Appendix No. 3

GeoTour Insurance Agreement / Terms and ConditionsTR-GEOTOUR/-01/26

1 Definitions

1.1 **Insurance Coverage Area** - This insurance shal be valid only within the territory of Georgia, excluding the occupied territories.

1.2 **Insurer** – “Insurance Company Alpha” JSC, which, pursuant to these Terms and Conditions, shall provide health and personal accident insurance in connection with the insured person’s stay and travel within the territory of Georgia, in consideration of the insurance premium paid.

1.3 **Policyholder** – a person who enters into this Agreement with the Insurer and is responsible for payment of the applicable insurance premium.

1.4 **Insured** – a foreign citizen temporarily staying within the territory of Georgia, traveling therein for business and/or tourism purposes, in respect of whom insurance coverage is provided.

1.5 **Insurance Policy** – a document confirming the conclusion of an insurance agreement between the Insurer and the Policyholder and setting out the terms and conditions thereof, which, upon its presentation, entitles the Insured to claim insurance indemnity in the event of an Insured Event.

1.6 **Insurance Premium** – the amount indicated in the Insurance Policy, payable by the Policyholder for the insurance coverage to be provided by the Insurer. The premium shall be paid in a lump sum at the time of issuance of the Policy.

1.6.1. The Policyholder/Insured may terminate the insurance and request a refund of the paid premium no later than one day before the commencement of the insurance period specified in the Policy. In all other cases, the Insurance Agreement shall not be subject to termination, and the paid premium shall not be refunded to the Policyholder/Insured.

1.7 **Insurance Period** – the period specified in the Insurance Policy, commencing at 00:00 on the start date and ending at 24:00 on the last day of the insurance period, during which the insurance coverage shall be in force.

1.8 **Insured Event** -an event the occurrence of which, in accordance with these Terms and Conditions, gives rise to the Insurer’s obligation to pay Insurance Indemnity.

1.8.1. An Insured Event shall be deemed to occur, and the Insurer shall cover the Insured’s expenses arising from sudden illness or accident during travel within the territory of Georgia and within the Insurance Period, including emergency inpatient or outpatient treatment, or expenses resulting from death, subject to the exclusions set out in this Agreement.

1.8.2. For persons aged 65 and over, only expenses arising from emergency inpatient or outpatient treatment resulting from an accident, costs of necessary evacuation due to an accident, and repatriation expenses in the event of death caused by an accident shall be covered.

1.9 **Coverage Limit/Sub-limit** - the amount specified in the Insurance Policy, representing the maximum possible Insurance Indemnity.

1.10 **Sum Insured** – the maximum total amount payable under a single Policy, regardless of the number of claims or the amount of loss.

1.11 **Deductible** – the amount to be deducted from the insurance indemnity and payable by the Insured. The deductible shall be GEL 80 per Insured Event and applies to all services specified in the Insurance Card (except for the 24/7 hotline, repatriation, and emergency medical assistance).

1.12 **Provider** – a specific medical institution, including a dental clinic, and/or a physician (either a specialist or a personal physician), which, pursuant to a contract with the Insurer, shall provide the Insured with medical services specified in the insurance contract, in accordance with medical indications, upon the occurrence of an Insured Event.

1.13 **Submitted Claim** – a request presented by the Insured to the Insurer in a form prescribed by the Insurer, for reimbursement of loss incurred by the Insured.

1.14 **Insurance Indemnity** – the amount payable by the Insurer, within the applicable Insurance Limit/Sub-Limit, upon approval of a Submitted Claim, in the event of sudden health complications or death occurring within the territory of Georgia, and/or for other services covered under the Policy.

1.15 **Accident** – a sudden and unexpected event, occurring independently of the Insured’s will, as a result of visible external forces, which causes deterioration of the Insured’s health or results in death.

1.16 **Age Limit** – insurance coverage shall apply to persons up to 75 (seventy-five) years of age.

2 Definitions of Services Included in the Insurance Coverage

2.1 **24-Hour Information Service** – a service providing round-the-clock telephone assistance for any questions or issues relating to the insurance, coordination of medical services, and full, up-to-date information regarding Providers and the terms and conditions of the insurance coverage.

2.2 **Urgent Outpatient Services** – includes reimbursement of expenses of urgent medical care during the Insurance Period, arising from an Accident or sudden deterioration of the Insured's health (including medications, diagnostic procedures, therapeutic and surgical treatment, and medical interventions), where a delay for more than 24 hours could result in death, permanent disability, or serious deterioration of the Insured's health, and which require hospitalization for less than 24 hours. For emergency vaccinations (anti-rabies or anti-tetanus), coverage shall be limited to the cost of the first dose only.

2.3 **Emergency Medical Service** – includes reimbursement of costs for urgent medical care rendered on-site to the Insured in a critical condition by an emergency medical team, and/or for transportation to the nearest hospital capable of providing appropriate medical treatment.

2.4 **Urgent Hospital Hospitalization** – includes reimbursement of expenses for medical care (medications, diagnostic procedures, and therapeutic or surgical treatments), provided to the Insured during hospitalization exceeding 24 hours within the Insurance Period, arising from an Accident (resulting from external forces, such as physical, mechanical, thermal, or chemical impact) or from the events specified below, in life-threatening urgent situations, where postponement of care for more than 24 hours could lead to the Insured's death, in accordance with the terms and conditions of the Policy. The coverage limit for Intensive Care services shall be GEL 10,000.

2.5 **Urgent Dental Care** – includes reimbursement of expenses for the relief of acute dental pain and for urgent tooth extraction, depending on the diagnosis.

2.6 **Emergency Ophthalmologic Service** - medical service, which will be rendered for Policyholder in case of acute traumatic injury of eye

2.7 **Medical Evacuation** – includes reimbursement of expenses for the transportation of the Insured (ill or injured) by ground or air from the site of the incident or from a medical facility to Tbilisi/ Kutaisi/Batumi International Airport, or to a border checkpoint, within the limit specified in the Policy.

2.8 **Repatriation** – includes reimbursement of expenses for transporting the remains of the Insured to their country of permanent residence in the event of death due to an Accident or sudden illness occurring during the Insurance Period while the Insured is temporarily present in or traveling within Georgia, within the limit specified in the Policy.

2.9 **Additional Benefits** –includes discounts at contracted facilities. The Insured may obtain information regarding Additional Benefits by contacting the Information Service.

3 Insurance Coverage

	Alpha-A		Alpha-B		Alpha-C	
Services	**Coverage**	**Limit/GEL**	**Coverage**	**Limit/GEL**	**Coverage**	**Limit/GEL**
24/7 Hotline	100%	Unlimited	100%	Unlimited	100%	Unlimited
Emergency medical services	100%	Unlimited	100%	Unlimited	100%	Unlimited
Urgent Outpatient services	100%	10 000	100%	10 000	100%	10 000 Sub-limit for injuries sustained during extreme/amateur sports GEL 5,000
Urgent Hospitalization	100%	10 000/ Bed-Day GEL 800	100%	10 000/ Bed-Day GEL 800	100%	10 000/ Bed-Day GEL 800
Urgent Dental Care	100%	2000	100%	2000	100%	2000
Emergency Ophthalmologic	100%	2000	100%	2000	100%	2000

Service						
Evacuation of the injured	100%	1000	100%	1000	100%	1000
Repatriation	100%	6000	100%	6000	100%	6000
Sum Insured	100%	30 000	100%	30 000	100%	30 000
Deductible	80		0		0	
One-Day Premium	**GEL 2.00**		**GEL 3.00**		**GEL 5.00**	

4 Policy Period

4.1. The Policy shall take effect 24 hours after purchase.

4.2. Single Trip – the Policy provides coverage for a single journey for the period indicated in the Policy. The minimum duration of coverage shall be 4 days, and the maximum duration shall not exceed 365 days.

4.3. Multi-Trip – the Policy provides coverage for multiple journeys undertaken by the Insured within the total number of covered days specified in the Policy, during the Policy's period of validity.

5 Insurance Indemnity

5.1. Upon the occurrence of an Insured Event, the Insured/Policyholder, or an authorized representative shall notify the Insurer (24-Hour Information Service hotline: 2 640 640) immediately, and in any event no later than 24 hours from the occurrence of the Insured Event.

5.2. The Policyholder/Insured shall submit the Insurance Policy to the relevant medical facility, after which the reimbursement shall be made in accordance with the terms of the Policy.

5.3. The Insurer shall directly settle the cost of services covered under the Policy with the medical provider.

5.4. In the event that the Insured pays for medical services received at a medical facility, the Insured/Policyholder shall be reimbursed for the paid medical expenses upon submission of the following documentation:

- Insurance Policy;
- Identity Document / Passport;
- Form 100;
- Cash Receipt;
- Payment Order;
- For an Accident, the appropriate official certificate;
- In the event of repatriation of the deceased, the Insurer must be furnished with a death certificate and a medical report specifying the cause of death;
- The Insurer shall be entitled to request any further documentation pertaining to the claim.

5.5. Documentation may be provided in scanned form by email to travel@alpha.ge. The Insured / Policyholder shall submit the required documentation no later than one month from the date the medical services were received or from the date of the Insured Event, as applicable.

5.6. The Insurance Indemnity shall be paid within 5 business days following the submission of all required documentation.

5.7. The Insured shall, upon the Insurer's request, undergo a medical examination with a physician designated by the Insurer.

5.8. The Insurer shall, without requiring any further agreement with the Policyholder / Insured, have the right to obtain information regarding an Insured Event from the relevant institutions or other third parties.

5.9. Following the provision of medical services to the Insured, the Insurer shall retain the right to recover the costs incurred from any person or entity liable for the harm caused to the health of the Insured.

5.10. The Insurer shall be released from any obligation to pay Insurance Indemnity if the Insured makes any false representation, provides an incorrect description, conceals any facts, or otherwise breaches any of the obligations specified in this Section (Section 5).

5.11. In the event that the Insured receives compensation or any other reimbursement from a third party, the Insurer shall have the right to reduce the Insurance Indemnity by the amount reimbursed by such third party.

5.12. The Policyholder/Insured hereby authorizes the Insurer to process the Insured's personal data, including special categories of personal data as defined under the Law of Georgia on Personal Data Protection, at the Insurer's discretion, for the purposes of fulfilling the obligations under this Agreement.

6 Travel Insurance Exclusions

6.1. Expenses for services rendered without prior approval / notification to the Insurer's 24-hour hotline, except in cases where contacting the Insurer was objectively impossible;

6.2. Expenses resulting from accidents caused by war, civil war, rebellion, insurrection, demonstration, terrorist act or sabotage, civil disorder, or public unrest;
6.3. Expenses arising from any damage caused by exposure to radioactive sources;
6.4. Expenses incurred as a result of any damage caused by pandemics, epidemics, environmental pollution, or natural disasters;
6.5. Expenses incurred as a result of injuries sustained under the influence of narcotic, alcoholic, or psychotropic substances, or from the toxic effects of medications taken without medical prescription;
6.6. Expenses incurred as a result of injuries sustained due to gross negligence, self-harm, suicide or attempted suicide, or the commission of unlawful acts;
6.7. Expenses incurred for medical services arising from chronic or pre-existing conditions and their complications, except in cases where emergency medical care is necessary to save the life of the Insured;
6.8. Expenses incurred for medical services related to congenital physical or mental conditions of the Insured;
6.9. Expenses incurred in connection with mental or psychosomatic disorders;
6.10. Expenses incurred for the treatment of oncological conditions, except in cases where emergency medical care is necessary to preserve the life of the Insured or to alleviate acute pain;
6.11. Expenses incurred in connection with pregnancy, childbirth, and/or any related complications;
6.12. Expenses incurred for the treatment of sexually transmitted diseases, HIV/AIDS, viral hepatitis, and any related complications;
6.13. Expenses incurred for Balneotherapy, medical massage, physiotherapy, sanatorium or spa treatments, cosmetic procedures, and non-traditional medical treatments;
6.14. Expenses incurred for prostheses, corrective devices, medical braces, prosthetic procedures, and transplants;
6.15. Expenses incurred for vaccinations or immunizations (except for the anti-rabies or anti-tetanus vaccines specified in the Policy);
6.16. Expenses incurred for consultations or medical treatment received from unlicensed healthcare facilities or individuals not authorized to practice medicine;
6.17. Accidents occurring during participation in professional or amateur high-risk sports, except as covered under the Alpha-C coverage;
6.18. Expenses incurred for medical treatment or consultations undertaken as the primary purpose of the trip;
6.19. Expenses for repatriation incurred when the primary purpose of the trip was to obtain medical treatment;
6.20. Expenses incurred for medical treatment of the Insured, or for repatriation in the event of the Insured's death, resulting from an air or rail disaster;
6.21. Expenses incurred for medical treatment of injuries sustained during participation in armed forces maneuvers or military training exercises;
6.22. Expenses incurred for cardiac surgery and interventional cardiology procedures (including aortocoronary bypass, balloon angioplasty, and stent placement) and for neurosurgical operations;
6.23. Where expenses for medical treatment are not reimbursed pursuant to the exclusions specified in the Policy, repatriation expenses shall likewise not be covered;
6.24. Expenses shall not be covered where the cause of death is unknown;
6.25. Expenses for injuries sustained while boarding, disembarking, or while on board an aircraft.

7 Termination and Expiration of the Insurance Policy

7.1. The Insurance Policy shall be deemed to have expired upon the end of the policy term, the exhaustion of the insurance limits specified in the Policy, or by mutual written agreement of the parties. Upon the expiration of the Insurance Policy, the Insurer's obligations toward the Insured shall cease.

8 Dispute Resolution

8.1. Complaints from the Policyholder/Insured shall be accepted, reviewed and resolved in accordance with the "Customer Complaint Handling Procedure" posted on the official website of the Insurer: www.alpha.ge. The claim shall be submitted to the Customer Complaint Handling Service of the Insurer:
8.2. Concern /complaint in written (tangible) form shall be submitted in the form of complaint letter, or in the form of other non-standard statement, specifying the user's means of communication (phone, e-mail), to the Insurer at the following address: # 16 Al. Kazbegi Ave., Tbilisi. The Insurer is obliged to give a response no later than thirty (30) calendar days from the date of receipt of such concern /complaint;
8.3. Concern /complaint in written (electronic) form shall be sent in electronic form of complaint letter, or in in electronic form of the other non-standard statement to the following email address: ask@alpha.ge.The Insurer is obliged to give a response no later than thirty (30) calendar days from the date of receipt of such concern /complaint;

8.4. The Parties agree to attempt to settle any dispute/controversy with the assistance of a mediator of "Insurance Mediation" of N(N)PL "Association of Insurance Companies of Georgia" (phone number: 2555155, e-mail address: mediacia@insurance.org.ge).
8.5. The Policyholder/Insured also has the right to apply to the LEPL Insurance State Supervision Service of Georgia; Address: #3 L. Mikeladze St., Tbilisi; Tel: +995 32 223 44 10.
8.6. In case the parties fail to reach an agreement, the dispute shall be finally settled by the Georgian court in accordance with the procedure established by the current legislation of Georgia.
8.7. Each Party shall be held liable for any and all losses incurred by the other Party in accordance with the procedure established by the current legislation of Georgia.

9 Subrogation

9.1. After the payment of Insurance Indemnity, the right to claim damages from the person responsible for the loss shall be automatically transferred to the Insurer.
9.2. The Insured (Policyholder, Beneficiary) shall assist and provide the Insurer with all the documents and/or information necessary for the Insurer to exercise all of his legal rights against responsible third parties with a view to recovering the sums it has paid out.
9.3. If the Insured (Policyholder, Beneficiary) fails to comply with provisions under this article, the Insurer shall have the right to refuse to pay an Insurance Indemnity or request a refund of the amount paid.

10 Confidentiality

10.1. Without the prior written consent of the other party, no party shall disclose any confidential information obtained under this Agreement, to any third party unless the disclosure is required by law.

11 Final Provisions

11.1. In the event of non-performance of obligations by the Policyholder/Beneficiary, the Insurer shall be released from the obligation to pay the Insurance Indemnity.
11.2. The Policyholder agrees and confirms that they have obtained written consent from the Insured, based on which the Insurer is granted the authority to process the Insured's personal data, including special category data as defined under the Law of Georgia on the Protection of Personal Data, at its discretion for the purpose of fulfilling the obligations under this Agreement, and, if necessary, to transfer such data as specified in this clause to public or private institutions/organizations in Georgia or in other countries; To obtain any information / documentation regarding the Insured that may be directly or indirectly related to the obligations of the parties under this Insurance Agreement, the Insured Event, or the extent of the loss, from any private or public institution/organization, including medical institutions, the Public Registry, the Public Service Development Agency, and law enforcement authorities. The Policyholder shall provide the Insurer with the Insured's written consent upon the Insurer's request immediately, and in any event no later than one (1) month from the date of execution of this Agreement.
11.3. These Terms and Conditions may be amended or modified only by mutual written agreement between the parties hereto.
11.4. Any matters not expressly regulated by these Terms and Conditions shall be governed by the current legislation of Georgia.
11.5. If any provision of these Terms and Conditions is held to be illegal or invalid for any reason, the illegality or invalidity shall not affect the remaining provisions hereof.

These Terms and Conditions are drawn up in both Georgian and English. In the event of any discrepancy between the two versions, the Georgian version shall prevail.

- **The Policyholder shall purchase the Insurance Policy at least 24 hours before the commencement of the insurance coverage; otherwise, the insurance shall take effect 24 hours after the purchase of the Insurance Policy.**
- **For clarification or any inquiries, please contact the 24-Hour Information Service of Insurance Company Alpha at +995 32 2 640 640.**

Insurer Policyholder /Insured

General Director:

________________________ /D. Gongladze /   ____________________