«APPROVED»
By Order of the General Director
CJSC IC «Amanat» No. 07-OD
dated June 02, 2025

Umaraliev U.A.

Public Offer
to Conclude an Accident Insurance Agreement

Bishkek city dated «02» June 2025

GENERAL INFORMATION ABOUT THE PUBLIC OFFER (HEREINAFTER REFERRED TO AS THE "OFFER")	
Person Making the Offer (Insurer):	Closed Joint-Stock Company "Insurance Company "Amanat" TIN 02102202510322; OKPO 33679797; State Tax Service Office: 002, Leninsky District, Bishkek. Registered address: 38, 1/10 Sadyrbaeva Street, Bishkek, Kyrgyz Republic. Actual address: 2nd floor, 119 Koenkozova Street, Bishkek, Kyrgyz Republic. Tel.: +996 (507) 80-77-87; +996 (704) 99-32-32 Web: skamanat.kg E-mail: office@skamanat.kg License of the State Service for Regulation and Supervision of the Financial Market under the Ministry of Economy and Commerce of the Kyrgyz Republic No. 05 series dated 14 April 2025.
Persons to Whom the Offer Is Addressed (Policyholders):	
Subject Matter and Acceptance of the Offer:	The subject matter of this Offer is the acceptance (by way of acceptance) of the conclusion of an accident insurance agreement (certificate) by adhering to the terms disclosed in this Offer. Acceptance of this Offer implies full consent to the collection, processing, and storage of personal information provided by the Policyholders (Appendix No. 1). In turn, CJSC "IC "Amanat" undertakes to ensure protection of the data provided by the Policyholders against access by third parties. This Offer has been drawn up in accordance with the legislation of the Kyrgyz Republic and approved by Order of the General Director No. 07-OD dated 02 June 2025.
Issuance of the Insurance Certificate:	The insurance certificate must mandatorily contain information about the Policyholder and/or the Insured Person and/or the Beneficiary, the insurance period, the amount of the insured sum, the amount of the insurance premium paid, as well as a reference to this Offer. The Policyholder shall receive the original insurance certificate in paper and/or electronic form from the Insurer or the Insurer's authorized representatives as of the moment of its issuance. This Offer shall be distributed by the Insurer's employees and authorized representatives in paper and/or electronic form and is also published on the Insurer's official website at: www.skamanat.kg. In any case, the terms of this Offer may be reviewed at the Insurer's office located at: 119 Koenkosova Street, Bishkek, Kyrgyz Republic. This Offer does not limit the Policyholder's right to enter into similar or other insurance agreements.
Amendments to the Terms of the Offer:	CJSC "IC "Amanat" shall have the right to unilaterally amend the provisions of this Offer by publishing a new version on its official website. At the same time, the terms of all insurance agreements concluded prior to the publication of the new version shall remain unchanged and shall correspond to the version in force at the time such insurance agreements were concluded, except as otherwise provided by the legislation of the Kyrgyz Republic.
Term of Validity of the Offer:	This Offer is not limited in time and shall cease to be effective in the event of its withdrawal by the Insurer, with disclosure of such information on the official Internet resource. In the event of withdrawal of this Offer, the Insurer's obligations under all executed insurance agreements (Certificates) shall remain valid until the expiration of their term, unless otherwise provided by the legislation of the Kyrgyz Republic.
Key Definitions Used in This Offer:	a) **Policyholder** – a legally capable individual who has entered into an insurance agreement with the insurance organization under the terms of this Offer. b) **Insurer** – Closed Joint-Stock Company "Insurance Company "Amanat," carrying out insurance activities in accordance with the legislation of the Kyrgyz Republic on the basis of a License issued by the State Service for Regulation and Supervision of the Financial Market under the Ministry of Economy and Commerce of the Kyrgyz Republic. c) **Insured Person** – an individual whose property interests related to life, health, and ability to work constitute the subject matter of insurance and are specified in the insurance certificate. d) **Beneficiary** – an individual or legal entity named in the insurance policy as the recipient of the insurance benefit. In the event of the death of the Insured Person who has not designated a Beneficiary in the insurance policy, the heirs of the Insured Person shall be recognized as recipients of the insurance benefit.

	e) **Insured Event** – an event that has actually occurred, provided for under the terms of this Offer and the Insurance Agreement, occurring within the insurance coverage period and giving rise to the Insurer's obligation to make an insurance payment to the Policyholder/Beneficiary. f) **Insurance Period** – the period of time specified in the insurance policy during which the Insurer provides insurance coverage (24 hours a day). Insurance under this Offer applies only to events occurring within the specified period of time. g) **Insurance Payment** – a monetary amount paid by the Insurer to the Policyholder/Beneficiary within the limits of the insured sum upon occurrence of an insured event provided for under this Offer. h) **Accident** – a sudden, short-term external event resulting in bodily injury or other impairment of internal or external bodily functions, or death of the Policyholder/Insured Person, which is not the result of illness or medical intervention and which occurs during the insurance period independently of the will of the Policyholder/Insured Person and/or the Beneficiary, including but not limited to: natural disasters; explosion; burns; frostbite; drowning; electric shock; lightning strike; sunstroke; attack by criminals or animals; falling of any object onto and/or the fall of the Insured Person; sudden suffocation; accidental entry of a foreign body into the respiratory tract; acute accidental poisoning by harmful products or substances (poisonous plants, chemicals, medicines, spoiled food products); as well as events occurring during the movement of vehicles or accidents involving them, when using machines, mechanisms, production equipment, and all kinds of tools. i) **Loss of Working Capacity (Disability)** – a permanent impairment of the health of the Insured Person of an irreversible nature caused by the consequences of an accident that occurred during the insurance period and resulting in the assignment of one of the disability groups provided for under this Offer. The establishment of disability for the Insured Person as a result of an accident within six months from the date of the accident shall be recognized as an insured event.
INSURANCE TERMS UNDER WHICH THE INSURANCE AGREEMENT (INSURANCE CERTIFICATE) IS CONCLUDED	
1. General Provisions	**1.1** These insurance terms have been drawn up in accordance with the legislation of the Kyrgyz Republic and the "Accident Insurance Rules" approved by Order of the General Director No. 03 dated 05 March 2025 (hereinafter referred to as the "Rules"). **1.2** The terms set forth in the Rules constitute an integral part of this Offer and supplement the provisions hereof. In the event of any inconsistency between the terms of this Offer and the Insurance Rules, the provisions of this Offer shall prevail. The text of the Rules is published on the Insurer's official website and is also available in hard copy at the Insurer's office specified in this Offer. **1.3** The Insurer undertakes to pay insurance compensation, and the Policyholder undertakes to pay the insurance premium in accordance with the terms defined in this Offer and the Rules. **1.4** The Beneficiary (recipient of the insurance payment) is the person named in the insurance policy as the recipient of the insurance benefit. **1.5** The Insurance Agreement represents the indivisible combination of the terms of this Offer and the Insurance Rules. **1.6** The Insurance Agreement is concluded by issuing a certificate (insurance policy) in hard copy and/or by sending an electronic certificate (insurance policy) to the Policyholder in the form of a PDF document containing a reference to this Public Offer of the Insurer, executed on the basis of the information provided by the Policyholder. The insurance certificate serves as confirmation of successful acceptance and adherence to the terms of this Offer. **1.7** Insurance coverage with respect to a particular Insured Person shall automatically terminate, and the paid insurance premium shall not be refundable, as of the moment of: a) detention or placement in correctional institutions, temporary detention facilities (IVS), or pre-trial detention centers (SIZO); b) performance of military service in the Armed Forces of the Kyrgyz Republic or in the armed forces of other states. **1.8** The terms "Offer," "Insurance Agreement," "Insurance Policy," and "Insurance Certificate" shall hereinafter have the same meaning in relation to this document.
2. Procedure for Conclusion and Entry into Force of the Insurance Agreement	**2.1** This Offer shall be deemed an electronic document establishing the terms for the sale and provision of insurance services by the Insurer to the Policyholder. **2.2** The Insurance Agreement (insurance policy) shall be generated on the basis of data provided by the Policyholder to the Insurer using information systems or by completing information in hard copy form. **2.3** The Policyholder shall complete the mandatory fields of the application independently and strictly in accordance with the data contained in the original documents specified in the application. The Policyholder assumes responsibility for the accuracy of the declared documents and their conformity with the originals and agrees that, in the event of discrepancies between the declared

	documents and their originals, upon occurrence of an insured event, the Insurer shall have the right to refuse payment of insurance compensation. **2.4** The data of the documents specified and entered in the application shall automatically be included in the Insurance Agreement (Insurance Policy). **2.5** Upon agreeing with the insurance terms offered in this Offer, the Policyholder confirms such agreement and proceeds to complete the Application for conclusion of the Insurance Agreement (hereinafter referred to as the "Application"). **2.6** When completing the Application, all information required by the Insurer that is essential for determining the probability of occurrence of an insured event and the amount of potential losses resulting therefrom (insurance risk) must be provided. All information shall be specified strictly in accordance with the original documents. **2.7** The parties to the Insurance Agreement confirm that receipt by the Policyholder of the Insurance Policy constitutes proper execution (signing) of the Insurance Agreement (Insurance Policy). **2.8** The date of acceptance of this Offer and conclusion of the Insurance Agreement shall be the date of confirmation of payment of the insurance premium by the Policyholder. **2.9** The Insurer's obligations (commencement of insurance coverage) shall enter into force from the moment the insurance premium is paid and shall remain valid for the paid period.
3. Procedure for Payment of the Insurance Agreement (Policies)	**3.1** Payment for the Insurance Agreement (policy) shall be made using information systems (internet banking) utilized by the Insurer, or in cash at the cash desks of the Insurer's partner banks, or via payment terminals using the Insurer's details specified in this Offer. **3.2** Upon receipt of confirmation of payment of the insurance policy cost, the Insurer's information system shall automatically issue the Insurance Policy in electronic form, send it to the Policyholder's email address, or print it in hard copy form. **3.3** The Insurer shall not be liable for the actions/omissions of the Payment Provider, nor for any losses and risks of the Policyholder associated with payment through electronic payment systems and the Internet. **3.4** The person to whom the Offer is addressed, pursuant to Article 396 of the Civil Code of the Kyrgyz Republic, expresses consent to the terms of this Offer.
4. Object of Insurance, Insurance Risk, and Insured Event	**4.1** The object of insurance is the property interest related to the life, health, and working capacity of the Policyholder/Insured Person. An accident shall mean a sudden, short-term external event resulting in bodily injury or other impairment of internal or external bodily functions, or death of the Policyholder/Insured Person, occurring during the insurance period independently of the will of the Policyholder/Insured Person and/or the Beneficiary, including but not limited to: natural disasters; explosion; burns; frostbite; drowning; electric shock; lightning strike; sunstroke; attack by criminals or animals; falling of any object onto and/or the fall of the Insured Person; sudden suffocation; accidental entry of a foreign body into the respiratory tract; acute accidental poisoning by harmful products or substances (poisonous plants, chemicals, medicines, spoiled food products); as well as events occurring during the movement of vehicles or accidents involving them, when using machines, mechanisms, production equipment, and all kinds of tools. **4.2** Loss of working capacity shall mean the Insured Person's loss, due to illness and/or accident, of the ability to work fully or partially within the scope of the profession in which he/she was engaged prior to the change in health condition. **4.3** The insurance risks covered under this Offer are: a) Partial loss of working capacity by the Insured Person as a result of an accident due to injuries provided for in the "Table of Insurance Payments for Accident Insurance," which constitutes an appendix and an integral part of the Insurance Rules and this Offer (Appendix No. 2); b) Permanent total loss of general working capacity by the Insured Person as a result of an accident with assignment of Disability Groups I, II, or III; c) Death of the Insured Person for any reason, except for the events described in Clause 4.4. **4.4** The following shall not be recognized as insured events if directly or indirectly caused by: A) commission by the Policyholder/Insured Person of an intentional crime that resulted in the occurrence of the insured event; B) war and any kind of military actions or operations and their consequences, other similar or equivalent events (regardless of whether war has been declared), mutiny, coup, civil disturbances, strikes escalating into civil or military uprising, rebellion, armed or other unlawful seizure of power, as well as any other similar event related to the use and/or storage of weapons and ammunition, including acts of terrorism; C) operation by the Insured Person of a vehicle while under the influence of alcohol, narcotics, or toxic substances, or transfer of control of a vehicle to a person under such influence, or to a person not entitled to operate such vehicle;

	D) suicide or attempted suicide of the Insured Person; E) intentional acts and/or omissions of the Policyholder/Insured Person aimed at causing the insured event, regardless of whether such persons were legally sane or insane at the time of such actions, except for actions related to the performance of civic duty or protection of the life, health, honor, and dignity of the Policyholder/Insured Person or third parties; F) nuclear explosion, radiation, and radioactive contamination; G) disability established upon re-examination of the Insured Person; H) Under no circumstances shall the Insurer bear liability for obligations not established or not reflected in this Offer. The Insurer assumes no obligations for events occurring prior to the entry into force of its obligations under the Insurance Policy or after the expiration of its term.
5. Amount of Insurance Payment	**5.1** In the event of partial loss of working capacity (Subparagraph a of Clause 4.3 of this Offer), payment shall be made in the corresponding percentage of the remaining insured sum established for this risk in accordance with the "Table of Insurance Payments for Accident Insurance," which constitutes an appendix and an integral part of the Insurance Rules and this Offer. In the event of simultaneous damage to different organs as a result of one accident, the amount of insurance compensation shall be calculated separately for each injury and then summed up. However, the total amount of insurance compensation shall not exceed 75% of the insured sum. If compensation for one of the injuries exceeds 75%, payment shall be made in the highest amount established for the most severe injury in accordance with the "Table of Insurance Payments for Accident Insurance." **5.2** In the event of permanent total loss of general working capacity (Subparagraph b of Clause 4.3 of this Offer): • Assignment of Disability Group I – 100% of the remaining insured sum; • Assignment of Disability Group II – 75% of the remaining insured sum; • Assignment of Disability Group III – 50% of the remaining insured sum. **5.3** In the event of death (Subparagraph c of Clause 4.3 of this Offer) – 100% of the remaining insured sum. **5.4** The remaining insured sum shall be determined by deducting from the total insured sum the amount of previously paid insurance compensation. The remaining insured sum shall be reduced after each insurance payment.
6. Insurance Period and Territory	**6.1** The territory where insurance coverage applies is worldwide. **6.2** Insurance coverage shall commence from the moment of payment of the insurance premium and shall remain in force until the end of the period specified in the insurance certificate. **6.3** Insurance coverage shall apply 24 hours a day throughout the entire term of the Insurance Agreement (Insurance Certificate).
7. Early Termination of the Insurance Agreement (Insurance Policy) at the Initiative of the Policyholder. Refund of Insurance Premium	**7.1** The Insurance Agreement shall terminate prior to the expiration of the term for which it was concluded if, after its entry into force, the possibility of the occurrence of an insured event has ceased and the existence of the insurance risk has terminated due to circumstances other than an insured event. **7.2** The Policyholder shall have the right to withdraw from performance of the Insurance Agreement at any time, provided that at the moment of withdrawal the possibility of occurrence of an insured event has not ceased due to the circumstances specified in Clause 5.1 of this Offer. In such case, the insurance premium paid to the Insurer shall not be refundable. **7.3** Early termination of the Insurance Agreement (Insurance Policy) at the initiative of the Policyholder shall be effected by submitting a written notice of termination to the Insurer, followed by the signing by the parties of a Termination Agreement in respect of the Insurance Agreement. **7.4** Early termination of the Insurance Agreement (Insurance Policy) at the initiative of the Insurer shall be carried out unilaterally only in the following cases: a) intentional abuse by the Policyholder or the Insured Person, including undergoing planned medical treatment, providing false information to a medical institution or to the Insurer, or submitting documents that do not correspond to reality. In such case, upon confirmation of these circumstances, the Insurer shall have the right to unilaterally terminate the Insurance Agreement by written notification to the Policyholder/Insured Person; b) in other cases provided for and permitted by the legislation and the Insurance Agreement.
8. Special Conditions	**8.1** Upon occurrence of an insured event, the Policyholder (Insured Person) shall, within 10 (ten) days, notify the Bank and the Insurer by telephone, facsimile notification, or electronic communication (e-mail). **8.2** If, during the term of the Insurance Agreement, the Insurer has made an insurance payment, no refund of the insurance premium (or part thereof) shall be made upon early termination of the Insurance Agreement.

	8.3 In the event of early termination of the Insurance Agreement, the insurance premium shall be refunded less the earned premium of the Insurer and the Insurer's administrative expenses in the amount of 90% of the insurance premium paid by the Policyholder.
9. Miscellaneous Provisions	**9.1** The Policyholder and the Insurer, by mutual agreement, shall have the right to introduce amendments and additions, as well as to expand the insurance terms, which shall apply only to the relevant Insurance Agreement. **9.2** Acceptance of this Offer implies consent to the Insurer's dissemination of anonymized data regarding insured events among persons who have concluded insurance agreements under the terms of this Offer, as well as consent to receive such information from the Insurer. **9.3** Disputes arising between the Policyholder and the Insurer under the Insurance Agreement shall be resolved through negotiations. If no agreement is reached, disputes shall be resolved in court in accordance with the procedure established by the current legislation of the Kyrgyz Republic. **9.4** In all matters not regulated by this Offer and the Rules, the Parties shall be governed by the current legislation of the Kyrgyz Republic.
In the event of claims, you may contact the authority regulating the activities of insurance organizations: the State Service for Regulation and Supervision of the Financial Market under the Ministry of Economy and Commerce of the Kyrgyz Republic, 114 Chui Avenue, Bishkek. Telephone: +996 (312) 62 44 60, 62 44 70.	

You may contact the Loss Adjuster at the following telephone numbers:
+996 (507) 80 77 87; +996 (704) 99 32 32.

Appendix No. 1
to the Public Offer for Conclusion of an Accident Insurance Agreement

APPLICATION FOR ACCIDENT INSURANCE

1. POLICYHOLDER: _____
(Full Name)

Date of Birth: _____

Passport Details: _____

Address: _____

Telephone: home _____ work _____

Place of Employment: _____

2. BENEFICIARY: _____

Date of Birth: _____

Passport Details: _____

3. TERMS OF THE INSURANCE AGREEMENT (select one of the proposed options):

Death as a result of an accident; disability as a result of an accident; and injury	

Sum Insured under the Agreement _____

4. PERIOD OF VALIDITY OF THE INSURANCE AGREEMENT

(select one of the proposed options):

24 hours a day	

5. INSURANCE TERM:

Insurance coverage commencement date: 00 hours 00 minutes from "___" _____ **20_**

Insurance coverage expiration date: 24 hours 00 minutes until "___" _____ **20_**

6. TERRITORY OF INSURANCE COVERAGE: _____

The Insurance Rules have been reviewed and accepted:

Policyholder's Signature _____ Full Name _____
Signature

Date of completion of the Application: "" _____ **20**

Appendix No. 2
to the Public Offer for Conclusion of an Accident Insurance Agreement

ACCIDENT INSURANCE RULES

Bishkek, 2025

DEFINITIONS AND TERMS

1. GENERAL PROVISIONS

1.1. Under these Accident Insurance Rules (hereinafter referred to as the "Rules") and in accordance with the current legislation of the Kyrgyz Republic, Closed Joint-Stock Company Insurance Company "Amanat" (hereinafter referred to as the "Insurer") concludes voluntary accident insurance agreements (hereinafter referred to as the "Insurance Agreement") with individuals and legal entities (hereinafter referred to as the "Policyholders").

1.2. The following may act as Policyholders:

1.2.1. legal entities of all forms of ownership;

1.2.2. individuals, including individual entrepreneurs.

1.3. Policyholders shall have the right to conclude Insurance Agreements in respect of third parties in favor of such persons (hereinafter referred to as the "Insured"). The Insured may be individuals aged from 6 (six) to 64 (sixty-four) years at the time of conclusion of the Insurance Agreement.

Where third parties are not married to or related (spouse, parents, brothers, sisters, children) to the Policyholder who is an individual, the Insurance Agreement shall be concluded only with their written consent.

1.4. An Insurance Agreement shall not be concluded in respect of persons suffering from mental, oncological, or cardiovascular diseases, including dementia, severe nervous system disorders, as well as in respect of fully paralyzed persons and persons with disability Group I. An agreement concluded in respect of such persons shall be deemed invalid from the moment of its conclusion.

1.5. The Policyholder (Insured) may designate any person as the recipient of the insurance sum in the event of the Insured's death (hereinafter referred to as the "Beneficiary").

1.6. Upon conclusion of the Insurance Agreement under these Rules, the Rules shall become an integral part of the Insurance Agreement and binding upon both the Insurer and the Policyholder.

1.7. The provisions contained in these Rules may be amended (excluded or supplemented) by written agreement of the parties upon conclusion of the Insurance Agreement or during its term, provided that such amendments do not contradict the current legislation of the Kyrgyz Republic.

1.8. These Rules establish the definitions of terms and concepts used in the Insurance Agreement:

1.8.1. Beneficiary – a person in whose favor the Insurance Agreement is concluded;

1.8.2. Insurance Agreement – an agreement between the Policyholder and the Insurer under which the Insurer, for the fee stipulated by the Agreement (insurance premium), undertakes, upon occurrence of an insured event, to pay insurance compensation. The Insurance Agreement may be concluded in the form of a document signed by both parties or by the Insurer issuing to the Policyholder, on the basis of a written or oral application, an insurance policy signed by the Insurer;

1.8.3. Double Insurance – insurance of the same object of insurance with two or more insurers;

1.8.4. Co-insurance – insurance of one object under one agreement jointly by several insurers;

1.8.5. Policyholder – an individual or legal entity that has concluded an Insurance Agreement with an insurance organization (Insurer);

1.8.6. Insurer – a legal entity (insurance organization) that is a commercial organization and holds a special authorization (license) to carry out the relevant type of insurance activity;

1.8.7. Sum Insured – the amount within which the Insurer undertakes to pay insurance compensation under a personal insurance agreement;

1.8.8. Insurance Premium – the fee stipulated by the Agreement, which the Policyholder is obliged to pay to the Insurer in the manner and within the time limits established by the Insurance Agreement;

1.8.9. Insurance Tariffs – the rates applied in determining the amount of the insurance premium payable under the Insurance Agreement;

1.8.10. Insurance Compensation – the amount paid by the Insurer under the Insurance Agreement to cover damage upon occurrence of an insured event;

1.8.11. Insured Event – an event provided for by the Insurance Agreement or by law, upon the occurrence of which the Insurer's obligation arises to make an insurance payment to the Policyholder, the Insured Person, or the Beneficiary;

1.8.12. Insurance Risk – an assumed event against the occurrence of which insurance is effected;

1.8.13. Insurance Contributions – the insurance premium periodically paid by the Policyholder to the Insurer in accordance with the terms of the Insurance Agreement;

1.8.14. Term of the Insurance Agreement – the period of time during which the provisions of the Insurance Agreement are binding upon the parties. Obligations of the parties that arose prior to the expiration of the term shall remain in force until fully performed;

1.8.15. Competent Authorities – state and/or other bodies authorized in accordance with the regulatory legal acts of the Kyrgyz Republic to issue documents confirming events and the amount of damage that have the characteristics of an insured event;

1.8.16. Limit of Liability – the maximum amount of insurance compensation payable by the Insurer per one insured event and for all insured events during the term of the Agreement;

1.8.17. Object of Insurance – property interests not contrary to the legislation of the Kyrgyz Republic and which may be insured or are subject to insurance. Objects of personal insurance may include property interests related to harm caused to the life or health of citizens and the provision of medical services to them;

1.8.18. Period of Insurance Coverage – the period of time during which insurance protection (insurance coverage) is in force;
1.8.19. Reinsurance – insurance of the risk of payment of insurance compensation, in whole or in part, with another insurer under a reinsurance agreement concluded with such insurer. In this case, the insurer under the main Insurance Agreement that has concluded the reinsurance agreement acts as the reinsurer (cedent) under the reinsurance agreement;
1.8.20. Territory of Insurance – the territory (country, region, route, etc.) defined in the Insurance Agreement within which the occurrence of an insured event during the term of the Agreement entails the Insurer's obligation to make an insurance payment.

2. OBJECT OF INSURANCE

2.1. The object of insurance shall be the property interest related to the life, health, and working capacity of the Insured.
2.2. An accident shall mean an event occurring against the will of a person, being a sudden, short-term external event (incident) affecting the Insured during the term of the Insurance Agreement, which results in bodily injury (damage to health) or death of the Insured.

3. INSURED EVENTS

3.1. An insured event shall mean an actually occurred event specified in Clause 3.2 of these Rules, which took place during the term of the Insurance Agreement, documented by a medical and preventive institution and/or an authorized competent authority, and giving rise to the Insurer's obligation to pay the insurance sum to the Insured (Beneficiary).
3.2. Unless otherwise provided in the Insurance Agreement, insured events shall include:

1. Injury sustained as a result of an accident;
2. Bites by animals, snakes, or venomous insects;
3. Accidental acute poisoning by poisonous plants, chemical substances (industrial or household), substandard food products (excluding foodborne toxic infections such as salmonellosis, dysentery, etc.), or medications;
4. Tick-borne encephalitis (encephalomyelitis) or poliomyelitis;
5. Pathological childbirth or ectopic pregnancy resulting in removal of organs (uterus, both or the only fallopian tube, ovaries);
6. Accidental fractures, dislocations of bones, dental fractures, burns, ruptures (injuries) of organs or their removal as a result of improper medical procedures;
7. Disability Group I, II, or III occurring to the Insured during the term of the Insurance Agreement as a result of the events listed in sub-clauses 1–6 of this Clause;
8. Death of the Insured occurring during the term of the Insurance Agreement as a result of the above-listed events (sub-clauses 1–7 of this Clause), as well as accidental entry of a foreign body into the respiratory tract, drowning, anaphylactic shock, or hypothermia (excluding death due to a common cold).

3.3. The events specified in Clause 3.2 shall be recognized as insured events if they resulted from an accident that occurred during the term of the Insurance Agreement and are confirmed by documents issued by competent authorities in accordance with the procedure established by law.
3.4. Events specified in Clause 3.2 that occurred as a result of an accident during the term of the Insurance Agreement shall be recognized as insured events if complications of such accident manifested within one year from the date of the accident and resulted in more severe damage to health and/or disability (permanent loss of working capacity) and/or death of the Insured.
3.5. The events specified in Clause 3.2 of this Section shall not be recognized as insured events if they occurred as a result of:
a) commission by the Insured of an intentional crime;
b) commission by the Beneficiary of an intentional crime resulting in the death of the Insured;
c) operation by the Insured of any vehicle while under the influence of alcohol, narcotic, or toxic substances, or transfer of control to a person in such condition, or to a person without a valid driving license;
d) suicide or attempted suicide of the Insured;
e) intentional infliction by the Insured of bodily injuries of any severity upon himself/herself;
f) use by the Insured of a vehicle, mechanical device, apparatus, instrument, or other equipment without appropriate authorization (certificate, license, etc.), or transfer of control to a person without appropriate authorization;
g) actions of the Insured related to a developed mental illness;
h) the Insured being under the influence of alcohol, narcotic, or toxic substances, unless the documents submitted for loss settlement unequivocally confirm the absence of a causal relationship between the Insured's condition and the accident.
The acts listed in sub-clauses (a)–(h) of this Clause shall be recognized as such on the basis of a court decision and/or other documents issued by authorized and competent authorities confirming the fact in accordance with the legislation.
3.6. Unless otherwise agreed upon at the conclusion of the Insurance Agreement, the Insurer shall not make payments in connection with death or injuries (disability) resulting from accidents caused by:

3.6.1. nuclear explosion, radiation, radioactive contamination, terrorist acts, acts of violence for political motives, as well as during any kind of military actions, civil unrest, strikes, mass disturbances, states of emergency or special regimes declared by state authorities in accordance with the law;
3.6.2. participation of the Insured in any sport at a professional level, participation in any competitions, including those involving motorized land, water, or air vehicles, as well as engagement in the following sports at an amateur level: auto racing, motorsports, equestrian sports, aerial sports (parachuting, hang gliding, gliding, including parachuting attached to any type of transport), sailing, mountaineering, rock climbing, martial arts, scuba diving, alpine skiing, snowboarding; rafting on turbulent waters, caving, hunting using any type of weapon, bungee jumping, base jumping, rope jumping, and other hazardous hobbies involving risk to life.
For the purposes of these Rules, professional sports shall mean engagement in any sport on a systematic basis involving training and/or participation in officially organized competitions.
3.6.3. participation of the Insured in any air, aviation, or space flights, except as a passenger holding a paid valid ticket on a regular or charter commercial non-military aircraft licensed and authorized for passenger transportation in accordance with established rules;
3.6.4. violation by the Policyholder of fire safety and other safety regulations;
3.6.5. poisoning of the Insured by ethanol, alcohol-containing beverages, potent or narcotic drugs taken without a doctor's prescription, as well as toxic substances consumed for the purpose of intoxication.
3.7. The Insurance Agreement shall automatically terminate in respect of the following Insured Persons:
3.7.1. persons held in custody or detained in places of deprivation of liberty, temporary detention facilities, or pre-trial detention centers;
3.7.2. persons performing military service in the Armed Forces of the Kyrgyz Republic or in the armed forces of other states.

4. PROCEDURE FOR CONCLUSION AND EXECUTION OF THE INSURANCE AGREEMENT

4.1. For the conclusion of the Insurance Agreement, the Policyholder shall submit to the Insurer a written insurance application form in the prescribed format, as well as a list of insured persons if the Policyholder is a legal entity. For execution of the Agreement, the Insurer may request additional documents characterizing the degree of risk.
4.2. The amount of the insurance premium shall be determined by the Insurer based on the sums insured agreed by the parties, the insurance period, the insured risks, and other factors determining the scope of the Insurer's liability and the degree of risk.
4.3. The insurance premium shall be paid in a lump sum or, by agreement of the parties, may be paid in several installments.
4.4. Failure by the Policyholder to pay the insurance premium or its очередной installment within the time limits stipulated by the Insurance Agreement shall be regarded as a material breach of the Agreement and may serve as grounds for the Insurer's unilateral refusal to perform the Agreement.
4.5. When concluding an Insurance Agreement for a term of less than one year, the insurance premium shall amount to (as a percentage of the annual insurance premium):

- 1 month – 20%
- 2 months – 30%
- 3 months – 40%
- 4 months – 50%
- 6 months – 60%
- 7 months – 75%
- 8 months – 80%
- 9 months – 85%
- 10 months – 90%
- 11 months – 95%

For insurance periods of less than one month, insurance contributions shall be paid as for a full month.
4.6. The commencement and expiration dates of the Insurance Agreement shall be established by agreement of the parties.
4.7. In the event of loss of the Insurance Agreement (Policy), the Insurer shall issue a duplicate upon the written application of the Policyholder (Insured), after which the lost Insurance Agreement (Policy) shall be deemed invalid and no payment shall be made thereunder.
In the event of repeated loss of the Policy during the term of the Insurance Agreement, the Insurer shall recover from the Policyholder an amount equal to the cost of issuing the Policy.

5. ENTRY INTO FORCE OF THE AGREEMENT AND ITS TERM

5.1. The Insurance Agreement shall enter into force upon payment of the insurance premium or its first installment, unless otherwise provided by the Insurance Agreement.
5.2. The Insurance Agreement shall be concluded for a term of one year or, by agreement of the parties, for another term (insurance period) specified in the Insurance Agreement.
5.3. The Insurance Agreement shall terminate:
5.3.1. upon expiration of its term;
5.3.2. upon full performance by the Insurer of its obligations under the Insurance Agreement (Policy);
5.3.3. in case of non-payment by the Policyholder of the insurance premium (installment) within the time limits established by the Agreement;
5.3.4. upon liquidation of the Insurer in accordance with the legislative acts of the Kyrgyz Republic;

5.3.5. upon liquidation of the Policyholder – a legal entity, if the Insured person(s) have not assumed the Policyholder's obligations to pay contributions;
5.3.6. upon adoption by a court of a decision declaring the Insurance Agreement invalid;
5.3.7. in other cases provided for by the legislative acts of the Kyrgyz Republic.
5.4. The Insurance Agreement may be terminated early at the request of the Policyholder or the Insurer if предусмотрено by the terms of the Insurance Agreement, as well as by mutual agreement of the parties.
5.5. The parties shall notify each other in writing of their intention to terminate the Insurance Agreement early at least ten days prior to the intended date of termination, unless otherwise provided by the Agreement.
5.6. The Insurance Agreement shall terminate before its expiration date if, after its entry into force, the possibility of occurrence of the insured event has ceased and the existence of the insurance risk has terminated due to circumstances other than an insured event, in particular in the event of the death of the Insured for reasons other than an insured event. In the event of early termination of the Insurance Agreement under the circumstances specified in this Clause, the Policyholder shall be refunded the portion of the insurance premium for the unused period, less the expenses incurred by the Insurer in the amount of not less than 25% of the insurance premium specified in the Insurance Agreement.
5.7. The Policyholder shall have the right to withdraw from the Insurance Agreement at any time, provided that at the moment of withdrawal the possibility of occurrence of the insured event has not ceased due to the circumstances specified in Clause 5.6 of these General Conditions.
In the event of early withdrawal by the Policyholder, the insurance premium paid to the Insurer shall not be refundable, unless otherwise provided by the Agreement.
5.8. The Insurer shall have the right to terminate the Insurance Agreement early in cases provided for by applicable legislation and the Insurance Agreement. In the event of early termination at the initiative of the Insurer, the insurance premium paid by the Policyholder shall be refunded in full.
If the Insurer's demand is due to the failure of the Policyholder (Insured) to comply with these Rules, the Insurer shall refund the insurance premium for the unused period less the expenses incurred by the Insurer in the amount of not less than 25% of the insurance premium specified in the Insurance Agreement.
5.9. The Insurer's liability under the Insurance Agreement shall cease on the date specified in the Insurance Agreement; or, if the Agreement is terminated unilaterally by either party, liability shall cease from the date of receipt by the other party of written notice of termination (at the address specified in the Insurance Agreement), or from a later date specified in such notice.

6. SUM INSURED, INSURANCE PREMIUM, FORM AND PROCEDURE OF PAYMENT
6.1. The Sum Insured shall be the monetary amount within which the Insurer bears liability for the performance of its obligations under the Insurance Agreement.
6.2. The Sum Insured shall be established by agreement of the parties. At the Policyholder's discretion, the Sum Insured may be fixed in the Insurance Agreement in United States dollars or in another freely convertible currency.
6.3. During the term of the Insurance Agreement, the amount of the Sum Insured and/or the number of Insured Persons may be changed by the Policyholder (Beneficiary) upon agreement with the Insurer.
6.4. During the term of the Insurance Agreement, the Sum Insured of the Insured – a Bank borrower (financial institution) – may be changed by the Insurer upon agreement with the Beneficiary (Bank or other financial institution).
6.5. The insurance premium shall be calculated based on the Sum Insured, tariff rates, age, and insurance term.
6.6. The tariff rate for accident insurance shall be determined taking into account the profession, age, and insurance conditions.
6.7. The Insurance Agreement may be concluded either for the period during which the Insured performs official duties or with twenty-four-hour coverage, i.e., including insured events occurring in everyday life. For insurance periods of less than one year, the tariff rate shall be calculated as a percentage in accordance with sub-clause 4.5 of these Rules.
6.8. The insurance premium under the Insurance Agreement may be paid by the Policyholder either as a single lump-sum payment for the entire insurance term or in installments. The procedure for payment of the insurance premium (installments) shall be determined in the Insurance Agreement (Policy).

7. RIGHTS AND OBLIGATIONS OF THE PARTIES
7.1. During the term of the Insurance Agreement, the Policyholder shall have the right to:
7.1.1. terminate the Insurance Agreement early in accordance with the Rules;
7.1.2. obtain a duplicate of the Insurance Agreement (Policy) in case of its loss;
7.1.3. change the Sum Insured upon agreement with the Insurer;
7.1.4. change the list of Insured Persons by excluding dismissed employees and including newly hired employees, provided that no insured events occurred with respect to the excluded Insured Persons during the term of the Insurance Agreement. For this purpose, within 10 days, the Policyholder shall notify the Insurer in writing of the necessary details regarding both excluded and newly included Insured Persons;
7.1.5. request the "Table of Insurance Benefit Payments for Temporary Disability Resulting from an Accident" only if the Insurer recognizes the occurred event as an insured event. Such request shall be submitted in writing.
7.2. During the term of the Insurance Agreement, the Insured shall have the right to:

7.2.1. with the consent of the Policyholder, designate a recipient of the insurance benefit in the event of his/her death (Beneficiary);
7.2.2. with the consent of the Policyholder, change the Beneficiary;
7.2.3. change the Sum Insured upon agreement with the Insurer;
7.2.4. obtain a duplicate of the Policy in case of its loss;
7.2.5. assume the obligations of the Policyholder in the event of the Policyholder's liquidation.
7.3. The Policyholder (Insured) shall be obliged to:
7.3.1. pay the insurance premium in a timely manner within the time limits specified in the Insurance Agreement (Policy);
7.3.2. upon conclusion of the Agreement and thereafter, inform the Insurer of all circumstances known to him/her that are material for assessing the degree of risk;
7.3.3. take necessary measures to prevent and minimize the risk of occurrence of an insured event;
7.3.4. upon occurrence of an insured event, within three days (unless otherwise provided by the Insurance Agreement), from the moment when he/she becomes able to report it, notify the Insurer by any available means allowing objective confirmation of such notification;
7.3.5. upon occurrence of an insured event, provide the Insurer with all necessary documents to establish the fact, cause, nature, and consequences of the insured event.
7.4. The Insurer shall have the right to:
7.4.1. verify the information provided by the Policyholder and compliance with the terms of the Agreement;
7.4.2. send inquiries to competent authorities as necessary;
7.4.3. independently investigate the causes and circumstances of the insured event;
7.4.4. postpone payment of the insurance sum if doubts arise regarding the Insured's (Beneficiary's) right to receive the insurance sum, until necessary evidence is provided;
7.4.5. refuse payment of the insurance sum if the Policyholder (Insured):

- knowingly provided distorted information regarding the health of the Insured at the time of conclusion of the Agreement or regarding changes in health during the term of the Agreement, if such change directly or indirectly caused the insured event;
- failed to timely notify of the insured event;
- failed to submit documents and information necessary to establish the causes, nature of the accident, and its connection with the consequences within the time limits established by the Insurance Agreement, or submitted knowingly false evidence.

The Insurer shall also have the right to refuse payment to the extent that the accident resulted from the Insured's failure to take reasonable measures to prevent it.
7.4.6. terminate the Insurance Agreement if it is discovered that the Policyholder knowingly provided false information at the time of conclusion of the Agreement;
7.4.7. terminate the Insurance Agreement in case of non-payment of the insurance premium or installments within the time limits specified in the Agreement;
7.4.8. change the Sum Insured of the Insured (borrower of a Bank or other financial institution) upon agreement with the Beneficiary (Bank or other financial institution);
7.4.9. refuse to provide the Policyholder with the "Table of Insurance Benefit Payments for Temporary Disability Resulting from an Accident" in cases not предусмотренные by these Rules.
7.5. The Insurer shall be obliged to:
7.5.1. familiarize the Policyholder with these Insurance Rules;
7.5.2. not disclose information about the Policyholder, except in cases provided for by the legislation of the Kyrgyz Republic;
7.5.3. issue the Insurance Agreement (Policy) together with the Insurance Rules on the basis of which the Agreement was concluded, within the time limits established by the Agreement;
7.5.4. upon occurrence of an insured event, pay the insurance sum (or refuse payment) within the time period established by these Rules and the Insurance Agreement, after receiving all necessary documents confirming the occurrence of the insured event and its consequences.
7.6. Amendments and supplements that do not contradict the legislation of the Kyrgyz Republic may be introduced into the Insurance Agreement by mutual consent of the Parties.

8. PROCEDURE FOR CALCULATION AND PAYMENT OF INSURANCE INDEMNITY (SUM INSURED)

8.1. Payment of insurance indemnity (Sum Insured) shall be made by the Insurer in accordance with the terms of the Insurance Agreement on the basis of a written application of the Policyholder (Insured or Beneficiary) and documents confirming the occurrence of the insured event.
8.2. A decision on recognition of an event as an insured event shall be made by the Insurer within 30 calendar days from the date of submission of the application by the Policyholder (Insured, Beneficiary) together with all necessary documents confirming the occurrence of the insured event.
8.3. Payment of insurance indemnity (Sum Insured) shall be made within five banking days from the date of receipt of the last required document confirming the occurrence of the insured event, unless another period is expressly stipulated

in the Insurance Agreement (Policy). The date of payment shall be deemed the date of debiting funds from the settlement account or disbursement from the Insurer's cash desk.

8.4. If necessary, the Insurer shall request information related to the insured event from law enforcement authorities, medical institutions, and other enterprises and organizations possessing information about the circumstances of the insured event.

8.5. The total amount of insurance indemnity payments for insured events occurring during the term of the Insurance Agreement shall not exceed the Sum Insured.

8.6. Insurance indemnity shall be paid regardless of all types of benefits, pensions, and other social payments established by law, employment, or other agreements.

8.7. In the event of injury (establishment of disability) resulting from an insured event, the Sum Insured under accident insurance shall be paid, unless otherwise provided by the Agreement, in the following amounts:

- Disability Group I – 100% of the Sum Insured;
- Disability Group II – 75% of the Sum Insured;
- Disability Group III – 50% of the Sum Insured;
- In case of injury – payments shall be determined in accordance with the "Table of Insurance Benefit Payments for Temporary Disability Resulting from an Accident."

Payment of the insurance indemnity shall be made in a lump sum taking into account amounts previously paid in connection with insured events.

8.8. In the event of the death of the Insured resulting from an insured event, the Beneficiary shall be paid the Sum Insured minus amounts previously paid in connection with insured events that occurred during the term of the Insurance Agreement, unless otherwise provided by the Agreement.

8.9. In the event of the death of the Insured – a Bank borrower (financial institution) – resulting from an insured event, the Beneficiary (Bank or other financial institution) shall be paid the Sum Insured in the amount of the Borrower's outstanding debt as of the date of the insured event, including principal and accrued interest, but within the limits of the Sum Insured, unless otherwise provided by the Insurance Agreement.

8.10. In the event of the death of the Insured, the following order of priority for payment of the Sum Insured shall apply:

8.10.1. first – to the Beneficiary specified in the Insurance Agreement (Policy);

8.10.2. in the absence of a Beneficiary (not designated, died prior to the Insured, or died simultaneously with the Insured), as well as if the death of the Insured resulted from the intentional actions of the Beneficiary – to the person designated in the Insured's will;

8.10.3. in the absence of a recipient under Clause 8.10.2., as well as if the death of the Insured resulted from the intentional actions of the person designated in the will – to the person recognized as the heir of the Insured under the civil legislation of the Kyrgyz Republic, upon submission of a certificate of inheritance rights. If, after the death of the Insured, the Beneficiary dies without having received the due insurance sum, it shall be paid to his/her heirs upon submission of a certificate of inheritance;

8.10.4. if a lawful heir is guilty of causing the death or intentional bodily harm resulting in the death of the Insured, the Sum Insured shall be paid to the other lawful heirs.

8.11. If the Insured is declared deceased by a court, the Sum Insured shall be payable provided that the court decision indicates that the Insured disappeared under circumstances threatening death, and the date of disappearance or presumed death falls within the term of the Insurance Agreement. If the Insured is recognized by a court as missing, the Sum Insured shall not be paid.

8.12. Payment of insurance indemnity (Sum Insured) may be made to a representative of the Beneficiary under a power of attorney executed in accordance with the law.

8.13. Insurance indemnity (Sum Insured) shall be paid to the recipient by transfer to his/her bank account, by postal transfer at the recipient's expense, in cash from the Insurer's cash desk, or by another method agreed by the parties.

8.14. Claims for payment of insurance indemnity (Sum Insured) may be submitted to the Insurer within three years from the date of the insured event, provided that the Insurer was notified of the insured event within the time limits specified in Clause 7.3.4 of these Rules.

8.15. In the event of a decision to refuse payment, the Insurer shall provide the person claiming the insurance sum with a detailed written explanation of the reasons for refusal, with reference to the relevant provisions of these Rules and the Insurance Agreement, within three banking days from the date of receipt of the last required document.

8.16. To receive the Sum Insured, the following documents shall be submitted to the Insurer:

8.16.1. By the Policyholder (Insured):

In case of loss of working capacity:

- Insurance Policy;
- application for payment of the Sum Insured;
- documents from relevant competent authorities confirming the occurrence of the accident;
- documents from a medical institution confirming the occurrence of the accident and the period of treatment, including a temporary disability certificate (for employed Insured persons);
- copy of the medical and social expert commission (MSEC) certificate establishing the disability group;
- court decision, prosecutor's ruling, or other documents confirming the commission of an act (crime) in accordance with the law;

- accident report (if available);
- identity document.

8.16.2. By the Beneficiary:

- Insurance Policy;
- application for payment of the Sum Insured;
- death certificate of the Insured or its notarized copy;
- detailed medical and/or forensic medical report on the cause of death;
- identity document.

8.16.3. By the heirs of the Insured:

- documents specified in Clause 8.16.2., as well as a certificate of inheritance rights issued by a notary office.

9. PROCEDURE FOR AMENDMENTS TO THE INSURANCE AGREEMENT

9.1. During the term of the Insurance Agreement, the Policyholder may introduce amendments:

- regarding changes to the Sum Insured;
- regarding changes to the list of Insured Persons by excluding dismissed employees and including newly hired employees, provided that no insured events occurred with respect to the excluded Insured Persons during the term of the Agreement;
- regarding change of the Beneficiary with the written consent of the Policyholder.

9.2. In case of an increase in the Sum Insured, a supplementary Insurance Agreement shall be concluded with payment of an insurance premium calculated based on the full months remaining until the expiration of the Agreement.

10. DISPUTE RESOLUTION

10.1. In case of non-performance or improper performance by the parties of the terms of the Insurance Agreement, disputes shall be resolved through negotiations between the parties, and in the absence of agreement, in accordance with the procedure established by the legislation of the Kyrgyz Republic.

Appendix
to the "Accident Insurance Rules"

TABLE
of Insurance Benefit Payments for Temporary Disability Resulting from an Accident

Article	Nature of Injury	Amount of Insurance Benefit (% of the Sum Insured)
	Skull Bones, Nervous System	
1	Fracture of skull bones:	
	a) outer plate of the cranial vault bones	5%
	b) cranial vault	15%
	c) skull base	20%
	d) cranial vault and base	25%
2	Traumatic intracranial hematomas:	
	a) epidural	10%
	b) subdural, intracerebral	15%
	c) epidural and subdural (intracerebral)	20%
3	Brain injuries:	
	a) concussion with treatment period from 3 to 13 days inclusive	3%
	b) concussion with treatment period of 14 days or more	5%
	c) brain contusion, subarachnoid hemorrhage	10%
	d) retained foreign bodies in the cranial cavity (excluding suture and plastic material)	15%
	e) crushing of brain substance (without specification of symptoms)	50%
	Notes: If surgical intervention was performed on the skull bones, brain, or its membranes in connection with traumatic brain injury, an additional 10% of the Sum Insured shall be paid once. If, as a result of one injury, multiple damages listed under one Article occur, the insurance benefit shall be paid under one subparagraph reflecting the most severe injury. In case of injuries listed under different Articles, the insurance benefit shall be paid cumulatively by summation.	
4	Damage to the nervous system (traumatic, toxic, hypoxic) resulting in:	
	a) asthenic syndrome, dystonia, encephalopathy in children under 16 years of age	5%
	b) arachnoiditis, encephalitis, arachnoencephalitis	10%
	c) epilepsy	15%
	d) upper or lower monoparesis (paresis of one upper or lower limb)	30%
	e) hemi- or paraparesis (paresis of both upper or both lower limbs, paresis of right or left limbs), amnesia (loss of memory)	40%
	f) monoplegia (paralysis of one limb)	60%
	g) tetraparesis (paresis of upper and lower limbs), impaired coordination of movements, dementia	70%
	h) hemi-, para-, or tetraplegia, aphasia (loss of speech), decortication, dysfunction of pelvic organs	100%
	Additional Provisions: The insurance benefit for consequences of nervous system injury specified in Article 4 shall be paid under one subparagraph reflecting the most severe consequences, provided that such consequences are established by a medical institution not earlier than three months from the date of injury and confirmed by a certificate issued by that institution. The insurance benefit shall be paid in addition to the insurance benefit paid in connection with insured events that caused damage to the nervous system. The total amount of payments shall not exceed 100%. If the Policyholder submits medical certificates confirming treatment for injury and its complications, the insurance benefit shall be paid under Articles 1, 2, 3, 5, 6, and Article 4 cumulatively by summation.	

	In case of decreased visual acuity or hearing loss resulting from traumatic brain injury, the insurance benefit shall be paid taking into account both the injury and the specified complications under the relevant Articles by summation.	
5	Peripheral injury to one or more cranial nerves	10%
	Note: If cranial nerve injury occurs in connection with a fracture of the skull base, the Sum Insured shall be paid under Article 1; Article 5 shall not apply.	
6	Injury to the spinal cord at any level, cauda equina, poliomyelitis (without specification of symptoms):	
	a) concussion	5%
	b) contusion	10%
	c) compression, hematomyelia, poliomyelitis	30%
	d) partial rupture	50%
	e) complete transection of the spinal cord	100%
	Notes: If the Sum Insured has been paid under Article 6 (a, b, c, d), and subsequently complications listed in Article 4 arise and are confirmed by a medical institution certificate, the Sum Insured under Article 4 shall be paid in addition to the previously paid amount. If surgical interventions were performed in connection with spinal and spinal cord injury, an additional 15% of the Sum Insured shall be paid once.	
7	Traumatic neuritis of one limb (excluding neuritis of digital nerves)	5%
8	Injury (rupture, wound) of cervical, brachial, lumbar, sacral plexuses:	
	a) traumatic plexitis	10%
	b) partial rupture of plexus	40%
	c) complete rupture of plexus	70%
	Notes: Articles 7 and 8 shall not be applied simultaneously. Neuralgia and neuropathy resulting from trauma shall not constitute grounds for payment of the Sum Insured.	
9	Nerve transection:	
	a) branches of radial, ulnar, median (digital nerves) at the hand level	5%
	b) one of the following: radial, ulnar, or median nerve at the wrist joint and forearm level; peroneal or tibial nerve	10%
	c) two or more of the following: radial, ulnar, median nerves at the wrist joint and forearm level; peroneal and tibial nerves	20%
	d) one of the following: axillary, radial, ulnar, median nerve at the elbow joint and upper arm level; sciatic or femoral nerve	25%
	e) two or more of the following: axillary, radial, ulnar, median nerve at the elbow joint and upper arm level; sciatic and femoral nerves	40%
	Note: Injury to nerves at the level of the foot, toes, and hand shall not constitute grounds for payment of the Sum Insured.	
10	Paralysis of accommodation of one eye	15%
11	Hemianopsia (loss of half of the visual field of one eye), injury to extraocular muscles (traumatic strabismus, ptosis, diplopia)	15%
12	Narrowing of the visual field of one eye:	
	a) non-concentric	10%
	b) concentric	15%
13	Pulsating exophthalmos of one eye	20%
14	Eye injury not resulting in decreased visual acuity:	
	a) non-penetrating wound of the eyeball, hyphema	3%
	b) penetrating wound of the eyeball, burns of II–III degree, hemophthalmos	5%
	Notes: Eye burns without specification of degree, as well as first-degree burns not resulting in pathological changes, shall not constitute grounds for payment. If injuries listed in Article 14 result in decreased visual acuity, payment shall be made in accordance with Article 20. Article 14 shall not apply in such case. If payment has already been made under Article 14 and the injury subsequently results in decreased visual acuity entitling the Insured to a higher payment, the previously paid amount shall be deducted. Superficial foreign bodies on the membranes of the eye shall not constitute grounds for payment.	

15	Injury to the lacrimal ducts of one eye:	
	a) without functional impairment	5%
	b) with functional impairment	10%
16	Consequences of eye injury:	
	a) conjunctivitis, keratitis, iridocyclitis, chorioretinitis	5%
	b) iris defect, lens displacement, change in pupil shape, trichiasis (misdirected eyelash growth), entropion, retained foreign bodies in the eyeball and orbital tissues, scars of eyeball membranes and eyelids (excluding skin)	10%
	Notes: If, as a result of one injury, several pathological changes listed in Article 16 occur, the insurance benefit shall be paid once, taking into account the most severe consequence. If an ophthalmologist, not earlier than three months after the eye injury, establishes the presence of pathological changes listed in Articles 10, 11, 12, 13, 15(b), 16, and decreased visual acuity, the insurance benefit shall be paid cumulatively for all consequences, but not exceeding 50% for one eye.	
17	Injury to the eye (eyes) resulting in complete loss of vision of the only seeing eye or both eyes with visual acuity not less than 0.01	100%
18	Removal of a blind eye as a result of trauma	10%
19	Fracture of the orbit	10%
20	Decrease in visual acuity (see Table 1)	—
	Notes to Article 20: A decision on payment of the insurance benefit due to decreased visual acuity and other consequences resulting from trauma shall be made after completion of treatment, but not earlier than three months from the date of injury. After this period, the Insured shall be referred to an ophthalmologist to determine the visual acuity of both eyes (without correction) and other consequences of the injury. In such cases, a preliminary payment may be made under Articles 14, 15(a), and 19 based on the fact of injury. If information regarding the visual acuity of the injured eye prior to trauma is unavailable, it shall be conditionally assumed to have been equal to that of the uninjured eye. However, if the visual acuity of the uninjured eye is lower than that of the injured eye, the visual acuity of the injured eye shall be conditionally assumed to have been 1.0. If both eyes were injured and no information regarding their visual acuity prior to trauma is available, it shall be conditionally assumed that the visual acuity of both eyes was 1.0. If, due to post-traumatic decreased visual acuity, an artificial lens was implanted or a corrective lens applied, the insurance benefit shall be paid taking into account the visual acuity prior to surgery.	
21	Injury to the auricle resulting in:	
	a) cartilage fracture	3%
	b) loss of up to 1/3 of the auricle	5%
	c) loss of 1/3 to 1/2 of the auricle	10%
	d) loss of more than 1/2 of the auricle	30%
	Note: The decision on payment under Article 21 (b, c, d) shall be made based on examination conducted after wound healing. If payment has been made under Article 21, Article 58 shall not apply.	
22	Injury to one ear resulting in hearing loss:	
	a) whispered speech heard at a distance of 1 to 3 meters	5%
	b) whispered speech heard at a distance of up to 1 meter	15%
	c) complete deafness (conversational speech – 0)	25%
	Note: A decision on payment due to trauma-related hearing loss shall be made after completion of treatment, but not earlier than three months from the date of injury. After this period, the Insured shall be referred to an ENT specialist to determine the consequences of the injury. In such cases, a preliminary payment may be made under Articles 23 and 24(a), if applicable.	
23	Rupture of one tympanic membrane resulting from trauma and not causing hearing loss	5%
	Notes: If rupture of the tympanic membrane results in hearing loss, the insurance benefit	

	shall be determined under Article 22. Article 23 shall not apply. If rupture of the tympanic membrane occurred as a result of a fracture of the skull base (middle cranial fossa), Article 23 shall not apply.	
24	Injury to one ear resulting in post-traumatic otitis:	
	a) acute purulent otitis	3%
	b) chronic otitis	5%
	Note: Payment under Article 24(b) shall be made additionally if this complication is confirmed by an ENT specialist after three months from the date of injury. Prior to this period, payment shall be made based on the fact of injury under the relevant Article.	
25	Fracture, dislocation of bones or cartilage of the nose, anterior wall of the frontal or maxillary sinus, ethmoid bone	5%
	Note: If, as a result of fracture or dislocation of the nasal bones or cartilage, nasal deformity occurs and is confirmed by a certificate from a medical institution and examination results, the insurance benefit shall be paid under Articles 25 and 58 (if applicable) cumulatively.	
26	Lung injury, subcutaneous emphysema, hemothorax, pneumothorax, pneumonia, exudative pleurisy, foreign body (bodies) in the thoracic cavity:	
	a) unilateral	5%
	b) bilateral	10%
	Notes: Pneumonia that develops during treatment of trauma or after surgical intervention performed due to trauma (except injuries of the chest and thoracic organs) shall not constitute grounds for payment. If rib or sternum fractures result in complications specified in Article 26, the insurance benefit under this Article shall be paid additionally to Articles 28 and 29.	
27	Injury to the chest and its organs resulting in:	
	a) pulmonary insufficiency (after 3 months from the date of injury)	10%
	b) removal of a lobe or part of the lung	40%
	c) removal of one lung	60%
	Note: If payment is made under Article 27 (b, c), Article 27(a) shall not apply.	
28	Fracture of the sternum	5%
29	Fracture of each rib	3%
	Notes: Rib fractures occurring during resuscitation measures shall be compensated on general grounds. Fracture of the cartilaginous part of a rib constitutes grounds for payment. If certificates from different medical institutions indicate different numbers of fractured ribs, the insurance benefit shall be paid based on the greater number.	
30	Penetrating chest wound, thoracoscopy, thoracocentesis, thoracotomy performed due to trauma:	
	a) thoracoscopy, thoracocentesis, penetrating wound without damage to thoracic organs and not requiring thoracotomy	5%
	Thoracotomy:	
	b) without damage to thoracic organs	10%
	c) with damage to thoracic organs	15%
	d) repeated thoracotomies (regardless of their number)	10%
	Notes: If removal of a lung or part thereof was performed due to chest injury, the insurance benefit shall be paid in accordance with Article 27; Article 30 shall not apply; Articles 30 and 26 shall not be applied simultaneously. If thoracoscopy, thoracocentesis, or thoracotomy was performed due to chest trauma, the insurance benefit shall be paid once, taking into account the most complex intervention.	
31	Injury to the larynx, trachea, thyroid cartilage, fracture of the hyoid bone, burn of the upper respiratory tract not resulting in functional impairment	5%
	Note: If bronchoscopy or tracheostomy (tracheotomy) was performed due to trauma, an additional 5% of the Sum Insured shall be paid.	
32	Injury to the larynx, trachea, hyoid bone, thyroid cartilage, or tracheostomy	

	performed due to trauma resulting in:	
	a) hoarseness or loss of voice, wearing a tracheostomy tube for at least 3 months after injury	10%
	b) loss of voice, wearing a tracheostomy tube for at least 6 months after injury	20%
	Note: The insurance benefit under Article 32 shall be paid in addition to the benefit paid under Article 31. If the Policyholder states in the application that the injury resulted in functional impairment of the larynx or trachea, a specialist's conclusion shall be obtained not earlier than three months after the injury. Prior to that period, payment shall be made under Article 31.	
	Cardiovascular System	
33	Injury to the heart, its membranes, and major great vessels not resulting in cardiovascular insufficiency	25%
34	Injury to the heart, its membranes, and major great vessels resulting in cardiovascular insufficiency:	
	a) Grade I	10%
	b) Grade II–III	25%
	Note: If the medical certificate (Form No. 195) does not specify the degree of cardiovascular insufficiency, payment shall be made under Article 34(a).	
35	Injury to major peripheral vessels (not resulting in circulatory impairment) at the level of:	
	a) upper arm, thigh	10%
	b) forearm, lower leg	5%
36	Injury to major peripheral vessels resulting in vascular insufficiency	20%
	Notes: Major great vessels include: the aorta, pulmonary artery, brachiocephalic artery, carotid arteries, internal jugular veins, superior and inferior vena cava, portal vein, and main vessels supplying internal organs. Major peripheral vessels include: subclavian, axillary, brachial, ulnar and radial arteries; iliac, femoral, popliteal, anterior and posterior tibial arteries; brachiocephalic, subclavian, axillary, femoral, and popliteal veins. If the Policyholder indicates in the application that the injury resulted in impairment of cardiovascular function, a specialist's opinion shall be obtained. The insurance benefit under Articles 34 and 36 shall be paid additionally if the complications specified therein are established by a medical institution not earlier than three months after the injury and confirmed by a certificate. Prior to that period, payment shall be made under Articles 33 and 35. If surgical intervention was performed to restore vascular integrity due to injury of major vessels, an additional 5% of the Sum Insured shall be paid.	
37	Fracture of the upper jaw, zygomatic bone, or lower jaw; jaw dislocation:	
	a) fracture of one bone, jaw dislocation	5%
	b) fracture of two or more bones or double fracture of one bone	10%
	Notes: Jaw fracture occurring accidentally during dental procedures shall be compensated on general grounds. Fracture of the alveolar process resulting from tooth loss shall not constitute grounds for payment. If surgical interventions were performed due to injury of the jaws or zygomatic bones, an additional 5% of the Sum Insured shall be paid once.	
38	Habitual jaw dislocation	10%
	Note: In case of habitual dislocation of the lower jaw, the insurance benefit shall be paid additionally to the amount paid under Article 37, provided that this complication resulted from an injury sustained during the insurance period and within three years thereafter. In case of recurrent habitual jaw dislocation, no insurance benefit shall be paid.	
39	Jaw injury resulting in loss of:	
	a) part of the jaw (excluding the alveolar process)	40%
	b) entire jaw	80%
	Notes: Payment under this Article includes loss of teeth, regardless of their number. If jaw injury was accompanied by injury to other organs of the oral cavity, the percentage payable shall be determined cumulatively under the relevant Articles.	

	If payment is made under Article 39, no additional payment shall be made for surgical intervention.	
39	Jaw injury resulting in loss of:	
	a) part of the jaw (excluding the alveolar process)	40%
	b) entire jaw	80%
40	Injury to the tongue or oral cavity (wound, burn, frostbite) resulting in scar formation (regardless of size)	3%
41	Injury to the tongue resulting in:	
	a) loss of the tip of the tongue	10%
	b) loss of the distal third of the tongue	15%
	c) loss of the tongue at the level of the middle third	30%
	d) loss of the tongue at the root level or complete loss of the tongue	60%
42	Dental injury resulting in:	
	a) fracture of the tooth crown, fracture of tooth (crown, neck, root), tooth dislocation	3%
	b) loss of 1 tooth	5%
	c) loss of 2–3 teeth	10%
	d) loss of 4–6 teeth	15%
	e) loss of 7–9 teeth	20%
	f) loss of 10 or more teeth	25%
	Notes: In case of fracture or loss of teeth with fixed prostheses, payment shall take into account only the loss of supporting teeth. Damage to removable prostheses shall not constitute grounds for payment. Loss or fracture of deciduous (milk) teeth in children under 5 years shall be compensated on general grounds. In case of tooth loss and jaw fracture, the payable amount shall be determined cumulatively under Articles 37 and 42. If payment was made under Article 42(a) and the tooth was subsequently removed, the previously paid amount shall be deducted. If a tooth removed due to trauma is later implanted, payment shall be made on general grounds under Article 42. In case of subsequent removal, no additional payment shall be made.	
43	Injury (wound, rupture, burn) to the pharynx, esophagus, stomach, intestines, as well as esophagogastroscopy performed in connection with such injuries or for removal of foreign bodies, not resulting in functional impairment	5%
44	Injury (wound, rupture, burn) of the esophagus resulting in:	
	a) esophageal stricture	40%
	b) esophageal obstruction (with gastrostomy), as well as condition after esophageal reconstruction	100%
	Note: The percentage payable under Article 44 shall be determined not earlier than six months after the date of injury. Prior to that, preliminary payment shall be made under Article 43, and this amount shall be deducted upon final determination.	
45	Injury (rupture, burn, wound) to digestive organs, accidental acute poisoning resulting in:	
	a) cholecystitis, duodenitis, gastritis, pancreatitis, enteritis, colitis, proctitis, paraproctitis	5%
	b) cicatricial stricture (deformity) of the stomach, intestines, anus	15%
	c) adhesive disease, condition after surgery for adhesive obstruction	25%
	d) intestinal fistula, rectovaginal fistula, pancreatic fistula	50%
	e) artificial anus (colostomy)	100%
	Notes: Complications specified in subparagraphs (a), (b), (c) shall be compensated if present three months after injury; those specified in (d) and (e) – six months after injury. Such complications must be confirmed by a medical institution certificate. Prior to these periods, payment shall be made under Article 43 and shall not be deducted later. If multiple complications listed in one subparagraph arise from one injury, payment shall be made once. If complications from different subparagraphs arise, payment shall be cumulative.	
46	Hernia formed at the site of injury to the anterior abdominal wall, diaphragm, or in	10%

	the area of a postoperative scar (if surgery was performed due to trauma), or condition after surgery for such hernia	
	Notes: Payment under Article 46 shall be made additionally to the amount determined for abdominal organ injury if it directly resulted from such trauma. Abdominal hernias (umbilical, linea alba, inguinal, inguinoscrotal) resulting from lifting heavy objects shall not constitute grounds for payment.	
47	Liver injury resulting from trauma or accidental acute poisoning causing:	
	a) subcapsular liver rupture not requiring surgery, hepatitis, serum hepatitis directly resulting from trauma, hepatosis	5%
	b) hepatic insufficiency	10%
48	Injury to the liver or gallbladder resulting in:	
	a) suturing of liver rupture or removal of the gallbladder	15%
	b) suturing of liver rupture and removal of the gallbladder	20%
	c) removal of part of the liver	25%
	d) removal of part of the liver and gallbladder	35%
49	Spleen injury resulting in:	
	a) subcapsular splenic rupture not requiring surgery	5%
	b) removal of the spleen	30%
50	Injury to the stomach, pancreas, intestines, mesentery resulting in:	
	a) formation of pancreatic pseudocyst	20%
	b) resection of the stomach, intestines, pancreas	30%
	c) removal of the stomach	60%
	Note: If consequences listed in one subparagraph arise, payment shall be made once. If injury to different organs results in complications listed in different subparagraphs, payment shall be cumulative.	
51	Injury to abdominal organs requiring:	
	a) laparoscopy (laparocentesis)	5%
	b) laparotomy in case of suspected abdominal organ injury (including with laparoscopy, laparocentesis)	10%
	c) laparotomy for confirmed abdominal organ injury (including with laparoscopy, laparocentesis)	15%
	d) repeated laparotomies (regardless of their number)	10%
	Notes: If payment is due under Articles 47–50, Article 51 (except subparagraph "d") shall not apply. If several abdominal organs are injured in one trauma and one or more are removed while others are sutured, payment shall be made under the relevant articles and Article 51(b) once. If digestive, urinary, or reproductive organs are injured (without removal), an additional 5% shall be paid under Article 55.	
	Urinary and Reproductive Systems	
52	Kidney injury resulting in:	
	a) kidney contusion, subcapsular rupture not requiring surgery	5%
	b) removal of part of the kidney	30%
	c) removal of the kidney	60%
	Urinary and Reproductive Systems	
53	Injury to urinary system (kidneys, ureters, bladder, urethra) resulting in:	
	a) cystitis, urethritis	5%
	b) acute renal failure, pyelitis, pyelocystitis	10%
	c) reduction of bladder volume	15%
	d) glomerulonephritis, pyelonephritis, ureteral or urethral stricture	25%
	e) crush syndrome (traumatic toxicosis), chronic renal failure	30%
	f) obstruction of ureter or urethra, urogenital fistulas	40%
	Notes: If multiple urinary organs are affected, payment shall be determined under the subparagraph reflecting the most severe consequence. Compensation under subparagraphs (a), (c), (d), (e), (f) shall be paid only if present three months after trauma. Before that, payment is made under Article 52 or 55(a)	

	and is not deducted later.	
54	Surgical procedures due to urinary system trauma:	
	a) cystostomy	5%
	b) surgery for suspected organ injury	10%
	c) surgery for confirmed organ injury	15%
	d) repeated surgeries due to trauma (regardless of number)	10%
	Note: If kidney removal (total or partial) is performed, compensation is paid under Article 52(b,c); Article 54 does not apply.	
55	Injury to reproductive or urinary organs:	
	a) wound, rupture, burn, frostbite	5%
	b) rape of a person aged:	
	– under 15 years	50%
	– 15 to 18 years	30%
	– 18 years and older	15%
56	Injury to reproductive system resulting in:	
	a) removal of one ovary, fallopian tube, testicle	15%
	b) removal of both ovaries, both fallopian tubes, both testicles, or part of the penis	30%
	c) loss of uterus in women aged:	
	– under 40 years	50%
	– 40 to 50 years	30%
	– 50 years and older	15%
	d) loss of penis and both testicles	50%
57	Ectopic pregnancy, pathological childbirth resulting in:	
	a) removal of a single fallopian tube or single ovary	15%
	b) removal of both fallopian tubes or both ovaries	30%
	c) loss of uterus (including with adnexa) aged:	
	– under 40 years	50%
	– 40 to 50 years	30%
	– 50 years and older	15%
	Note: If during ectopic pregnancy surgery the second fallopian tube is removed or ligated due to disease or sterilization, compensation is paid under Article 57(a).	
	Soft Tissues	
58	Injury to soft tissues of face, anterolateral neck, submandibular region, auricles resulting after healing in:	
	a) scars 0.5–1.0 cm^2	3%
	b) scars ≥1.0 cm^2 or length ≥5 cm	5%
	c) significant cosmetic defect	10%
	d) severe cosmetic defect	30%
	e) disfigurement	70%
	Notes: Cosmetically noticeable scars include those differing in color, depressed or raised, or causing tissue contraction. Disfigurement means marked alteration of natural facial appearance. If surgery for displaced facial bone fracture results in a scar affecting appearance, payment is made cumulatively. In case of repeated trauma causing new scars or pigmentation, payment is made again accordingly.	
59	Injury to soft tissues of scalp, trunk, limbs resulting after healing in scars covering:	
	a) 2.0–5.0 cm^2 or ≥5 cm length	3%
	b) 5 cm^2 to 0.5% body surface	5%
	c) 0.5%–2.0%	10%
	d) 2.0%–4.0%	15%
	e) 4%–6%	20%
	f) 6%–8%	25%
	g) 8%–10%	30%
	h) 10%–15%	35%
	i) 15% or more	40%

	Notes: 1% of body surface equals the palmar surface area of the insured's hand including fingers. Donor site scars are included in calculation. If payment is made for surgery (open injuries, tendon repair, vessel/nerve suturing, etc.), Article 59 does not apply.	
60	Injury to soft tissues of trunk, limbs resulting in pigmented spots covering:	
	a) 1%–2% of body surface	3%
	b) 2%–10%	5%
	c) 10%–15%	10%
	d) more than 15%	15%
	Note: 1. Decision on payment under Articles 58–60 is made based on examination after wound healing, but not earlier than one month after trauma. 2. The total amount of payments under Articles 59 and 60 shall not exceed 40%.	
61	Burn disease, burn shock	10%
	Note: Compensation under Article 61 is paid additionally to the amount paid in connection with the burn.	
62	Soft tissue injury:	
	a) retained foreign bodies	3%
	b) muscular hernia, post-traumatic periostitis, unresolved hematoma ≥2 cm^2, muscle rupture	3%
	c) tendon rupture (excluding fingers), harvesting of autograft from another musculoskeletal region	5%
	Notes: Compensation for unresolved hematoma, muscular hernia, or post-traumatic periostitis is paid if present one month after trauma. Decision on payment under Article 62 is made based on examination conducted no earlier than one month after trauma.	
	Spine	
63	Fracture, fracture-dislocation or dislocation of vertebral bodies, arches, articular processes (excluding sacrum and coccyx):	
	a) one or two vertebrae	20%
	b) three to five vertebrae	30%
	c) six or more vertebrae	40%
64	Rupture of intervertebral ligaments (treatment ≥14 days), vertebral subluxation (excluding coccyx)	5%
	Note: In case of recurrent vertebral subluxation, no compensation is paid.	
65	Fracture of each transverse or spinous process	3%
66	Sacral fracture	10%
67	Coccyx injuries:	
	a) subluxation of coccygeal vertebrae	3%
	b) dislocation of coccygeal vertebrae	5%
	c) fracture of coccygeal vertebrae	10%
	Notes: If surgical intervention was performed due to spinal injury (including sacrum and coccyx), an additional 10% is paid once. If vertebral fracture/dislocation is accompanied by spinal cord injury, compensation is cumulative. If one trauma results in vertebral body fracture, ligament injury, and fracture of processes, payment is made once under the most severe article.	
	Upper Limb **Scapula, Clavicle**	
68	Fracture of scapula, clavicle, complete or partial rupture of acromioclavicular or sternoclavicular joints:	
	a) fracture/dislocation of one bone or rupture of one joint	5%
	b) fracture of two bones, double fracture of one bone, rupture of two joints, fracture-	10%

	dislocation of clavicle	
	c) rupture of two joints and fracture of one bone, fracture of two bones and rupture of one joint	15%
	d) nonunion fracture (false joint)	15%
	Notes: If surgery was performed, an additional 5% is paid once. If open fracture without surgery, decision under Article 59 is made after wound healing. Compensation for nonunion is paid if confirmed six months after trauma; this is an additional payment.	
	Shoulder Joint	
69	Injuries to the shoulder joint area (glenoid cavity, humeral head, anatomical/surgical neck, tubercles, joint capsule):	
	a) rupture of tendons, capsule, avulsion fractures (incl. greater tubercle), glenoid fracture, shoulder dislocation	5%
	b) fracture of two bones, scapular fracture with shoulder dislocation	10%
	c) fracture of humeral head/neck, fracture-dislocation	15%
70	Shoulder girdle injuries resulting in:	
	a) habitual shoulder dislocation	15%
	b) ankylosis (loss of movement in joint)	20%
	c) flail shoulder joint due to resection of articular surfaces	40%
	Notes: Compensation under Article 70 is additional and paid if complications are confirmed six months after trauma. If surgery on shoulder joint was performed, an additional 10% is paid. Compensation for habitual shoulder dislocation is paid if it occurs within 3 years after the primary dislocation sustained during the insurance period. The diagnosis must be confirmed by the medical institution where reduction was performed. In case of recurrence, no compensation is paid.	
	Upper Arm	
71	Fracture of the humerus:	
	a) at any level (upper, middle, lower third)	15%
	b) double fracture	20%
72	Fracture of the humerus resulting in nonunion (false joint)	45%
	Notes: Compensation under Article 72 is paid additionally if nonunion is confirmed 9 months after trauma. If surgical intervention (except primary wound treatment and removal of foreign bodies) was performed, an additional 10% is paid.	
73	Traumatic amputation of upper limb or severe injury resulting in amputation:	
	a) with scapula, clavicle or part thereof	80%
	b) upper arm at any level	75%
	c) only limb at shoulder level	100%
	Note: If payment is made under Article 73, no additional payment for surgery or postoperative scars is made.	
	Elbow Joint	
74	Injuries to elbow joint area:	
	a) hemarthrosis, pronation subluxation of forearm	3%
	b) avulsion fractures (including humeral epicondyles), fracture of radius or ulna, dislocation	5%
	c) fracture of radius and ulna, forearm dislocation	10%
	d) fracture of humerus	15%
	e) fracture of humerus with radius and ulna	20%
	Note: If multiple injuries listed occur, payment is made under the subparagraph reflecting the most severe injury.	
75	Elbow joint injury resulting in:	
	a) ankylosis (absence of movement)	20%
	b) flail elbow joint (due to resection of articular surfaces)	30%

	Notes: Compensation under Article 75 is additional if movement impairment is confirmed 6 months after trauma. If surgical intervention (except primary wound treatment and foreign body removal) was performed, an additional 10% is paid once.	
	Forearm	
76	Fracture of forearm bones (excluding joints):	
	a) fracture/dislocation of one bone	5%
	b) fracture of two bones or double fracture of one bone	10%
77	Nonunion (false joint) of forearm bones:	
	a) one bone	15%
	b) two bones	30%
	Note: Compensation under Article 77 is additional if confirmed 9 months after trauma.	
78	Traumatic amputation or severe injury resulting in:	
	a) amputation of forearm at any level	65%
	b) disarticulation at elbow joint	70%
	c) amputation of only limb at forearm level	100%
	Notes: If surgery (except primary wound treatment and foreign body removal) was performed, an additional 10% is paid. If payment is made under Article 78, no additional payment for surgery or scars is made.	
	Wrist Joint	
79	Wrist joint injuries:	
	a) fracture of one forearm bone, styloid process avulsion, bone fragment avulsion, dislocation of ulnar head	5%
	b) fracture of two forearm bones	10%
	c) perilunate dislocation of hand	15%
80	Wrist joint injury resulting in ankylosis (absence of movement)	15%
	Notes: Compensation under Article 80 is additional if confirmed 6 months after trauma. If surgical intervention was performed, an additional 5% is paid.	
	Hand	
81	Fracture or dislocation of carpal or metacarpal bones of one hand:	
	a) one bone (excluding the scaphoid)	5%
	b) two or more bones (excluding the scaphoid)	10%
	c) scaphoid bone	10%
	d) dislocation or fracture-dislocation of the hand	15%
	Notes: If surgical intervention (except primary wound treatment and removal of foreign bodies) was performed, an additional 5% is paid once. If both carpal (metacarpal) bones and the scaphoid are injured in one trauma, compensation is cumulative.	
82	Hand injury resulting in:	
	a) nonunion (false joint) of one or more bones (excluding avulsion fragments)	10%
	b) loss of all fingers, amputation at the level of metacarpal bones or wrist joint	65%
	c) amputation of the only hand	100%
	Note: Compensation for nonunion is additional if confirmed 6 months after trauma.	
	Fingers of the Hand **First Finger (Thumb)**	
83	Finger injury resulting in:	
	a) avulsion of nail plate	3%
	b) injury to extensor tendon(s)	3%
	c) fracture, dislocation, significant cicatricial deformity of phalanx(es), injury to flexor tendon(s), tendon, joint or bone panaritium	5%
	Notes:	

	Paronychia does not constitute grounds for payment. If surgery was performed, an additional 5% is paid once.	
84	Finger injury resulting in:	
	a) absence of movement in one joint	10%
	b) absence of movement in two joints	15%
	Note: Compensation for functional impairment of the thumb is additional if confirmed 6 months after trauma.	
85	Finger injury resulting in:	
	a) re-amputation at the same phalanx level	5%
	b) amputation at nail phalanx level	10%
	c) amputation at interphalangeal joint level	15%
	d) amputation at proximal phalanx or metacarpophalangeal joint level	20%
	e) amputation with metacarpal bone or part thereof	25%
	Note: If compensation is paid under Article 85, no additional payment for surgery or scars is made.	
	Second, Third, Fourth, Fifth Fingers	
86	Injury to one finger resulting in:	
	a) avulsion of nail plate	3%
	b) injury to extensor tendon(s)	3%
	c) fracture, dislocation, significant cicatricial deformity of phalanx(es), injury to flexor tendon(s), tendon, joint or bone panaritium	5%
	Notes: Paronychia does not constitute grounds for payment. If surgery was performed, an additional 5% is paid once.	
87	Finger injury resulting in:	
	a) absence of movement in one joint	5%
	b) absence of movement in two or three joints	10%
	Note: Compensation for functional impairment is additional if confirmed 6 months after trauma.	
88	Finger injury resulting in:	
	a) re-amputation at the same phalanx level	3%
	b) amputation at nail phalanx level	5%
	c) amputation at middle phalanx level	10%
	d) amputation at proximal phalanx level	15%
	e) loss of finger with metacarpal bone or part thereof	20%
	Notes: If compensation is paid under Article 88, no additional payment for surgery or scars is made. If multiple fingers are injured under one insurance contract, compensation is cumulative but shall not exceed 65% for one hand and 100% for both hands.	
	Pelvis	
89	Pelvic injuries:	
	a) fracture of one bone	5%
	b) fracture of two bones or rupture of one joint, double fracture of one bone	10%
	c) fracture of three or more bones, rupture of two or three joints	15%
	Notes: If surgery was performed, an additional 10% is paid once. Rupture of pubic or sacroiliac joint during childbirth is compensated under Article 89(b) or (c).	
90	Pelvic injury resulting in absence of movement in hip joints:	
	a) one joint	20%
	b) both joints	40%
	Note: Compensation under Article 90 is additional if confirmed 6 months after trauma.	
	Lower Limb	

	Hip Joint	
91	Injuries of the hip joint:	
	a) avulsion of bone fragment(s)	5%
	b) isolated avulsion of the greater or lesser trochanter	10%
	c) hip dislocation	15%
	d) fracture of the head, neck, proximal metaphysis of the femur	25%
	Notes: If several hip joint injuries occur from one trauma, payment is made under the most severe subparagraph. If surgical intervention was performed, an additional 10% is paid once.	
92	Hip joint injuries resulting in:	
	a) ankylosis (absence of movement)	20%
	b) nonunion (false joint) of femoral neck	30%
	c) endoprosthetic replacement	40%
	d) flail joint due to resection of femoral head	45%
	Notes: Compensation under Article 92 is additional to payment for the initial joint injury. Payment under 92(b) is made if confirmed 9 months after trauma.	
	Thigh	
93	Femur fracture (excluding joint area):	
	a) at any level (upper, middle, lower third)	25%
	b) double fracture	30%
94	Femur fracture resulting in nonunion (false joint)	30%
	Notes: If surgery was performed (except primary wound treatment and foreign body removal), an additional 10% is paid once. Payment under Article 94 is additional if confirmed 9 months after trauma.	
95	Traumatic amputation or severe injury resulting in amputation at thigh level:	
	a) one limb	70%
	b) only limb	100%
	Note: If payment is made under Article 95, no additional compensation for surgery or scars is made.	
	Knee Joint	
96	Injuries of the knee joint area:	
	a) hemarthrosis	3%
	b) avulsion fractures, epicondylar fracture, fibular head fracture, meniscus injury	5%
	c) fracture of patella, intercondylar eminence, condyles, proximal metaphysis of tibia	10%
	d) proximal metaphysis fracture of tibia with fibular head	15%
	e) femoral condyle fracture, leg dislocation	20%
	f) distal metaphysis fracture of femur	25%
	g) distal metaphysis and condyles of femur with proximal tibia fracture(s)	30%
	Notes: If multiple injuries occur, payment is made once under the most severe subparagraph. If surgical intervention was performed, an additional 10% is paid once.	
97	Knee joint injuries resulting in:	
	a) ankylosis	20%
	b) flail knee joint	30%
	c) endoprosthetic replacement	40%
	Note: Compensation under Article 97 is additional to payment for the joint injury.	
	Lower Leg	
98	Fracture of lower leg bones (excluding joint area):	
	a) fibula, avulsion fragments	5%
	b) tibia, double fracture of fibula	10%

	c) both bones, double fracture of tibia	15%
	Notes: Article 98 applies to specified diaphyseal fractures. In case of intra-articular tibial fracture combined with fibular shaft fracture, payment is cumulative under Articles 96 & 98 or 101 & 98.	
99	Lower leg fracture resulting in nonunion (false joint):	
	a) fibula	5%
	b) tibia	15%
	c) both bones	20%
	Notes: Payment under Article 99 is additional if confirmed 9 months after trauma. If surgery was performed, an additional 10% is paid once.	
100	Traumatic amputation or severe injury resulting in:	
	a) amputation of lower leg at any level	60%
	b) disarticulation at knee joint	70%
	c) amputation of only limb at lower leg level	100%
	Note: If payment is made for amputation, no additional compensation for surgery or scars is made.	
101	Injuries of the ankle joint area:	
	a) fracture of one malleolus, isolated rupture of distal tibiofibular syndesmosis	5%
	b) fracture of two malleoli or fracture of one malleolus with tibial edge	10%
	c) fracture of both malleoli with tibial edge	15%
	Notes: If ankle fractures are accompanied by syndesmosis rupture or foot subluxation/dislocation, an additional 5% is paid once. If surgical intervention was performed (except primary wound treatment and foreign body removal), an additional 10% is paid once.	
102	Ankle joint injury resulting in:	
	a) ankylosis (absence of movement)	20%
	b) flail ankle joint (due to resection of articular surfaces)	40%
	c) disarticulation in ankle joint	50%
	Note: If several complications occur, payment is made under the most severe subparagraph.	
103	Achilles tendon injury:	
	a) conservative treatment	5%
	b) surgical treatment	15%
	Foot	
104	Foot injuries:	
	a) fracture/dislocation of one bone (excluding calcaneus and talus)	5%
	b) fracture/dislocation of two bones, fracture of talus	10%
	c) fracture/dislocation of three or more bones, fracture of calcaneus, subtalar dislocation, Chopart or Lisfranc dislocation	15%
	Notes: If surgery was performed, an additional 5% is paid once. If fractures/dislocations occur due to different traumas, payment is made for each trauma separately.	
105	Foot injuries resulting in:	
	a) nonunion of one–two bones (excluding calcaneus and talus)	5%
	b) nonunion of three or more bones, or talus/calcaneus	15%
	c) arthrodesis of subtalar, Chopart, or Lisfranc joints	20%
	d) amputation at metatarsophalangeal joints (loss of all toes)	30%
	e) amputation at level of metatarsal bones or tarsus	40%
	f) loss of talus or calcaneus (loss of foot)	50%
	Notes: Compensation under 105(a–c) is additional if confirmed 6 months after trauma.	

	Subparagraphs (d–f) are paid regardless of time elapsed. If payment is made for foot amputation, no additional payment for surgery or scars is made.	
	Toes	
106	Fracture/dislocation of phalanx(es), tendon injury:	
	a) one toe	3%
	b) two–three toes	5%
	c) four–five toes	10%
	Note: If surgery was performed, an additional 3% is paid once.	
107	Traumatic amputation or injury resulting in amputation:	
	First toe:	
	a) at nail phalanx or interphalangeal joint	5%
	b) at proximal phalanx or metatarsophalangeal joint	10%
	Other toes (2nd–5th):	
	c) one–two toes at nail or middle phalanx level	5%
	d) one–two toes at proximal phalanx or metatarsophalangeal joint	10%
	e) three–four toes at nail or middle phalanx level	15%
	f) three–four toes at proximal phalanx or metatarsophalangeal joint	20%
	Notes: If compensation is paid under Article 107, no additional payment for surgery or scars is made. If amputation includes part of metatarsal bone, an additional 5% is paid once.	
108	Injury resulting in:	
	a) ligature fistulas	3%
	b) lymphostasis, thrombophlebitis, trophic disorders	5%
	c) osteomyelitis (including hematogenous)	10%
	Notes: Article 108 applies to complications resulting from musculoskeletal trauma (excluding major peripheral vessels and nerves). Purulent inflammation of toes does not constitute grounds for payment.	
109	Traumatic, hemorrhagic or anaphylactic shock due to trauma	5%
	Note: Payment under Article 109 is additional to compensation for the trauma.	
110	Accidental acute poisoning, asphyxia, tick-borne or post-vaccination encephalitis (encephalomyelitis), electric shock, snake or venomous insect bites, tetanus, botulism (without specific organ damage), requiring inpatient treatment:	
	a) 6–10 days	5%
	b) 11–20 days	10%
	c) more than 20 days	15%
	Note: If specific organ damage is documented, compensation is paid under the relevant articles; Article 110 does not apply.	
111	If an insured event occurring during the policy period is not provided for in this Table but required continuous inpatient and/or outpatient treatment for at least 10 days in total, a lump-sum benefit shall be paid as follows:	
	a) continuous treatment from 10 to 15 days inclusive	2%
	b) continuous treatment exceeding 15 days	3%
	Gunshot Wounds	
112.	Tangential single wounds (bullet or shrapnel), wound surface area:	
	a) 8–10 sq. cm	10%
	b) more than 10 sq. cm	15%
	c) face	17%
	In case of multiple wounds, each subsequent wound +5%, but not more than 25% in total.	
113.	Through-and-through wounds without damage to bones, vessels, or internal organs:	

	a) one wound	
	b) in case of multiple wounds, each subsequent wound +10%, but not more than 30% in total	20%
114.	Blind wound without damage to bones, vessels, or internal organs:	
	a) one wound	
	b) in case of multiple wounds, each subsequent wound +10%, but not more than 40% in total	25%
115.	Infected wounds (under Articles 112–114)	+10%
116.	Penetrating Gunshot Wounds	
116.1	Head (one wound)	
	a) with damage to meninges	40%
	b) with brain damage	50%
	c) each additional wound	+15%
116.2	Chest (one wound)	
	a) without lung or pleural damage	20%
	b) with lung damage	30%
	c) with damage to major vessels and/or heart	50%
	d) with esophageal damage	50%
	e) with spinal damage	60%
	f) with spinal cord damage	80%
	g) complete spinal cord transection	100%
	h) multiple penetrating wounds	+15%
	i) with associated fracture of 1–2 ribs	+5%
	fracture of 3–5 ribs	+10%
116.3	Abdominal Cavity (one wound)	
	a) without organ damage	30%
	b) damage to stomach or intestines	45%
	c) damage to pancreas	50%
	d) damage to spleen	40%
	e) damage to liver	50%
	f) damage to abdominal aorta	60%
	g) injury to other organs	+20%
116.4	Injury to one kidney	50%
116.5	Ureters, Bladder	
	a) bladder injury	45%
	b) ureter injury	15%
116.6	Neck (one wound)	
	a) vascular damage	60%
	b) tracheal damage	50%
	c) each additional wound	+20%
116.7	Open Injuries of Upper Limbs	
	a) clavicle damage	20%
	b) shoulder girdle bones damage	30%
	c) upper arm damage	25%
	d) vascular or nerve damage at upper arm level	35%
	e) elbow joint bones damage	30%
	f) vascular or nerve damage at elbow level	30%
	g) one forearm bone	20%
	h) two forearm bones	30%
	i) forearm vascular or nerve damage	25%
	j) one hand or wrist bone	15%
	k) 2–4 hand bones	25%
	l) 5 or more hand bones	35%
	m) vascular damage at hand level	10%
	n) 1–2 fingers	10%
	o) other fingers	5%

	p) each subsequent wound	+5%
116.8	Open Injuries of Lower Limbs	
	a) femoral head or neck damage	35%
	b) thigh damage	30%
	c) vascular or nerve damage at thigh level	35%
	d) knee joint damage	35%
	e) fibula damage	10%
	f) tibia damage	30%
	g) vascular or nerve damage at lower leg level	40%
	h) ankle joint damage	30%
	i) calcaneus damage	35%
	j) 1–2 tarsal or metatarsal bones	20%
	k) 3–4 tarsal or metatarsal bones	25%
	l) more than 4 bones	40%
	m) first toe	15%
	n) other toes	5%
	o) each subsequent wound on injured limb side	+5%
116.9	In case of similar injuries to two limbs, the insurance benefit is doubled.	
116.10	For gunshot injuries to the organs of vision or hearing, compensation is paid under the main Table according to the degree of vision or hearing loss, plus an additional 15%.	
117	Nonunion fracture, false joint, osteomyelitis developed after trauma	+30%

The insurance benefit paid for injury to an organ shall not exceed the amount payable for loss of that organ. The total amount of all payments shall not exceed 100% of the sum insured.

Table 1

Visual Acuity		Percentage of the Sum Insured Payable (%)
Before Injury	**After Injury**	
1,0	0,9	3
	0,8	5
	0,7	5
	0,6	10
	0,5	10
	0,4	10
	0,3	15
	0,2	20
	0,1	30
	below 0,1	40
	0,0	50
0,9	0,8	3
	0,7	5
	0,6	5
	0,5	10
	0,4	10
	0,3	15
	0,2	20
	0,1	30
	below 0,1	40
	0,0	50
0,8	0,7	3
	0,6	5
	0,5	10
	0,4	10
	0,3	15
	0,2	20
	0,1	30
	below 0,1	40
	0,0	50
0,7	0,6	3
	0,5	5
	0,4	10
	0,3	10
	0,2	15
	0,1	20
	below 0,1	30
	0,0	40
0,6	0,5	5
	0,4	5
	0,3	10
	0,2	10
	0,1	15
	below 0,1	20
	0,0	25
0,5	0,4	5
	0,3	5
	0,2	10
	0,1	10
	below 0,1	15
	0,0	20
0,4	0,3	5
	0,2	5
	0,1	10
	below 0,1	15
	0,0	20
0,3	0,2	5
	0,1	5
	below 0,1	10
	0,0	20
0,2	0,1	5
	below 0,1	10
	0,0	20
0,1	below 0,1	10
	0,0	20
below 0,1	0,0	20

Notes

1. Complete blindness (0.0) shall be deemed equivalent to visual acuity below 0.01 up to light perception (counting fingers at the face).
2. If, as a result of injury, an eyeball that had vision prior to the injury is removed or becomes atrophic (phthisis bulbi), an additional 10% of the sum insured shall be paid.

Table 2

Insurance Benefit Payable for Burns

(as a percentage of the sum insured)

Burn Area	Burn Degree				
(% of Body Surface)	I	II	IIIA	IIIB	IV
up to 5%	1	5	10	13	15
5%–10%	3	10	15	17	20
11%–20%	5	15	20	25	35
21%–30%	7	20	25	45	55
31%–40%	10	25	30	70	75
41%–50%	20	30	40	85	90
51%–60%	25	35	50	95	95
61%–70%	30	45	60	100	100
71%–80%	40	55	70	100	100
81%–90%	60	70	80	100	100
over 90%	80	90	95	100	100

Notes

1. Burns of the respiratory tract – 30%.
2. In case of burns of the head and/or neck, the insurance benefit shall be increased by:
    - 5% if the burn area is up to 5% of body surface;
    - 10% if the burn area is from 5% to 10% of body surface.
3. In case of perineal burns, the insurance benefit shall be increased by 10%.
4. Burn disease (burn shock) – +20%.
5. One percent (1%) of the body surface area is equal to the surface area of the injured person's palm.