

Accident insurance terms and conditions No. NGA17

Approved by the Resolution of the Board of Directors of Seesam Insurance AS Latvian Branch on March 12, 2017.

Valid from May 1 of 2017.

1. Parties of the Insurance Contract

1.1. Insurer

Seesam Insurance AS Latvijas filiāle (represented by: Seesam Insurance AS, Vambola 6, Tallinn, Estonia), hereinafter – Insurer.

1.2. Policyholder

An individual, who enters into Insurance Contract for the benefit of himself/herself or another individual, or a legal person entering into Accident Insurance Contract for the benefit of its employee(s) (hereinafter – Policyholder).

1.3. Insured person

You are the Insured person and the Policyholder has concluded the Insurance contract for your benefit.

2. Insurance Contract

2.1. The Insurance Contract consists of Accident Insurance Policy, insurance terms and conditions, as well as amendments and supplements to the Contract, which have been agreed by and between the parties to the Insurance Contract (hereinafter – the Parties) during the period of validity of the Insurance Contract.

2.2. The rights and duties of the Parties are binding to the Insurer, the Policyholder and you.

2.3. The Insurance Contract is considered concluded and enters into force, if the Insurance Premium is paid duly and in full amount.

2.4. If the Parties agree in writing that the Insurance Premium (or the first part thereof) is to be paid after the date of the conclusion of the Insurance Contract, then, if the Insurance Premium (or the first part thereof) is paid within the period and in the amount specified by the Insurer, it shall be considered that the Insurance Contract has come into effect according to the conditions specified in Paragraph 2.3 above.

2.5. If, in contrary to the conditions of the insurance policy, the Insurance Premium (or the first part thereof) is not paid within the period and in the amount, it shall be considered that the Insurance Contract has not come into effect on the date of conclusion thereof and no Insured Events having occurred during this period shall be examined and compensated.

2.6. The Insurance Contract is executed in the Latvian language, according to the effective laws and regulations of the Republic of Latvia. If the conditions of the Insurance Contract have been translated and the disputes have arisen due to the translation, the conditions of the Insurance Contract in the Latvian shall prevail.

2.7. The Insurer and/or the Policyholder may terminate the Insurance Contract:

- in cases referred to in the Law “On Insurance Contract”;
- unilaterally, before the end of the Insurance Period, including after the occurrence of an Insured Event when the Insurance Indemnity is paid, or before payment of the Insurance Indemnity if the Insurer has established the amount of loss associated with the Insured Event. The Insurance Contract is terminated upon expiration of a 15-day period from the date on which the relevant Party has sent a written notice of the termination of the Insurance Contract, or if both Parties have agreed in writing on different procedures for the termination of the Contract.

2.8. Termination of the Insurance Contract does not affect the Insurer’s right to request from the Policyholder the premium or any part thereof for the period when the Insurance Contract was in effect.

3. What is an accident?

3.1. An Accident is a sudden, independent of your will and previously unpredictable, short-time effect of certain external factors (physical, mechanical,

chemical, thermal, electrical) on your body which has occurred during the Insurance Period, and which has resulted in a physical injury causing damage of tissues or organs and due to which occurs incapacity for work and/or death.

3.2. Within the meaning of these Insurance Conditions, also the following events are considered as an Accident:

3.2.1. injuries caused as the result of a road traffic accident;

3.2.2. animal bites;

3.2.3. infection as the result animal and insect bites, including tick-borne encephalitis, as well as infection with rabies or tetanus due to traumatic injury of tissues, if the infection has caused physical or functional loss of certain parts of the body, full or partial loss of vision, hearing or speech (under condition that you have received full vaccination within the established time limits);

3.2.4. accidental acute poisoning with poisonous plants, gas, chemical or toxic substances, if it has caused physical or functional loss of certain parts of the body, full or partial loss of vision, hearing or speech;

3.2.5. drowning;

3.2.6. asphyxia;

3.2.7. frostbites, burns, lightning, exposure to electric current;

3.2.8. injuries resulting from the effects caused by various weapons, if the weapons have not been associated with illegal activity on your behalf.

3.3. Age-related changes in the body and an illness (disease) shall not be considered as an Accident.

4. What is the insurance period?

Insurance period is the period of validity of the Insurance Contract specified in the insurance policy, which, depending on the insurance policy purchased, can be 1 year (one 365-day period) or 3 years (period of three continuous 365 days), or another Insurance Period which has been agreed by and between the Parties before entering into the Insurance Contract.

5. Where is the insurance contract in effect?

The Insurance Contract shall be in effect in the territory specified in the insurance policy, but the Treatment Costs in respect of the Risk Insured shall be in effect in the territory of the Republic of Latvia only.

6. Is the accident insurance in effect when I am engaged in sports or during active recreational activities?

6.1. The insurance is in effect if you outside your working hours are doing sports and/or other recreational hobbies for maintenance of your physical shape, regardless of the kind of sport and regularity (for example, classes in the gym, aerobics and its variations, golf, bowling, swimming, cycling, orienteering, participation in organized mass sports disciplines and competitions, tennis, beach volleyball etc.), but in compliance with the provisions of the Paragraphs 6.2 – 6.4 below.

6.2. The insurance cover is not in effect if you are engaged in:

6.2.1. all kinds of professional or amateur sport, regularly taking part in sports training and open competitions with an aim to achieve sports results at the local and/or international level (see Paragraph 13 “Terminology”);

6.2.2. martial (contact) sports (e.g., boxing, kickboxing, taekwondo, aikido, jiu jitsu, freestyle wrestling, Greco-Roman wrestling, judo, kung fu, karate etc.);

6.2.3. high-risk activities and/or extreme sports (such as BMX, climbing, trekking, rock-climbing, expedition in the mountains, auto racing, racing, freestyle, skydiving, paragliding, skeleton, bobsleigh, scuba diving, rafting, windsurfing, water motor sport, aerosport, kite boarding, ski jumping from

the springboard, freestyle motocross, skateboarding, rugby, driving (driving or as a passenger) with a quad, personal watercraft or snowmobiles etc.).

6.3. Insurer may request additional information about the circumstances of the Accident in which you have got a physical injury during sports activities.

6.4. Payment of the Insurance Indemnity may be refused if the Policyholder and/or you have concealed from the Insurer or provided incorrect information to the Insurer about your participation in sport at amateur or professional level, or about your engagement in high-risk activities or sports, which, according to these insurance conditions, are regarded as exceptions which are not covered by the insurance.

7. What are the risks covered by the accident insurance

7.1. The Risks Insured, depending on the particular Accident Insurance Policy, can be as follows:

7.1.1. Basic risks:

- **Bone fractures and injuries**
- **Burns**
- **Frostbites**
- **Mutilation, disability**
- **Event of death**

7.1.2. Basic risks cover is in effect either for 24 hours a day or only during working hours, including travel to/from home, depending on the conditions specified in your insurance policy.

7.1.3. Additional risks:

- **Hospital allowance**
- **Daily allowance**
- **Medical treatments costs**
- **Family welfare insurance**

7.1.4. The additional risks Hospital allowance Daily allowance and Medical treatment costs cover is in effect if the Accident has resulted in occurrence of any of the basic risks specified in the insurance policy which, according to the Insurance Contract conditions, is Insured Event, which envisages a payment of Insurance Indemnity.

7.2. Bone fractures and injuries

7.2.1. In case of bone fracture or injury, Insurance Indemnity will be paid to you for the fact of fracture or injury.

7.2.2. Insurance indemnity amount is calculated by multiplying the Insured Sum with appropriate percentage of bone fractures or injuries specified in the relevant Table for Calculation of Insurance Indemnity related to bone fractures and injuries".

7.2.3. If during the insurance period, you have had several non-related cases of bone fractures or injuries or if you have got several bone fractures or injuries as the result of one and the same Accident, Insurance indemnity is calculated for each of them, but the maximum Insurance Indemnity for one Accident or a number of Accidents in total cannot exceed the Insured Sum stated in the policy for the risk of bone fractures and injuries in each 365-day insurance period or any other Insurance Period specified in the insurance policy.

7.2.4. If an injury or fracture corresponds to a number of positions in the Table of Indemnity Calculation, the Insurance Indemnity shall be calculated for the most severe of the injuries or fractures indicated.

7.2.5 In the event of open bone fracture the insurance company may increase the insurance indemnity calculated for the specific bone fracture up to 10 %.

7.2.6. Exceptions

Insurance Indemnity shall not be paid:

- a) for pathological bone fractures and pathological injuries, as well as repeated fractures and recurring injuries;
- b) for intervertebral disc hernia, Schmorl's node, disk vaulting (protrusion), spondylosis, osteochondrosis, spondylosis deformans or arthrosis, arthritis, gout, habitual dislocation, ankylosing spondylitis, discogenic radiculitis and other destructive bone diseases, as well as if the injury has occurred as a result of these diseases;
- c) for injuries and fractures caused by auxiliary appliances (transplants, implants, prosthetic appliances) inserted in your body.

7.3. Burns

7.3.1. If as the result of an Accident you have got body burns caused by high temperature, electric current or chemicals, the Insurer shall pay an Insurance

Indemnity based on a statement issued by the treating physician, the State Burn Centre or a hospital and containing the following information:

- relation of the burn surface area to the total body surface area;
- burn localization;
- lesion depth.

7.3.2. Insurance Indemnity shall be calculated by classifying the lesion according to the Table for Calculation of Insurance Indemnity in the Event of Burns and multiplying the relevant Insurance indemnity calculation basic percentage with the lesion specified in the medical statement expressed as a percentage.

7.3.3. Maximum Insurance Indemnity for one Accident and/or a number of Accidents in total cannot exceed the Insured Sum earmarked in the Insurance Contract for the risk of burns in each 365-day insurance period or any other Insurance Period specified in the insurance policy.

7.3.4. The Insurance Indemnity shall be paid for burns starting from burns of the second degree, characterized by skin redness, pain, blisters formed on the skin, visible damages of epidermis.

7.3.5. If as the result of an Accident you have got body burns and the Insurer has paid Insurance Indemnity, but you, as the result of the these burns, get a Mutilation/ obtain status of a Disabled person no less than within one (1) year thereafter, or die within 1 (one) year thereafter, the Insurance Indemnity for the death or mutilation/ disablement case occurred shall be calculated as follows:

- a) if the Insurance Indemnity paid to you for the burns is less than the Insured Sum in an event of death or mutilation/disablement specified in the insurance policy, the Beneficiary (in the event of your death) or you (in event of mutilation/disability) will be paid the sum of the difference between the Insured Sum in the event of death or mutilation/disablement and the Insurance Indemnity already paid for the burns;
- b) if the Insurance Indemnity paid to you for the burns is equivalent to or bigger than the Insured Sum in event of death or mutilation/disablement specified in the insurance policy, no payment for the event of death or mutilation/disablement shall be made.

7.3.6. Exceptions

The Insurance Indemnity shall not be paid for burns of the first degree, characterized by skin redness, pain only.

7.4. Frostbites

7.4.1. If as the result of external circumstances independent of your will you have got frostbites of the body, Insurance Indemnity shall be paid only for frostbites with deep tissue damage – necrosis.

7.4.2. Calculation of the Insurance Indemnity to be paid made according to the percentage of the Insured Sum specified in the "Table for Calculation of Insurance Indemnity in the Event of Frostbites".

7.4.3. If as the result of an Accident you have got frostbites and the Insurer has paid Insurance Indemnity, but as the result of the said burns, your occurs or you get a Mutilation/obtain status of a Disabled person, the Insurance Indemnity for the death or mutilation/disablement occurred shall be calculated as follows:

- a) if the Insurance Indemnity paid to you for the frostbite is less than the Insured Sum in event of death or mutilation/disablement specified in the insurance policy, the Beneficiary (in the event of your death) or you (in the event of Mutilation/Disability) will be paid the sum of the difference between the Insured Sum in event of death or mutilation/disablement and the Insurance Indemnity already paid for the frostbites;
- b) if the Insurance Indemnity paid to you for the frostbites is equivalent to or bigger than the Insured Sum in event of death or mutilation/disablement specified in the insurance policy, no payment for the event of death or mutilation/disablement shall be made.

7.4.4. Exceptions

Insurance Indemnity shall not be paid for superficial frostbites.

7.5. Hospital allowance

7.5.1. Hospital allowance is the Insurance Indemnity paid for your treatments at a 24-hour hospital for at least 24 (twenty-four) hours within six months period from the moment the accident has taken place and- for trauma indicated in any tables for calculation of the insurance indemnity.

7.5.2. The Insurance Indemnity for one day spent in a 24-hours hospital and the maximum Insured Sum for each 365-day Insurance Period or any other Insurance Period specified in the insurance policy is indicated in the insurance policy.

7.5.3. The Insurer calculates the hospital allowance after your discharge from the hospital, based on documents submitted on the hospital stay. Insurance Indemnity will be paid as a single sum for all the days spent in the hospital.

7.5.4. The maximum period for which the hospital allowance is paid for an Accident, is 40 (forty) calendar days, not exceeding the Insured Sum for the Insurance Period.

7.5.5. Exceptions

Hospital allowance shall not be paid:

- a) if the duration of treatment in 24-hour hospital is less than 24 (twenty four) hours;
- b) for treatment in sanatoriums, rest homes, day hospitals and day-patient care units of a hospital.

7.6. Daily allowance (in the event of temporary incapacity for work)

7.6.1. Daily allowance is an Insurance Indemnity what you receive, if an Accident results in damage to your physical health and due to it in temporary incapacity for work.

7.6.2. Daily allowance shall be paid:

7.6.2.1. for each incapacity day, starting from the first day, but not more than for 70 (seventy) sick days per one Insured Event and no more than for 200 (two hundred) sick days for all the Insured Events together that occurred during a 365-day Insurance Period or any other Insurance Period specified in the insurance policy, not limiting this number of days with the Insurance Period;

7.6.2.2. as a single payment when a closed certificate for temporary incapacity for work has been submitted to the Insurer;

7.6.2.3. for one closed certificate for temporary incapacity for work submitted to the Insurer.

7.6.3. If you as the result of an Accident have got an injury for which, according to the "Table for Calculation of Insurance Indemnity for Bone Fractures and Injuries", the Insurance Indemnity in amount of up to 1% should be paid, payment of the Insurance Indemnity for the risk "Temporary Incapacity for Work" shall be started from the 6th (sixth) sick day.

7.6.4. Incapacity days are considered working days only, assuming that a week consist of five (5) working days.

7.6.5. The Insurer shall calculate the Insurance Indemnity based on the certificate on temporary incapacity for work issued to you in the Republic of Latvia.

7.6.6. Exceptions

7.6.6.1. The Insurance Indemnity for the risk "Daily Allowance" shall not be paid:

- a) for the days, which the hospital allowance is paid for;
- b) for the days, which have been spent in an inpatient rehabilitation institution;
- c) when the Insurance period ends. This exception is not valid if Insurance contract with the same insurance conditions for you has been renewed for the next Insurance period and the insurance condition stated in Paragraph 7.7.3 has been fulfilled
- d) if the temporary incapacity for work is resulting from congenital, chronic or occupational diseases.

7.6.6.2. If in connection with the same Accident your Mutilation or Disablement has been confirmed, the payment of the Insurance Indemnity for the risk "Daily Allowance" is stopped from the date when the mutilation or disablement is established.

7.7. Medical treatment costs

7.7.1. You will be reimbursed medical treatment costs if you have suffered in an Accident resulting in a bone fracture or injury, which provides for payment of an Insurance Indemnity according to the Insurance Contract.

7.7.2. In the context of these Insurance Conditions, the medical treatment costs are the following:

7.7.2.1. patient contribution which you have paid both as outpatient and inpatient (see Paragraph 13 "Terminology" Subparagraph 13.13) treatment institutions;

7.7.2.2. paid medical services:

- a) consultations of medical specialists;
- b) diagnostic tests prescribed by attending physician (ultrasound, x-ray, computed tomography, magnetic resonance imaging) – both patient contribution and optional (premium rate) services (see Paragraph 13 "Terminology" Subparagraph 13.14);
- c) physical therapy (physiotherapy) prescribed by the attending physician after an Accident where a therapy session for one Insured Event does not exceed 10 (ten) procedures in total with the maximum limit of 7 (seven) EUR for a procedure during each 365-day Insurance Period or any other Insurance Period specified in the insurance policy;

d) inpatient rehabilitation services prescribed by the attending physician, not exceeding 50 % of the Insured Sum for the risk "Medical treatment costs";

e) purchase of medicines registered in the Drug Registry of the Republic of Latvia, and prescribed by the attending physician and purchase of dressings for treatment of injuries;

f) treatment costs for dental trauma damage suffered as the result of an accident (consulting, x-ray diagnostics, tooth extraction, medication and surgical therapy, local anaesthesia);

g) purchase or rental of auxiliary equipment required for treatment of injuries and prescribed by a doctor (crutches, wheelchairs, orthoses);

h) microsurgery or manipulations required for correction and/or elimination of mutilations got as the result of an Accident that happened during the Insurance Period.

7.7.3. The Insurance Indemnity for the medical treatment costs referred to in Paragraph 7.7.2 after a single Insured Event and/or or for a number Insured Events in total cannot exceed the maximum Insured Sum specified in the insurance policy for each 365-day Insurance Period or any other Insurance Period specified in the insurance policy.

7.7.4. Deductible in amount of EUR 20 for an Accident shall be deducted from the payable Insurance Indemnity for the medical treatment costs.

7.7.5. There shall be reimbursed medical treatment costs stated in Paragraph 7.7.2 for medical services received no later than in 90 (ninety) days after the Accident in medical institutions registered in the Register of Health Care Institutions, Enterprises and Practices of the Republic of Latvia and pharmacies of the Republic of Latvia.

7.7.6. Exceptions

7.7.6.1. The insurance indemnity shall not be paid for the following:

- a) for medical treatment outside the Republic of Latvia;
- b) for medical treatment not related to the Accident;
- c) for which no supporting documents are submitted;
- d) for treatment in sanatoriums, rest homes, day hospitals and/or day-patient care unit of a hospital;
- e) rehabilitation-related costs of stay at a rehabilitation institution – hospital stay, food etc.;
- f) for alternative (complementary) medicine services (e.g., acupuncture and manual therapy, qigong physical or breathing exercising, homeopathy, ayurveda medicine, bioresonance (MORA) therapy, Anthroposophical Medicine, aromatherapy, occupational therapy, and Reiki services, equine-assisted therapy, osteopathy, etc.);
- g) for dental prosthetics, dental and other implants, prosthetic orthopaedist services, prosthetic surgery;
- h) for repair of prostheses, implants, fillings;
- j) for treatment due to complications following surgery performed;
- k) fee for improved service rooms in medical institutions;
- l) for paid services in a hospital (surgery for a fee, treatment days for a fee, medical procedures for a fee, diagnostics and tests for a fee);
- m) for a medical treatment method not registered in the State Registry of Medical Technologies;
- n) for sports medical services (muscle testing, doping control, EUROFIT methods – load, motor readiness tests etc.);
- o) fees and other similar additional costs.

7.7.6.2. Costs of medical services received after expiration of the Insurance Period shall not be reimbursed. This exception is not in effect if you have extended the Insurance Contract with the same conditions to the following Insurance Period and if the condition specified in Paragraph 7.7.3 of these Conditions has been met.

7.8. Mutilation, Disablement

7.8.1. An Insured Event occurs if as the result of an injury that has arisen during an Insurance Period physical health problems occur directly resulting from an injury and according to legislation enactments of the Republic of Latvia it is confirmed as mutilation or if a disablement group is conferred to you for a period no less than 12 (twelve) months.

7.8.2. Insurance Indemnity shall be calculated by multiplying the Insured Sum by the percentage of the actual mutilation or the disablement group conferred, in accordance with the Table for Calculation of Insurance Indemnity for mutilations and disablement.

7.8.3. If the Insured Person's mutilation is confirmed or a disablement group is conferred to the Insured Person in relation to the impairment of vision or

hearing resulting from the Accident, a physician's conclusion on the visual and/or hearing condition before the injury shall be presented.

7.8.4. To receive the Insurance Indemnity, you must submit the decision of the State Medical Commission for the Assessment of Health Condition and Working Ability on conferring a group of disablement or recognition of the mutilation with a permanent incapacity for work no later than within 30 (thirty) days after the confirmation of the disability or permanent incapacity for work.

7.8.5. The Insurance Indemnity for the mutilation or disablement shall be paid in accordance with the indemnity percentage indicated in the Table for Calculation of Insurance Indemnity as a single payment after the receipt of the decision of the State Medical Commission for the Assessment of Health Condition and Working Ability on recognition of the mutilation or conferring a group of disablement; this decision is to be submitted according to conditions indicated in Paragraphs 7.8.1 and 7.8.4 of these Conditions.

7.8.6. If after the Accident, which had resulted in mutilation or disablement of you and in relation to which the Insurer has paid Insurance Indemnity according to the appropriate Table for Calculation of Insurance Indemnity, within 6(six) months after the Indemnity payment date your death occurs, the Insurance Indemnity for the death event shall be calculated as follows:

- a) if the Insurance Indemnity paid to you for the mutilation or disablement is less than the Insured Sum in event of death specified in the insurance policy, the Beneficiary will be paid the sum of the difference between the Insured Sum in case of death and the Insurance Indemnity already paid for the mutilation or disablement;
- b) if the Insurance Indemnity paid to you for the mutilation or disablement is equal or more than the Insured sum stated in the insurance policy for the event of death then the Insurance indemnity for the event of death is not paid.

7.8.7. If you are injured in an Accident that occurred during the Insurance Period and that resulted in worsening of your physical and/or mental functioning, which was distorted already prior to the Accident, then your work capacity loss shall be calculated as the difference between the work capacity loss you got during the Insurance Period and your incapacity for work that existed before the Insurance Period.

7.8.8. In the event of an Accident, only one Insurance Indemnity shall be paid – either for mutilation or for disablement.

7.8.9. From the Insurance Indemnity to be paid in the case of mutilation or disablement, any Insurance Indemnity amounts already paid according to the same the Insurance contract for the risks "Bone fractures, injuries" and "Daily allowance" received as the result of the same Accident shall be deducted.

7.8.10. Exceptions

Insurance Indemnity for mutilation or disability shall not be paid in the event if the Insured person's death has occurred before the planned day of payment of the Insurance Indemnity. In this case, only the Insurance Indemnity specified for the event of death shall be paid, in accordance with Paragraph 7.9 of these Insurance Conditions.

7.9. Event of death

7.9.1. The risk of the event of death occurs if an injury that has taken place during the Insurance period causing the Insured person physical health problems has resulted in the death of the Insured person within 12 (twelve) months from the moment of the injury.

7.9.2. Exception

Insurance Indemnity shall not be paid if the Insured person's death has not occurred as the result of injuries caused by the Accident.

7.10. Family welfare insurance

7.10.1. Family welfare insurance envisages support in the most important moments of your life. The Insurer pays to the Insured person the Insurance indemnity equal to appropriate percentage from the Insured Sum as stipulated in the insurance contract for the following events:

- a) in the event of death of your spouse or parents if it has happened as the result of an injury suffered in an accident;
- b) in the event of the death of your child, adopted child and/or foster child as the result of an injury suffered in an accident;
- c) in the event of the death of your newborn child or when the child is stillborn or has died during labour as the result of an injury suffered in an accident;
- d) when your child is born;
- e) when you get married;
- f) when you get divorced.

7.10.2. Exceptions

The Insurance indemnity shall not be paid in the following cases:

- a) in the event of a newborn's death or if a child is stillborn or has died during the labour if the fact of the child's births has not been registered according to the legislation enactments of the Republic of Latvia;
- b) if a child is stillborn during the period from pregnancy week 1 to week 23 (including).
- c) for risks "Child birth", "Marriage registration" "Divorce" if this event takes place during the waiting period after the date when the insurance contract has come into effect.

7.10.3. General exceptions are not to be referred to this insurance risk.

8. How to report an event in order to receive an insurance indemnity?

8.1. You, your representative or the Beneficiary must inform the Insurer on occurrence of a Risk Insured in written immediately, as soon as it is possible, however, no later than within 30 (thirty) days after the Accident has occurred.

8.2. Insured Event can be reported electronically on the Insurer's website www.seesam.lv or information can be sent to the e-mail address nga@seesam.lv. Insurance claim and other documents confirming occurrence of an Insured Event may be submitted also in person at the Insurer's office.

9. What documents need to be submitted for reviewing of the insured event?

9.1. In order to evaluate and determine whether an Insured Event has occurred, the Indemnity receiver shall submit to the Insurer the following:

- a) a written application in the form established by the Insurer on occurrence of your risk (to be filled in on www.seesam.lv);
- b) upon the Insurer's request – other documents proving occurrence of an Insured Event.

9.2. In addition to the documents specified in Paragraph 9.1, the Indemnity receiver shall submit also the following documents on the event of occurrence of the particular Insured Risk:

9.2.1. In case of bone fracture and injury:

- a medical certificate issued by a medical specialist stating the injury or bone fracture type and defining precise diagnosis.

9.2.2. In case of burns and frostbites:

- a medical certificate issued by the attending physician, the State Burns Centre or a hospital stating the degree of the body burn or the frostbite.

9.2.3. In case of receipt of hospital allowance:

- a statement of stay in hospital, showing the precise diagnosis and duration of hospitalization.

9.2.4. Daily allowance in the case of temporary incapacity for work:

- a certificate of temporary incapacity for work closed by the attending physician.

9.2.5. In case of reimbursement of medical treatment costs:

9.2.5.1. a medical certificate issued by a medical institution (indicating the injury or bone fracture type with exact diagnosis, recommended treatment), and payment documents (receipts or strict accounting receipts for the medical aid and/or services received) specifying your name, surname, ID number, description of the service received (even if the physician has prescribed treatment with non-prescription medicines);

9.2.5.2. electronic cash register receipts and/or strict accounting receipts confirming purchase of medicines and containing the following information: service provider (name, registration number, registered office address); about you (name, surname, ID number) and medicine purchased (name, price, purchase date) if the physician has prescribed prescription drugs to treat injuries;

9.2.5.3. a electronic cash register receipt and/or strict accounting receipt confirming purchase or rent of technical auxiliary appliance and containing the following information: service provider (name, registration number, registered office address); about you (name, surname, ID number), about auxiliary appliance (name and price, purchase date or rental period).

9.2.6. In case of mutilation or disablement:

9.2.6.1. Conclusion of the State Medical Commission for the Assessment of Health Condition and Working Ability which confirms conferring a group of

disability (in event of disablement) or recognition of mutilation (in event of mutilation);

9.2.6.2. Upon the Insurer's request – documents based on which the disability group was conferred or the specific degree of mutilations was confirmed.

9.2.7. In the event of death:

9.2.7.1. a copy of the death certificate;

9.2.7.2. a decision of a sworn notary or a court on distribution of inheritance rights;

9.2.7.3. an autopsy conclusion or other document confirming the cause of death.

9.2.8. In the event of your relative's (husband/wife or mother/father, child, newborn) death:

9.2.8.1. a copy of the death certificate;

9.2.8.2. an autopsy conclusion or other document confirming the cause of death.

9.2.9. If a child is born:

- a copy of a child's birth certificate.

9.2.10. In case of marriage registration:

- a copy of marriage certificate.

9.2.11. In the event of divorce:

- a copy of certification on the fact of divorce.

10. What is the procedure of payment of insurance indemnity?

10.1. The responsibility of you or your representative is to submit to the Insurer an insurance claim of established form and other documents to determine whether the claimed Accident is an Insured Event, and to determine the amount of Insurance Indemnity.

10.2. The decision on payment of the Insurance Indemnity is made no later than within thirty (30) days after receipt of all required documents and documents necessary for evaluation of the Insured Event.

10.3. Payment of the Insurance Indemnity may be refused if you or the Beneficiary fails to submit or refuses to submit documents requested by the Insurer.

10.4. If occurrence of an Insured Event has been established and if the Parties have agreed on the amount of the Insurance Indemnity:

10.4.1. the Insurer shall adopt decision on payment of the Insurance Indemnity;

10.4.2. within 5 (five) working days after the date of adoption of the decision on payment of the Insurance Indemnity the Insurer shall pay the Insurance Indemnity to you or to the Beneficiary (unless the insurance policy specifies otherwise);

10.5. Prior to payment of the Insurance Indemnity, the Insurer may request:

10.5.1. a repeated conclusion of the Medical Expert Commission;

10.5.2. information on alcohol concentration in your blood at the time of the Accident;

10.5.3. verification of validity of medical opinions and other documents;

10.5.4. other documents required for evaluation of the Accident and/or calculation of the Insurance Indemnity.

10.6. If the Insurance Premium is paid by instalments, the Insurer shall be entitled to deduct the difference between the premium paid and the full insurance premium from the payable Insurance Indemnity.

11. Compensation principle

11.1. Only losses incurred as the result of Insured Risk events that have occurred during the Insurance Period shall be compensated.

11.2. No losses occurred before or after the Insurance Period shall be compensated.

11.3. Applying the principle of compensation, neither the payable nor the paid Insurance Indemnity can exceed the amount of losses caused by the Insured Event.

12. General exceptions

12.1. The Insurer shall not be obliged to pay Insurance Indemnity in the event if the Accident has occurred as the result of any exceptions as specified in the legislation enactments of the Republic of Latvia or in the Insurance Contract.

12.2. General exceptions are as follows:

12.2.1. war, military invasion, civil war, uprising, revolution and riot, event of usurpation of military or any other power;

12.2.2. terrorism – terrorism acts or results thereof, notwithstanding any other causes which accidentally or in any other way have contributed to occurrence of losses, damages or expenses; for the purpose of this provision, an act of terrorism means an act of violence or a dangerous action threatening to human lives, tangible or intangible property or infrastructure, with the intention to influence any government or to put the public, or any part of the public, in fear;

12.2.3. global natural disasters and forces of nature.

12.3. In addition to the above exceptions, the Insurer's liability does not occur and Insurance Indemnity for the Risks Insured specified in the Insurance Contract is not paid:

12.3.1. if the Accident has occurred when you have been under influence of alcohol or intoxication condition of any degree of any narcotic or other substance (if a causal link between alcohol intoxication or intoxication condition and occurrence of the Risk Insured has been established);

12.3.2. if the body damage, injury and infection, which cannot be diagnosed without visual diagnostics, specialized bacteriological and serological investigation methods or surgery (fractures, ligament ruptures, internal organ damage, brain trauma, infections) is not confirmed by a doctor-specialist of the relevant specialization;

12.3.3. if you intentionally or in affective state inflicted injury to yourself, in case of your suicide or attempted suicide;

12.3.4. if the event has been caused as the result of your illegal act;

12.3.5. if the Accident has happened while you are serving a sentence of imprisonment;

12.3.6. circulatory problems, haemorrhages in the brain, internal bleeding, except in cases where the condition occurred due to an Accident;

12.3.7. for the body bruises with no visible signs of injury;

12.3.8. for chronic diseases;

12.3.9. for human immunodeficiency virus (HIV), or acquired immune deficiency syndrome (AIDS) and any derivatives thereof, as well as other diseases, illnesses or damage to health, physical condition, life resulting from or developed after infection with this virus, regardless of the cause and type of the infection;

12.3.10. for virus of hepatitis A, B, C;

12.3.11. if a traffic accident where you drove a vehicle without having the license to drive the vehicle of the relevant category;

12.3.12. if the event has taken place when you as a pilot were operating any aircraft not belonging to an airline and it is not registered for transportation of passengers or by operating nonpowered aircraft, gliders (with an engine or without) or hand gliders;

12.3.13. if an event has happened when parachuting or bungee jumping;

12.3.14. if you were driving a motorcycle with an engine working capacity greater than 125 cm³, scooter, jet ski (this exception does not apply if the Parties prior to the entry into force of the Insurance Contract have agreed on exclusion of this point from the Insurance Contract, and when this point is specified in the insurance policy as an additional condition);

12.3.15. if the event was caused by psychiatric or mental disorder, the effect of which is stroke, seizures, epilepsy or other spasmodic attacks; other chronic neurological diseases with coordination problems or muscle weakness;

12.3.16. events that happened while you were in the active service in any of the troops;

12.3.17. an accident which happened to you when being on paid employment outside the Republic of Latvia (this exception does not apply if the Parties prior to the entry into force of the Insurance Contract have agreed on exclusion of this point from the Insurance Contract, and when it is specified in the insurance policy as an additional condition);

12.3.18. events that happened while you were engaged in professional or amateur sport or engaged in any martial sport as well as engaged in high-risk activities and sports listed as exceptions in Article 6.2 of these Insurance Conditions;

12.3.19. if the Accident in which you have suffered, happened at work, and the State Labour Inspectorate has found safety violations on behalf of you, the Policyholder or the employer.

13. Terminology

13.1. **Insured sum** – an amount of money specified in the insurance policy for each Risk Insured, which may be paid either for one or all the Insured Events that have happened during each period of 365 days.

13.2. **Insurance Premium** – a payment for insurance as specified in the insurance policy.

13.3. **Insured Event** – a sudden and unforeseeable event which has a causal relationship with a Risk Insured, which is not dependant on your will, which has occurred to you during the Insurance Period as the result of an influence of external circumstances, and upon occurrence of which the Insurance Indemnity is due in compliance with the terms and conditions of the Insurance Contract.

13.4. **Insurance Indemnity** – the Insured Sum, or a part thereof payable for an Insured Event according to the Insurance Contract.

13.5. **Indemnity Receiver** – in case of an occurrence of Risks Insured specified in the insurance policy, except the death occurrence risk, you are the Indemnity Receiver, but in the case of an occurrence of the risk of death the Indemnity Receiver is your heir or heirs.

13.6. **Beneficiary** – a person who is entitled to an Insurance Indemnity in the event of your death in accordance with the legislation enactments of the Republic of Latvia.

13.7. **Repeated injury** – repeated damage of tissues and organs suffered within unlimited time period.

13.8. **Repeated bone fracture** – fracture in a location where you have previously had a bone fracture and which has occurred in the location due incomplete bone healing.

13.9. **Pathological fracture** – bone fracture in a location where a previous disease has caused degenerative changes of bone density and structure.

13.10. **Chronic disease** – progressing worsening of the physiological processes and body's functions having been formed internally and in a longer period of time, which is characterized by more frequent or less frequent rapid changes of the health condition (exacerbation of the disease).

13.11. **Temporary incapacity for work** – a temporary loss of working capacity by you as a result of an Accident, which prevents you to perform your job duties for a certain and continuous period of time and which is confirmed by a certificate of incapacity for work issued to you.

13.12. **Day hospital** – medical treatment at a hospital or clinic having separate medical treatment department for provision of outpatient services and procedures to patients at day time (a "day bed"), without staying at the medical facility around-the-clock, on weekends and holidays.

13.13. **Deductible** – financial cooperation share of participation (sum of money indicated in the contract) of the Indemnity Receiver in each Insured Event, which is deducted from the payable amount of the Insurance Indemnity.

13.14. **Patient contribution** – a payment made by a patient receiving state-funded health care services for which the largest part of the cost is paid from the state budget.

13.15. **Optional (premium rate) services** – health care services that a patient may receive from state and private medical institutions without waiting for his/her turn to get the service within the state-established quotas, but paying the patient contribution to the medical institution and certain additional fees for specific service.

13.16. **State-established quota** – state-funded health care services provided by medical institutions to patients within the limits of the established financing (quotas) fixed in the contracts with the state.

13.17. **Professional sport** – engagement in sport is seen as professional, if it is your principal activity and/or one of the sources of income.

13.18. **Amateur sport** – a regular and planned complex of your physical activities, while you are engaged in a particular sport, including participation in regular trainings and open competitions for achievement of certain sporting goals, but which is not your source of income.

13.19. **Working hours** – the period of time from commencement till the end of the work during which you are fulfilling your job duties and are at the employer's disposal in accordance with the internal regulations, shift schedule or employment contract.

13.20. **Marriage** – legally designed union between a man and a woman with an aim to form a family that forms mutual personal and material rights and liabilities.

13.21. **Divorce** – termination of legally designed marriage between live spouses.

13.22. **Child** – infant, underage child, preschool or school age child, young person starting from the age of 29 days and up to 17 years (including).

13.23. **Newborn** – child from the moment of birth up to age of 28 days.

13.24. **Waiting period** – first 90 (ninety) days starting with the date when the insurance contract comes into effect when the insurance indemnity is not paid if during this period a child is born to the Insured person or the Insured person has registered marriage or divorce. The aforesaid waiting period condition is not effective if the insurance contract is renewed for the subsequent insurance period and terms and conditions of the insurance contract remain unchanged.

14. Duties of the policyholder and/or you

14.1. The Policyholder is obliged to inform you that you are insured under a certain Insurance Contract, the terms and conditions of which have been agreed between the Policyholder and the Insurer.

14.2. The Policyholder and/or you are obliged to be familiar, comply with and fulfil all requirements set out in the Insurance Contract.

14.3. In the event of occurrence of an Accident, as soon as possible, immediately but not later than within 24 (twenty four) hours you are obliged to turn to the qualified practicing physician in order to receive required medical assistance and to fulfil doctor's prescriptions.

14.4. It is the duty of the Indemnity Receiver to prove the fact and consequences of the Accident by ensuring the Insurer's demand to find and assess the conditions of the Accident as well as to submit to the Insurer all information and documents requested by the Insurer for proving the conditions of the Accident.

14.5. It is your duty within 30 day time after occurrence of the Accident to submit written application in the form established by the Insurer. If due to objective reasons you are not able to submit written application personally then it is done by the person who has received your authorization.

14.6. When the Accident takes place due to illegal action of the third party it is your duty to inform immediately the State Police as soon as it is possible.

15. Consequences of the policyholder's or your failure to perform the duties

15.1. If any act or omission from the part of the Policyholder or you has served or will serve as a reason for deception of the Insurer, the Insurance Contract shall be recognized as invalid from the date of signing thereof. The Insurer shall not return any Insurance Premiums paid.

15.2. At own discretion the Insurer may refuse to pay the Insurance Indemnity or reduce the Indemnity by 50 (fifty) % if the Policyholder and/or you have not fulfilled or have fulfilled only in part any of the requirements specified in the Insurance Contract, and if the Policyholder and/or you have violated provisions of any applicable regulatory acts of the Republic of Latvia applicable to the Insured Event.

15.3. If the result of the Policyholder's or yours action or inaction has adversely affected exercising any rights of the Insurer, the Insurer shall be entitled to reduce the Insurance Indemnity by 50 (fifty) % or fully refuse payment of the Insurance Indemnity.

15.4. The Insurer shall not pay the Insurance Indemnity if occurrence of your risk has been caused by malice or gross negligence from the behalf of you, the Policyholder, or Beneficiary. The Insurer shall not return any Insurance Premiums paid.

16. Procedure for solving disputes

16.1. Any disputes are solved by means of negotiations.

16.2. If disputes have arisen based on the fact that a matter is not regulated in the Insurance Conditions, the Parties shall resolve this issue by applying the legislation enactments of the Republic of Latvia, primarily the Law "On Insurance Contracts".

16.3. If the Parties to the Insurance Contract fail to solve the disputes by means of negotiations, the case shall be referred to a court of the Republic of Latvia for the examination in accordance with the legislation enactments of the Republic of Latvia.

Table for calculation of insurance indemnity in the event of bone fractures and injuries

Bone fracture or injury	Insurance indemnity, %	Bone fracture or injury	Insurance indemnity, %
BONE FRACTURES			
Head and neck bone fractures			
Traumatic tooth fracture (number – for each tooth)	4 %	Hand's multiple II-V finger bone fractures	3 %
Nasal bone fracture	5 %	Lumbar and pelvic fractures	
Lower jaw fracture	8 %	Lumbar vertebra fracture of the L ₁ -L ₅	7 %
One orbital fracture	8 %	Multiple Lumbar vertebrae fracture L ₁ -L ₅	14 %
Both orbit fracture	16 %	A lumbar intervertebral disc rupture	5 %
One cheekbone fracture	8 %	Multiple lumbar intervertebral discs rupture	10 %
Both cheek bone fractures	16 %	Sacrum fracture	10 %
Upper jaw fracture	8 %	Tail bone fracture	5 %
Cranial vault fracture	20 %	Pelvic iliac fracture	8 %
Skull base fracture	25 %	Pelvic symphysis fracture	8 %
Multiple skull base bone fractures	45 %	Fracture of the acetabulum	15 %
A cervical vertebral fracture C ₁ -C ₇	7 %	Multiple pelvic fractures	15 %
Multiple cervical vertebral fractures C ₁ -C ₇	14 %	Hip and femoral fractures	
One herniated cervical intervertebral disc	5 %	Hip neck fracture	20 %
Multiple herniated cervical intervertebral discs	10 %	Pertrochanteric hip fracture (femoral upper part)	20 %
Thoracic fractures		Subtrochanteric hip fracture (femoral upper part)	20 %
Sternal fracture	7 %	Femoral fracture in the middle part	25 %
One rib fracture	1 %	The lower part of the thigh bone fracture (knee discontinuous)	25 %
Multiple rib fractures	3 %	Femoral double fracture	30 %
One thoracic vertebral fracture Th ₁ -Th ₁₂	7 %	Femoral knee fracture	15 %
Multiple thoracic vertebral fractures Th ₁ -Th ₁₂	14 %	Knee and shin bone fractures	
One herniated intervertebral disc	5 %	Meniscus fracture	3 %
Multiple herniated intervertebral discs	10 %	Patella fracture	5 %
Shoulder and upper arm fractures		Knee condyles fracture	5 %
Scapular fracture	5 %	Knee joint tibia fracture	15 %
Both scapular fractures	10 %	Lower leg tibia fracture	8 %
Collar bone fractures	5 %	Lower leg tibia double fracture	15 %
Upper arm humerus fracture	20 %	Lower leg fibula fracture	5 %
Upper arm fracture	15 %	Lower leg fibula bone double fracture	15 %
Upper arm double fracture	20 %	Lower leg both bone fracture	15 %
Shoulder, forearm and hand bone fractures		The foot and ankle joint fractures	
Elbow joint three bone fracture	25 %	Medial (one) ankle fracture	6 %
Elbow joint two bone fracture	20 %	Lateral (one) ankle fracture	6 %
Elbow joint one bone fracture	10 %	Lower leg lower back part fracture (posterior ankle)	6 %
Elbow fracture without dislocation	7 %	One foot two ankle fracture	10 %
Elbow fracture with dislocation	10 %	One foot three ankle fracture	15 %
Processus styloideus ulnae fracture	3 %	Feet heel fracture	7 %
Radius fracture without dislocation	7 %	Tarsal bone fracture	3 %
Radius fracture with dislocation	10 %	Multiple tarsal bone fracture	7 %
Radius bone lower end fracture	5 %	One foot metatarsal fracture	3 %
Processus styloideus radii fracture	3 %	Multiple feet metatarsal bone fractures	7 %
Both forearm bone fracture	10 %	One foot finger fracture	1,5 %
Wrist surface fracture	8 %	Multiple toe fractures	3 %
Wrist (carpus), bone fracture (except the scaphoid bone)	3 %	DISLOCATIONS	
Scaphoid fracture	6 %	Head and neck dislocations	
Wrist (metacarpal) bone fracture	3 %	Jaw dislocation	1 %
Hand I finger fracture	3 %	Other head part dislocation	1 %
Hand one II-V finger fracture	1,5 %	One vertebra dislocation of neck C ₁ -C ₇	5 %

Table for calculation of insurance indemnity in the event of bone fractures and injuries

Bone fracture or injury	Insurance indemnity, %	Bone fracture or injury	Insurance indemnity, %
Multiple vertebra dislocation of neck C ₁ -C ₇	10%	Brain contusion	35%
Repeated one vertebra dislocation of neck	3%	Brain nerve damage	10%
Repeated multiple vertebra dislocation of neck	7%	Intracranial haemorrhages – epidural hematoma	10%
Chest, shoulder and upper arm dislocations		Intracranial haemorrhages – subarachnoid hematoma	15%
One thoracic vertebra dislocation Th1-Th12	5%	Intracranial haemorrhages – subdural hematoma	25%
Multiple thoracic vertebrae dislocation Th1-Th12	10%	Intracranial haemorrhages – intracerebral hematoma	35%
Repeated one thoracic vertebra dislocation	3%	One eye damage without visual acuity decrease	5%
Repeated multiple thoracic vertebrae dislocation	7%	One eye damage with visual acuity decreases no earlier than 2 months after injury	10%
Shoulder joint dislocation	5%	One eye tear duct damage	20%
One hand blade and clavicle joint dislocation	3%	One eye accommodation paralysis	20%
One hand clavicle and sternum dislocation	3%	One ear damage without hearing lowering (also eardrum damage)	3%
Elbow, forearm, wrist bone dislocations		One ear damage with hearing lowering not earlier than 2 months after injury	10%
Elbow joint dislocation	3%	Neck and chest organ damage	
Radius bone head dislocation	3%	Spinal cord concussion	1%
Wrist dislocation (except perilunate dislocation)	3%	Tongue damage without surgery	0,5%
Wrist perilunate dislocation	6%	Tongue damage with surgery	10%
Hand's one finger dislocation	1%	Throat, thyroid damage without surgery	5%
Hand's multi-finger dislocation	2%	Throat, thyroid damage with surgery	10%
Lumbar, pelvis, hip and thigh bone dislocations		Larynx, esophagus cervical damage without surgery	5%
One lumbar vertebra dislocation L1-L5	5%	Larynx, esophagus cervical damage with surgery	40%
Multiple lumbar vertebrae dislocation L1-L5	10%	Sleep or vertebral artery damage	20%
Repeated one lumbar vertebra dislocation	3%	External or internal jugular vein damage	20%
Repeated Multiple lumbar vertebrae dislocation	7%	Lung, trachea, heart, diaphragm damage without surgery	5%
Sacrum and iliac connection rupture	15%	Lung, trachea, heart, diaphragm lesion with surgery (thoracocentesis, thoracoscopy, thoracotomy, tracheostomy, bronchoscopy, pericardiocentesis)	20%
Sacrum and coccyx connection rupture	15%	Aortic, upper or lower vena cava damage	20%
Pubic bone (pubic symphysis) connection rupture	15%	Abdominal and pelvic organ damage	
The hip joint dislocation	6%	Stomach, intestine, kidney, pancreas damage without surgery	5%
Knee joint, lower leg, foot and ankle joint bone dislocations		Stomach, intestine, kidney, pancreatic damage with surgery – partial removal of organs	15%
Knee dislocation, ligament	6%	Stomach, intestine, kidney, pancreatic damage with surgery – complete removal of organs	30%
Repeated dislocation of the knee joint, ligament	3%	Liver damage without surgery	15%
Ankle joint dislocation	3%	Liver damage with surgery	40%
Dislocation of one foot finger joint	1%	Spleen, gall bladder damage without surgery	5%
Dislocation of multiple foot finger joints	1,5%	Spleen, gall bladder damage with surgery – removal of organs	15%
MUSCLE AND TENDON DAMAGE		Traumatic hernia in the abdominal wall, diaphragm	5%
One muscle or tendon damage or tendon tear of a bone fragment without surgery (not sprain)	2%	Hernia resulting from weight lifting	1%
One muscle or tendon damage or tendon tear with bone fragments with a surgery (not sprain)	3%	Bladder, ureter, urethra damage without surgery	5%
Achilles tendon damage or biceps tendon damage without surgery (not sprain)	7%	Bladder, ureter, urethra with surgery	15%
Achilles tendon damage or biceps tendon damage with a surgery (not sprain)	10%	Women genital damage (without organ loss) (ovaries, fallopian tubes, uterus, vagina genitals) without surgery	5%
ORGAN DAMAGE		Women genital damage (without organ loss) (ovaries, fallopian tubes, uterus, vagina genitals) with surgery	20%
Head part organ damage		Men genital damage (without organ loss) (testes, suffixes seeds, seed wires, external genitals) without surgery	5%
Brain concussion (outpatient treatment)	2%	Men genital damage (without organ loss) (testes, suffixes seeds, seed wires, external genitals) with surgery	20%
Brain concussion (treated in hospital from 24 hours to 6 days)	4%		
Brain concussion (treated in hospital from 7 days to 14 days)	5%		
Brain concussion (treated in hospital for more than 14 days)	6%		

Table for calculation of insurance indemnity in the event of bone fractures and injuries

Bone fracture or injury	Insurance indemnity, %
Shoulder, upper arm, elbow, forearm and hand organ damage	
Shoulder-height or arm artery and/or vein damage	10 %
Shoulder band nerve contusion, imprint, bruising	4 %
Radius or ulna artery and/or vein lesions; <i>N medianus, N ulnaris</i> or <i>N radialis</i> nerve contusion	4 %
Deep or superficial vascular hand circle damage	10 %
Palm or finger internal (volar) surface sensory nerve damage	5 %
Hip, leg and foot organ damage	
Femoral, popliteal, or leg artery and/or vein damage	4 %
<i>N. femoralis</i> or <i>N. ischiadicus</i> nerve contusion, imprint, bruising	4 %
<i>N. posterior tibial</i> nerve or <i>N. peroneus Profunda</i> nerve contusion, imprint, bruising	10 %
Upper or lower foot surface vascular arc damage	5 %
Feet or fingers inner (plantar) surface sensory nerve damage	1 %
Foreign bodies	
Foreign body in the eye's external part, in the ear, respiratory tract, gastrointestinal tract, urogenital system	1 %
WOUNDS	
One wound on face of up to 3 cm (with stitches put on)	3 %
One wound on the face of more than 3 cm (with stitches put on)	5 %
Multiple wounds on face of up to 3 cm (with stitches put on)	6 %
Multiple wounds on the face of more than 3 cm (with stitches put on)	10 %
A wound on body of up to 3 cm (with stitches put on)	1 %
Multiple wounds on body of up to 3 cm (with stitches put on)	1,5 %
One wound on the body of more than 3 cm (with stitches put on)	2 %
Multiple wounds on the body of more than 3 cm (with stitches put on)	4 %
One finger nail bed damage	1 %
Multiple finger nail bed damage	2 %
SUPERFICIAL BODILY INJURY	
Muscle, joint, superficial injury, sprain	1 %
Multiple muscle, joint superficial injuries, sprains	1,5 %
Superficial body injuries, unabsorbed hematoma (not less than 1 % of the body surface area)*	0,5 %

*1 % of the body surface corresponds to the size of your palm.

Table for calculation of insurance indemnity in the event of disability or mutilation

Disability or mutilation	Insurance indemnity, %	
Disability		
1 st group	100 %	
2 nd group	50 %	
3 rd group	25 %	
Children under 18 years of age	100 %	
Head injury		
CNS damage		
• Body paralysis	100 %	
• Quadriplegia	100 %	
• Hemiplegia	80 %	
• Paraplegia	70 %	
• Monoplegia	60 %	
Complete loss of sight (one eye)	100 % (50 %)	
Complete deafness (one ear)	100 % (30 %)	
Total loss of language	100 %	
Head part amputation		
• Mandibular partial amputation	30 %	
• Mandibular full amputation	50 %	
• Ear, partial amputation	15 %	
• Ear, full amputation	30 %	
• Tongue, partial amputation	30 %	
• Tongue, full amputation	100 %	
• Nose, partial amputation	30 %	
• Nose, full amputation	60 %	
Loss of taste and smell	10 %	
Spine injury		
Complete spinal cord injury	100 %	
Partial spinal cord injury	60 %	
Lumbar, sacrum damage (<i>cauda equina</i>) with pelvic organ malfunction	50 %	
Upper limb – nerves		
	vadoša	nevadoša
Complete rupture of the nerve plexus in the neck	60 %	50 %
Partial rupture of the nerve plexus in the neck	40 %	30 %
Damage to the nerves in the upper arm	35 %	25 %
Damage to the nerves in the forearm	30 %	20 %
Damage to the nerves in hand	10 %	10 %
Nerve damage in the fingers	5 %	5 %
Upper limb – amputation		
Amputation of one arm on shoulder level	80 %	70 %
One arm amputation above the elbow	75 %	65 %
Amputation of one arm below the elbow	65 %	55 %
Amputation of one hand	50 %	40 %
Amputation of one hand's part	40 %	30 %
I finger full amputation	25 %	20 %
I finger nail phalange amputation	15 %	10 %
II-V full-finger amputation	10 %	7 %
II-V finger amputation of two phalanges	7 %	5 %
II-V, one finger phalanges amputation	5 %	3 %

Disability or mutilation	Insurance indemnity, %	
Upper limb – tissue disorders		
An array tissue loss above the elbow	50 %	40 %
An array of tissue loss below the elbow	40 %	30 %
Lower limb – nerves		
Complete nerve plexus rupture in the lumbar part	60 %	
Partial nerve plexus rupture in the lumbar part	35 %	
Nerve damage in thigh	30 %	
Nerve damage in the lower leg	25 %	
Nerve damage in the feet	10 %	
Nerve damage in a finger	5 %	
Lower limb – amputation		
One leg amputation at the hip	70 %	
One leg amputation above the knee	60 %	
Amputation of one leg from or below the knee	50 %	
One foot amputation	40 %	
Partial foot amputation	30 %	
I finger full amputation	10 %	
I finger nail phalange amputation	5 %	
II-V full-finger amputation	3 %	
II-V finger amputation of two phalanges	2 %	
II-V, one finger phalanges amputation	1 %	
Lower limb – tissue damages		
An array of tissue loss above the knee	50 %	
An array of tissue loss at a knee level or below	40 %	
Multiple body parts amputation		
Complete amputation of one arm and a leg	100 %	
Complete amputation of one arm and a foot	100 %	
Complete amputation of one wrist and a foot	100 %	
Complete amputation of one wrist and a leg	100 %	
Complete amputation of both legs	100 %	
Complete amputation of both feet	100 %	
Complete amputation of both arms	100 %	
Loss of genitals		
Loss of one ovary, oviduct, testis or partial loss of penis	30 %	
Loss of both ovaries, fallopian tubes, testis, uterus, a complete loss of penis	100 %	
Organ damage with creation of a stoma		
Temporary stoma	30 %	
Permanent stoma	60 %	

Table for calculation of insurance indemnity in the event of burns

Degree of damage	Burn degree	Classification criteria	Base % *
Light damage due to burn	2 nd degree burn	1—<15% for adults, age <40 1—<10% for adults, age >40 1—<10% for children, age <10	2%
	3 rd degree burn	<2% without cosmetic or functional defect	
Moderate damage due to burn	2 nd degree burn	15—25% for adults, age <40 10—20% for adults, age >40 10—20% for children, age <10	3%
	3 rd degree burn	<10% without cosmetic or functional defect, if face, eyes, ears, hands, feet, perineum are injured	
Severe damage due to burn	3 rd degree burn	>25% for adults, age <40 >20% for adults, age >40 >20% for children, age <10 or >10% for people of any age or damages to face, eyes, ears, hands, feet, perineum followed by cosmetic or functional defect or burns caused by high-voltage electricity or all types of burn injuries accompanied by inhalation damage	4%

* The insurance indemnity is calculated by classifying burns according to the damage degree and burn degree, and multiplying the relevant classification criterion percentage by the base percentage.

Table for calculation of the insurance indemnity in the event of frostbites

Frostbite with necrosis	% of insured sum
Frostbite of one hand's one finger	5%
Frostbite of one hand's five fingers	25%
One arm's wrist frostbite	50%
Palm of one hand and wrist frostbite	55%
One toe frostbite	3%
One foot's five fingers frostbite	20%
One foot frostbite	60%
One foot and leg to the knee frostbite	80%
II degree ear, nose or facial frostbite	1–5%