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	<p>« _____ »</p> <p>,03115, ,26-</p> <p>:: +38 (044) 239-88-00;</p> <p>:: +38 (044) 239-88-01;</p> <p>sms: +38 (095) 280-82-43;</p> <p>e-mail: tur@ua.april.com</p>
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INFORMATION
about Insurer and Assistance for compellation of Insured (Insured Person, Beneficiary)

INSURER:	<p><u>PRIVATE JOINT-STOCK COMPANY</u> <u>«UKRAY NS'KA VIJS'KOVO-STRAKHOVA KOMPANIYA»»</u> 4B, G. Andrushenko str., Kiev, 01135, Ukraine Tel.: +38 (044) 230-48-13 (14) e-mail: vsk@vsk.com.ua</p>
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The Assistance Company must be notified about an insured event by any comfortable method.	
<u>ASSISTANCE</u> 	<p>«Coris Ukraine» 26-A, Lvivska str., Kyiv, 03115, Ukraine Tel.: +38 (044) 239-88-00; Fax: +38 (044) 239-88-01; sms: +38 (095) 280-82-43; e-mail: tur@ua.april.com</p>

INFORMATION
about of voluntary insurance's conditions for travel abroad Ukraine

1. Medical expenses insurance:		PROGRAM	
The Insurer (Assistance) pay (compensate) Insured (Insured Person, Beneficiary) according to this Program following expenses:		A	
1.1.	Expenses for inpatient treatment (in hospital-type wards), including those for putting into an inpatient department, operation, diagnostic analyses, including payment for prescribed medicines, dressing materials (plaster, bandage).	100%	
1.2.	Expenses for outpatient treatment, including those for health care professional services, diagnostic analyses, prescribed medicines.	100%	
1.3.	Expenses for medical transportation of the Insured Person from the place of event to the nearest health care facility or nearest doctor in the country of temporary residence.	to 5 000,00 EUR/USD	
1.4.	Expenses for medical repatriation by an appropriate vehicle, including expenses for an accompanying person (if such escort is prescribed by the attending doctor), across the border to the place of residence of the Insured Person or to the nearest health care facility at the place of residence, if there is no possibility to provide the required medical aid in the country of temporary residence. Medical repatriation may be arranged in cases occurred due to a sudden disease or consequences of an accident. The necessity to arrange medical repatriation of the Insured Person shall be proved by an opinion of the Insurer's doctor based on relevant documents from the local attending doctor provided that there are no medical contraindications.	+	
1.5.	Expenses in respect of medical repatriation of the Insured Person across the border to his/her place of residence or to the nearest health care facility at the place of residence if the expenses of inpatient treatment may exceed the sum insured fixed in the Insurance Contract. Medication repatriation shall be arranged upon occurrence of an insured event during the term of the Insurance Contract provided that there are no medical contraindications.	to 10 000,00 EUR/USD	
1.6.	Expenses for postmortal repatriation of the Insured Person's body across the border to the specified place of burial indicated by the Insured Person's relatives, if the death of the Insured Person occurred as a result of an insured event specified by this Contract. The Insurer will not pay the expenses for storage of the body and ceremonial services in the territory of the country of burial of the Insured Person or any expenses for an accompanying person.	to 7 000,00 EUR/USD	
1.7.	Expenses of the Insured Person for his/her one-way economy class ticket to the country of permanent residence to an airport with the international air communication if the Insured Person was hospitalized to a hospital during the term of the Insurance Contract in connection with an insured event and as a consequence he/she could not depart on time, i.e. on the date stated in the travel documents provided by the Insured Person. The Insured Person shall take all his/her best endeavors to return unused travel documents (or repayment of the cost thereof) to the Insurer. Otherwise the Insurer may reduce the insurance benefit payable to the Insured Person by the amount of such unused travel documents under the terms of the Insurance Contract.	economy class	
1.8.	Expenses for one-way economy class ticket for the children accompanied by the Insured Person during their sojourn outside the country of their permanent residence if during the term of the Insurance Contract such children has been left unattended as a result of an insured event occurred with the Insured Person. The Insurer will pay for the accompaniment of such children if necessary.	economy class	
1.9.	Costs for emergency dental care needed due to an acute inflammation of a tooth or periodont, or dental trauma as a result of an accident.	-	to 150,00 EUR/USD
1.10.	Costs for return economy class ticket for one relative of the Insured Person from the country of permanent residence of such relative in case of hospitalization of the Insured Person in a health care facility and his/her stay in an inpatient department for more than 10 (ten) days. The Insurer will not cover any expenses for the sojourn of such relative abroad.	-	+
1.11.	Costs of legal and lawyer services associated with the protection of Insured Person's rights.	-	+
1.12.	Costs of sending urgent messages associated with an insured event.	-	to 150,00 EUR/USD
1.13.	Costs in case of loss or theft of documents for replacement of the same.	-	to 200,00 EUR/USD
The insurance contract is only valid outside of Ukraine			
2. Accident insurance:			
2.1.	Persistent disability of the Insured Person (disability status) caused by an accident.	group I	100%
		group	75%
		group	50%
2.2.	Death of the Insured Person caused by an accident.	100%	

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GENERAL CONDITIONS OF INSURANCE CONTRACT

1. SUBJECT MATTER OF INSURANCE CONTRACT

1.1. **The medical expenses:** Subject matter of insurance contract is property interests of the Insured (Insured Person) not inconsistent with the applicable law of Ukraine and connected with reimbursement of expenses of the medical service provided by reason of an accident or sudden disease and other services inseparably relating to the occurrence of the insured event and provided during the sojourn abroad.

1.2. **The accident:** Subject matter of insurance contract is property interests not inconsistent with the applicable law of Ukraine and relating to the life, health and working ability of the Insured (Insured Person).

2. LIST OF INSURED EVENTS:

2.1. Insured Events under the medical expenses is:

– occurrence of accident or sudden disease by reason of which the Insured Person received medical assistance inseparably related to such accident.

– creation of the Insurer's obligation to reimburse a Third Person for cost of service in the event of death of the Insured Person due to occurrence of an accident or sudden disease.

Accident means sudden, short-term, unforeseeable event or any other event beyond control of the Insured (Insured Person) that has occurred and resulted in an injury to health, namely: injuries; burns; lightning stroke and electrocution consequences; frostbite, supercooling; accidental acute chemical (industrial or household substance) poisoning, or medicine poisoning; consequences of animal bites, bites of venomous insects and snakes.

Sudden disease means acute deterioration of health which occurred suddenly and requires emergency medical intervention.

2.2. **Insured events under the accident is** following events (exclusive of events, which happened with circumstance that said in section 3 of this conditions of Insurance Contract) occurred as a result of an accident happened during the term of the Insurance Contract and proved by the documents issued by relevant agencies in such manner as provided by the applicable laws of Ukraine (health care facilities, medical and social commissions of experts, court, etc.):

– persistent disability of the Insured Person (disability status) caused by an accident;

– death of the Insured Person caused by an accident;

2.3. The aforementioned events will be recognized as insured provided that such events occurred within six months of the date of accident happened during the term of the Insurance Contract, are direct consequences of such accident and are proved by the documents issued by relevant agencies in such manner as provided by the applicable laws of Ukraine (health care facilities, medical and social commissions of experts, court, etc.).

2.4. No events indicated in paragraphs 2.1-2.3 of this Insurance Contract will be recognized as insured events if such events occurred as a result of:

– intended act of the Insured Person aimed at the occurrence of any such insured event;

– alcoholic, drug or other intoxication of the Insured Person;

– suicide (attempted suicide) of the Insured Person;

– flight of the Insured Person in an aircraft, operation of an aircraft other than as a passenger in a civil aircraft operated by a professional pilot, unless otherwise provided by the Insurance Contract;

– flight of the Insured Person in engineless aircrafts, motor gliders, superlight aircrafts, and parachute jumping, unless otherwise provided by the Insurance Contract;

– participation of the Insured Person in military operations, civil commotions, strikes, insurrections;

– service in any armed forces and military formations of other countries, unless otherwise provided by the Insurance Contract;

– effect of nuclear explosion, radiation, radioactive or other contamination as consequence of the use of weapons of mass destruction;

– intended bodily harm by the Insured Person to himself/herself;

– participation in competitions or professional and semiprofessional athletes, irrespective of the kind of sport, unless otherwise provided by the Insurance Contract;

– professional activity of increased risk, unless otherwise provided by the Insurance Contract;

– risk circumstances known to the Insured Person on the effective date of the Insurance Contract.

2.5. The list of medical and other services provided to the insured person in connection with the insured event and paid by the Insurer are specified in the Insurance Program to be chosen by the Insured Person after consultation with the Insurer when entering into the Insurance Contract.

2.6. Total amount of payments in respect of one or more insured events occurred during the term of the Insurance Contract may not exceed the sum insured under the Insurance Contract.

3. INSURANCE EXCLUSIONS AND RESTRICTIONS

3.1. No Insurance Contract may be entered into for the benefit of the following categories of persons:

– adjudged incapable in the prescribed manner;

– severely ill nervous or mental patients: cerebral stroke, cerebral or spinal marrow tumor, epilepsy, schizophrenia);

– drug addicts, alcoholics;

– AIDS patients.

3.2. The Insurer shall not be liable under the Insurance Contract and shall not reimburse any expenses:

– less than an amount equivalent to USD (EURO) 40 depending on the insurance terms (conditional franchise);

– made without agreement with the Insurer's representative (other than unforeseeable or extraordinary circumstances);

– for treatment of chronic diseases or medical examination (other than necessary measures aimed at saving the life of the Insured (Insured Person));

– for medical care and treatment carried out in Ukraine or in the country of nationality of the Insured (Insured Person);

– for treatment of diseases not cured as of the starting date of the travel or which are for medical reasons contraindicated for going abroad;

– for treatment of diseases which during 6 months prior to the travel required an inpatient treatment;

– for medical care or treatment of the Insured (Insured Person) which is not emergency and is not prescribed by reason of a sudden disease or accident;

– for medical care or treatment of consequences of an accident or sudden disease of the Insured (Insured Person) occurred by reason of a civil war or a war with a foreign state, and those caused by riots, civil commotions, acts of terrorist or sabotages;

– connected with any radiation pollution;

– connected with an epidemic, environmental pollution or natural disaster;

– connected with consequences of alcoholism or intoxication (blood alcohol content exceeds the allowable limit prescribed by law in the country of sojourn), taking of medicines or drugs without doctor's prescription;

– connected with consequences of accidents provoked by intentional acts of the Insured (person for whose benefit the Insurance Contract has been entered into), and in consequence of an attempted suicide of the Insured;

– connected with a chronic or mental disease or depression;

– connected with pregnancy, its consequences or complications, in particular abortion, labor (except to the extent that abortion was required in consequence of an accident or sudden disease);

– connected with sexually transmitted diseases, AIDS;

– connected with accidents caused by involvement of the Insured (Insured Person) in a bet, offence, fight (other than self-defense);

– connected with accidents occurred in consequence of participation in any kind of sport during competitions or training and treatment of consequences of accidents occurred by reason of failure to observe safety regulations when participating in other kinds of sport;

– for hydrotherapy, heliotherapy, cosmetic treatment;

– for prosthetics, acquisition of prosthetic devices and orthopedic apparatuses, optical vision correctors;

– eyepieces, frames, lenses, etc.

– for inoculation;

– for dental treatment, other than aimed actions associated with management of acute toothache (up to the amount of USD (EURO) 150 depending on the insurance terms);

– arisen in consequence of the use of any remedies not officially recognized by science or medicine;

– for the treatment aimed for or made by a person related with the Insured (Insured Person).

3.3. The Insurer shall not be liable for negative consequences of diagnostic, medical and prophylactic arrangements (including injections medicaments), which concerned with treatment treatable what effected concerning Insured Event which happened in the period of action of Insurance Contract.

3.4. The Insurer shall not be liable under the Insurance Contract if Insured Event happened:

– during extreme, special or military situation, which state jurisdiction declared in country or territory of action of this Insurance Contract;

– during public disturbances, revolution, revolt, insurrection, strike, putsch, lockout and terrorist act;

– in case of effect of nuclear energy or some radiation;

– as result illegal activities (passivity) of government agencies, local government agencies or officials of these agencies;

– due to participation of Insured Person in crime, fights etc. (besides cases of self-protection).

4. ACTIONS OF THE INSURED (INSURED PERSON) UPON OCCURRENCE OF AN INSURED EVENT:

4.1. The medical expenses:

– irrespective of location immediately seek help from the Insurer's representative at any time of day (or entitle other person to do it) by calling to the telephone numbers indicated in the Insurance Contract (policy).

– the Insurer shall pay for all telephone calls relating to an insured event to the indicated telephone numbers.

– when calling to the Insurer's representative the Insured (Insured Person) shall indicate the number of Insurance Contract, last name and first name, telephone number and address abroad, where he/she stays, cause of disease and required assistance.

– the Insured (person for whose benefit the Insurance Contract is entered into) shall adhere to recommendations and show the original Insurance Contract upon request of the Insurer's representative.

4.2. In cases provided for in paragraph 2.1 of this Insurance Contract, the Insured (Insured Person or Accompanying Person) shall:

– within 5 days of the date of occurrence of an insured event ((other than in unforeseeable or extraordinary circumstances), e.g. where the Insured (Insured Person) is in a state of unconsciousness, etc.) send a written statement of what happened to the Insurer's representative abroad, or to the Insurer.

– upon expiration of the above period the Insured (Insured Person) will lose his/her right to claim reimbursement for expenses.

– upon completion of the treatment send to the same address the original Insurance Contract and all documents evidencing the insured event.

4.3. The accident:

– inform the Insurer of the occurrence of an insured event within three working days upon three days of such occurrence. If the Insured is unable to take such steps, the Insurer may be notified of an insured event by the Insured Person, Beneficiary (rightful heirs of the Insured Person).

– provide necessary documents to the Insurer as required by section 5 of this Insurance Contract.

– within one hour upon being notified of an insured event inform relevant authorities thereof, if such authorities are competent to investigate circumstances of such insured event.

4.4. Provide reliable information of the health status of the Insured Person, and other necessary reliable information upon requisition of the Insurer.

5. LIST OF DOCUMENTS PROVING THE OCCURRENCE OF AN INSURED EVENT

5.1. The medical expenses:

– application from the Insured (Insured Person, Beneficiary) for an insurance benefit (sum insured or portion thereof);

– copy of identity document of the Insured (Insured Person, Beneficiary);

– certificate of identification number (copy) of person which get an insurance benefit;

– copy (original) of this Insurance Contract (Policy);

– certificate from health care facility (on the letterhead or sealed) confirming the accident or diagnosed disease, with an indication of the patient's name, date of seeking medical assistance, treatment duration, list of provided services broken down into dates and prices, and total amount to be paid;

– prescription written out by a doctor stating the necessity to buy certain medicines in view of the diagnosed disease;

– document evidencing payment for the treatment, medicines and other services (payment stamp, payment slip, bank receipt with an indication of the transferred amount, cheque, etc.);

– prescriptions for prescribed medicines and appropriate receipts.

– in case of death of the Insured (Insured Person) caused by an insured event the original insurance policy shall be accompanied by a copy of the certificate of death.

The aforementioned documents shall be submitted to the Insurer in one of the following three languages: Ukrainian, Russian, or English. The Insurer will not compensate for translation expenses.

5.2. The accident:

In connection with establishing permanent disability of the Insured (Insured Person) shall provide:

– written application for payment of the sum insured;

– copy of this Insurance Contract;

– documents from health care facilities, namely sick leave;

– certificate according to form -1, if an insured event occurred in a company;

– documents confirming the occurrence of an insured event, including certificate of the State Traffic Inspectorate, if such insured event occurred due to a traffic incident;

– certificate from the relevant medical and social commission of experts on establishing disability;

– identity document of the person receiving the sum insured;

– identification number of the person receiving the sum insured;

– power of attorney issued by the Insured for the receipt of the sum insured;

5.2.2 In connection with establishing permanent disability of the Insured (Insured Person) shall provide:

– written application for payment of the sum insured (portion thereof);

– copy of this Insurance Contract;

– certificate according to form -1, if an insured event occurred in a company;

– certificate of death;

– documents confirming the occurrence of an insured event, including certificate of the State Traffic Inspectorate, if such insured event occurred due to a traffic incident;

– certificate of inheritance certified by a notary;

– identity document of the person receiving the sum insured;

– identification number of the person receiving the sum insured;

– power of attorney issued by the Insured for the receipt of the sum insured;

6. CONDITIONS OF INSURANCE BENEFIT:

6.1. By medical expenses:

6.1.1. Payment for services provided to the Insured (Insured Person) and relating to an insured event shall be made through the Insurer's representative directly to the account of health care facility or other institution, provider of such services, provided that the Insured (Insured Person) showed the original insurance policy to the Insurer's representative. Payment shall be made by bank transfer in a freely convertible currency upon agreement between the Insurer or Insurer's representative and health care facility.

6.1.2. In case of a treatment paid by the Insured (Insured Person), the expenses connected with an insured event shall be reimbursed with consent of the Insurer directly to the Insured (Insured Person)

upon examination of the documents confirming the occurrence of such insured event according to section 5 of this Insurance Contract.

If such expenses are reimbursed after the return of the Insured (Insured Person) to Ukraine, such reimbursement will be made by the Insurer in the national currency of Ukraine (hryvnia) by converting the amount of incurred expenses in the freely convertible currency to hryvnia according to the official exchange rate of the National Bank of Ukraine as of the date of sustained loss. If the Insured (Insured Person) is abroad when the question of whether to pay insurance benefit is decided, reimbursement shall be made by the Insurer's representative in such currency in which the expenses were incurred or, if so agreed by the Insurer or Insurer's representative and Insured (Insured Person) in other freely convertible currency according to the official exchange rate.

6.1.3. Beneficiary can be Insured, Insured Person or a third Person. Third Person means a legal entity providing to the Insured Person medical and other services inseparably associated with the occurrence of an insured event as provided by the Insurance Contract.

6.2. By accident:

6.2.1. The Insurer make Insurance Benefit according to Insurance Contract or law under authority of application from the Insured (Insured Person or Beneficiary) for an insurance benefit and Insurance Act (survey report), which concluded by Insurer or authorized person (survey) in form which fixed by Insurer.

6.2.2. Insurer and Insured are entitled to engage survey to investigation of conditions of Insured Event. The Insurer can not to exclude Insured in implementation of investigation and must to put up to everything conditions of Insured Event to survey, give everything necessary material proofs and documents.

6.2.3. Size of Insurance Benefits in part «Information».

6.2.4. Beneficiary of accident insurance is Insured, Insured Person, heir-at-law or individual person or legal person, which named by the insured for getting the sum insured in case of Insured Person's death by celebration of Insurance Contract.

6.3. Insurance compensation will be paid within 3 (three) working days at the latest of the date of decision on payment of such insurance compensation based on the insurance report.

6.4. In case of refusal to pay insurance benefit, the Insurer shall notify the Insured (Insured Person, Beneficiary) in writing good causes for refusal within five working days at the latest of the date of the respective decision.

6.5. Total amount of insurance benefits to each Insured Person in respect of all insured events may not exceed the sum insured under the Insurance Contract.

7. REASONS FOR REFUSAL TO PAY INSURANCE BENEFIT:

7.1. Reasons for refusal of the Insurer to pay insurance benefits include:

– intentional actions of the Insured (Insured Person, Beneficiary) aimed at the occurrence of an insured event. This clause shall not apply to any actions relating to the performance of civic or professional duty by the Insured (Insured Person), in a state of necessary self-defense (without exceeding limits) or protection of property, life, health, honor, dignity and goodwill.

– commission by the Insured (Insured Person, Beneficiary) of an intentional offence resulted in an insured event.

– furnishing by the Insured (Insured Person, Beneficiary) of misleading information or false notification of the occurrence of an insured event.

– receipt by the Insured (Insured Person, Beneficiary) of the full compensation for losses from the person culpable of occurrence of such losses.

– untimely notification by the Insured (Insured Person, Beneficiary) of the occurrence of an insured event without good reasons or creating obstacles to the Insurer in determining circumstances, nature and amount of losses.

– failure of the Insured (Insured Person, Beneficiary) to perform his/her obligations under the Insurance Contract;

– failure of the Insured (Insured Person, Beneficiary) to furnish all necessary documents confirming the occurrence of an insured event.

7.2. If Insurer decide to exclude to pay insurance benefit, Insured (Insured Person, Beneficiary) is entitled to protest judicially.

8. RIGHTS AND OBLIGATIONS OF THE PARTIES

8.1. The Insurer shall:

– advise the Insured of the Rules of insurance.

– take appropriate steps to prepare all necessary documents required to make timely insurance benefit to the Insured within two working days upon receipt of the notification of the occurrence of an insured event.

– upon occurrence of an insured event to pay the insurance benefit under section 6 of this Insurance Contract. The Insurer shall be financially liable for untimely payment of an insurance benefit (insurance compensation) in the form of payment to the Insured of a penalty (surcharge, default interest) of such amount as specified in the Insurance Contract.

– reimburse expenses incurred by the Insured upon occurrence of an insured event aimed at prevention or reduction of losses if so provided by the terms and conditions of the Insurance Contract.

– enter into a new Insurance Contract with the Insurer upon application of the Insured if the Insured has taken appropriate measures which reduced the insurance risk.

– not disclose any information on the Insured and its property status, except to the extent provided by applicable laws.

8.2. The Insured shall:

– make insurance payment in a timely manner in such amount and in such time as specified in the Insurance Contract.

– furnish to the Insurer when entering into the Insurance Contract the information about all known circumstances which are essential for the assessment of the insurance risk, and thereafter inform the Insurer on any changes of the insurance risk.

– inform the Insurer of other existing Insurance Contract in respect of the same object of insurance.

– use every reasonable effort to prevent and reduce losses caused by the occurrence of an insured event.

– notify the Insurer of the occurrence of an insured event within three working days.

8.3. The Insurer shall be entitled to:

– make enquiries in respect of any information relating to an insured event, if necessary, to law-enforcement agencies, health care facilities and other agencies and organizations having information of

any circumstances of such insured event, and investigate causes and circumstances of such insured event independently.

– refuse to pay the sum insured (portion thereof) under section 7 of this Insurance Contract.

– postpone the payment of the insurance money if there are any doubts as to any grounds for an insurance benefit until such grounds have been proved, but in any case not more than for 90 working days.

– early terminate the Insurance Contract in such cases as provided by this Insurance Contract.

8.4. The Insured shall be entitled to:

– receive the sum insured upon occurrence of an insured event subject to specific terms and conditions of the Insurance Contract.

– enter into an Insurance Contract for the insurance of a third person only with his/her consent, such person acquiring the rights and obligations of the Insured under the Insurance Contract.

– amend the Insurance Contract upon agreement of the parties according to section 9 of this Insurance Contract. An additional agreement to the Insurance Contract in force shall be entered into by the Insurer and the Insured to this effect.

– early terminate the Insurance Contract subject to the provisions of this Insurance Contract.

– receive a duplicate copy of the Insurance Contract, insurance certificate (policy, cover note) in case of loss of the original document.

9. INSURANCE CONTRACT MODIFICATION AND ADDENDUMS

9.1. The Insurance Contract may be amended with consent of the Insured (Insured Person) and the Insurer within five working days of the date of receipt of the written consent.

9.2. The initiating party shall notify the other party of its intention to amend the Insurance Contract 30 calendar days prior to the proposed date of amendment, unless otherwise provided by the Insurance Contract.

9.3. An additional agreement to the existing Insurance Contract shall be signed to give effect to any amendments to the Insurance Contract.

9.4. If a party disagrees to amend the Insurance Contract, the parties shall within five working days decide whether to continue the existing Insurance Contract or to terminate the same.

10. TERMINATION OF INSURANCE CONTRACT

10.1. The Insurance Contract shall be terminated and lapse upon agreement of the parties and in the following cases:

– expiration of the Insurance Contract.

– discharge by the Insurer of its obligations to the Insured in full.

– failure of the Insured to make insurance payments in such time as specified in the Insurance Contract. The Insurance Contract shall be deemed early terminated if the first (installment) insurance payment has not been made upon written request of the Insurer within ten working days of the date of sending such request to the Insured, unless otherwise provided by the terms of the Insurance Contract.

– liquidation of the corporate Insured or death or incapacitation of the individual Insured, except to the extent provided by the relevant provisions of the Law of Ukraine «On Insurances».

– liquidation of the Insurer in such manner as prescribed by the applicable laws.

– judicial decision on invalidation of the Insurance Contract.

– in other cases provided for by the applicable laws of Ukraine.

10.2. The Insurance Contract may be early terminated upon requisition of the Insured or the Insurer to the extent provided for by the terms of the Insurance Contract. A party intending to terminate the Insurance Contract shall notify the other party 30 calendar days prior to the date of termination of the Insurance Contract, unless otherwise provided therein.

10.3. If the Insurance Contract is early terminated upon requisition of the Insured, the Insurer shall repay to the Insured the insurance payments in respect of the period remaining to the expiry date of the Insurance Contract after deduction of any standard administrative expenses determined when calculating the insurance rate, and insurance benefits paid under such Insurance Contract. If such requisition of the Insured is caused by a breach by the Insurer of the Insurance Contract, and Insurer shall repay to the Insured all insurance payments made by the Insured in full.

10.4. If the Insurance Contract is early terminated upon requisition of the Insurer, the Insurer shall repay to the Insured the insurance payments made by the Insured in full. If such requisition of the Insurer is caused by a breach by the Insured of the Insurance Contract, and Insurer shall repay to the Insured the insurance payments in respect of the period remaining to the expiry date of the Insurance Contract after deduction of any standard administrative expenses determined when calculating the insurance rate, and insurance benefits paid under such Insurance Contract.

10.5. Normative standard of expenses is 35%.

No insurance payments made via bank transfer may be repaid in cash if the Insurance Contract is early terminated.

11. SETTLEMENT OF DISPUTES

11.1. In settling any disputable questions with the Insured, the Insurer and Insurer's representative shall always act in accordance with the applicable national and international legal regulations.

11.2. Any disputes arising in respect of a request for payment under the Insurance Contract shall be settled in a judicial proceeding within such period as provided by the applicable law of Ukraine.

11.3. The Insurer pay delay penalty in size 0,01% of past due payment for every delay day for untimely insurance benefit in terms which specified in section 6 of Insurance Contract, but not more than 25% of debt's sum.

12. SPECIAL CONDITIONS

12.1. Consequences of an eventual increase of the insurance risk during the term of the Insurance Contract are as follows:

– if the Insurer receives any information of the circumstances causing an increase of the insurance risk, the Insurer shall be entitled to require amendments to the Insurance Contract and/or an additional insurance payment depending on the increased risk.

– if the Insured fails to notify the Insurer of any material changes in the circumstances described when entering into the Insurance Contract, the Insurer shall be entitled to require early termination of the Insurance Contract.

12.2. If a circumstance causing an insured event is a subject of a criminal case or initiated legal proceeding, the Insurer's decision whether to pay insurance compensation may be postponed until the completion of the investigation or legal proceeding or ascertainment of guilt of the Insured, but in any case not more than 90 (ninety) working days.

12.3. The Insurer will not reimburse for any moral damage.