

GENERAL INSURANCE TERMS AND CONDITIONS APPLICABLE TO TRAVEL INSURANCE

Introductory Provisions

For the purpose of travel insurance arranged by VICTORIA VOLKSBANKEN pojišťovna a.s. ("VICTORIA VOLKSBANKEN Insurance Company Limited") (hereinafter referred to as the "Insurer") there applies the Act No. 37/2004 Coll., on Insurance Contract and on Modification of Associated Acts, as amended, appropriate provisions of the Insurance Industry Act No. 363/1999 Coll., as amended, appropriate provisions of the Civil Code, as amended, these General Insurance Terms and Conditions of Travel Insurance (hereinafter referred to as "VPPCP"), specific insurance terms and conditions, additional insurance terms and conditions and contractual agreements forming an integral part of the insurance contract.

Clarification of the terms used

Insurer: VICTORIA VOLKSBANKEN pojišťovna, a.s.

Policy Holder: person who has negotiated the private insurance and based on the draft insurance policy has entered into the insurance contract with the Insurer.

Insured: person in favour of whom the insurance has been arranged and to the expenses or costs incurred during this person's travel or stay outside his/her residential address the private insurance applies to.

The Insured and policy Holder need not be the same persons. Insurance may relate to the expenses or costs of another person than the one entering into the insurance contract with the Insurer. The Insurer and the Policy Holder may agree through the insurance contract, when the right to payment from the insurance contract arises to the Policy Holder.

Insurance Risk: danger of an origin of the insurance event under the circumstances and because of the causes referred to in the insurance contract.

Claims Event: situation from which damage has arisen and which might constitute the grounds for the origin of the right to claim insurance benefit.

Insurance Event: incidental Claims Event with which the origin of the Insurer's obligation to pay the insurance is connected with in accordance with the provisions of the insurance contract.

Insurance Premium: contractual price agreed for the insurance protection.

Current Premium: premium for the agreed insurance period.

Single-action Premium: premium specified for the whole period over which the insurance has been agreed.

Insurance Year: time from the anniversary of the insurance up to the subsequent anniversary of the insurance. **Additional Costs Incurred by Medically Indicated Transport to the Czech Republic:** the costs exceeding the costs of the Insured's return to the Czech Republic by the originally scheduled means of transport.

Commuting to Work: Insured's regular commuting to a border area for the purpose work performed for the employer with its registered office outside the Czech Republic.

Extreme down hill course:

a) speed down hill run, i.e. the course designed to achieve speed

(e.g. "Schnellschilaubbahn");

b) marked out down hill run which is inaccessible to public because of any reason whatsoever

(e.g. because of the required treatment);

c) marked out down hill run in high-altitude conditions - such as downhill skiing from mountainous peaks and slopes if considered a down hill course; otherwise to be understood the skiing outside the down hill course.

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ARTICLE 1

Subject Matter of Insurance

1. The subject matter of insurance are the expenses or costs arising during the Insured's travel or his/her stay outside his/her residential address, specified more in detail by the Specific or Additional Insurance Terms and Conditions by the insurance contract.

2. Insured are those persons, which have been mentioned in the insurance contract depending on the selected tariff.

ARTICLE 2

Insurance Event

Insurance Event is an incidental circumstance connected with the Insured's travel or his/her stay outside his/her residential address, specified more in detail by the Specific or Additional Insurance Terms and Conditions with which the origin of the Insurer's obligation to pay the resulting damage/loss or to pay the agreed face amount is connected.

ARTICLE 3

Scope and Conditions of the Local Application of Insurance

1. Scope of the insurance protection results from the insurance contract, insurance policy, these VPPCP, Specific or Additional Insurance Terms and Conditions, tariff supporting documentation, written contractual agreements included in the contract and appropriate legal regulations.

2. Insurance shall apply to the insurance events occurring in the geographic area for which the insurance has been arranged. (for a detailed list of countries and applicable tariffs, see the Tariff Rates):

a) insurance events occurring in all the European countries, including Algeria and Tunis (ET, ES Tariffs);

b) insurance events occurring in all the countries of the world, except United States of America, Canada, Japan, South-African Republic, Australia, New Zealand and Hong Kong (OT, OS Tariffs); and

c) insurance events occurring in all the countries of the world (ST, SS Tariffs).

Unless agreed otherwise through the insurance contract, the insurance pursuant para. 2 letters a) to c) shall not apply to the insurance events arising in the:

- Czech Republic;
- countries the national of which is the Insured;
- countries in which the Insured has his/her permanent residential address;
- countries in which the Insured is party to the public health insurance scheme or has the right to claim free medical care; this shall not apply to EU citizens in the event the insurance event has occurred in the geographic area of the E U;

d) insurance events occurring in the geographic area of the Czech Republic (IT Tariffs); covered are also the provable costs incurred by the Insured in the geographic areas of neighbouring countries upon trips from the Czech Republic and transit through the area of Slovakia and Poland from the home country to the place of residence in the Czech Republic.

Unless agreed otherwise through the insurance contract, the insurance pursuant para. 2 letter d) shall not apply to the insurance events arising in the countries:

- where the Insured is a national;
- where the Insured has his/her permanent residential address;
- in which the Insured is party to the public health insurance scheme or has the right to claim free medical care; unless agreed otherwise, the foregoing shall not apply to EU citizens

ARTICLE 4

Type of Trips Abroad

1. Insurance may be arranged for tourist trips and study trips abroad. Tourist trip means a private trip of the Insured abroad, the purpose of which is no earning activity. Study trip means a private trip of the Insured abroad during which he/she is provable registered as a student.

Insurance for both the tourist trips and study trips abroad shall not apply to foreign trips the purpose of which is to commute to reach the employer.

2. Insurance may be arranged for business trips abroad. Business trip is an official trip of the Insured abroad for which he/she has been selected by the employer with its registered office in the Czech Republic. Insurance shall apply to the Insured's tourist trips too.

Insurance shall not apply to foreign trips the purpose of which is to regularly to commute to reach the employer.

3. Insurance may be agreed for other types of trips abroad, specified more in detail by the appropriate Insurer's tariffs.

ARTICLE 5

Origin of Insurance

1. Insurance arises based on the insurance contract on the date referred to in the contract as the date of beginning of the insurance. The date of beginning of the insurance is at the earliest the day following the date of drafting the insurance. Insurance contract may not be entered into with retroactive effect.

2. Insurance may be only arranged prior to the commencement of the trip it applies to.

3. Insurance contract must be made in writing. Insurer is entitled to charge a fee for producing a duplicate of the insurance contract.

4. Insurance for repeated trips

An insurance contract for repeated trips may be agreed on for a period of one year. The insurance contract is extended by one more year, unless either of the contracting parties has notified within a period of minimum six (6) weeks prior to the date mentioned in the contract that it does not intend to continue the insurance. The insurance is thus extended subject to the same terms and conditions under which it was entered into, unless agreed otherwise. If the Policy Holder does not pay the premium in full for the following Insurance Period within fourteen (14) days following the date mentioned in the contract as the date of termination, no insurance protection will arise and the insurance is terminated on the date referred to in the contract as the date of termination.

This insurance applies for any number of trips abroad, made by the Insured throughout the term of the insurance contract. Duration of individual trips may not exceed at the time six (6) weeks, i.e. forty (42) days. During a longer stay abroad the insurance protection is terminated upon elapsing of the forty second (42nd) day, unless agreed otherwise.

If the medical care abroad continues even after the end of the 42-day period (within the framework of a single trip abroad) and the Insured is not fit enough to be transported to the Czech Republic, the Insurer shall provide the insurance benefit also for the time before the Insured has become fit enough to be transported, however, for the maximum period of four (4) weeks, i.e. twenty eight (28) days after the end of the 42-day stay.

5. Insurance for a single trip

Insurance contract for a single trip may be agreed for a period the maximum period of one year. Insurance contract may be extended only based on the agreement made with

the Insurer. Duration of the insurance is restricted to the number of days referred to in the insurance contract and specified by the Tariff. Insurance is terminated on the date indicated in the insurance policy as the end of insurance at 00:00 AM, also in disputable cases or upon crossing the state border when returning to the Czech Republic prior to the date of termination. If the medical care abroad continues even after the date of termination and the insured is not fit enough to be transported home, the Insurer pays the insurance benefit until the time when the Insured has become fit to be transported home, however, for the maximum period of four (4) weeks, i.e. twenty eight (28) days after the date of termination.

6. Insurance protection begins upon the concurrent compliance with the following conditions:

- insurance contract has come into effect;
- premium paid prior to leaving the Czech Republic;
- the Insured has crossed the state border of the Czech Republic.

Upon payment of the premium by means of the post office or a bank the decisive date for the beginning of insurance protection is the date of posting or the date of debiting the premium amount from the Policy Holder's account provably to the Insurer's account.

7. If the insurance event occurred prior to the date of beginning of the insurance, no claim to payment of the insurance benefit shall arise.

ARTICLE 6

Insurance of the other insurance risk

1. Policy Holder may enter into the insurance contract to the insurance risk of an Insured who is a person differing from the Policy Holder (hereinafter referred to as the "Insurance of Other Insurance Risk").

2. Policy Holder is obliged to acquaint the Insured with the contents of the insurance contract relating to the insurance of his/her insurance.

3. Right to the insurance benefit may be claimed by the Policy Holder only if the Policy Holder has proven compliance with the obligation pursuant paragraph 2 and that the Insured, and/or statutory representative of such person - unless being the statutory representative the Policy Holder himself - has given his/her consent with acceptance of the insurance benefit.

4. If the Policy Holder who has arranged the Insurance of Other Insurance Risk is terminated or dies without a legal successor, the Insured enters the private insurance in lieu of the Policy Holder on the date when the Policy Holder has died or has been terminated, unless agreed otherwise.

5. In the event the Policy Holder and the Insured are not identical persons, the Policy Holder has the disposal right resulting from the contract. Provisions relating to the Insured apply correspondingly to his legal successor and other persons applying claims from the insurance.

ARTICLE 7

Persons required continuous care

Persons requiring continuous care and persons mentally ill may be only insured by the insurance contract on an individual basis. Person requiring continuous care is the person who is not able to act on his/her own and needs assistance of another person to perform normal activities.

ARTICLE 8

Insurer's right to identify and check the Policy Holder's and Insured's data.

1. Insurer is entitled to identify and check all the required information on the Policy Holder and the Insured, associated with the insurance. Policy Holder and Insured are obliged to answer truthfully and completely all the Insurer's written questions relating to the insurance under negotiation. Both the Policy Holder and the Insured are obliged to do so even in case of a change of the insurance contract and the insurance event.

2. If this is indispensably required for entering into an insurance contract, the Insurer is entitled to require the information on the Insured's state of health or the cause of the Insured's death. Identification of the Insured's state of health or the cause of the Insured's death takes place on the basis of the reports and medical documentation asked for by the medical establishment authorized by the Insurer from the medical examiners and if necessary, also by means of a medical examination made by a medical establishment.

3. If agreed that the Policy Holder has been relieved from the duty to pay the premium, the Insurer is entitled to require the information on his/her state of health and based on the Policy Holder's consent to review his/her state of health in the way pursuant paragraph 2.

4. Both the Policy Holder and the Insured agree upon their signatures of the insurance contract with the identification of the information on their state of health and examination of the state of their health or the cause of death by the Insurer if it is indispensably required for the agreed type of insurance and they release the doctors and employees of health establishments, offices and insurance companies at which they have been in and will be treated and entered into the records or insured from their obligation of confidentiality and concurrently empower them to provide all the required information to the Insurer.

5. If indispensably required for the agreed type of insurance, the Insurer is moreover entitled to identify and check the Insured's activities during and outside his/her employment (to be understood as the sporting, and/or other recreational activity). Insurer is moreover entitled to review all the answers given to the Insurer's written questions.

ARTICLE 9

Insurance period; premium; premium calculation

1. The insurance period means the agreed time period over which the premium is to be paid, unless agreed otherwise.

2. Premium means the fee charged for the insurance and the insurance protection provided.

3. Value of the premium is specified according to the Insurer's specific insurance conditions and tariff supporting information

4. Regarding the Insured's initial age, the age reached by the insured person on the date of beginning of the insurance is decisive.

5. Insurer is entitled to include under the circumstances increasing the risk to agree on elimination of certain risks, include more in detail specified risks or adjust the premium. Certain risks may be insured by means of the specific contract.

6. Insurer is entitled to adjust the premium of the existing contracts to the development of damages/losses and costs so that to restore the balance between the paid insurance benefit and the accepted premium. Adjustment of the premium can be left out if the change of insurance benefits can be considered temporary.

7. Insurer is obliged to notify the newly specified value of the premium to the Policy Holder not later than within a period of two (2) months prior to the due date payment of the premium for the insurance period in which the value of the premium is to be changed.

8. If the Policy Holder does not agree with the change of the premium pursuant paragraph 6, he must express his disagreement within one (1) month following the date when he has learned of the suggested change; in this case the private insurance shall be terminated upon elapsing of the insurance period for which the premium has been paid, unless agreed otherwise. Insurer is obliged to advise the Policy Holder of this consequence in its notice of the newly specified premium value.

9. Insurer is also entitled to change the value of the premium after agreed with the Policy Holder in consequence of the changed reason to provide a discount by the Insurer according to the Insurer's Tariff rates. In this case the period in accordance with the foregoing paragraphs shall not apply to the change of the premium but the insurance contract is modified at the beginning of the following insurance period after notifying the change to the Policy Holder or an identification of this change by the Insurer.

ARTICLE 10

Modification of the insurance contract upon a change of the insurance risk

1. Insurer is obliged to notify without undue delay the Policy Holder of a change or termination of the insurance risk. In the event of Insurance of Other Foreign Risk the Insured is obliged to do so.

2. If the insurance risk has been substantially reduced in the insurance period, the Insurer is obliged to reduce the premium pro rata with this reduction, with the effective date on the day when the Insurer has learned of the reduction of insurance risk

3. If the risk has been substantially increased throughout the term of the private insurance to such extent that should it exist within this scope already at the time of entering into the insurance contract, the Insurer would enter into the contract under other terms and conditions, the Insurer has the right to suggest a modification of the insurance contract from the date when the insurance risk has been increased, within one (1) month following the date when the Insurer has learned thereof. The Policy Holder is obliged to comment on this suggestion within one (1) month after the date of its delivery, unless agreed otherwise.

4. If the Policy Holder disagrees with a modification of the insurance contract or fails to comment on this modification within a period pursuant paragraph 3, the Insurer has the right to terminate the contract by notice within two (2) months following the date when the Insurer has received the Policy Holder's disagreement with the modified insurance contract or from the date when the period for the Policy Holder's comments pursuant paragraph 3 has elapsed. In such case the private insurance shall be terminated upon elapsing of eight (8) days following the date of delivery of the notice to the Policy Holder.

5. If throughout the term of the private insurance the insurance risks has been substantially increased so that should it exist already within this scope at a time of entering into the insurance contract that the Insurer would not enter under these conditions into the insurance contract, the insurer has the right to terminate the insurance contract by notice within a period of one (1) month following the date when the Insurer has learned thereof In such case the private insurance shall be terminated

upon elapsing of eight (8) days following the date of delivery of the notice to the Policy Holder.

6. If the Insurer has failed to terminate the insurance contract within the specified period and has even failed to submit a proposal for its modification, the Insurer may additionally refer to the consequences of the insurance risk also after the insurance event.

7. Should the failure to comply with the obligations pursuant paragraph 1 above substantially affect the origin of an insurance event, its course or increase of the scope of its consequences or the identification or determination of the value of the insurance benefit, the Insurer may reduce the insurance benefit pro rata with the impact of such failure on the scope of its obligation to pay.

8. in the event the duty to notify an increase of the insurance risk has not been complied with and the Insurer has terminated based on its identification the insurance contract pursuant paragraph 5, the Insurer shall receive the premium until the end of the insurance period in which the insurance has been terminated; the single-action premium in this case shall belong to the Insurer in full.

10. Adjustment of the premium is terminated at the beginning of the insurance period which follows the notification of this circumstance to the Policy Holder or the Insured.

11. If the Insurer has increased the premium pursuant Art. 9 para. 6 above, the Policy Holder is entitled to terminate the insurance contract within one (1) month after receipt of the notice of the changed premium.

ARTICLE 11

Payment of the premium

1. Insurer's right to the first premium arises on the date agreed by the insurance contract as the beginning of the insurance

2. policy Holder is obliged to pay the premium for the agreed insurance periods (current premium). It may be also agreed that the premium shall be paid in a single action for the whole time over which the insurance has been agreed (single-action premium).

3. Unless agreed otherwise, the first and single-action premiums are due and payable on the date of beginning of the insurance. In the event of current premium the subsequent premium is due and payable on the first day of the following insurance period.

4. In the event of insurance to cover a single trip the first premium must be paid prior to the date of departure. Current premium in the event of insurance for repeated trips is due and payable on the beginning of each insurance period, however, prior to the date of departure, at the latest. Upon payment of the premium by means of the post or a financial institute the decisive date for the beginning of the insurance protection is the date of posting the payment or the date of debiting the amount from the Policy Holder provable to the Insurer's account.

5. Upon failure to pay the premium prior to the date of departure no insurance protection shall arise and thus no Insurer's obligation to pay.

6. Insurer has the right to the premium over the insurance period, unless agreed otherwise

7. If an insurance event occurs in consequence of which the insurance has been terminated, the Insurer is entitled to the premium until the end of the insurance period in which the insurance event has occurred; the single-action premium belongs in this case to the Insurer until the end of the insurance period in consequence of which the insurance has been terminated, unless agreed otherwise.

8. Insurer has the right to the premium until the time of termination of the insurance contract.

ARTICLE 12

Deductible

The parties may agree through the insurance contract that the person entitled to payment shall participate in the premium by a firmly specified amount or percentage rate (deductible or retention) The value of deductible shall be deducted from the total insurance benefit which the Insurer pays to the Insured.

ARTICLE 13

Payment and due date of payment of the insurance benefit

1. If the insurance event pursuant Art. 2 above has occurred, the Insurer shall pay subject to the conditions provided by the insurance contract, these VPPCP and specific, and/or additional conditions the insurance benefit, unless agreed otherwise.

2. Insurance benefit is due and payable in local currency in the Czech Republic and is paid to the Insured or the person having the right to the insurance benefit, however, not prior to the beginning of the insurance protection in accordance with Art. 5 of these VPPCP. The costs incurred in foreign currency shall be converted according to the official exchange rate published by the Czech National Bank ("ČNB"), applicable at the instant of delivery of the notice of insurance event to the Insurer.

3. The parties may agree through the insurance contract that the Insurer restricts the value of the total insurance benefit for all the insurance events occurring in single insurance year.

4. Insurer is obliged to begin investigation required to ascertain the scope of its obligation to pay without undue delay after receiving the notice of the event with which the claim to payment from insurance is connected.

5. Insurer shall finish the investigation within three (3) months after having notified of the insurance event and if the Insurer is unable to finish the investigation within this period, the Insurer is obliged to inform the person which is to become entitled or has become entitled for to payment of the insurance benefit the reasons because of which the investigation could not be finished and to pay a reasonable advance if required. The period does not run if the investigation has been made impossible or difficult due to the fault of the beneficiary, i.e. the Policy Holder or the Insured.

6. Insurance benefit is due and payable within fifteen (15) days following the date of conclusion of the investigation in accordance with the foregoing.

The investigation is finished when the Insurer has informed the beneficiary of its results.

7. Insurer is entitled to postpone payment of the insurance benefit or advance to the insurance benefit if:

- a) there are any doubts of the justification of payment of the insurance benefit to the Insured, until the time of delivery of the required evidence;
- b) a criminal or court proceeding has been initiated against the Policy Holder or the Insured in connection with the damage/loss, until the time of termination of this proceeding;
- c) an administrative proceeding concerning the insured thing has been initiated against the Policy Holder or the Insured.

8. If the insurance benefit, and/or the advance to the insurance benefit has been paid without justification, the person who has been paid is obliged to return it, even after termination of the insurance.

9. If the costs of the investigation incurred by the Insurer have been provoked or increased due to failure of the parties to the private insurance, the insurer has the right to claim a reasonable compensation from the party failing to comply with the obligation.

10. If the Insured becomes entitled in connection with the insurance event to claim financial compensation which is the subject matter of this insurance from a third party, His/her right passes to the Insurer up to the value of the benefit paid on the basis of the insurance contract. In the Insured has waived this right or claim without the Insurer's approval, no Insurer's obligation to pay up to the value of the claim from the third party.

11. If the Insured receives the compensation from a third party which is obliged to provide/ pay it, the insurer is entitled to reduce the insurance benefit correspondingly. Insured is obliged promptly to inform the Insurer thereof.

12. If there is an Insured's claim to payment of the medical care from the public health insurance scheme or another similar statutory insurance, the Insurer is obliged to pay only above the framework of payment from the public health insurance scheme or another similar statutory insurance. Insured is not entitled to waive these claims owned by him/her. If the Insured has done so, the Insurer is entitled to reduce adequately the insurance benefit.

13. Claims to the insurance benefit may not be assigned.

14. No claim to the insurance benefit arises if the premium for the insurance period has not been paid prior to departure and so that no Insurer's obligation to pay has arisen.

ARTICLE 14

Rejection and reduction of the insurance benefit

1. Insurer may refuse payment from the insurance contract if:

a) the cause of the insurance event has been the circumstance which the Insurer has learned of only after the origin of the insurance event and which the Insurer has been unable to identify upon negotiating the insurance or its modification in consequence of wilfully or because of negligence falsely or incompletely answered questions and if with the knowledge of this circumstance at the time of entering into the insurance contract the Insurer would not enter into this contract or would enter it subject to different terms and conditions; or

b) the authorized person has stated while claiming the right to payment from the insurance knowingly untrue or grossly distorted information relating to the scope of the insurance event or suppresses substantial information relating to this event

2. The insurance is terminated on the date of delivery of the notice of rejection of the insurance benefit.

3. If the Policy Holder of the Insured has breached upon negotiating the private insurance or modification of the insurance contract any of the obligations set out by the Insurance Contract Act or provided by the insurance contract and if in consequence thereof a lower premium has been specified, the Insurer has the right adequately to reduce the insurance benefit. .

4. If the failure to comply with the obligation set out by the Insurance Contract Act or provided by the insurance contract has substantially affected the origin of an insurance event, its course or increase of the scope of its consequences or the specification or determination of the value of insurance benefit, the Insurer may reduce the insurance benefit proportionally to the impact of this failure on the scope of its obligation to pay. This applies also in the case it made impossible to present the evidence that the insurance event arose in accordance with these VPPCP.

Article 15

Policy Holder's and Insured's Obligations

1. In addition to the obligations set forth by law the Insured is moreover obliged:
 - a) to answer truthfully and completely all the Insurer's questions relating to the agreed or modified insurance contract upon entering into the insurance contract and to notify the Insurer without undue delay of the changes which have occurred throughout the insurance in respect of the circumstances which the Insured has been asked upon negotiating the insurance and which affect the calculation of the premium;
 - b) Policy Holder is obliged to pay the premium according to the information specified in the insurance contract;
 - c) all the notices and statements concerning the insurance must be in writing; the Insurer's representative may accept the Policy Holder's notices and statements but these notices and statements are considered delivered only when actually received;
 - d) notify the Insurer of the change of the residential or mailing address;
 - e) provide the Insurer or persons authorized by the Insurer all the with all the information required to consider the insured risk and for the purpose of entering into the insurance contract;
 - f) notify the Insurer that the Policy Holder or Insured has entered for the insured things another insurance against the same risk with another insurer and is obliged to tell the Insurer's name and the value of the face amount;
 - g) take up all the reasonable measures to avert origin of the threatening damage and take care of that the insurance event does not occur, especially, not to breach the obligations aimed at averting or reducing the danger, as specified by legal regulations or by the insurance contract.
2. In the event of origin of the insurance event the Insure is obliged as follows:
 - a) promptly to notify in writing the Insurer of the insurance event;
 - b) present evidence to the Insurer of the origin and scope of insurance event;
 - c) inform the Insurer based on its request of any circumstance required for identification of the insurance event or the scope of the Insurer's obligation to pay;
 - c) substantiate the Insurer the date of the beginning of the tip abroad;
 - d) notify the Insurer of the name and surname of the Policy Holder, the Insured and insurance contract No.;
 - e) promptly to notify the investigative, prosecuting and adjudicating agencies of the origin of insurance event occurring under the circumstances suggesting that a criminal offence has been committed or attempted to be committed;
 - f) ask the Insurer for the necessary instructions how to alleviate consequences of the damage and proceed in compliance therewith;
 - g) enable the insurer or persons authorized by the Insurer to carry out all the investigations required to assess the claim to insurance benefit and its value and submit the complete required originals of documents asked for by the Insurer for this purpose and also enable the insurer to make the required copies thereof;
 - h) assure the right to payment of the resulting loss and other similar rights against and from another person and apply the claim for payment of the arising damages from the person responsible therefore;
 - i) in the event of documents written in a foreign language deliver the insurer their official translations into Czech, procured by the Policy Holder on his/her own cost.

3. In the event the Policy Holder and the Insured are not identical persons and the right to payment is owned by the Policy Holder the obligations referred to in this Article shall pass to the Policy Holder too.

4. In the event the Policy Holder or the Insured has failed to comply with any o the obligations referred to under paras. 1 and 2 above the Insurer is entitled to reduce the insurance benefit pro rata with that how this failure affected the scope of the Insured's obligations to pay.

ARTICLE 16

Termination of insurance

1. The insurance may be terminated by notice by both the contracting parties within two (2) months following the date of entering into the insurance contract. The eight-day notice commences to run upon the date of delivery and the insurance is terminated after its elapsing.
2. If the private insurance with current premium has been agreed, both the contracting parties may terminate the insurance at the end of the insurance period and the notice must be delivered at least within six (6) weeks prior to the date of elapsing of the insurance period.
3. Both the contracting parties may terminate the private insurance within three (3) months following the date of delivery of the notice of the insurance event The one-month notice commences to run upon the date of delivery and the insurance is terminated after its elapsing.
4. Both the Policy Holder and the Insurer have the right after the origin of each insurance event to terminate the insurance contract by notice within a period of one month following the date of payment of the insurance benefit or rejection of the insurance for the damage caused by the insured risk. The notice of termination lasts eight (8) days. In the event of notice to terminate the contract the Insurer is entitled to the portion of the premium until the end of insurance.
5. If the Policy Holder or the Insured has answered upon entering into the insurance contract wilfully or with negligence the Insurer's written questions relating to the private insurance to be agreed, the Insurer has the right to withdraw from the insurance contract if the Insurer would not enter into the insurance contract after the truthful and complete answers to the questions. Insurer may apply this right within two (2) month following the date when the Insurer has identified this circumstance, or otherwise the right is terminated. This applies also in the event of a modification of the insurance contract.
6. Policy Holder has the same right to withdraw from the insurance contract as the Insured pursuant para. 5 above if the Insurer or the agent/representative authorized by the Insurer has falsely or incompletely answered the Policy Holder's written questions relating the private insurance under negotiation
7. Upon withdrawal from the insurance contract the contract is terminated from the very beginning. The Insurer is obliged to return without undue delay, however, within a period of thirty (30) days following the date of withdrawal, at the latest, the paid premium from which the insurer deducts whatever has been already paid from the private insurance. In the event of withdrawal by the Insurer the costs connected with the origin and administration of the private insurance will be deducted from the paid premium too. The Policy Holder or the Insured who is not concurrently the Policy holder, and/or the

beneficiary is obliged equally as the Insurer to return the Insurer the amount of the insurance benefit paid, which exceeds the value of the paid premium. .

8. Insurance may be terminated in accordance with Art. 5 para. 4.

9. Insurance may be terminated in accordance with Art. 9 para. 8.

10. Insurance may be also terminated by denial of the insurance benefit in accordance with Art. 14.

11. The Insurer and the Policy Holder may agree on termination of the insurance. The agreement shall determine the instant of termination and the method of mutual settlement of obligations/payables.

12. Insurance is terminated by the Insured's death. If the contract mentions more persons, the insurance is terminated for the deceased only. If the Policy Holder has died, the insured persons have the right to continue the insurance, provided they have notified the name of the new Policy Holder to the Insurer. Unless the Insurer has received the notification during this period, the insurance of all the insured persons will be terminated after elapsing of the insurance period for which the premium has been paid. The period may be extended based on mutual agreement.

13. If the Policy Holder is a legal entity, the insurance is terminated in the event of termination of the legal entity without any legal successor.

ARTICLE 17

Additional insurance

1. Insurance riders regarding the specifically determined costs or losses, including those which are not otherwise the subject matter of insurance, may be agreed by means of specific or additional insurance terms and conditions or contractual provisions.

2. These VPPCP shall apply to the insurance riders.

ARTICLE 18

Legal steps; delivery of correspondence

1. All the Policy Holder's or Insured's notices should be sent to the Insurer's address in writing. Insurer's agents are entitled to accept the notices, however, they shall be considered delivered only at the time when the Insurer has received them.

2. Insurer's correspondence addressed to the Policy Holder or the Insured shall be delivered, as a rule, by a holder of the post licence but they may be delivered also by the Insurer's agent to their last known address.

3. If the Policy Holder or the Insured refuse to accept the notice without justification, the notice shall be considered delivered on the day when its acceptance has been refused the Policy Holder or the Insured.

4. If the Policy Holder or the Insured has not been found and the notice is deposited by the postman at the holder of the post licence or the locally competent municipal authority, the Insurer's notice shall be considered delivered on the date of its deposition period, even though the Policy Holder or the Insured have not learned of its deposition.

5. If the Policy Holder or the Insured fails to comply with the obligation provide by Art. 15 para. 1 letter d) above and does not notify the Insurer of his/her new address, the notice shall be considered delivered on the date of returning the notice to the Insurer back.

ARTICLE 19

Common and closing provisions

1. All the court disputes arising in connection with the insurance contract in accordance with these VPPCP shall be settled by the court competent according to the Insurer's registered office.

2. The parties may be at variance with these VPPCP in the insurance contract if required by the purpose and nature of the insurance.

3. These General Insurance terms and Conditions for travel insurance are applicable to insurance contracts entered into after 1 January 2005.

Clause of protection and delivery of personal data

Both the Policy Holder and the Insured agree that the Insurer processes in accordance with the Personal Data Protection Act No. 101/2000 Coll., as amended, their personal data. They agree that their personal data are processed by VICTORIA VOLKSBANKEN pojišťovna, a.s. with its registered office at Praha 2, Francouzská 28, within the framework of its business conducted in the insurance industries and the one connected with the insurance and underwriting business in accordance with the provisions of the Insurance Industries Act No. 363/1999 Coll., as amended, over the time indispensably required to assure the rights and obligations resulting from the contractual relationship.

They moreover agree that the personal data of the Policy Holder and the Insured are provided also to the other entities conducting business in the insurance and banking areas and other financial services, as well as the associations thereof. They agree in accordance with section 27 of the Personal data Protection Act No. 101/2000 Coll., as amended, with delivery of their personal data to other countries, e.g. for the purpose of underwriting

SPECIFIC INSURANCE TERMS AND CONDITIONS

These specific insurance terms and conditions (hereinafter referred to as "ZPP") form an integral part of the insurance contract for travel insurance. General principles of the travel insurance agreed by VICTORIA VOLKSBANKEN pojišťovna, a.s. (hereinafter referred to as the "Insurer") are specified by the General Insurance Terms and Conditions for Travel Insurance (hereinafter referred to as "VPPCP"), applicable to the contracts entered into after 1 January 2005, which form an integral part of the insurance contract. All the provisions of VPPCP shall apply to the relationships between both the contracting parties, unless mentioned otherwise hereafter. These ZPP can be only agreed on together with insurance contract for travel insurance.

1. Insurance of Medical Expenses Abroad

1.1 Subject matter of insurance

1.1.1 In accordance with Art. 1 of VPPCP the subject of insurance of medical expenses abroad are the medical expenses resulting in consequence of sudden disease or accident during a trip or stay abroad.

1.1.2 Insurance of medical expenses abroad in accordance with these ZPP may be only agreed as the loss insurance.

1.2 Scope of insurance protection

1.2.1 In accordance with Art 3 of VPPCP the insurance protection only applies to the expenses incurred by the indispensably required and reasonable medical care provided to the Insured during his/her foreign sojourn. The value of claims to payment of the medical care from the public health insurance scheme or a similar statutory insurance shall be deducted from the resulting costs.

1.2.2 Insurance protection only applies to the medical care provided by the authorized medical personnel, with an exception of the care provided by the insured or his/her relatives.

1.2.3 Medical care is understood in accordance with these ZPP to be the care stabilizing the insured's state of health so far that he/she continues his/her trip or is transported to the Czech Republic, namely:

- a) outpatient medical treatment if provided by a doctor or a hospital authorized thereto;
- b) medicines and dressings based on the doctor's prescriptions and medicines shall not be understood supporting preparations prescribed by a doctor, which contain medical components, preventive medicines, cosmetic preparations and drugs;
- c) medical aids required by the medical treatment, designed to fix limbs, e.g. plaster, bandage, as well as aids (e.g. crutches) in standard design, however, payment of glasses, contact lenses, hearing aids and prostheses/artificial limbs is excluded;
- d) physical therapy if prescribed by a doctor, e.g. treatment by radiation, heat, etc.;
- e) X-ray diagnostics;
- f) in the event of a stationary treatment standard placement in a hospital according to the rules applicable to the local statutory provisions, being under constant medical supervision, availing of sufficient therapeutic and diagnostic facilities and working in accordance with the generally acknowledged scientific methods and conducting card indices/records; treatment must take place in the nearest, and/or nearest suitable hospital at the location occupied by the insured;
- g) costs incurred by the medically indicated transport to the nearest suitable hospital or doctor, unless involving transport for the life serving purpose or that of the insured's health, when the limit of the insurance benefit is equal to CZK 10,000;
- h) urgent operations and operations as the treatment consequence of an accident, as well as the expenses connected therewith;
- i) dental treatment for the purpose of pain killing, dental filling in a simple and required repair of denture/s, all that up to a total amount of CZK 5,000.

1.3 Calculation of the premium

Insurer specifies the insurance premium value in accordance with Art. 9 of VPPCP depending on the selected type of insurance and tariff, target country, type of trip, age of the insured and type of his/her work or interest or sporting activity and the trip duration.

1.4 Payment and due payment of the insurance benefit

1.4.1 Insurer pays the insured the insurance benefit in accordance with Art. 13 para. 12 of VPPCP after having received the required supporting information pursuant para. 1.5.4 above, following the date of provable substantiation of claims by the appropriate public health insurance company.

1.4.2 In the event of the insured's death the insurance benefit shall be paid to the person who has provably incurred the insured costs.

1.4.3 Regarding tariffs for the countries outside Europe the insurance benefit is by an amount of CZK 1,500,000, with an exception of 1.2 para. 1.2.3 letter i) and 1.5 letter v).

1.5 Exemptions from insurance

1.5.1 The protection insurance shall not apply to the:

- a) medical procedure and its possible consequences if the insured made a trip abroad for the purpose of undergoing this medical procedure;

- b) treatment about which it has been known still prior to the departure for the trip, that is even in the case when it has occurred as the consequence of disease because of which the insured has not been treated in the Czech Republic as yet;

- c) treatment which has resulted in consequence of a disease which was treated during the recent three months prior to departure for the trip and the consequences thereof.

These restrictions shall not apply to any unexpected medical assistance provided in case of immediate threat to life, alleviating serious pains and in case of deterioration of illness which does not normally prevent to undertake the trip;

- d) pregnancy, birth and postnatal pains, including their consequences, with an exception of complications in pregnancy and premature births when the insurer pays the costs incurred by the necessary treatment during threat to life of the mother and child;

- e) interruption of pregnancy;

- f) treatment of infertility or sterility, e.g. artificial insemination;

- g) cost spent to remove cosmetic defects (cosmetic operations), physical anomalies, inoculation, disinfection and issuance of medical certificate;

- h) costs charged for the treatment conducted by the insurer's relative (e.g. husband, wife, and parents) when only factual costs shall be paid;

- i) cases of mental illness;

- j) payment of costs for the dentures/crowns;

- k) dental treatments, with an exception of procedures referred to under 1.2 para. 1.2.3 letter i),

- l) spa and sanatorium treatment and rehabilitation measures;

- m) costs charged for the treatment resulting in consequence of the application of treatment which is not considered *lege artis* by the professional medical public;

- n) intentionally caused diseases and injuries, accidents occurring under intoxication caused by alcohol, drugs or other psychotropic substances and suicide, and/or attempted suicide;

- o) contagious sexual diseases;

- p) diseases and their consequences; accidents and their consequences if caused by mass events or participation in mass protests, civil disobedience or other upheavals;

- r) active participation in motorcycle or motor car races, including training;

- s) driving motor vehicles without the appropriate authorization (driving licence);

- t) chronic diseases, mental disturbances and illnesses and those which have lasted even before the trip; chronic disease shall be considered such disease which requires continuous medical care;

- u) in connection with a criminal offence and hooliganism having the nature of administrative delict;

- v) skiing outside demarcated ski courses and routes; in the event of accident occurring on the extreme downhill course the value of the benefit is restricted by CZK 20,000.

1.5.2 Insurance shall not apply to accidents occurring during parachuting and paragliding, parachute jump from great heights, during utilization of gliders, motor-powered hang-gliders, microlight aircraft, space shuttles, bungee-jumping, balloon flying, hovercrafts.; it shall not moreover apply to the accidents occurring during pilot active service of pilots, other crew members and persons who discharge their duties by means of aircraft; the insurance shall not moreover apply to diving, including decompression, mountaineering, rock climbing, climbing ice- and water-falls, rafting, wild river canoeing, ski alpinism, moto-cross and go-cart races, karate, taek-won-do, aikido, kung-fu, judo, boxing, kick-box, etc.

1.5.3 Insurance shall not also apply to sporting activities of professional sportsmen and sportswomen Professional sportsman/sportswoman in accordance with these VPP shall be considered such person who carrying on sporting activity based on the professional contract, who participates in competitions, races, championships or training or training camps at a level of the world cup, Olympic games, world championship, continental championship or that at the level of individual countries.

1.5.4 Doing individual activities referred to under paras. 1.5.2 and 1.5.3 above is possible to include within the insurance framework after an agreement with the Insured, and/or additionally to insure it at a higher premium and under the conditions according to the Insured's tariff rates.

1.5.5 If the medical care has exceeded the extent which is indispensable from the medical point of view, the Insured may adequately reduce the insurance benefit

1.5.6 Insurance benefit may be denied in the event the Insured has paid the bills sent to his/her address without handing them immediately to the Insurer.

1.5.7 In the event the Insured is unable to pay for the outpatient examination on the spot in cash, he/she is obliged immediately to refer to the Assistance Service which provides the security of the payment and the payment itself.

1.5.8 Insured is obliged to present the paid bills after his/her return to the Czech Republic to the Insurer for payment.

1.6 Insured's and Policy Holder's obligations

In accordance with Art. 15 of VPPCP the Insured and the Policy Holder are moreover obliged as follows:

1.6.1 Report the insurance event to the Insurer within three (3) months after the end of treatment abroad. In the event of transport of the Insured to the Czech Republic or transport of the Insured's mortal remains, and/or funeral the Insured (Policy Holder) or his/her attorney is obliged to inform the Insurer thereof immediately after return to the Czech Republic.

Each hospitalization must be reported to the Insurer within ten (10) days after its commencement.

1.6.2 Insured shall empower the Insurer to ask for all the information from the third party, i.e. the doctors, dentists, hospitals of all types, health insurance companies and social security authorities and shall release them from their statutory obligation of confidentiality

1.6.3 Insured is obliged to submit to medical examination in justified cases based on the Insurer's request by such doctor who has been appointed by the Insurer. Insurer shall bear the costs of this examination.

1.6.4 Insurer shall pay the insurance benefit if the Insured has delivered to the Insurer the required supporting information to identify the scope of the insurance event and insurance benefit, namely:

- a) originals of the bills or copies thereof if the Insured has surrendered them to the health insurance company;
- b) accounting records/documents which must include the name of the treated person, indication of the disease, information on individual medical procedures and costs of treatment;
- c) prescriptions which must clearly show the name of the prescribed medicine, price, Insured's name a surname and pharmacy rubber stamp;
- d) upon the treatment of teeth individual treated teeth and description of the treatment given must be mentioned;

d) in the event of foreign documents the Insured must be handed over their official translation into Czech, to be provided by the Policy Holder at his/her own costs.

1.6.5 Obligations specified in this Article which the Insured cannot comply with because of objective reason pass to the Insured.

1.6.6 Documents delivered to the Insurer pass to its ownership.

2. Insurance of Pro-Active Assistance

Insurance of pro-active assistance

2.1 Subject matter of insurance

2.1.1 In accordance with Art. 1 of 1 VPPCP the subject matter of insurance is to provide assistance to the Insured in reduced circumstances during his/her trip by means of the insurance company assistance service or another authorized foreign agent.

2.1.2 Assistance service or another authorized foreign agent have the right to act on behalf of the insurance company in the case of all loss or insurance events and to recommend and/or search out a suitable medical establishment.

2.1.3 Insurance of active assistance may be agreed as the loss insurance only.

2.1.4 Assistance service is provided if required:

- a) during transport, transfer, carriage in case of the Insured's illness or accident
- b) transport of the Insured's mortal remains (repatriation);
- c) escort by accompanying person in case of the Insured's hospitalization;
- d) security for the insurance protection and payment of costs for the treatment by the Insurer.

2.2 Transport, transfer, carriage and repatriation:

2.2.1 In the event of accident or illness by foreign trip the additional costs for medically indicated transport to the Czech Republic are insured in the event a sufficient medical treatment cannot be provided in the place of sojourn In this event the most suitable transport in respect of the Insured's condition from the price point of view must be selected.

2.2.2 Additional costs in accordance with these ZPP are considered adequate and reasonably incurred special costs for transport to the Czech republic in consequence of the insurance event, namely those spent for:

- a) transfer to a hospital to the Czech Republic because of medical and other, approved by the medical examiner as purposeful and necessary;
 - b) transport back to the Czech Republic after the end of treatment if the scheduled program of the trip was disturbed and the trip cannot be continued;
 - c) transport by an ambulance in emergency cases;
 - d) transport to the nearest place of treatment according to the instructions of medical examiner or transfer to another suitable place of treatment according to the instructions of medical examiner, approved by the medical examiner as purposeful and necessary;
 - e) authorized medical escort, its accommodation, meals, transport and fees if the Insured has been transferred according to the decision of the medical examiner;
 - f) transport after termination of the treatment for the purpose of maintaining the schedule program of trip;
 - g) accommodation and meals in a hotel approved by the assistance service if the Insured's transport cannot be provided immediately after the end of treatment.
- 2.2.3 If the Insured dies during a foreign trip in consequence of accident or illness, the adequate and purposefully spent costs are insured in respect of the following:
- a) cremation in the place of death;

b) transport of the Insured's mortal remains to the funeral home or hospital in the Czech Republic, i.e. the expenses of a temporary coffin, embalming and transport of his/her mortal remains in accordance with the appropriate regulations.

2.2.4 Costs for transport, transfer and repatriation shall be paid by the Insurer up to the value specified in the Tariff of Insurance Benefits. The above costs may not exceed together with medical expenses the agreed limit of the insurance benefit.

2.2.5 To transport mortal remains of the diseased Insured to the Czech Republic it is necessary to use the cheapest way of transport.

2.2.6 If the assistance service has provided help based on the Insured's request in the cases which this insurance does not apply to, it has the right in relation to the Insured to receive the incurred costs paid for the Insured.

2.3 Escort

2.3.1 In the event of the Insured's hospitalization during a foreign trip in consequence of illness or accident based on the decision of medical examiner the reasonable and purposefully incurred costs for the transport, accommodation, meals and travel insurance are insured in respect of:

a) the person selected by the Insured who will remain with the Insured during his/her hospitalization, and/or transfer;

b) co-travelling children of the Insured less than 18 years old if insured at the Insurer;

c) person who in case of the Insured's death in consequence of insurance event remains with the mortal remains and accompanies them to the Czech Republic.

2.3.2 Costs of the accommodation and meals referred to under para. 2.3.1 will be paid up to the maximum value of CZK 75,000.

2.3.3 Persons referred to under para. 2.3.1 are not entitled without prior approval of the assistance service to take up any steps and decisions connected with the Insured's hospitalization, transport or repatriation. If they have done so, the Insurer is entitled to deny the insurance benefit, i.e. payment of the resulting costs or to claim their recovery from the above persons.

2.4 Exemptions from the insurance

Insurance protection shall not apply to the:

a) transport, transfer or carriage by means of air ambulance if not involving emergency conditions or if the transport has not been agreed with the assistance service in advance;

b) transfer based on the Insured's request because of fears of infection;

c) transport, transfer or carriage to the country of the Insured's permanent residence if not the Czech Republic;

d) return trip of the escorting person referred to under para. 2.3.1, unless beginning within two (2) days after the end of escort;

e) accommodation and meals of the escorting person referred to under para. 2.3.1, as soon as arriving to the place of hospitalization, who have been called by the Insured;

f) Insured's illness, accident or death in consequence of circumstances which this insurance does not apply to.

2.5 Insured's obligations

2.5.1 In accordance with Art. 15 of VPPCP the Insured (Policy Holder) or his/her statutory representative is moreover obliged to:

a) promptly to contact the assistance service during hospitalization required transport, transfer, carriage, and/or repatriation of mortal remains, required escort or substitute persons and to observe its instructions. In the opposite case the Insurer is authorized to refuse or to reduce the insurance benefit;

b) inform after his/her return to the Czech Republic of the Insured's transport to the Czech Republic or transfer of his/her mortal remains to the Czech Republic, and/or funeral;

c) upon asserting the claim to payment of the costs for transport to the Czech Republic submit a detailed report justifying the necessity and type of transport, to be issued by the doctor who treated the Insured abroad;

d) upon asserting the claim to payment of the costs for transport of mortal remains to the Czech Republic or funeral submit the death certificate with a confirmation of the cause of death.

2.5.2 Obligations referred to in this Article which the Insured is unable to comply with because of objective reasons shall pass to the Policy Holder.

2.5.3 Insurance benefit may be denied also in the event that the Insured has paid the bills sent directly to his/her address, unless handing them over to the Insurer.

2.5.4 In the event the Insured cannot pay an outpatient treatment on the spot in cash he/she is obliged to refer to the assistance service which provides the security for payment and the payment itself.

2.5.5 Insured is obliged to submit the paid bills to the Insurer for payment after his/her return to the Czech Republic.

3. Accident Insurance

3.1 Subject matter of the insurance

3.1.1 In accordance with Art. 1 of VPPCP the Insurer provides insurance protection in the event of accident occurring during the time of insurance.

3.1.2 Accident insurance in accordance with these ZPP may be agreed as the amount insurance only.

3.2 Insurance event

3.2.1 The insurance event in accordance with Art. 2 of VPPCP is understood the Insured's accident. The insurance shall not apply to accidents which occurred prior to the beginning of insurance.

3.2.2 Accident is understood a sudden and unexpected operation of external forces or one's own physical strength beyond the Insured's will or an unexpected and uninterrupted operation of high or low temperatures, gases, vapours, electric current and poisons (with an exception of microbial poisons and immunotoxic substances), which took place throughout the insurance term and which caused the Insured's bodily harm or death.

3.2.3 Insurer pays the insurance benefit also in the event of health injury caused to the Insured in the following cases:

a) local supportive processes or complications caused by penetration of infection to an open wound caused by the accident;

b) infection by tetanus or rabies during accident;

c) diagnostic, medical or preventive measures serving to cure the consequences of the accident.

3.2.4 Operation of one's own physical strength is for the purpose of these ZPP understood the operation of an increased effort put on the limbs and spine during which the following occurs:

a) dislocation of a joint; or

b) tearing or breaking of muscle, tendon, tissues or joint capsule by increased load put on the limbs or spine (with an exception of diseases of intervertebral discs).

3.2.5 Damage of health for the purpose of these ZPP shall be understood the bodily injury.

Damage of health for the purpose of these ZPP shall not be understood psychic and mental conditions (suffering) or disturbance of the mental, social and psycho-social comfort.

3.2.6 The agreed types and value of the insurance benefit and insurance protection are specified in the proposal of accident insurance and the insurance.

3.3 Scope of insurance

3.3.1 In accordance with Art. 3 of VPPCP this insurance shall only apply to the instance in case of accident:

A: with permanent consequences - disablement (invalidity);

B: resulting in death;

C: daily allowances during the stay in a hospital and sanatorium and recovery allowance.

3.3.2 Scope of the insurance protection depends on the contractually agreed face amounts. Value of the insurance benefit results from the scope of the insurance protection, and/or the scope and type of the insurance benefit.

3.4 Calculation of the premium

In accordance with Art. 9 of VPPCP the value of the premium is governed by sex, initial age, type of the work, interest or sporting activity, scope of the insurance protection, value of the face amount and duration of insurance.

3.5 Payment from the amount insurance

3.5.1 The amount insurance is the accident insurance the purpose of which is to obtain the agreed financial amount in consequence of the insurance event which is independent of the origin or scope of damage/loss.

3.5.2 Basis for the calculation of the insurance benefit is the amount determined by the Insurer in the insurance contract which is to be paid by the Insurer in the event of an origin of the insurance event (the insurance benefit) or the value and frequency of payment of the rent.

3.5.3 In the event of the insurance event the Insurer is obliged to pay a single-action or repeated insurance benefits within the scope specified by the insurance contract, namely:

A: for permanent consequences of accident:

If there are permanent consequences of accident (i.e. disablement-invalidity) due to an accident, the Insured becomes entitled to claim payment of the insurance benefit from the face amount agreed in the case of disablement-invalidity. Permanent consequences - i.e. disablement-invalidity are understood a continuous restriction of the insured physical or mental functions in consequence of accident.

Permanent consequences must be proven after their stabilization, i.e. at the earliest, after elapsing of one year following the date of accident and must be medically certified prior to elapsing of another three-month period, at the latest. In exceptional cases the permanent consequences can be proven earlier with the Insurer's consent.

Value of the insurance benefit is determined by the degree of disablement-invalidity. Invalidity degree (while eliminating evidence of a higher or lower invalidity) during the complete loss of functioning in case of:

- arm in the shoulder joint: 70 %
- arm above the elbow joint: 65 %
- arm below the elbow joint: 60 %
- arm in the wrist joint: 55 %
- finger of a hand: 20 %

- index of a hand: 10 %
- another finger: 5 %
- lower limb above a half of the thigh: 70 %
- lower limb up to a half of the thigh: 60 %
- lower limb up to the knee joint: 50 %
- lower limb up to a half of the calf: 45 %
- foot in the ankle: 40 %
- toe of a foot: 5 %
- another toe of a foot: 2 %
- eye: 50 %
- hearing of one ear: 30 %
- smell: 10 %
- taste: 5 %

b) Upon the partial or restriction of functioning of one of the above mentioned parts of the body or sense organ the determining factor is the corresponding portion of the appropriate percentage rate pursuant 3.5.3 A a).

c) If the body parts or sense organs the loss or restriction of functioning of which cannot be evaluated in accordance with paras. 3.5.3 A a) and b) have been affected, one has to determine the measure of damage of physical or mental functions in respect of the normal condition, exclusively, based on the doctor's standpoint.

d) If the accident has affected more physical or mental functions, then the invalidity degrees expressed in percentage determined pursuant 3.5.3 A a) are added. The resulting evaluation may however amount to 100% only.

e) If permanent consequences have affected the body parts or sense organs which have been already damaged prior to the accident, the Insurer shall reduce the value of the insurance benefit for the permanent consequences by the percentage part corresponding to the former damage evaluated according to the classification tables, and/or medical certificate and the value of insurance benefit corresponds to the difference of the percentage evaluation of the final permanent consequences and extent of damage prior to the accident.

f) In the event the Insured has died during one year following the date of accident due to the consequences of this accident, the claim to the insurance benefit for the permanent consequences shall be terminated.

g) If the Insured has died within one year following the date of accident because of the reasons which are not connected with the accident or because of other reasons, the insurance benefit shall be paid if any based on the justified claim at a value corresponding to the scope of permanent consequences of the Insured up to the time of his/her death, however, as a maximum at a value corresponding to the agreed amount in case of death.

h) If individual consequences due to in or more accidents have affected one identical part of the body, organ or part thereof, this circumstance shall be considered by the Insurer to constitute a conformance and the sum of permanent consequences will be evaluated by the maximum percentage rate according to the classification tables for anatomic and functional losses of limbs, organs and parts thereof.

ch) Policy Holder and the Insurer have the right to have re-examined the scope of the permanent consequences by the medical examiner once a year, however, not later than within three years following the date of accident. In the event the permanent consequences are re-examined based on the Policy Holder's request and their extent

has not been increased when compared with the previous re-examination, the costs of re-examination shall be paid by the Policy Holder.

B: death in consequence of accident:

If the Insured has died during one year after the accident, the claim to the insurance benefit at a value agreed by the insurance contract will arise.

C: daily allowance during the stay in a hospital and recovery allowance

a) Daily allowance during the stay in a hospital shall be paid for each day spent by the Insured in consequence of accident in full hospital treatment in consequence of accident, however, as a maximum over a period of one year following the date of accident. Claim to the daily allowance during the stay in a hospital shall not arise in case of staying in sanatoriums, recovery homes, spa facilities, cosmetic institutes, old people homes etc.

b) The same number of calendar days for which the daily allowance during the stay in a hospital has been paid will be paid in connection with the hospitalization and is called the recovery allowance, corresponding to the daily rate of allowance during hospitalization. It is paid for the maximum period of 150 days.

c) Claim to the recovery allowance arises on the date of release from the hospital treatment

d) No claim to the recovery allowance shall arise in the event the Insured has terminated his/her stay in the hospital based on his/her own request.

e) Insurer may adequately reduce the recovery allowance if the Insured fails to observe the doctor's instructions, medical regime or carries out the activities which present obstacle to improvement of his/her state of health.

3.6 Provisions applying to the accident insurance for children and adults.

3.6.1 Possibility to enter into health insurance for children is terminated at the age of 15 years of the child. Children who were accepted to the insurance prior to the 15th year of their age may utilize the children's tariff until the 18th year of their age. This insurance contract shall be terminated, at the latest, on the 18th anniversary of the child's age, unless the Insured has applied for a proposal to change the insurance contract according to the adult tariff.

3.6.2 As regards the children who have not reached 10 years at the time of accident, the following rule shall apply: insurance events shall be understood also poisonings occurring in consequence of unwanted consumption of harmful substances by the child. Excluded are poisonings by foodstuffs.

3.6.3 The Policy Holder, and/or the Insured have the following option in respect of modification of the insurance contract for accident insurance of children according to the adult insurance tariff:

a) Insurance amounts shall remain unchanged and the premium corresponding to the value of the current adult premium shall apply.

b) The premium shall remain unchanged and the insurance amounts shall be reduced pro rata with the current adult rates.

Should the Policy Holder fail to notify the Insurer in writing after achieving 18 years of the child's age, para. 3.6.a) shall apply to the proposal.

3.6.4 Option to enter into the accident insurance for adults is terminated at 65 years of one's age. This insurance contract is terminated, at the latest, on the anniversary of the beginning of insurance after reaching 65 years, unless the Insured applies for a change of the insurance contract to the one according to the senior tariff.

3.6.5 The Policy Holder, and/or the Insured have the following option for a modification of the insurance contract for adults:

a) Insurance amounts shall remain unchanged and the premium corresponding to the value of the current senior premium shall apply.

b) The premium shall remain unchanged and the insurance amounts shall be reduced pro rata with the current senior rates.

Should the Policy Holder fail to notify the Insurer in writing the Insurer of his/her option after reaching 65 years, para. 3.6.5 a) shall apply to the proposal.

3.7 Exemptions from the insurance

3.7.1 The insurance protection shall not apply to:

a) Accidents caused by mental or psychic disturbances, epileptic attacks, convulsions, or other attacks or cramps which affect the whole body, and/or collapse. Claim to the insurance shall be however maintained if these conditions resulted for an accident which the insurance applies to;

b) Accidents suffered by the Insured in consequence of wilfully committed criminal offence or administrative delict because of which the Insured has been found guilty by the court or the appropriate state authority, and/or attempted criminal offence or administrative delict.

c) If the accident has been caused, whether directly or indirectly, by war events or civil wars, or active participation in upheavals, protests or mass events of civil disobedience;

d) Insurance shall not apply to accidents occurring during parachuting or paragliding, parachute jumps from great heights, when using not powered aircraft, powered hang-gliders, microlight planes, space shuttle, bungee-jumping, balloon flying. It shall not moreover apply to accidents occurring during the active service of pilots, other crew members and persons discharging their service tasks by means of air planes, unless agreed otherwise.

In case of trips undertaken by air plane the Insurer shall only pay the insurance benefit in the event the Insured has suffered accident as a passenger of a propelled or jet aircraft or helicopter, unless agreed otherwise.

e) In the event the Insured has suffered accident as a driver or co-driver or a member of the crew of motor vehicle participating in the race or training connected therewith.

f) If the accident resulted under direct or indirect influence of radioactive radiation, nuclear, chemical or biologic arms.

g) If the health has been damaged by rays.

h) If the health has been damaged by medical procedures or measures which the Insured has submitted to based on his/her consent. Insurance protection shall however apply to those cases if these procedures and measures (as well as diagnostic and medical radiation) are in direct causal connection with the accident which the insurance protection applies to.

ch) If poisoning due to consumption of solid substances or liquids takes place.

i) Upon origin of hernia, tumors of all types and origin whatsoever.

j) If intervertebral discs have been damaged the insurance protection shall apply to bleeding of internal organs and brain only if the prevailing cause of the insurance event is the accident in accordance with para. 2.2.

k) During accidents caused by chronic disturbances in consequence of psychical reactions of any origin whatsoever.

l) Upon occurrence and worsening of aseptic inflammation of tendon capsules, muscle insertions and weight pouches, epicondylitis, intervertebral diseases of the spine, sudden arterial diseases and changes of retina.

m) If the accident or harm to health results from suicide or attempted suicide.

n) If the accident has occurred in consequence of diagnostic and cure supporting and preventing procedures, which were not performed for the purpose of treatment of the post-accident consequences or of unskilled medical procedures which the Insured has submitted to.

o) In case of deterioration of an illness due to accident.

p) Unless agreed otherwise, the insurance shall not apply to sporting activities of professional sportsmen/sportswomen. Professional sportsman/sportswoman shall be considered natural person (even if a minor) who has entered into the professional contract related to some sport and who collects within the framework of his/her activity in accordance therewith a taxable income.

q) In the event the right to claim the insurance benefit has the person who caused to the insured the death or bodily harm by means of wilful criminal offence because of which this person was found guilty.

r) If the Policy Holder has failed promptly to inform the Insurer of the essential change of the state of health and if these changes have substantially affected the origin of accident

s) If the accident has been caused by the terrorist attack or in connection with the acts carried out to prevent, precede or suppress terrorist acts or are related thereto in any manner whatsoever. Terrorist acts shall be understood any activity of persons or group of persons leading to an achievement of political, ethnic, religious, ideological or similar goals, which spread fear or panic among the population and thus affect the governmental authorities and agencies.

3.7.2 Accident shall not be considered transferable infectious diseases (e.g. Lime disease, encephalitis, malaria, etc.) arising in consequence of minor skin injury of mucous membrane, through which the infection penetrated immediately or later in the body. This restriction shall not apply to rabies and tetanus. Accident shall not be considered, as well, in case of the following:

a) heart infarct;

b) brain stroke;

c) disease;

d) mental and nerve disturbances.

3.8 Insured's obligations

In accordance with Art. 15 of VPPCP the Insured is moreover obliged in the event of accident during a foreign trip immediately to search out medical treatment, to proceed in accordance with the instructions of the medical examiner and to contact the assistance service.

3.9 Discounts

Discounts of the premium in case of insurance for the single trip are provided according the Insurer's applicable tariff.

4. Insurance of Luggage

4.1 Subject matter of the insurance

4.1.1 In accordance with Art. 1 of VPPCP the subject matter of insurance is the damage caused to the luggage as follows:

a) by traffic accident;

b) by armed robbery;

c) by theft during which the perpetrator provably overcame the obstacle protecting the luggage from stealing, and only in the case if the theft has taken place in an

accommodation facility or locked in a properly secured motor vehicle and provided that the luggage was not visible from outside;

d) by natural disaster;

e) at the time of delivery of the luggage against a confirmation of receipt;

f) at the time of delivery of the luggage to the carrier for transport against a confirmation of transport or at the time of deposition of the luggage in the room designated for transport of luggage.

4.1.2 Insurance of luggage in accordance with these ZPP may be agreed as the loss insurance only.

4.2 Calculation of the premium

In accordance with Art. 9 of VPPCP the Insurer specifies the premium depending on the value of the agreed face amount.

4.3 Payment and due date of payment of the insurance benefit

4.3.1 If the insurance event has occurred, the Insurer shall pay the insurance benefit subject to the conditions provided by the insurance contract, VPP and these ZPP, unless agreed otherwise.

4.3.2 Insurer shall pay:

a) in case of the destroyed, lost or annihilated luggage which cannot be properly used even after its repair the price at the instant of origin of the insurance event;

b) in case of damaged articles the required costs of their repair at the instant of origin of the insurance event, including possible devaluation, however, as a maximum up to the value of the insurance amount;

c) insurance benefit up to a value of 50 % of the agreed insurance amount for separate articles contained in the luggage;

d) in the event of theft of the luggage from a vehicle the insurance benefit up to a value of

50 % of the agreed insurance amount and up to a value of 25 % of the agreed insurance amount for separate articles contained in the luggage;

e) in case of recordings, exposed films, drawings and other performed works the insurance benefit up to a value of the price of raw materials;

f) in the event of delay of the properly registered luggage for a period of more than six hours after the Insured's arrival abroad the purposefully spent costs of indispensably required substitute articles against the submitted receipts;

g) in the event of loss of the delayed luggage for which the Insurer has paid the insurance benefit pursuant para. 4.3.2. letter f) the insurance benefit reduced by the amount paid in this way.

4.3.3 Remains of the damaged or destroyed article (luggage) continue to be owned by the Insured and their saleable value is deducted from the insurance benefit.

4.3.4 The price which the luggage had at the instant of origin of the insurance event shall be specified by the Insurer or the person appointed by the Insurer based on the price of the new article valid at the instant of origin of the insurance event. The price is reduced by the luggage wear or devaluation which arose prior to the origin of the insurance event. If the price cannot be determined in this way, it shall be specified by estimation.

4.4 Return of articles

The Policy Holder or the Insured is obliged promptly to notify the Insurer of finding the lost or stolen luggage, articles or parts thereof. The newly found or newly surrendered stolen articles continue to be owned by the Insured and their ownership does not pass to the Insurer. The person who has been paid the insurance benefit is however obliged

to return the Insurer the corresponding part of the insurance benefit reduced by the adequate costs of repair of the damaged article, which arose throughout the time of missing the article or to return the amount corresponding to the saleable value of the article remains in the event the article was destroyed throughout the time it was missed.

4.5 Exemptions from the insurance

The insurance shall not apply to:

- a) damage of the luggage if a possibility of its continued use has not been substantially reduced;
- b) cash, credit and payment cards, valuables, traveller cheques, securities, stamps and damages caused by their misuse;
- c) luggage and articles stolen from the tent, roof rack of cars and trailers which are designed with a wall from not solid materials and were not provided with safety locks;
- d) mercantile goods, electronic and optical instruments contained in the luggage, which were delivered to the carrier for transport;
- e) vehicles, craft, bicycles and other means of transport and their accessories;
- f) luggage stolen from the automatic deposit box;
- g) damage of luggage caused by the Insured's detention or imprisonment, strike or civil unrest.

4.6 Insured's obligations

4.6.1 In the event of the luggage theft the insured is obliged to submit the Insurer the police protocol which must include the list of the stolen articles, the time of theft, where the stolen articles were put, and/or trustworthy document of the natural disaster, carrier's confirmation or receipt of deposit. If a theft from the vehicle pursuant para. 4.3.2 letter d) of these ZPP has been involved, the protocol must moreover include the information, whether the vehicle was properly locked, and/or which parts of the vehicle were damaged by forceful penetration and the document of the repair shop of the damaged vehicle possible repair.

4.6.2 If the damage of luggage in an accommodation facility has taken place, the Insured is obliged to ask the facility operator in writing for payment of damages and to have confirmed acceptance of his/her requirement.

4.6.3 In the event of delay of luggage in accordance with para. 4.3. letter f) of these ZPP

the Insured is obliged to submit the air ticket or similar written document issued by the air carrier, including the reason and length of delay and the bills for purchase of the necessary substitute articles.

4.5.4 In the event of an origin of the insurance event to indicate and substantiate procurement prices and age of all the damaged, destroyed and lost luggage (articles) and their description. If possible, to keep the damaged or destroyed luggage connected with the insurance event for the purpose of assessment by the Insurer

5. Insurance of Responsibility for Damages

5.1 Subject matter of the insurance

5.1.1 In accordance with Art. 1 of VPPCP the Insured has the right from the insurance of responsibility to claim that in the event of an insurance event arising during the foreign trip the Insurer pays for the Insured the damages caused to life, health or property or another proprietary loss for which the Insured is responsible in accordance with the appropriate legal regulations of the other country.

5.1.2 If the authorized agency or authority has decided on payment of damages, the Insurer is obliged to pay only on the date when the decision issued by the authorized agency or authority has come into force and effect.

5.1.3 Insurance protection shall apply to the Insured's responsibility set out by law, as resulting from the Insured activities, legal relationships or things, referred to in the insurance contract.

5.1.4 Only the Insured who is responsible jointly with the Policy Holder for compliance with the obligations specified by these ZPP is entitled to exercise the rights from the insurance contract.

5.1.5 Claims from the insurance cannot be transferred prior to their final identification without the Insurer's consent.

5.1.6 Insurance of the responsibility for damages in accordance with these ZPP may be agreed as the loss insurance only.

5.2 Insured procedural costs

5.2.1 If the Insurer has undertaken so in advance in writing, the Insurer shall pay for the Insured the costs if approved in advance by the assistance service, up to the approved value in the following cases:

- a) for the defence in the preparatory proceeding and criminal proceeding before the court of first instance conducted against the Insured in connection with the insurance event;
- b) of the civil procedure for payment of damages if necessary to identify the Insured's responsibility or the value of damages if the Insured is obliged to pay these costs, as well as the fees of the Insured's legal attorneys in this proceeding;
- c) out-of-court settlement of the injured party's claims.

Costs of the legal representation shall be paid by the Insurer only up to the maximum value of the attorneys' fees not based on a contract in the Czech Republic according to the applicable tariff.

5.2.2 The above costs shall be paid by the Insurer even above the agreed face amount.

5.2.3 If the Insured is obliged to pay the damages exceeding the face amount, the Insurer shall pay the procedural costs reduced pro rata with the total value of the loss claims.

5.3 Exemptions from the insurance

5.3.1 Unless agreed otherwise, the insurance protection shall not apply to the Insured's responsibility for damages:

- a) caused to the borrowed, leased or otherwise possessed articles, as well as articles for transport, processing, use or entrusted to the Insured's safekeeping;
- b) arising in connection with the ownership or possession of an animal;
- c) caused in connection with hunting or exercising the right to hunting;
- d) caused in connection with discharging one's job or performance of another earning activity;
- e) caused in connection with use of means of transport;
- f) caused in connection with transmission of infections or illnesses to another person;
- g) which the Insured is responsible for to his/her co-travellers or relatives;
- h) which consists of a financial loss;
- i) acknowledged above the framework set out by legal regulation;
- j) caused wilfully, when the intention is considered equal to commission or omission during which the origin of damages must have been foreseen or expected but the Insured was agreeable therewith. Conscious knowledge of defective or harmful nature of goods and completed services is equal to the intention;

- k) accepted or acknowledged by the Insured above the framework of the decision of the appropriate agency or the one set forth by legal regulations;
- l) caused by failure to comply with the obligation to avert the damage;
- m) arising in consequence of active participation in any sporting competitions, including the preparation (training) therefore, unless provided otherwise;
- n) arising to the article by gradual operation of temperatures, gases, vapours or humidity, sediments (smoke, rust ashes, dust etc.), as well as waste waters and wastes of all types, mud formation, soil sagging and that of the constructions built thereon, vibrations caused by the building or demolition activities, floods from stagnant or running waters,
- o) to the vegetation caused by the feeding cattle and wild animals;
- n) to articles not owned by the Insured, even though held/possessed or illegally used by the Insured;
- o) arising to articles accepted from another person for the purpose of their processing, such as repairs, adjustments, sales, deposits, storage, re-testing, etc.
- p) caused by introduction or spread of contagious disease of people, animals or plants, even if because of negligence;
- q) caused during activity for which the law or specific legal regulations set out that an insurance contract is to be entered into or where it is stipulated that the insurance arises even without entering into the insurance contract based on other circumstances;
- r) claims events resulting in the loss or theft of an article.

5.3.2 The following damages are excluded from the insurance:

- a) caused by nuclear energy, laser rays, radiation of concentrated rays and moreover formaldehyde and asbestos;
- b) caused by crude oil and lubricating oil or other liquids leakage from tanks and vessels;
- c) caused to the environmental conditions;
- d) caused directly or indirectly or in connection with:
 - war events of all types and other military conflicts;
 - internal upheavals, revolution, breakaway, uprising, putsch, state overturn or other violent unrest, such as terrorist acts or strikes (while considering any violent action following the political, social, ideological or religious goals with an intention to strike panic among the population to be the terrorist act);
 - declaration of emergency.

5.3.3 Insurance shall not apply to responsibility for damages:

- a) for which the Insured is responsible to his/her spouse, relatives in direct line, persons living with the Insured in a common household, Policy Holder and co-insured persons;
- b) arising during discharging work tasks within an employment (job) or in direct connection therewith;
- c) arising to the results of work or articles made or supplied by the Insured (or based on the Insured's authorization or on his/her account by a third party) the cause of which consists in their manufacture or supply;
- d) businessperson when conducting business, including responsibility for damages arising to his/her worker upon discharging work tasks or in direct connection therewith and responsibility for the product;
- e) for which the Insured is responsible in consequence of suffering failure to comply with the obligations imposed on the Insured by third parties.

5.3.4 Insurance of responsibility shall not moreover apply to damages:

- a) caused by the operation of motor vehicle or its trailer;

- b) caused by the operation of motor vehicle or not powered craft, including windsurfing;
- c) caused by the air plane operation;
- d) of articles if resulting from transport contracts;
- e) caused by the Insured during transport by means of transport operated by the Insured himself/herself outside the transport contracts,
- f) which the Insurer would be otherwise obliged to pay but the Insured has failed to raise an objection of the time limitation, to file an appeal against the decision or payment order or has entered into a settlement agreement or court settlement without the Insurer's knowledge and consent;
- g) the title to the payment of which has been statute barred and in spite of that the Insured has undertaken to pay the damages.

Exemptions referred to under para. 5.3.1 through 5.3.4 shall apply within the same scope to the person co-insured within the framework of the insurance contract too.

5.4 Calculation of premium

In accordance with Art. 9 of VPPCP the premium is specified by the Insurer based on the risk evaluation, face amount and scope of insurance. Premium is the contractual price for the agreed insurance protection. Value of the premium and its due date of payment must be mentioned in the insurance contract.

5.5 Payment and due date of payment of the insurance benefit

5.5.1 In accordance with Art. 13 of VPPCP the Insurer shall pay for the Insured as a maximum damages from one insurance event up to the value of the face amount referred to in the insurance contract.

This shall apply also in the event that the insurance protection covers more persons obliged to pay the damages.

5.5.2 If the sum of claims of more injured persons exceeds the limit of the insurance benefit agreed through the insurance contract, the insurance benefit paid to each of them shall be reduced pro rata of the agreed limit with the sum of claims of all the injured persons.

5.5.3 Insurer shall only pay the compensation for all the insurance events occurring in one insurance year, including payments due from such insurance events, up to its elapsing and the total payment up to the double of the face amount, unless agreed otherwise.

5.5.4 If the Insured has paid the damages for which he/she is directly responsible to the injured person, he/she has the right to claim payment of the paid amount up to the value which the Insurer would be otherwise obliged to pay to the injured person.

5.5.5 The Insurer which pays the claim from the insurance of responsibility for damages of the obligated person may suggest the entitled person a single-action payment in the event of a claim to loss of earnings after the end of sick leave, compensation of costs of alimentation of the deceased's survivors or another claim having the nature of repeated payment. To specify its value the Insurer applies insurance-mathematical methods. If an agreement is reached between the authorized person and the Insurer on this form of indemnification, the single payment shall settle these claims, both those already arisen and the future ones.

5.5.6 Payment of damages shall be made by the Insurer to the injured person; the injured person however does not own the right to claim the insurance payment from the Insurer.

5.5.7 If the Insured has caused damages by his/her acts affected by consumption of alcoholic beverages or application of intoxicating or psychotropic substances, the Insurer

has the right to claim from the Insured the compensation of what the Insurer has paid for the Insured

5.5.8 The Insured's right passes to the Insurer in the following cases:

- a) recovery of the paid amount or reduction of the rent or suspension of its payment if the Insurer has paid this amount or pays the rent for the Insured;
- b) payment of the costs of the proceeding for payment of damages, which were adjudged to the defendant if the Insurer has paid these costs for the Insured;
- c) settlement or sanction up to a value of the amounts which the Insurer has paid for the Insured.

If the legal circumstance justifying the right referred to under para. 5.5.8 has occurred, the Insured is obliged promptly to notify the Insurer thereof and to deliver the Insurer the documentation required to assert these rights.

5.5.9 Paras. 5.5.7 and 5.5.8 shall not apply to the cases when the Insured has taken addictive medicines or preparations containing addictive substances if taken in the way prescribed by the doctor and if not advised by the doctor or the medicine manufacturer that at the time of their application the tasks in consequence of which the Insured has caused the damage cannot be discharged.

5.6 Insured's Obligations

In addition to the obligations in accordance with Art. 15 of VPPCP the Insured and the Policy Holder are moreover obliged as follows:

5.6.1 Insured is obliged promptly to notify the Insurer of the origin of the insurance event (assistance service), to mention the name and addresses of the injured persons, and/or witnesses and to submit their written statements.

5.6.2 In the event of an origin of the insurance event the Insured is obliged to ask from the Insurer (assistance service) the instructions for the next procedure and to abide thereby. If the Insurer appoints a legal attorney, the Insured is obliged to have himself/herself represented by this legal attorney.

5.6.3 Insured is obliged to take care of that the insurance event does not occur and to take up adequate measures to avert the impending damage. Insured may not breach, above all, the obligations resulting from legal regulations or the insurance contract, aimed at averting or reducing the impending damage. Insured may not suffer breach of these obligations even by any third party.

5.6.4 Insured is obliged to proceed in the proceeding conducted for payment of damages in accordance with the Insurer's (assistance service) instructions. Costs of this proceeding incurred by the Insured shall be paid by the Insurer.

5.6.5 If the proceeding for payment of damages has been initiated, the Insured is obliged to provide the Insurer (assistance service) with all the required assistance, information and clarification which the Insurer considers indispensable.

5.4.6 Based on the Insurer's (assistance service) instruction the Insured is obliged to file an appeal in the proceeding conducted for payment of damages. The appellate proceeding shall be conducted at the Insurer's costs. Insurer is not entitled without the prior Insurer's (assistance service) instruction to acknowledge or satisfy the claim to payment of damages in full or in part. In the event of failure to comply with this obligation the Insurer shall be relieved of its obligation to pay, in addition to cases of the court settlement or settlement agreement. Insured is not entitled without the Insurer's (assistance service) consent to undertake to pay a compensation of the statute-barred receivable or to enter into the court settlement or settlement agreement.

5.4.7. Insurer (assistance service) is empowered to make all the statements on behalf of the Insured in order to settle or avert the claim, consideration purposeful depending on the Insurer's decision.

6. Insurance upon Cancellation of Trip

6.1 Subject matter of insurance

6.1.1 In accordance with Art. 1 of VPPCP the subject matter of insurance is payment of the cancellation fees which the Insured is obliged to pay to the travel agency or air carrier for the services paid in advance and if the Insured was unable to depart because of :

- a) serious acute illness or accident of the Insured or a person related to the Insured, requiring hospitalization or cure in bed, depending on the doctor's decision;
- b) death of the Insured or a person related to the Insured;
- c) rape of the Insured or a person related to the Insured;
- d) substantial damage/loss of the Insured's property arising prior to his/her departure abroad in consequence of fire, flood, criminal offence committed by a third party, etc. if it may be substantiated that the Insured's presence is required to specify the extent of damage;
- e) calling-up the Insured for a military training if the Insured substantiates that the calling-up order was issued after the date of entering into the insurance only;
- f) summons of the Insured to the court if the Insured substantiates that the summons was issued after the date of entering into the insurance only;
- h) beginning of a war, natural disasters, epidemics at the destination of the trip during a time from entering into the insurance up to the departure for the trip.

6.1.2 Related person shall be understood as follows: husband/wife, parent, spouse's parents, children and grandchildren.

6.1.3 Insurance protection shall apply to all the insured persons mentioned in the insurance contract.

6.1.4 Cancellation fee shall be understood the additional arising and billed costs which the Insured must have provably paid in connection with cancellation of the trip abroad.

6.1.5 Insurance in case of cancellation of the trip in accordance with these ZPP may be only agreed as the loss insurance.

6.2 Beginning and end of the insurance protection

This insurance may be agreed at variance with Art. 3 and 5 of VPP CP only prior to or concurrently with payment of the last instalment, or full payment, of the price of the trip.

Insurance protection begins on the date of payment of the premium and ends at the beginning of the trip, i.e. boarding a means of transport designated to cross the state border.

6.3 Calculation of premium

In accordance with Art. 9 of VPP CP the insurance has been specified as a percentage rate from the price of the trip or air ticket purchased by the Insured.

6.4 Deductible

Insured's participation in the insurance event is equal to 10 % of the total value of cancellation fees charged for the price of the trip (i.e. without any possible voluntary excursions etc.) or 20% of the air ticket price.

6.5 Payment and due date of payment of the insurance benefit

6.5.1 In accordance with Art. 13 of VPP CP the Insurer undertakes to pay the Insured maximum 90% of the cancellation fees insured, connected with the cancellation of the

trip abroad if the Insured's participation in the trip has been prevented at the time of departure at least by one of the circumstances mentioned under para. 6.1.1 letters a) through h).

6.5.2 The highest limit of the insurance benefit is the limit of the insurance benefit which the insurance has been agreed for and which shall be specified depending on the price of the trip or that of the air ticket. This limit also represents the highest possible payment to all the family members within the framework of one and each insurance contract.

6.5.3 If the insurance has been agreed less than fourteen (14) days prior to the scheduled beginning of the trip, the insurance benefit is reduced by a half. The foregoing sentence shall apply also in the event that the trip ought to be undertaken in an area with increased safety risk or when the political, health or another situation in this area may provoke fears of travelling.

6.6 Exemptions from insurance and restrictions of insurance payment

6.6.1 Safety protection in accordance with these ZPP shall not apply to the:

- a) change of travelling plans or intentions;
- b) cases when no visas have been obtained;
- c) circumstances that the Insured is unable to take his/her holidays (when the Insured is not allowed to take his/her holidays by an employer);
- d) violation of legal regulations connected with the trip abroad with the Insured's knowledge;
- e) accident or illness existing at the time of entering into the insurance contract, when the required treatment could be foreseen prior to starting the trip abroad, i.e. if the accident or illness during the recent twelve months required hospitalization or when they got substantially worse or caused substantial changes in taking medicines;
- f) pregnancy later than six months from the conception and/or its complications and above 38 years of age of the pregnant woman;
- g) suicide, attempted suicide and in the case of intentional self-molestation;
- h) controlling inspections;
- ch) consumption of alcoholic beverages or addictive drugs;
- i) war, civil war, civil unrest, people's movements;
- j) terrorist acts and any effects of radioactivity;
- k) epidemics, natural disasters and climatic phenomena arising prior to the beginning of insurance protection;
- l) accident suffered by the Insured in connection with failure to comply with legal regulations and guidelines;
- m) circumstances preventing departure for the trip if taking place prior to entering into the insurance agreement.

6.6.2 Insurer is entitled to reduce or deny the insurance benefit in the event that the Insured has failed to comply with his/her obligations resulting from the contractual provisions, VPPCP and these ZPP.

6.7 Insured's obligations

In addition to the obligations referred to under Art. 15 of VPP CP the Insured and the Policy Holder are moreover obliged as follows:

6.7.1 If it is obvious that the scheduled trip cannot be implemented, the Insured is obliged to cancel the trip immediately and provably and to notify, on the following working day, at the latest, the Insured and to submit the documentation substantiating the fact because of which the Insured was unable to participate in the trip abroad, such as e.g. the confirmation of medical examiner, certified copy of the death certificate, copy

of the notification of insurance event, and/or police report or notification of another agency regarding the proprietary damage because of fire, flood or criminal offence committed by a third party, certified copy of the court summons, promptly to submit the Insurer the form of Notification of the Loss Event with the original documentation, including e.g. the receipt of payment of the trip and of the returned amount, cancellation invoice issued by the travel agency, and/or unused tickets, general terms and conditions of the travel agency, application for the trip.

6.6.2 Insured is obliged to answer truthfully and completely all the Insurer's written questions and to submit the required documentation associated with the justification of the claim to the insurance benefit. Without answering the raised questions and without presentation of the required documentation the Insurer cannot close the investigation of the insurance event in question.

I ADDITIONAL INSURANCE TERMS AND CONDITIONS

Insurance of medical expenses of foreign nationals in the Czech Republic and their trips and stay abroad

These **Additional Insurance Terms and Conditions are applicable to the insurance of medical expenses of foreign nationals in the Czech Republic and their trips and stay abroad**

(hereinafter referred to as "DPP **insurance of medical expenses for foreign nationals in the Czech Republic**") and form an integral part of the insurance contract for travel insurance. General principles of the travel insurance agreed by VICTORIA

VOLKSBANKEN pojišťovna, a.s. (hereinafter referred to as the "Insurer") have been specified by the General Insurance Terms and Conditions of Travel Insurance (hereinafter referred to as "VPPCP") and the principles of insurance of medical expenses are specified by the **Additional Insurance Terms and Conditions of Insurance of Medical Expenses Abroad (hereinafter referred to as "ZPP LVZ")** coming into effect in respect of the contracts entered into after 1 January 2005, which form an integral part of the insurance contract. As regards the relationships between both the contracting parties, all the provisions of VPPCP and ZPP LVZ shall apply, unless agreed otherwise. These DPP may be only agreed together with the insurance contract for travel insurance.

1. Subject Matter of the Insurance

1.1. In accordance with Art. 1 of VPPCP the subject matter of the insurance are the provable costs which were incurred by the Insured in the geographic area of the Czech Republic (hereinafter referred to as „CR“) within the framework of the required treatment or acute illness. Covered are also the provable costs arising to the Insured in the geographic areas of neighbouring European countries during the Insured's excursions from the Czech Republic and transit across the areas of Slovakia and Poland from the home country to the place of residence in the CR.

1.2 Insurance of medical expenses for the stay of foreign nationals in the Czech Republic and their trips from the Czech Republic abroad, as well as the stay abroad, may be only agreed as the loss insurance.

2. Scope and Regional Applicability of the Insurance

In accordance with Art. 3 para. 2 letter d) of VPPCP the regional applicability of the insurance is governed by the tariff documentation and is given by the appropriate IT Tariff. Insurance protection applies to the geographic area of the Czech Republic.

3. Entering into the Insurance Contract; Insurance Period; Beginning and End of Insurance; Premium

3.1. At variance with Art. 5 of VPPCP the insurance of medical expenses for the stay of foreign nationals in the Czech Republic may be only agreed as the insurance for single trip.

3.2 Insurance may be agreed in writing only. The insurance contract may not be entered into with retroactive effect and the beginning of insurance must be agreed from 00:00 AM of the following day after drafting the contract, at the earliest. Duration of the insurance is exactly defined by the insurance contract. Insurance may be agreed for the maximum period of one year and it shall be governed by the Insurer's tariff rates.

3.3 Insurance begins on the date agreed by the insurance contract as the beginning of insurance and upon payment of the premium after crossing the state border of the home country while observing para. 1.1 above, at the earliest, however, not prior to payment of the premium. If the insurance event has occurred prior to the beginning of the insurance protection, no other claim to the insurance benefit will arise.

3.5 Duration of the insurance is restricted by the number of days referred to in the insurance contract and specified according to the tariff rates. If the required medical care continued even after termination of the insurance and if the Insured is not capable of transport, the Insurer shall pay the insurance benefit until that time when the Insured becomes capable of transport, however, by maximum four weeks (28 days) more following the date of termination of the insurance.

3.6 Insurer is entitled to review the Insured's state of health on the basis of reports asked for from medical establishments. Insurer is entitled, as well, to require the Insured's examination by a medical examiner appointed by the Insurer and if the Insured has not complied with this requirement, the Insured forfeits his/her right to the insurance benefit.

3.7 In accordance with Art. 9 of VPPCP the Insurer specifies the value of the premium depending on the type of trip, age of the insured person and type of his/her work or interest or sporting activities and depending on the trip length.

3.8 Insurer may specify an increased premium or apply different conditions in connection with the Insured's age or with the increased risk of accident or damage to the Insured's health.

3.9 Insured is obliged to pay the single-action premium upon entering into the insurance contract.

4. Insurance Benefit

At variance with para. 1.2 ZPP LVZ the following has been agreed:

4.1 Insurer shall provide for payment of the costs arising to the Insured during his/her stay in the Czech Republic, as resulting from required and adequate medical care connected with the accident or acute illness. Unless provided otherwise, these costs shall be understood:

- a) outpatient medical treatment;
- b) hospital treatment if substantiated by a medical report;

c) medicines and dressings prescribed by the doctor. As medicines are not accepted any nourishing, invigorating or vitamin preparations, as well as the means taken preventively and addictive and cosmetic preparations;

d) transport to the nearest hospital;

e) costs of the Insured's repatriation to the international airport in his/her home country in the event the Insured was unable to use the originally scheduled means of transport because of medical reasons. Insurer reserves the right to decide with the doctor's consent on the Insured's repatriation and possibly sending a custodian. Insurance benefit is restricted by an amount of CZK 250,000;

f) dental treatment for the purpose of pain killing, tooth filling in a simple design and necessary repair of the denture, restricted by an amount of CZK 5,000.

4.2 The total insurance benefit from insurance events is restricted by the amount equal to EURO 30,000 (approx. CZK 1,000,000) which may not be exceeded upon payment of costs incurred by medical care, including repatriation.

4.3 Insurer is entitled to reduce the insurance benefit in case of the higher-than-standard medical care to the required and adequate measure, depending on the opinion of the specialist appointed by the Insurer.

4.4 Insurance benefit belongs to the Insured and in case of his/her death the person having provably incurred the costs of treatment becomes entitled to claim the insurance benefit

4.5 The costs of treatment shall be paid for the Insured, as a rule, directly by the assistance partner. In exceptional cases when the Insured has been forced to pay the costs on his/her own medical care in cash shall be paid by the Insurer or its assistance partner.

4.6 Payment is due within fifteen (15) days following the date of termination of the investigation required to identify the extent of the Insurer's obligation to pay. If required, the Insurer is obliged to pay the Insured an adequate advance if the investigations could not have been finished within one (1) month following the date when the Insurer has learned of the insurance event.

5. Exemptions from Insurance

5.1 Insurer is not obliged to insure, as well:

a) in the event of illnesses and accidents occurring during a brawl or criminal offence which the Insured has committed during the act by means of which he/she has breached the laws and regulations of the country in question, in connection with war events or civil unrest, upon attempted suicide or self-molestation. In the event of illnesses and accidents occurring after consumption of alcoholic beverages or addictive substances the Insurer shall restrict the insurance benefit;

b) costs of an examination to identify pregnancy, interruption, birth, examination and treatment of infertility or sterility;

c) costs charged for the time spent in spas, sanatoriums, nursing homes, recovery homes, etc.;

d) costs connected with the procedures which were not necessarily required, such as preventive examination, prophylactic inoculation, cosmetic examination and its consequences, chiropractic procedures or therapies, tooth and jaw adjustments, production and repair of dentures and prostheses, orthoses (firm bandages), contact lenses, hearing aids;

e) in the event of illnesses and accidents occurring in connection with going in for dangerous type of sports or another risk-prone activities (such as parachute jumps, other

airborne sports, mountaineering, automotive sports, etc.) or during a public organized sporting competition;

f) in the event of mental diseases or defects (e.g. psychoanalytical or psychotherapeutic treatment, etc.);

g) in the event of sexually transmitted diseases or AIDS;

h) the costs of procedures carried out outside medical establishments not performed by a doctor or a nurse or the treatment which is not considered by the professional medical public to be the procedure *lege artis*;

i) the costs of medical care connected with the treatment of an illness, accident or other groups of diagnoses, which have existed prior to entering into the insurance contract;

j) the costs of treatment by the doctor being the Insured's spouse or related to him/her;

k) the costs incurred by the higher-than-standard care

5.2 In the event of default on payment of the premium in accordance with para. 3.4 above and

Art. 11 para. 5 of VPPCP no claim to the insurance benefit shall arise.

6. Insured's Obligations

6.1 Policy Holder and the Insured are obliged to answer truthfully and completely all the Insurer's written questions relating to the agreed insurance and to notify without undue delay all the changes which might affect the increase of the insurance risk.

6.2 Insured is obliged to take up all the steps to avert or alleviate consequences of the insurance event, above all, to search out without undue delay after an accident or illness the medical treatment. He/she is moreover obliged to abide by the Insurer's or Insurer's assistance partner instructions.

6.3 When contacting the medical establishment, the Insured is obliged to identify himself/herself by means of the insured person's card, insurance policy and Insurer's guidelines issued for the medical establishment.

6.4 Insured is obliged promptly to report the insurance event to the Insurer on the form "Notification of Insurance Event".

6.5 Unless the medical costs have been directly paid by the Insurer or Insurer's assistance partner, the condition of payment of the insurance benefit will be the following Insured's assistance provided to the Insurer:

a) submit the Insurer the medical report of his/her diagnosis and completed procedures and prescribed medicines together with originals of the invoices and other documents substantiating the value of the costs paid, as well as the completed form "Notification of the Insurance Event" and a copy of the insurance contract. Invoices and documents must include the Insured's name and surname, date of birth, description of the illness, individual doctor's procedures and date of treatment. Invoices and documents must be issued in Czech, English or German. If this is not so, the calculation/final settlement shall include the costs of translations, debited to the person entitled to claim the insurance benefit;

b) if required, submit to an examination performed by the doctor appointed by the Insurer.

6.6 Insurer has the right to review the medical, and/or repatriation costs. Another condition of payment of the costs by the Insurer is the Insurer's authorization of the Insurer to ask for all necessary documents from medical establishments, insurance companies, offices and transport companies. In the event of the required medical reports and findings the explicit release from the obligation of medical secrecy is required.

7. Authenticity of the Text

The Czech version of the General Insurance Terms and Conditions, Specific Insurance Terms and Conditions and contractual provisions shall be considered the authentic text.

II. ADDITIONAL INSURANCE TERMS AND CONDITIONS

Insurance of medical expenses of professional sportsmen/sportswomen abroad

These **Additional** Insurance Terms and Conditions **of Medical Expenses of Professional Sportsmen/Sportswomen abroad** (hereinafter referred to as "DPP of Insurance **of Medical Expenses of Professional Sportsmen/Sportswomen abroad**") **form an integral part of the insurance contract for travel insurance. General principles of travel insurance agreed by VICTORIA VOLKSBANKEN pojišťovna, a.s.** (hereinafter referred to as "VPPCP")

and principles of **medical expenses are specified by the** Insurance Terms and Conditions **of Medical Expenses Abroad** (hereinafter referred to as "ZPP LVZ"), coming into effect in respect of the contracts entered into after 1 January 2005, forming an integral part of the insurance contract. As regards the relationships between both the contracting parties, all the provisions of VPPCP and ZPP LVZ shall apply, unless agreed otherwise. These DPP may be only agreed together with the insurance contract for travel insurance.

1. Scope of Insurance Protection

1.2 The insurance shall apply to IS1 and IS3 Tariffs for **professional sportsmen/sportswomen in the countries all over the world (including United States of America., Canada, Japan, South-African Republic, Australia, New Zealand and Hong Kong).**

1.2. Insurance of medical expenses of **professional sportsmen/sportswomen abroad in accordance with these DPP may be only agreed as the loss insurance.**

2. Regional Applicability

In accordance with Article 2 of VPPCP the regional applicability is extended for IS1 and IS3 Tariffs to all the countries of the world, except the Czech Republic and states of the former Soviet Union, namely, Russia, Belarus, Ukraine, Moldova, Kazakhstan, Uzbekistan, Turkmenistan, Georgia, Azerbaijan, Armenia, Kyrgyzstan, Tadjikistan.

3. Types of Insurance

In accordance with Art. 4 of VPPCP the Insured's business trip at IS3 Tariff shall be considered the Insured's participation in sports events, competitions and sporting matches.

4. Insurance Benefit

4.1 At variance with ZPP LVZ the insurance benefit which relates to the insurance events connected with the tariff in accordance with these DPP is restricted by the amount equal to CZK 1,500,000.

Other scopes of the insurance event in accordance with ZPP LVZ continue unchanged.

4.2 At variance with para. 1.2 of ZPP LVZ the treatment provided by the club or team doctor of a sporting club, i.e. the medical personnel, which accompanies

sportsmen/sportswomen during their trip abroad, shall not be considered the medical treatment and the costs thereof shall not be paid.

Information in accordance with section 66 of the Act No. 37/2004 Coll.

I. DESCRIPTION AND DEFINITION OF THE TRAVEL INSURANCE

The subject matter of travel insurance are the expenses or costs arising during the Insured's trip or stay outside the place of his/her residence, specified more in detail by the Specific Insurance Terms and Conditions and provided by the insurance contract, namely:

1. medical expenses arising in consequence of sudden illness or accident during the trip and stay abroad;
2. assistance provided to the Insured in emergency conditions during the trip by means of the insurance company assistance service or another authorized foreign agent in the case of:
 - a) transport, transfer, carriage in the event of the Insured's illness or accident;
 - b) transport of the Insured's mortal remains (repatriation);
 - c) accompanying person/escort in case of the Insured's hospitalisation;
 - d) security for the insurance coverage and payment of the costs by the Insurer;
3. accident:
 - a) permanent consequences (disablement- invalidity);
 - b) death in consequence of accident;
 - c) daily allowance during the hospitalization and recovery allowance;
4. damage to luggage;
5. payment of damages arising to another person's life, health or property or another proprietary loss for which the Insured is responsible in accordance with the legal regulations of the country in question;
6. payment of cancellation costs which the Insured is obliged to pay to the travel agency or air carrier for the services paid in advance if the Insured has been unable to undertake the trip

Tariff Types

Classification of insurance from the viewpoint of duration:

- insurance for single trip; and
- insurance for repeated trips with an option of extension.

Classification of insurance from the viewpoint of insured persons:

- individual insurance (maximum 6 persons); and
- group insurance (minimum 7 persons).

Classification of insurance from the viewpoint of destination:

- insurance directed abroad; and
- insurance directed at the Czech Republic

II. REGIONAL APPLICABILITY

Regional applicability of the insurance depends on the tariff agreed by the Policy Holder in advance.

III. SCOPE OF INSURANCE PROTECTION

- insurance for repeated trips shall apply to any number of trips abroad, however, as a maximum to 42 days per trip (and 56 days in case of ES5 and ET6 Tariffs);

- insurance for single trip may be entered for any number of days (minimum 7 and maximum. 365 days);
 - insurance for business trips includes also the insurance for private trips;
 - unrestricted value of insurance benefit in case of Evropa ("Europe") Tariff;
 - insurance benefit in case of the Other World Tariff is restricted by the amount equal to CZK 1,500,000;
 - insurance benefit in case of the World Tariff is restricted by the amount equal to CZK 1,500,000;
 - insurance benefit in case of the tariffs in the Czech Republic is restricted by the amount equal to CZK 600,000;
 - insurance benefit in case of all the above Tariffs is restricted in respect of individual cases as follows:
 - . dental care: CZK 5,000;
 - . extreme downhill courses: CZK 20,000;
 - transport of mortal remains: CZK 250,000;
 - unrestricted value of additional costs in case of transport of the affected person to the Czech Republic;
 - price advantages for the families with children.
- The premium must be paid prior to departure and the time of crossing the state border is decisive for establishment of the origin of insurance protection.

Methods of termination of the insurance

Termination by Elapsing of the Insurance Period

Insurance entered into for a definite period is terminated on the date specified as the end of the insurance at 00:00 AM, unless agreed on an extension thereof. The insurance agreed for a period of one year is not terminated upon elapsing of the insurance period if the Insurer or the Policy Holder has not notified the other contracting party in writing that they do not intend to extend the insurance.

Termination Due of Default on Payment of the Premium

Insurance entered into for repeated trips with automatic extension shall be terminated if the Policy Holder has defaulted on payment of the premium for the subsequent insurance period in full, not later than within fourteen (14) days following the date referred to in the contract as the end of insurance. The insurance shall be terminated on the date referred to in the contract as the end of insurance.

Termination by Notice

This insurance may be terminated by both the contracting parties by notice given within two (2) months following the date of entering into the insurance contract. On the date of delivery of the notice the eight-day period of termination commences to run and the insurance is terminated upon its elapsing.

If the insurance with current premium has been entered into, both the contracting parties may terminate the insurance by notice at the end of the insurance period; the notice must be delivered at least six (6) weeks prior to the date of elapsing of the insurance period, otherwise it is invalid. Both the contracting parties may terminate the private insurance by notice within three (3) months after delivery of the Notification of Insurance Event.

The notice of termination commences to run on the date of delivery of the notice and the private insurance is terminated after its elapsing.

Insurer and the Policy Holder have the right after an occurrence of each insurance event to terminate the insurance contract within a period of one (1) months following the date of payment or denial of the insurance benefit. On the date of delivery of the notice the eight-day period of termination commences to run and the insurance is terminated upon its elapsing.

Insurer may terminate the insurance within one month (1) following the date of delivery of the notification of insurance portfolio or part thereof, within one month (1) following the date of its publication. On the date of delivery of the notice the eight-day period of termination commences to run and the insurance is terminated upon its elapsing.

In the event of termination the Insurer has the right to receive a part of the premium until the end of insurance.

Termination by Withdrawal from the Contract

If the Policy Holder or the Insured has wilfully or because of negligence answered falsely or incompletely the Insured's written questions relating to the agreed insurance, the Insurer has the right to withdraw from the insurance contract, should the Insurer in case of truthful and complete answers not enter into the insurance contract at all. This right may be asserted by the Insurer within two months following the date when the Insurer has learned thereof, otherwise the right is terminated. The foregoing clause shall apply in the event of a change of the insurance contract too.

The Policy Holder has also the same right as the Insurer if the Insurer or the person authorized by the Insurer has falsely or incompletely answered the Policy Holder's written questions relating to the agreed insurance; (the Policy Holder may send the withdrawal to the Insurer's address referred to in the draft contract). Upon withdrawal the contract shall be terminated from its inception Insurer is obliged to return without undue delay, however, within maximum thirty (30) days following the date of withdrawal the paid premium from which the parties shall deduct whatever has been already paid by the Insurer from the insurance benefit. In the event of the Policy Holder's withdrawal also the costs connected with the insurance origin and administration shall be deducted from the paid premium. The Policy Holder or the Insured who is concurrently the Policy Holder, and/or the beneficiary is obliged to return the Insurer the amount of the insurance benefit paid, exceeding the value of the paid premium.

Termination by Denial of the Insurance Benefit

Insurer may refuse to pay the insurance benefit from the insurance contract if the insurance event has been caused by a circumstance which the Insurer has learned of after the occurrence of the insurance event only and which the Insurer could not have identified upon entering into the insurance and its modification in consequence of wilfully or because of negligence falsely or incompletely answered written questions and if the Insurer would not enter into this contract or would enter into it under different terms and conditions if the Insurer knew thereof at the time of entering into the insurance contract.

Insurer may refuse payment of the insurance benefit from the insurance contract if the authorized person has mentioned upon asserting his/her right to payment of the insurance benefit knowingly any untrue or grossly distorted information relating to the insurance event or suppresses substantial circumstances of the insurance event.

The insurance shall be terminated upon delivery of refusal of the insurance benefit.

Termination by Means of Mutual Agreement

Both the Insurer and the Policy Holder may agree on termination of the insurance. The agreement shall provide the time of termination and the method of mutual settlement of payments.

Other ways of termination

Insurance shall be terminated upon the Insured's death. If more persons have been mentioned in the contract, the insurance will be terminated for the diseased only. If the Policy Holder has died, the insured persons have the right to continue the insurance, provided that they have notified the Insurer of the new Policy Holder. The notification has to be filed within two months following the date of the Policy Holder's death, at the latest. If the Insurer has not received the notification within this period, the insurance of all the insured persons shall be terminated upon elapsing of the insurance period for which the premium has been paid. The period may be extended if agreed. If the Insurer is a legal entity, the insurance shall be terminated in the event of termination of the legal entity without any legal successor.

Complaints:

Ways how deal with and resolve possible complaints of Policy Holders, Insured or other entitled persons:

- by phone: at the tel. No. +420 221 585 111
- by facsimile message: at the fax No. +420 221 585 555
- by electronic mail: at the email address victoria@victoria.cz
- by means of a letter: sent to the address of the Insurer's registered office
- by hand: delivered at the address of the Insurer's registered office, branch office

Possibility to refer to the Czech Association of Insurance Companies, Ministry of Finance of the Czech Republic.

When dealing with and resolving a complaint, the procedure takes place in accordance with the Decree No. 150/1958 Ú.l. (Official Bulletin) of 1 October 1958, on Dealing with and Resolving Complaints, Notices and Suggestions of the Working People, as amended.

General information on tax regulations

The tax regulation dealing with the issues of private insurance is the Income Tax Act No. 586/1992, as amended, namely section 6 para. 9 y), section 15 para. 13, section 24 para. 2 zo), section 36 para.2 c) point 2, section 36 para. 2 d), section 38 I para.1 i).

Law applicable to the insurance contract

All the insurance contracts of VICTORIA VOLKSBANKEN pojišťovna, a.s. shall be governed by the law of the Czech Republic.

Insurance for a single trip

Overview of the scope of insurance protection and insurance benefits

Limits of insurance benefits in the Czech Republic

Duration	3 months	12 months	3 months	12 months	3 měsíce	12 měsíců
Product name	I-Trip	I-Trip	I-Trip	I-Trip	I-Packet	I-Packet
Tariff type	IT6	IT8	I60	I80	IP1	IP2
Medical expenses	2 000 000	2 000 000	2 000 000	2 000 000	2 000 000	2 000 000
dental treatment	5 000	5 000	5 000	5 000	5 000	5 000
extreme downhill courses	20 000	20 000	20 000	20 000	20 000	20 000
deductible	0	0	5 000	5 000	0	0
Active assistance	600 000	600 000	600 000	600 000	600 000	600 000
medical transport	600 000	600 000	600 000	600 000	600 000	600 000
repatriation of mortal remains	250 000	250 000	250 000	250 000	250 000	250 000
escort	0	0	0	0	0	0
Accident - permanent disablement (invalidity) without ZP (Health Card)	0	0	0	0	500 000	500 000
death in consequence of accident	0	0	0	0	100 000	100 000
DOPN/ZOT	0	0	0	0	0	0
Luggage -						
theft, damage	no	no	no	no	no	no
individual item	0	0	0	0	0	0
deductible	0	0	0	0	0	0
Responsibility -						
for health injuries	no	no	no	no	no	no
for property damage	0	0	0	0	0	0
for financial losses	0	0	0	0	0	0
Trip cancellation - optional	no	no	no	no	no	no
deductible	no	no	no	no	no	no

Insurance for repeated trips

Overview of scope of the insurance protection and insurance benefit

Limit of insurance: Whole World Europe

Product name	W-Travel	W-Travel	W-Travel	W-Travel	E-Travel
Tariff type	ST5	ST7, SS5	SS7*	IS3*	ES4*,ES5*
Medical expenses	1 500 000	1 500 000	1 500 000	1 500 000 *)	*)
dental treatment	5 000	5 000	5 000	5 000	5 000
extreme downhill courses	20 000	20 000	20 000	20 000	20 000
deductible	Euro 50	0	0	0	
Active assistance	unrestricted	unrestricted	unrestricted	unrestricted	unrestricted
medical transport	unrestricted	unrestricted	unrestricted	unrestricted	unrestricted
repatriation of mortal remains	250 000	250 000	250 000	250 000	250 000
custodian	75 000	75 000	75 000	75 000	75 000
	U25/D8	U26/D9	U27/D10		
Accident – permanent disablement – optional	100 000	150 000	200 000		
death in consequence of accident	20 000	30 000	30 000		
DOPN/ZOT	0	0	100/100		
Trip cancellation - optional	10 - 80 000	10 - 80 000	0	0	10 - 80 000
deductible	10% - 20%	10% - 20%	0%	0%	10% - 20%

*Tariffs with specific agreements and restrictions