpatient treatment by a certified physician during a trip due to an injury caused by amateur sports only on medical grounds. Medicines can

be purchased on the basis of an electronic guarantee sheet / letter issued by the Insurer (sent as an SMS to a mobile phone) at the provider's pharmacy network, or without a guarantee sheet / letter at any licensed pharmacy, subject to the principle of free choice;

1.18. **Provider / Contractor Clinic / Medical Institution** – A medical institution that has a contractual relationship with the Insurer and has a relevant activity permit;

1.19. **Deductible** – 50 (fifty) GEL for each event – applies only for emergency outpatient services.

## **2. Insured Risks, Insurance Coverage**

2.1. Subject to the exclusions set forth in this Agreement, this insurance covers the costs of emergency medical care (outpatient, hospital and vaccination), evacuation and/or repatriation (for non-residents), only in relation to the insurance event that occurred while engaging in amateur sports at a non-professional level when traveling for the purpose of entertainment, active recreation.

## **3. Exclusions from Insurance Coverage**

3.1. **Expenses incurred in the following cases are not subject to reimbursement:**

3.1.1. **Events established before the entry into force of the Insurance;**

3.1.2. **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;**

3.1.3. **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;**

3.1.4. **Expenses related to all types of damage caused by environmental pollution, radioactive radiation, natural disasters;**

3.1.5. **Exoprosthesis and External Correction Equipment Costs, Organ and Tissue Transplant / Autotransplant Costs;**

3.1.6. **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;**

3.1.7. **Cost of services funded by other program / insurance;**

3.1.8. **Participation in any type of competition by the Policyholder, carrying out any kind of sports activity on a professional level;**

3.1.9. **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;**

3.1.10. **Services not covered by this Contract / Terms.**

3.2. **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.**

## **4. Rights and Obligations of the Parties:**

4.1. **The Insurer is Authorized:**

4.1.1. To refuse to pay the insurance indemnity in case of non-fulfillment or improper fulfillment of the obligations under this contract by the Insured and / or the Policyholder;

4.1.2. When concluding this contract / policy, the Insured/Policyholder authorizes the Insurer to request the medical and financial documents required for the payment of insurance reimbursement from any medical institution without additional agreement with the Insured/Policyholder. To obtain the necessary information from third parties (doctors, any medical institution, transport service, etc.) or to obtain any information related to the occurred event from other third parties; And release the latter persons from the obligation to keep information confidential for the purposes set out in this Contract;

4.2. **The Insurer is Obligated:**

4.2.1. Carry out insurance in accordance with the terms of insurance specified in this contract.

4.3. **The Insured/Policyholder is Obligated:**

- 4.3.1. To assist the Insurer, provide the necessary information / documents for the consideration of the event and / or the issuance of insurance indemnity, otherwise the Insurer is entitled to refuse to fulfill the obligations before the above-mentioned retaliatory actions;
- 4.3.2. To pay the insurance premium in accordance with the rules and terms established by this contract;
- 4.4. **The Insured/Policyholder is Authorized:**
  - 4.4.1. To demand from the Insurer due performance of its obligations.

## 5. Action at the Insurance Event Occurrence

5.1. **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.**

5.2. **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.**

- 5.2.1. 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;
- 5.2.2. When applying to a non-provider medical facility, the Insurer reserves the right to transfer the Policyholder to a contractor medical facility;
- 5.2.3. 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;
- 5.2.4. 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](mailto:online@nvi.ge) or e-portal: <https://my.nvi.ge>; by relevant form №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;
- 5.2.5. 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](mailto:online@nvi.ge); e-portal: <https://my.nvi.ge>);
- 5.2.6. In order to receive compensation, the policyholder must submit the following documents:
  - Insurance 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;

5.2.7. 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.

5.3. **Repatriation** – Provides for reimbursement of expenses within the limits specified 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.

5.3.1. 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).

5.3.2. 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.

5.4. Documentation that the policyholder was traveling at the time of the accident, must be submitted, if necessary, at the request of the insurer.

5.5. The Insurer is entitled, if necessary, to request an additional examination by a doctor-expert trusted by him / her;

5.6. 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;

5.7. 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](mailto:online@nvi.ge); e-portal: <https://my.nvi.ge>);

5.8. 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

5.9. Only events established and declared within the validity of the insurance policy will be reimbursed by the Insurer.

## 6. Insurance Premium and its Payment Procedure

6.1. The insured / Policyholder pays the Insurer a one-time insurance premium, with the amount specified in the Insurance Policy, at the time of concluding the insurance contract, via electronic payment system (MY pay, Epay, etc.) or by bank transfer.

6.2. Prior to the payment of the insurance premium by the Insured / Policyholder, the Insurer is released from fulfilling its obligations, which at the same time does not release the Insurer from fulfilling the obligations under these terms / policies.

## 7. Termination of the Contract / Insurance

7.1. The grounds for early termination of insurance may be the following:

- Full fulfillment of the obligations assumed by the insurer or full exhaustion of the relevant liability / reimbursement limit;



- Non-fulfillment of obligations by the parties;
- Prior written agreement of the parties;
- Other cases provided by this agreement and the legislation of Georgia

7.2. In case of early termination of the contract, the premium paid by the insurer is not refundable by the insurer;

7.3. Upon termination / cancellation of the insurance, the obligations of the insurer towards the Insured/Policyholder are terminated.

## 8. Dispute, Compensation for Damages

8.1. In case of a claim against the Insurer, the claim is received, reviewed and regulated in accordance with the "Procedure for Receiving, Reviewing and Regulating Consumer Complaints", which is posted electronically at [www.nvi.ge](http://www.nvi.ge). The claim of the Policyholder / Insured is submitted to the Consumer Consumer Protection Service by the following means:

A) In written (material) form in all offices and service centers of the insurer:

- By submitting a written application (in such a case, the claimant's identification data, telephone, e-mail, insurance policy / card number must be recorded as required and should indicate in what form the applicant wishes to receive a response to the complaint);
- By filling out a claim form developed by the insurer.

B) In electronic form:

- By filing a complaint on the insurer's e-mail [complaints@nvi.ge](mailto:complaints@nvi.ge);
- By filling in the claim application form on the official website of the insurer [www.nvi.ge](http://www.nvi.ge)

C) Orally:

- By filing a claim with the Insurer Information Service;

8.2. The maximum time for receiving a response to a complaint submitted in any form is 30 (thirty) calendar days after receiving the application / complaint. Detailed information on the address (s) of the Insurer's office / service center (s) and the procedure can be found on the Insurer's website [www.nvi.ge](http://www.nvi.ge) or by contacting the Information Service Hotline – (+ 995 032) 2 501 501;

8.3. In case of disputes / disagreements related to the fulfillment of the insurance contract, the parties have the opportunity to apply to N(N)LP the Insurance Mediation of the Insurance Association of Georgia via the telephone number: +995 032 2 555 155 and / or by e-mail: [mediacia@insurance.org.ge](mailto:mediacia@insurance.org.ge);

8.4. The insured / Policyholder is also entitled to apply to the LEPL State Insurance Supervision Service of Georgia at the following address: Tbilisi, L. Mikeladze st. N3, Tel .: +995 032 2 23 44 10.

## 9. Force Majeure

9.1. Unless otherwise agreed by this contract, the parties are released from liability for full or partial non-compliance with force majeure circumstances, (War, military maneuvers, sabotage, epidemic, pandemic, acts and actions of state bodies that have entered into force, as well as other events that, regardless of the will of the parties, obstructed and / or made impossible the obligations of the parties);

9.2. The party for whom it is impossible to fulfill the obligations due to force majeure is obliged to inform the other party within 5 (five) working days after the arrival of force majeure or the receipt of information about force majeure. If the force majeure lasts for more than one month and the delay in the execution of this contract causes the loss of interest of the party (ies), then the parties must agree to extend or terminate the contract.

## 10. Confidentiality

10.1. Information obtained by the parties in cooperation with each other is confidential information and the terms of this contract may not be disclosed to third parties without the prior written consent of the other party. The parties must also ensure the protection of the performance of the contract and any correspondence and other business documents issued under this contract from encroachment and access to third parties, except in cases provided by applicable law;

10.2. This obligation of the parties is valid after the termination and / or expiration of this contract.

## 11. General Provisions

11.1. The policyholder is obliged to provide the Insurer with essential information for the Insurer in the form prescribed for that purpose, and to apply for medical services to a medical institution in accordance with the terms specified in the contract;

11.2. The policyholder gives the Insurer the right to process the policyholder 's personal data in order to fulfill its obligations under the contract, as well as to get acquainted with his / her illness history and medical expenses, as well as to change the provider medical institutions at any time;

11.3. Communication between the parties is carried out in writing, including through electronic means of communication in accordance with the details of the parties specified in the insurance policy. The Insurer may also send a notification in the form of a short text message to the telephone number indicated by the Insurer in the application and/or policy;

11.4. The insurer is entitled not to issue insurance reimbursement in case of falsification of the fact of occurrence of the insurance accident and / or documents required for receipt of compensation, also seek compensation for the damage caused by this action and termination of this contract;

11.5. The legislation of Georgia shall apply to the contract;

11.6. By agreeing to the contract, the Insured/Policyholder confirms that he / she has read the terms of this contract, which is available at: [www.nvi.ge](http://www.nvi.ge);

The present Contract / Terms are valid only together with an email-certified application / questionnaire or filled out (Including electronically) by the Insured / Policyholder and the relevant insurance policy;

Before agreeing to this Contracts/ terms, the Insured/Policyholder is obliged to carefully read these terms and conditions..

February 01, 2022