

Form for the Special Terms and Conditions of Insurance for EURO26 WORLD Cardholders
Information prepared in accordance with Article 17 (1) of the Act of 11 September 2015 on Insurance and Reinsurance Activity (ustawa z dnia 11 września 2015 r. o działalności ubezpieczeniowej i reasekuracyjnej)

Type of information	Sectioning numbering of the contract template	
Conditions for payment of indemnity and other benefits or the surrender value	§ 4 (1)	§ 14
	§ 5 (1) and (2)	§ 15 (1)
	§ 6	§ 16 (1)
	§ 7 (1) and (2)	§ 17
	§ 8	§ 18
	§ 9	§ 22
	§ 12 (1) and (2)	§ 25
	§ 13 (1)	§ 30
	taking into account the definitions contained in § 2	
Limitations and exclusions of insurer's liability entitling it to refuse to pay indemnity or other benefits or to reduce them	§ 4 (2)	§ 29
	§ 5 (2) and (3)	§ 32 (2)
	§ 11	§ 34
	§ 12 (3)	§ 36
	§ 15 (2–4)	§ 39 (4)
	§ 19 (3–6)	§ 40
	§ 21	§ 41 (4)
	§ 24	§ 42 (2) and (4)
§ 27 (2)	§ 43 (3)	
	taking into account the definitions contained in § 2	

CHAPTER I

General Provisions

§ 1

Special Terms and Conditions of Insurance for EURO26 WORLD Cardholders shall apply to the Group Insurance Contract for EURO26 Cardholders between UNIQA Towarzystwo Ubezpieczeń S.A. and the Youth Projects Foundation.

§ 2

Whenever the following terms are used in the STCI, they shall be understood as:

- 1) **amateur summer and winter sports** – practicing recreationally in summer or winter conditions in designated places (on slopes, trails, bodies of water) the following sports: skiing, snowboarding, surfing, windsurfing, kitesurfing, wakeboarding, as well as team building activities;
- 2) **luggage** – items owned by the Insured or in his possession during a trip abroad for personal use; travel luggage also includes individual items carried as gifts and a baby carriage used to transport a child;
- 3) **Emergency Centre** – an organisational unit organising and providing the Insured Party with assistance services specified in the STCI and claims settlement on behalf of the Insurance Company;
- 4) **neoplastic disease** – a condition involving the uncontrolled growth of tissue of a particular organ; the condition may be chronic, or may produce acute symptoms that appear suddenly;
- 5) **chronic illness** – an illness which, according to current medical knowledge, includes prolonged, constant or recurrent symptoms or deviations in additional examinations and which was diagnosed or treated before the Insured Party was covered;
- 6) **mental illness** – an illness diagnosed prior to the Insured Party's coverage and classified in the International Statistical Classification of Diseases and Health Problems as a mental or behavioural disorder (ICD-10);
- 7) **tropical disease** – disease caused by pathogenic organisms specific to subtropical and equatorial zones;
- 8) **declaration of accession** – a statement of intent of the EURO26 Cardholder to join the insurance contract submitted to the policyholder;
- 9) **torrential rain** – rain with an intensity coefficient of at least 4, as determined by the Institute of Meteorology and Water Management (IMI GW), and if it is not possible to obtain the relevant information from the IMI GW, the occurrence of torrential rain is determined on the basis of the facts and extent of damage at the place of origin or in the immediate vicinity;
- 10) **insurance document** – EURO26 Card with a certificate for it, in case the EURO26 Cardholder submits a declaration to join the insurance contract;
- 11) **hail** – precipitation consisting of ice chunks;
- 12) **hurricane** – winds with a speed of no less than 24 m/s, as determined by the Institute of Meteorology and Water Management (IMI GW), the effect of which causes mass damage, and if it is not possible to obtain relevant information from the IMI GW, the occurrence of a hurricane is determined on the basis of the facts and extent of damage at the place of origin or in the immediate vicinity;
- 13) **disability** – permanent impairment of the Insured Party's bodily functions as defined in the disability table in § 14 of the STCI;
- 14) **EURO26 Card** – a card confirming an individual's membership in the Youth Projects Foundation Club as a member, issued in the following versions: WORLD, WORLD EXTRA, SPORT or SPORT EXTRA;
- 15) **medical expenses** – medically necessary and documented expenses of an Insured Party who had to undergo treatment for a sudden illness or accident during a foreign trip;
- 16) **rehabilitation costs** – costs incurred by the Insured Party in the Republic of Poland (hereinafter also: Poland) for rehabilitation treatments and consultations recommended by the attending physician, as well as the rental or purchase of minor rehabilitation and orthopaedic equipment recommended and entered in the medical records;
- 17) **burglary** – carrying out or attempting to carry out the taking of the Insured Party's property, after forcibly removing security measures or opening the entrance to the premises with tools or a forged or matched key or original key, the perpetrator came into possession of which as a result of burglary of another premises or as a result of robbery;
- 18) **country of residence** – a country other than the Republic of Poland in which the Insured Party has a permanent place of residence, provided that the country of residence is not the country in which the person is staying for the purpose of education or to which they are posted for work;
- 19) **avalanche** – the violent sliding or rolling away of masses of snow, ice, mud, rocks or stones from slopes in mountainous or undulating areas;
- 20) **outpatient treatment** – provision, by legally acting providers, of healthcare services to persons who do not require 24-hour or day-long treatment;
- 21) **conservative dental treatment** – treatment of caries, treatment of necrotic lesions, root canal treatment, replacement of damaged fillings, and treatment of gum disease (periodontitis, tartar removal);
- 22) **sudden illness** – a medical condition arising suddenly and unexpectedly, threatening the life or health of the Insured Party, requiring immediate medical attention; the effects of cancer, mental illness, or chronic illness are also considered sudden illness;
- 23) **accident** – a sudden incident resulting from an external cause, due to which the Insured Party suffered, regardless to their will, permanent health damage or disorder of health, or death;
- 24) **bodily injury** – damage to the Insured Party's organs or organ systems resulting from an accident;
- 25) **next of kin** – spouse, common-law partner, children (including adopted), siblings, and parents of the Insured Party;
- 26) **accompanying person** – a person who travels with the Insured Party and is designated thereby to accompany them during treatment or transportation;
- 27) **person summoned to accompany** – next of kin of the Insured Party residing in the Republic of Poland or the country of residence, designated by the Insured Party, who, in the absence of a companion, will come to the place of the event and accompany the Insured Party during treatment;
- 28) **hospital stay** – an uninterrupted stay of at least 24 hours of the Insured Party in a hospital for treatment of bodily injuries suffered; under the STCI, the period of hospital stay begins on the day the Insured Party is admitted to the hospital and ends on the day the Insured Party is discharged from the hospital;
- 29) **foreign trip** – the stay of the Insured Party outside the borders of the Republic of Poland and the country of residence, which begins when the Insured Party crosses the border of the Republic of Poland or the country of residence and ends when the Insured Party returns to the Republic of Poland or the country of residence;
- 30) **EURO26 Cardholder** – a person who is at least 5 years of age on the date of joining the Youth Projects Foundation Club, and is under 30 years of age;
- 31) **flood** – inundation of land as a result of rising water levels in flowing or standing waterbodies or inundation of land due to torrential rain;
- 32) **consequences of cancer, mental illness or chronic disease** – sudden aggravation (exacerbation), after crossing the border of the Republic of Poland or the country of residence, of: cancer, mental illness or chronic disease, requiring immediate medical attention, due to which there was a need for the Insured Party to undergo treatment before the end of the foreign trip;
- 33) **extreme sports** – sports disciplines, the practice of which requires above-average skills, courage, and action under high-risk conditions, in particular air sports (skydiving, jumping from high buildings or rocks, paragliding, gliding, piloting any powered aircraft), and mountain biking, caving, ski jumping, mogul skiing, acrobatic ski jumping, heliskiing;
- 34) **high-risk sports** – motor sports (on quads, snowmobiles, and other land vehicles), motorboat sports (watercraft, jet skis, motorboats, and other water sports that use powered watercraft), horseback riding, polo, hunting, scuba diving with air apparatus, freediving, rafting or other water sports practiced on mountain rivers, mountaineering, rock climbing, martial arts and all types of defensive sports, trekking at an altitude of more than 3,500 metres

- above sea level, staying at an altitude of more than 3,500 metres above sea level, skiing or snowboarding outside of ski slopes designated for this purpose;
- 35) **sum insured** – the upper limit of the Company’s liability set for individual risks;
 - 36) **STCI** – Special Terms and Conditions of Insurance for EURO26 WORLD Cardholders;
 - 37) **hospital** – an inpatient care facility operating in accordance with relevant laws and regulations, the purpose of which is to provide round-the-clock medical care, treatment and surgical procedures by qualified nursing and medical staff; within the meaning of the STCI, a hospital is not considered to be an assisted living facility, a facility for the mentally ill, a hospice, an alcohol, drug, medication and other addiction treatment facility, a sanatorium, a resort, a spa, or a rehabilitation centre;
 - 38) **Company** – UNIQA Towarzystwo Ubezpieczeń S.A. with its registered office in Warsaw, Poland;
 - 39) **permanent health impairment** – permanent damage to the Insured Party’s body caused by an accident covered by insurance, where permanent damage to the body is understood as permanent loss of structure and function of an organ or limb;
 - 40) **Policyholder** – Youth Projects Foundation;
 - 41) **Insured Party** – EURO26 Cardholder who has joined the insurance contract;
 - 42) **stroke** – sudden, permanent damage to brain tissue as a result of extravasation of blood, ischemia, or embolism of an intracranial artery with material from the bloodstream, resulting in neurological deficits lasting no less than 24 hours and confirmed by a medical examination; episodes of transient ischemia of the central nervous system (CNS) or a stroke not resulting in permanent loss of CNS function are not considered a stroke within the meaning of the STCI; diagnosis of permanent damage to the CNS must be confirmed by an examination by a specialist in neurology and the result of a CT or MRI scan no earlier than 8 weeks after the first symptoms;
 - 43) **insurance contract** – Group Insurance Contract for EURO26 Cardholders concluded between the Policyholder and the Company;
 - 44) **Beneficiary** – a person entitled to receive a benefit in the event of the Insured Party’s death, designated by name by the Insured Party; if there are no Beneficiaries at the time of the Insured Party’s death or all Beneficiaries have forfeited their right to the benefit, the persons entitled to receive the benefit are listed below in the following order:
 - a) spouse – in full, and in the absence thereof
 - b) children – in equal shares in the absence of a spouse, and in their absence
 - c) parents – in equal shares in the absence of a spouse and children, and in their absence
 - d) siblings – in equal shares, in the absence of a spouse, children and parents, and in their absence
 - e) heirs – in the parts in which they inherit from the Insured Party, in the absence of a spouse, children, parents, and siblings;
 - 45) **health impairment** – permanent impairment of the Insured Party’s bodily functions determined by percentage based on the table of impairments contained in § 15 of the STCI;
 - 46) **loss** – amputation or complete and permanent loss of function of an organ;
 - 47) **congenital defect** – arising during intrauterine life, present at birth, internal or external morphological abnormality;
 - 48) **performance of work** – undertaking of activities by the Insured Party for profit; performance of work within the meaning of the STCI is also understood as non-profit activity (volunteer work, apprenticeship);
 - 49) **myocardial infarction** – diagnosis of necrosis of a part of the myocardium caused by sudden interruption of blood supply to a specific area of the myocardium; the diagnosis must be based on the finding of an increase or decrease in the concentration of cardiac biomarkers in the blood (troponin I, troponin T or CK-MB), with at least one value exceeding the 99th percentile of the upper reference limit range, with coexistence of at least one of the following clinical exponents of myocardial ischemia:
 - a) typical clinical signs of myocardial infarction,
 - b) one of the following ECG signs indicating fresh myocardial ischemia: newly formed ST-T elevation or depression, T-wave inversion, new pathological Q-waves, or newly formed left His bundle branch block; insurance coverage does not include other acute coronary syndromes;
 - 50) **professional and competitive sports** – practicing sports regularly and intensively, i.e. participating in training, competitions, and conditioning camps within the framework of membership in sports clubs, as well as deriving income from the sport practiced, as well as participating in expeditions to places characterised by extreme climatic or natural conditions or in expeditions, i.e. organised expeditions aimed at accomplishing set tasks of a sporting or scientific nature;
 - 51) **insured event:**
 - a) in insurance of medical expenses and immediate assistance – sudden illness or accident and events indicated in the STCI obligating the Insurance Company to organise and provide immediate assistance,
 - b) in accident insurance – accident,
 - c) in luggage insurance – random events indicated in the STCI and other events resulting in damage, destruction or loss of luggage,
 - d) in civil liability insurance in private life and sports – an act or omission, constituting a tort.

Subject and Scope of Insurance

§ 3

1. The subject of insurance for Cardholders in the WORLD version are:
 - 1) medical and immediate assistance costs;
 - 2) results of accidents;
 - 3) civil liability of the Insured Party in private life;
 - 4) luggage.
2. The subject of insurance for Cardholders in POLSKA SPORT or POLSKA SPORT EXTRA version are:
 - 1) medical and immediate assistance costs;
 - 2) results of accidents;
 - 3) civil liability of the Insured Party in private life;
 - 4) luggage;
 - 5) rescue costs.
3. The subject of insurance for cardholders of SPORT and SPORT EXTRA versions are:
 - 1) medical and immediate assistance costs;
 - 2) results of accidents;
 - 3) civil liability of the Insured Party in private life;
 - 4) civil liability of the Insured Party related to sports activities;
 - 5) luggage;
 - 6) rescue costs.
4. In addition, the EURO26 Cardholder (regardless of version), upon payment of an additional premium, may be covered for rehabilitation costs arising from the consequences of an accident:
 - 1) rehabilitation costs resulting from accidents;
 - 2) civil liability of the Insured Party in private life in the territory of the Republic of Poland.
5. The WORLD, WORLD EXTRA, SPORT, and SPORT EXTRA versions of the insurance differ in terms of coverage, sums insured and sports activities insurance.
6. The insurance version is indicated in the insurance document.

CHAPTER II

A. MEDICAL EXPENSES AND IMMEDIATE ASSISTANCE

Subject and Scope of Insurance

§ 4

1. The subject of insurance shall be the following costs incurred as a result of a sudden illness or accident occurring during a trip abroad:
 - 1) medical costs;
 - 2) transportation costs to Poland or country of residence;
 - 3) costs of transporting the remains to the burial site;

- 4) costs associated with the organisation and provision of immediate assistance;
 - 5) isolation assistance costs;
 - 6) quarantine assistance costs;
 - 7) rescue costs (for EURO26 Card in WORLD EXTRA, SPORT and SPORT EXTRA versions).
2. The Insurance Company shall cover costs referred to in par. 1 up to the sum insured for medical expenses and immediate assistance, except for rescue costs, where a limit is introduced in accordance with the table of options contained in STCI § 36 (3).

Cost of treatment

§ 5

1. The subject of insurance shall be the medically necessary and documented expenses of the Insured Party who had to undergo treatment for a sudden illness or accident while traveling abroad.
2. The Company shall pay the documented costs of:
 - 1) medical consultations including the physician's travel from the nearest healthcare facility, in case the Insured Party's health condition requires it;
 - 2) transportation of the Insured Party from the place of the accident or sudden illness to the nearest hospital or healthcare facility by a means of transport appropriate to the Insured Party's condition;
 - 3) transportation of the Insured Party to another medical facility, if the medical facility where the Insured Party is treated does not provide medical care adapted to their condition, as prescribed in writing by the attending physician;
 - 4) examinations and outpatient procedures, medications (except vitamins, strengthening agents, conditioners, ointments, and beauty creams) and dressing supplies prescribed by the attending physician;
 - 5) hospital stay, i.e., treatments, procedures, and surgeries that could not, due to the state of health, be postponed until return to Poland;
 - 6) dental treatment for sudden inflammatory conditions, up to a total of the equivalent of EUR 250 for all illnesses requiring immediate medical attention, occurring during the period of insurance coverage;
 - 7) repair or purchase of eyewear, dentures, dental prostheses and aids, in case their damage was related to an accident, while they are covered by the Insurance Company up to an amount not exceeding 10% of the sum insured for medical expenses and immediate assistance.
3. The limits of benefits, as specified in the provisions of paragraph 2, shall apply to one Insured Party and to all insured events combined during the entire period of insurance.

Transportation costs to Poland or country of residence

§ 6

1. The subject of insurance shall be the necessary and documented costs of medical transport of the Insured Party to Poland or the country of residence – to a healthcare facility or place of residence, in connection with a sudden illness or accident during a trip abroad, if required by the Insured Party's health condition and if the transport was carried out in accordance with the written recommendation of the attending physician.
2. Also covered are the necessary and documented costs of transporting the Insured Party to the Republic of Poland or the country of residence after medical treatment, in case the Insured Party is unable to continue the trip abroad or return to the Republic of Poland or the country of residence by the previously planned means of transportation.
3. If the cost of transportation to the Insured Party's country of residence exceeds the cost of transportation to the Republic of Poland, then the limit of the Company's liability shall be the amount of the cost of transportation to the Republic of Poland.

Costs of transporting the remains

§ 7

1. In case the Insured Party dies during a foreign trip, and the death occurred as a result of an accident or sudden illness, the Insurance Company will cover the costs of:
 - 1) transportation of the Insured Party's remains to the place of burial in the Republic of Poland or the country of residence or the cost of burial abroad;
 - 2) purchase of a coffin or urn and cremation.
2. The Company shall pay through the Emergency Centre the costs agreed upon with the eligible persons for the purchase of a coffin or urn and cremation. Limits of liability shall be as follows:
 - 1) purchase of a coffin – the equivalent of EUR 1,250;
 - 2) cremation – the equivalent of EUR 1,250, whereas this amount shall be the upper limit for the purchase of an urn and cremation of the remains.
3. The choice of the method of transportation of the deceased shall be made by the Emergency Centre in consultation with the Insured Party's relatives.

Costs related to the organisation and provision of immediate assistance

§ 8

As part of organising and providing immediate assistance, the Company guarantees the following services and benefits:

- 1) **24-hour Emergency Centre on duty**
- 2) **Information services**
The Emergency Centre will provide the Insured Party with information on: customs and visa regulations, documents required for entry and during stay in the country, recommended vaccinations, car rental, accommodation base, weather and climatic conditions.
- 3) **Assistance in case of theft or loss of documents**
In case of theft or loss of credit cards or eurocheques belonging to the Insured Person during a foreign trip, the Emergency Centre shall provide assistance in blocking a personal account by providing the Insured Party with the appropriate telephone number to the bank keeping the Insured Party's bank account or by providing the bank keeping the Insured Party's bank account with information about the theft or loss. The Company shall not be responsible for the efficiency or correctness of the bank's execution of the process of blocking the account, nor for the resulting damage.
In case of theft, loss, or damage of documents necessary for the Insured Party during travel abroad, the Emergency Centre shall provide information on the steps to be taken to obtain replacement documents.
- 4) **Accommodation and food costs of the person accompanying the Insured Party on the trip**
If the Insurance Company covers the costs of the Insured Party's stay in the hospital and the stay extends beyond the Insured Party's originally scheduled return date to Poland, then the costs of accommodation and meals of one person accompanying the Insured are additionally covered. These costs are covered up to the equivalent of EUR 100 per day, for a maximum of 7 days.
- 5) **Travel expenses of the person called to accompany**
If the Insurance Company covers the costs of the Insured Party's stay in the hospital for more than 7 days, and no adult person accompanies the Insured Party on the trip, then the costs of round-trip transportation of one person called to accompany, residing in Poland or the country of residence, up to a maximum of the equivalent of EUR 1,000, are additionally covered. The Company will cover the cost of a train or bus ticket or, if the trip by these means of transportation lasts more than 12 hours, an airline ticket in economy class. In addition, the Company shall cover the person's accommodation and food costs up to the equivalent of EUR 100 per night for a maximum of 7 days.
- 6) **Isolation assistance**
In the event that the Insured Party is required to undergo isolation due to a COVID-19 emergency illness while traveling abroad in accordance with the regulations of the country in which the Insured Party is staying, the Emergency Centre will arrange and pay the additional costs associated with the mandatory isolation if the

isolation cannot take place at the Insured Party's current place of accommodation or the duration of the isolation exceeds the scheduled duration of the stay as part of the foreign trip. In this case, the Emergency Centre will arrange and pay for additional costs of accommodation and meals at a standard not higher than that previously provided for by the contract related to the foreign trip, excluding the cost of alcoholic beverages, up to a maximum limit of EUR 1,000.

7) Quarantine assistance

In the event that the Insured Party is required by local sanitary services to undergo quarantine for COVID-19 during foreign travel in accordance with the regulations of the country in which the Insured Party is staying, the Emergency Centre will arrange and pay the additional costs of the mandatory quarantine if the quarantine cannot take place at the Insured Party's current place of accommodation or the duration of the quarantine exceeds the scheduled duration of the stay as part of the foreign travel. In such a case, the Emergency Centre will arrange and pay for additional costs of accommodation and meals at a standard not higher than that previously provided for by the contract associated with the foreign trip, excluding the cost of alcoholic beverages, as well as the cost of return transportation to Poland or the country of residence, if they exceed the originally scheduled travel time, up to a maximum of EUR 1,000.

8) Continuation of planned trip

In the event that the Insured Party's health condition, after completion of hospital treatment related to a sudden illness or accident, allows the Insured Party to continue the trip, the Emergency Centre, at the Insured's request, will arrange and pay the costs of transporting the Insured Party from the place of hospitalisation to the next stage of the scheduled trip to allow the Insured Party to continue the trip. Transportation costs are covered up to a maximum of the equivalent of EUR 500.

Rescue costs (for EURO26 Card in WORLD EXTRA, SPORT, and SPORT EXTRA versions).

§ 9

1. The subject of the insurance is the necessary and documented costs incurred for rescue or search operations (rescue costs) carried out by specialised rescue services in order to save the life or health of the Insured Party who suffers an accident (which does not have to result in permanent injury) or sudden illness during any sports activity while outside of Poland or the country of residence.
2. Rescue costs shall be understood as:
 - 1) costs of searching for the Insured Party by specialised rescue services;
 - 2) costs of providing emergency medical assistance to the Insured Party at the scene;
 - 3) costs of transporting the Insured Party from the site of the accident to the nearest medical care facility required by the state of health (using specialised means of transport, such as, but not limited to, a sled, helicopter, toboggan, motorboat).

Sums insured for medical expenses and immediate assistance

§ 10

Sums insured for medical expenses and immediate assistance, as well as their sublimits, are specified in the table in § 36 (3) of the STCI.

Limitations of liability

§ 11

1. The Insurance Company shall not be liable for the costs of medical treatment, transportation to Poland or the country of residence, transportation of remains, immediate assistance and rescue costs in respect of an Insured Party for whom there were documented medical contraindications to travel abroad prior to departure.
2. Notwithstanding the general exclusions referred to in § 40 of the STCI, the costs of medical treatment, transportation to Poland or the country of residence, transportation of remains, immediate assistance and rescue are not covered if they arise as a result of:
 - 1) treatment unrelated to medical assistance provided following a sudden illness or accident;

- 2) treatment, hospital stay or accommodation, when the timing of treatment can be postponed until the Insured Party returns to Poland or the country of residence;
 - 3) treatment exceeding the scope of medical services necessary to restore the Insured Party's condition to enable them to return to Poland or the country of residence;
 - 4) sanatorium treatment, treatments in rest homes or addiction treatment centres, stays in spa resorts and hotels;
 - 5) psychoanalytic and psychotherapeutic treatment;
 - 6) treatment of illnesses that do not meet the definition of "sudden illness" as indicated in STCI § 2 (22);
 - 7) consequences of accidents that occurred before the Insured Party was covered;
 - 8) conducting examinations that are unnecessary for the diagnosis or treatment of illness, follow-up examinations (with the exception of one follow-up visit after an illness that began while traveling abroad), and obtaining medical certificates and performing preventive vaccinations;
 - 9) plastic surgery or cosmetic procedures;
 - 10) birth defects, STDs and AIDS;
 - 11) special nutrition of the Insured Party, massages, baths, inhalations, therapeutic gymnastics, light therapy (even when recommended by a physician), and other rehabilitation and physical therapy procedures;
 - 12) pregnancy termination procedure (does not apply to the effects of cancer);
 - 13) childbirth that occurred after the 32nd week of pregnancy;
 - 14) artificial insemination, any other fertility treatment, as well as the purchase of contraceptives;
 - 15) use of non-standard services during hospital stay (in particular: room with higher standard, use of radio, television sets, use of hairdressing or beauty services);
 - 16) restorative and prosthetic dental treatment (with the exception of emergency inflammatory conditions as defined in STCI § 5 (2) (6));
 - 17) treatment with drugs not recognised by conventional medicine;
 - 18) physical and mental work without the approvals and permits required under the laws of the country where the work is performed.
3. In the WORLD version, the following risks are also not covered:
 - 1) amateur summer and winter sports;
 - 2) engaging in high-risk sports;
 - 3) professional and competitive sports practice;
 - 4) practicing extreme sports.
 4. In the WORLD EXTRA version, the following risks are also not covered:
 - 1) engaging in high-risk sports;
 - 2) professional and competitive sports practice;
 - 3) practicing extreme sports.

B. CONSEQUENCES OF ACCIDENTS

Subject and Scope of Insurance

§ 12

1. The subject of insurance is the consequences of an accident of the Insured Party during a foreign trip and during a stay in Poland or the country of residence, resulting in bodily injury, disability, health impairment or death.
2. The Company undertakes to pay benefits in the event of:
 - 1) death of the Insured Party in result of an accident;
 - 2) disability of the Insured Party in result of an accident;
 - 3) health impairment of the Insured Party in result of an accident;
 - 4) stay of the Insured Part in a hospital as a result of an accident;
 - 5) costs of purchase or repair of prostheses and aids for the Insured Party due to an accident;
 - 6) costs of rehabilitation of the Insured Party resulting from an accident – upon payment of an additional premium (additional option).

3. Insurance coverage is binding 24/7 in all countries of the world, including the territory of the Republic of Poland and the country of residence, excluding the USA and Canada.
4. The Company shall pay the benefits referred to in paragraph 2 up to the amount of accident insurance.

Types of benefits

§ 13

Benefit due to the death of the Insured Party in result of an accident

1. If the Insured Party dies as a result of an accident, and the death occurs within 180 days from the date of the accident, the Company will pay the benefit to the Beneficiary in the amount of the sum insured for death in result of an accident.
2. The benefit for death in result of an accident shall be paid to the beneficiary after submitting to the Insurance Company a death certificate, a medical certificate on the cause of death, or a death card, a document confirming the identity of the beneficiary, and other documents indicated by the Insurance Company, necessary to properly consider the claim, especially to establish a causal link between the death of the Insured Party and the personal accident and its circumstances.

§ 14

Disability benefit for the Insured Party in result of an accident

If the Insured Party suffers a disability in result of an accident, the Insurance Company shall pay the Insured Party a benefit in the amount resulting from multiplying the sum insured for disability due to an accident by the percentage of disability suffered, as determined by a physician appointed by the Insurance Company, determined in accordance with the disability table below. The adjudicated percentage of disability for each type of disability resulting from one accident shall be aggregated, however, the sum of the adjudicated percentage of disability for one accident shall not exceed 100%.

Disability Table

Type of disability	Percentage of disability
Total blindness of both eyes	100%
Total blindness of one eye or enucleation of the eyeball	40%
Total deafness	50%
Deafness in one ear	20%
Loss of speech (includes complete loss of language and motor and sensory aphasia)	40%
Permanent hemiplegia or paralysis of the lower limbs	100%
Paresis of one limb	40%
Four limb palsy – permanent	100%
Paralysis of two upper or lower limbs – permanent	90%
Permanent quadriplegia or two upper limbs or two lower limbs	80%
Loss of both lower limbs	100%
Loss of lower limb at the hip	75%
Loss of lower limb at the thigh	70%
Loss of a lower limb at the knee joint	65%
Loss of a lower limb at the shin	60%
Loss of the whole foot	50%
Metatarsal loss	25%
Loss of a big toe	10%
Loss of toes II–IV, for each toe	4%
Loss of both upper limbs	100%
Loss of an upper limb at the shoulder	75%
Loss of an upper limb at the brachium	70%
Loss of the upper limb at the elbow joint	65%
Loss of an upper limb at the forearm	60%

Type of disability	Percentage of disability
Loss of an upper limb at the wrist	50%
Loss of thumb	15%
Loss of fingers II–IV, for each finger	5%

§ 15

Benefit for health impairment of the Insured Party as a result of an accident

1. If the Insured Party suffers an injury as a result of an accident that is not considered a disability as defined in § 2 (13) and § 14 of the STCI, but constitutes a health impairment as defined in § 2 (45) of the STCI, the Insurance Company shall pay a benefit to the Insured Party in the amount being a result of multiplication of the sum insured for permanent health impairment as a result of an accident by the percentage of health impairment suffered, as determined by a physician appointed by the Insurance Company, determined in accordance with the impairment table below, provided that:
 - 1) For EURO26 Cards in the WORLD version Tables no. 2A and 2B shall apply;
 - 2) for EURO26 Cards in the WORLD EXTRA, SPORT, and SPORT EXTRA versions, Tables 2A, 2B and 2C shall apply.

Table no. 2A – assessment of permanent health impairment as a result of an accident

Item	Type of impairment	Percentage of permanent health impairment
I. HEAD INJURIES		
1.	Damage to the bones of the vault and base of the skull depending on the extent of the injury, indentation, fragmentation	1–10
2.	Losses in the bones of the cranial vault with a total area – depending on the size:	
a)	less than 10 cm ²	1–10
b)	10 to 50 cm ²	11–15
c)	over 50 cm ²	16–25
NOTE: If the resulting bone loss has been repaired by plastic surgery with good results, the percentage of permanent impairment, assessed according to the above rule, should be reduced by half.		
II. FACIAL INJURIES		
3.	Fractures of the nasal bones, nasal septum, damage to the cartilaginous part:	
a)	visible, disfiguring deformation of the nose, persisting after correction, without breathing disorders or dysosmia – depending on the extent of the damage	1–5
b)	damage to the cartilage-bone structure of the nose with breathing disorders persisting after correction – depending on the extent of the damage and the degree of breathing disorders	6–15
c)	damage to the cartilage-bone structure of the nose with breathing disorders and dysosmia, persisting after correction – depending on the degree disorders	10–20
d)	loss of a significant part of the nose or total loss (including the nasal bones)	20–30
4.	Loss of teeth:	
a)	permanent incisors and canines – for each tooth:	
–	partial crown loss (less than ½ of the crown)	0,5
–	total loss of the crown with preservation of the root (at least ½ of the crown)	1

Item	Type of impairment	Percentage of permanent health impairment
	– total loss of the tooth including the root	2
b)	other teeth – for each tooth:	
	– loss of the crown (at least ½ of the crown)	0,5
	– total loss of the tooth including the root	1
5.	Fractures of orbital bones, maxillary bones, zygomatic bones, depending on fusion in displacement, permanent deformities, bite asymmetry, impaired mastication, sensory impairment:	
a)	mild	1–5
b)	severe	6–10
6.	Fractures of the mandible with fragment displacement:	
a)	without mandibular-temporal joint dysfunction	3
b)	with mandibular-temporal joint dysfunction	8
III. CHEST INJURIES		
7.	Fractures of (at least two) ribs:	
a)	with deformities and without reduction of respiratory capacity	1–5
b)	with moderate degree of restriction of thoracic mobility – with slight reduction in respiratory capacity – depending on the degree of reduction in respiratory capacity	6–10
c)	with medium degree of restriction of thoracic mobility – with medium degree of reduction in respiratory capacity – depending on the degree of reduction in respiratory capacity	11–25
d)	with a significant degree of restriction of thoracic mobility, with a significant reduction in respiratory capacity – depending on the degree of reduction in respiratory capacity	26–40
8.	Sternal fracture:	
a)	without deformity, with confirmed chronic pain syndrome	1–3
b)	with a fusion in the displacement, depending on the degree of deformity and discomfort	3–10
9.	Lung and pleural damage (pleural adhesions, lung tissue damage, lung tissue defects, foreign bodies, etc.):	
a)	lung and pleural damage without features of respiratory failure	1–5
b)	with symptoms of minor respiratory failure – depending on the degree of reduction in respiratory capacity	5–10
c)	with symptoms of medium respiratory failure – depending on the degree of reduction in respiratory capacity	10–25
d)	with significant respiratory failure – depending on the degree of reduction in respiratory capacity	20–40
NOTE: The degree of lung tissue damage and reduction in respiratory capacity has to be confirmed by a spirometry test and an X-ray.		
IV. ABDOMINAL INJURIES		
10.	Damage to the stomach, intestines, omentum, mesentery of the intestine:	
a)	requiring surgical treatment, without gastrointestinal dysfunction	1–5

Item	Type of impairment	Percentage of permanent health impairment
b)	with a minor degree of functional impairment and sufficient nutritional status – depending on the degree of nutritional status impairment	6–10
c)	with digestive disorders and insufficient nutritional status – depending on the severity of the nutritional status disorder	11–40
11.	Damage to the anus, anal sphincter causing permanent total incontinence of faeces and gas	60
12.	Damage to the spleen:	
a)	loss in people over the age of 18	15
b)	loss in people under the age of 18	20
13.	Damage to the liver, biliary tract, pancreas – depending on complications and dysfunction:	
a)	without functional impairment, post-traumatic loss of gallbladder	1–5
b)	Child-Pugh grade A liver dysfunction, minor exocrine pancreatic dysfunction or loss of part of the organ	6–15
c)	Child-Pugh grade B liver dysfunction, moderate degree of pancreatic extra- and endocrine dysfunction or loss of a significant portion of the organ	16–40
d)	Child-Pugh grade C liver dysfunction, severe extra- and endocrine pancreatic dysfunction	41–60
V. DAMAGE TO GENITOURINARY ORGANS		
14.	Damage to one or both kidneys causing impairment of their function – depending on the severity of the function impairment	5–25
15.	Loss of one kidney when the other kidney is healthy and functions properly	30
16.	Loss of one kidney and impairment of the function of the other kidney – depending on the degree of impairment of the function of the remaining kidney	35–75
17.	Damage to the bladder – depending on the degree of reduction in its capacity, urination disorders:	
a)	requiring surgical treatment, without dysfunction	3–5
b)	minor and moderate impairment of function	6–15
c)	significant degree of dysfunction	16–30
18.	Total penile loss	40
19.	Damage to or loss of one testicle, ovary and other structures of the reproductive system (not included in the following sections of the table) – depending on the degree of damage and functional impairment:	
a)	under 50 years of age	2–20
b)	over 50 years of age	1–10
20.	Loss of both testicles:	
a)	under 50 years of age	40
b)	over 50 years of age	20
VI. SPINAL INJURIES		
21.	Bone and ligamentous injury of the cervical spine confirmed by additional examinations (functional X-ray, CT, MRI):	
a)	with up to 25% mobility impairment	3

Item	Type of impairment	Percentage of permanent health impairment
b)	with 26–50% mobility impairment	10
c)	with 51–75% mobility impairment	17
d)	with more than 75% mobility impairment	25
22.	Bone and ligamentous damage to the thoracic spine (Th1–Th10) confirmed by additional examinations (X-ray, CT, MRI):	
a)	with up to 50% mobility impairment	5
b)	with more than 50% mobility impairment	15
23.	Bone and ligamentous damage to the thoracolumbar spine (Th11–L5) confirmed by additional examinations (X-ray, CT, MRI):	
a)	with up to 25% mobility impairment	4
b)	with 26–50% mobility impairment	10
c)	with more than 50% mobility impairment	20

VII. PELVIC INJURIES

24.	Fracture of the pelvis with interruption of the pelvic girdle, single or multiple locations – depending on the deformity and gait impairment:	
a)	unilateral in the anterior segment (pubic bone, pubic bone and ischium)	1–10
b)	bilateral in the anterior segment	5–15
c)	in the anterior and posterior segments (Malgaigne type)	10–30
d)	in the anterior and posterior segments bilaterally	20–40
25.	Isolated fractures of the pelvic bones and sacrum without disruption of the lower limb rim:	
a)	single-location fracture of the pelvic bones (e.g., fracture of one branch of the pubic bone or ischium), sacrum – without significant deformity and with minor functional impairment	1–3
b)	single-location fracture of the pelvic bones (e.g., fracture of one branch of the pubic bone or ischium), sacrum – with deformity and functional impairment	4–8
c)	multiple fractures of the pelvic and/or sacral bones – without significant deformity and with minor functional impairment	2–7
d)	multiple fractures of the pelvic and/or sacral bones with deformity and impaired function	5–15

VIII. INJURIES TO THE UPPER LIMB

SCAPULA		Right (dominant)	Left
26.	Fracture of a scapula:		
a)	fracture of the scapula with slight displacement and minor impairment of limb function	1–5	1–3
b)	fracture of the scapula with pronounced displacement and slight impairment of the limb's function – with restriction of mobility up to 30% – depending on the degree of impairment of the limb	6–12	4–9
c)	fracture of the scapula with pronounced displacement and moderate impairment of limb function – with 31–50% limitation of mobility – depending on the degree of impairment of the limb	13–20	10–15

Item	Type of impairment	Percentage of permanent health impairment	
d)	fracture of the scapula with pronounced displacement and significant impairment of limb function – with restriction of mobility of more than 50% – depending on the degree of impairment of the limb	21–40	16–30

CLAVICLE

	Right	Left
27.	The condition after defective healing of a clavicle fracture depending on the degree of deformity and limitation of mobility:	
a)	minor deformity with up to 20% restriction of mobility of the scapular joint	1–8 1–6
b)	deformity with pronounced restriction of mobility of the scapular joint above 20%	9–20 7–15

SHOULDER – SCAPULAR JOINT

	Right (dominant)	Left
28.	Fractures – of the head, proximal epiphysis of the humerus – depending on the restriction of movement, displacement and deformity of the fractured head of the humerus, etc.:	
a)	minor lesions with up to 30% mobility limitation	1–11 1–7
b)	medium lesions with mobility limitation in the range of 31–50%	12–19 8–14
c)	significant lesions with mobility limitation of more than 50%	20–35 15–30

ARM

	Right (dominant)	Left
29.	Fracture of the shaft of the humerus – depending on displacement, restrictions of movement in the scapular joint:	
a)	impaired function of the limb with limited mobility in the scapular or elbow joint up to 30%	1–15 1–10
b)	impaired function of the limb with restricted mobility at the scapular or elbow joint of more than 30%	16–30 11–25

ELBOW JOINT

	Right (dominant)	Left
30.	Fractures in the elbow (distal epiphysis of the humerus, proximal epiphysis of the radius and ulna) – depending on the disruption of the axis, restriction of movement in the elbow joint:	
a)	minor lesions with up to 20% mobility limitation	1–5 1–4
b)	medium lesions with mobility limitation in the range of 21–50%	6–15 5–10
c)	large lesions with mobility limitation of more than 50%	16–30 11–25

FOREARM

	Right (dominant)	Left
31.	Fractures of the distal epiphyses of one or both forearm bones, causing restrictions of wrist mobility and deformity – depending on the degree of functional impairment:	
a)	minor lesions with up to 30% mobility limitation	1–6 1–5
b)	medium lesions with 31–60% mobility limitation	7–15 6–10
c)	large lesions with mobility limitation of more than 60%	16–25 11–20

Item	Type of impairment	Percentage of permanent health impairment	
		Right (dominant)	Left
32.	Fractures of the shafts of one or both bones of the forearm – depending on the deformity and functional impairment:		
a)	slight lesions	1–6	1–5
b)	moderate lesions	7–15	6–10
c)	significant lesions, secondary and other	16–30	11–25
WRIST		Right (dominant)	Left
33.	Fracture of the carpal bones – depending on deformity, instability, functional impairment and other secondary changes:		
a)	minor lesions with up to 30% mobility limitation	1–6	1–5
b)	medium lesions with 31–60% mobility limitation	7–15	6–10
c)	large lesions with mobility limitation of more than 60%	16–25	11–20
METACARPUS		Right	Left
34.	Fracture of the metacarpal bones – depending on the deformity and impairment of the function of the hand, fingers and other secondary changes:		
a)	1st metacarpal bone (depending on the function of the thumb):		
–	with up to 30% mobility impairment	1–6	1–5
–	with 31–60% mobility impairment	7–12	6–9
–	with more than 60% mobility impairment	13–20	10–15
b)	2nd metacarpal bone (depending on the mobility of the index finger):		
–	with up to 30% mobility impairment	1–5	1–3
–	with 31–60% mobility impairment	6–9	4–6
–	with more than 60% impairment	10–15	7–10
c)	3rd metacarpal bone (depending on the mobility of the 3rd finger and other secondary lesions):		
–	with 20–50% mobility impairment	1–2	1
–	with more than 50% mobility impairment	3–5	2–4
d)	4th, 5th metacarpal bones (depending on the mobility of the respective fingers and other secondary lesions) – evaluation separately for each metacarpal bone:		
–	with 20–50% mobility impairment	1–2	1
–	with more than 50% mobility impairment	3–4	2
THUMB		Right (dominant)	Left
35.	Fracture of the thumb – depending on the impairment of thumb mobility and hand function and secondary lesions:		
a)	minor lesions with up to 25% mobility limitation	1–5	1–3
b)	medium lesions with 26–50% mobility limitation	6–10	4–8
c)	significant lesions with 51–75% mobility limitation	11–15	9–12
d)	very significant lesions with mobility restriction of more than 75%	16–20	13–15

Item	Type of impairment	Percentage of permanent health impairment	
		Right (dominant)	Left
INDEX FINGER			
36.	Fracture in the index finger – depending on deformity, sensory impairment, restriction of finger movement, impairment of hand function, joint contractures and other secondary lesions – depending on the degree:		
a)	minor lesions with up to 20% mobility limitation	1–3	1–2
b)	medium lesions with 21–40% mobility impairment	4–6	3–4
c)	significant lesions with 41–70% mobility impairment	7–11	5–7
d)	very significant lesions with mobility impairment of more than 70%	12–15	8–10
THIRD, FOURTH AND FIFTH FINGER		Right (dominant)	Left
37.	Fractures of the 3rd, 4th, or 5th finger – depending on deformities, sensory impairment, finger mobility impairment, joint contractures and other secondary lesions – for each finger depending on the degree:		
a)	3rd finger		
–	up to 50% mobility impairment without secondary lesions	1–2	1–2
–	more than 50% mobility impairment without secondary lesions	3–5	3–4
–	up to 50% mobility impairment with secondary lesions	1–5	1–4
–	more than 50% mobility impairment with secondary lesions	6–10	5–8
b)	4th and 5th finger:		
–	up to 50% mobility impairment without secondary lesions	1–2	1
–	more than 50% mobility impairment without secondary lesions	3–4	2
–	up to 50% mobility impairment with secondary lesions	1–4	1–2
–	more than 50% mobility impairment with secondary lesions	5–8	3–4
IX. INJURIES TO THE LOWER LIMB			
HIP JOINT			
38.	Fracture of the acetabulum of the hip joint, fractures of the proximal femoral epiphysis, fractures of the femoral neck, trochanteric fractures, traumatic femur epiphysiolysis – depending on the degree of mobility impairment, deformity and secondary lesions:		
a)	minor lesions with up to 30% mobility limitation		2–12
b)	medium lesions with 31–60% mobility limitation		13–24
c)	large lesions with mobility limitation of more than 60%		25–40
THIGH			
39.	Fracture of the femur – depending on deformity, shortening, mobility impairment at the hip and knee, gait disturbance, limb dysfunction and other secondary lesions:		

Item	Type of impairment	Percentage of permanent health impairment
a)	shortening in the range of 1–3 cm without secondary lesions	5–10
b)	shortening in the range of 3.1–5 cm without secondary lesions	11–20
c)	shortening of more than 5 cm without secondary lesions	21–30
d)	minor lesions with shortening up to 3 cm	10–15
e)	medium lesions with shortening in the range of 3.1–5 cm, medium gait impairment	16–29
f)	significant lesions with shortening of more than 5 cm, severe gait impairment	30–40

KNEE

40.	Fractures of the bones that make up the knee joint – depending on deformities, contractures, mobility impairment, joint stability and other secondary lesions:	
a)	loss of mobility in the range of 0–40° for every 2° of loss of movement	1
b)	loss of mobility in the range of 41–90° for every 5° of loss of movement	1
c)	loss of mobility in the range of 91–120° for every 10° of loss of movement	1

SHINS

41.	Fracture of the shin bones depending on deformity, shortening, mobility impairment in the ankle and knee joint and other secondary lesions:	
a)	shortening in the range of 1–3 cm without secondary lesions	3–10
b)	shortening in the range of 3.1–5 cm without secondary lesions	11–20
c)	shortening of more than 5 cm without secondary lesions	21–30
d)	minor lesions with shortening in the range of 0–3 cm	5–15
e)	medium lesions with shortening in the range of 3.1–5 cm	16–29
f)	large lesions with shortening of more than 5 cm	30–40
42.	Isolated fibula fracture – depending on displacement, deformity, impairment of limb function	1–3

ANKLE JOINT AND SUBTALAR JOINT, FOOT

43.	Fractures of the distal epiphyses of the shinbone, ankle bone or heel bone – depending on the persistent discomfort and limitation of function:	
a)	minor lesions with up to 20% mobility limitation	1–4
b)	medium lesions with mobility limitation in the range of 21–50%	5–10
c)	large lesions with mobility limitation of more than 50%	11–20
44.	Fractures of the tarsal bones – depending on displacement, deformation of the foot:	
a)	minor lesions with up to 20% mobility impairment	1–4
b)	medium lesions with 21–50% mobility impairment	5–10
c)	significant lesions with mobility impairment of more than 50%	11–20

Item	Type of impairment	Percentage of permanent health impairment
45.	Fractures of metatarsal bones – depending on displacement, deformation of the foot, static-dynamic disorders and other secondary lesions:	
a)	1st or 5th metatarsal bone:	
–	minor lesions without deformation	1–4
–	significant lesions, deformation, foot mobility impairment	5–10
b)	2nd, 3rd, or 4th metatarsal bone:	
–	slight lesions	1–3
–	significant lesions with deformation and limited mobility of the foot	4–7
c)	fractures of three and more metatarsal bones – depending on deformities and functional disorders	3–15

TOES

46.	Fracture of the big toe – depending on the extent of the lesion and mobility impairment:	
a)	minor lesions with up to 30% mobility limitation	1–2
b)	medium lesions with mobility limitation in the range of 31–50%	3–4
c)	large lesions with mobility limitation of more than 50%	5–7
47.	Fracture of the 2nd, 3rd, 4th, and 5th toe	1–5

Table no. 2B

Assessment of permanent health impairment as a result of an accident – burns, frostbite	Percentage of permanent health impairment
1. 2nd degree burns of less than 1% of total body surface area (TBSA)	1
2. 2nd degree burns of 1–2% of total body surface area (TBSA)	2
3. 2nd degree burns of 3–14% of total body surface area (TBSA)	6
4. 2nd degree burns of 15–30% of total body surface area (TBSA)	12
5. 2nd degree burns of more than 30% of total body surface area (TBSA)	35
6. 3rd degree burns of less than 1% of total body surface area (TBSA)	2
7. 3rd degree burns of 1–2% of total body surface area (TBSA)	5
8. 3rd degree burns of 3–10% of total body surface area (TBSA)	10
9. 3rd degree burns of 11–30% of total body surface area (TBSA)	25
10. 3rd degree burns of more than 30% of total body surface area (TBSA)	50
11. Respiratory burn treated in hospital	25
12. 2nd–3rd degree frostbite° of one finger or toe	1
13. 2nd–3rd degree frostbite° of more than one finger or toe	4
14. 2nd–3rd degree frostbite of the nose or auricle	4

Table no. 2C

Assessment of permanent health impairment as a result of an accident – dislocations	Percentage of permanent health impairment
CLAVICLE	
Dislocation of the acromioclavicular joint or sternoclavicular joint	
a) I°	1,5
b) II°	3,0
c) III°	4,5
SHOULDER	
Dislocation of the shoulder joint except habitual dislocations	
	6,5
Sprain of the shoulder joint	
	3,0
ELBOW JOINT	
Dislocation of the elbow joint	
	5,0
Sprain of the elbow joint	
	3,0
WRIST	
Dislocation of the wrist bone	
	5,5
Sprain of the wrist	
	1,5
1st–5th fingers	
Dislocation of the interphalangeal or metacarpophalangeal joints	
	1,5
Sprain of the interphalangeal or metacarpophalangeal joints	
	0,5
HIP	
Dislocation of the hip joint	
	20
KNEE	
a) damage to one collateral or cruciate ligament as a result of a knee sprain	5
b) damage to two ligaments – collateral or cruciate ligaments as a result of a knee sprain	8
c) damage to three or more ligaments – cruciate or collateral as a result of a knee sprain	12
d) total knee joint dislocation	12–20
FOOT – TALOCRURAL JOINT AND SUBTALAR JOINT	
a) ankle joint sprain	3
b) total ankle joint dislocation	10
c) total dislocation of the joints of the foot, excluding metatarsophalangeal joints and toe joints	6
TOES	
a) dislocation of metatarsophalangeal joints and toe joints	1,5
b) sprain of metatarsophalangeal joints and toe joints	0,5

Insured Party for permanent health impairment, with the amount of the benefit paid for permanent health impairment being reduced by the amount of the benefit paid for permanent health impairment.

§ 16

Benefit for hospital stay of the Insured Party as a result of an accident

1. If the Insured Party is hospitalised as a result of an accident, the Insurance Company will pay the Insured Party a one-time hospital stay benefit in the amount shown in the table below:

Table of benefits for hospital stay

Type of benefit	One-off benefit amount
Hospital stay of no more than 7 days	PLN 80
Hospital stay of more than 7 days	PLN 160

2. Entitlement to a hospital stay benefit is determined on the basis of medical records, in particular, the hospital treatment information sheet.

§ 17

Benefit for the cost of purchase or repair of prostheses and aids for the Insured Party arising from an accident

The Insurance Company shall reimburse the Insured Party for expenses incurred by the Insured Party for the repair or acquisition of prostheses and aids, provided that the repair or acquisition was recommended by a physician following the accident. Expenses shall be reimbursed on the basis of receipts or invoices documenting expenses for the repair or purchase of prostheses and aids, in the amount shown in these documents.

§ 18

Return of rehabilitation costs resulting from accidents;

The Insurance Company shall reimburse the Insured Party for rehabilitation expenses incurred by the Insured Party resulting from the consequences of the accident, provided that they are incurred within 12 months from the date of the accident. Cost reimbursement is made on the basis of receipts or invoices documenting rehabilitation expenses, in the amount shown in these documents.

Determination of benefits

§ 19

1. The type and percentage of health impairment or disability shall be determined after the completion of the treatment and rehabilitation process, however, if the treatment or rehabilitation has not been completed within 360 days from the date of the accident, the Insurance Company shall, at the request of the Insured Party, determine the type and percentage of health impairment or disability before the completion of the treatment and rehabilitation, provided that the degree of health impairment or disability is indisputable.
2. The type and percentage of impairment or disability shall be determined on the basis of medical records and, in doubtful cases, on the basis of medical examinations ordered by the Company and conducted by a physician designated thereby. The cost of ordered examinations shall be borne by the Insurance Company.
3. The next benefit payable for health impairment or disability cannot be higher than the amount of the benefit resulting from the difference between the amount of the benefit payable in the case of 100% health impairment or disability and the sum of benefits paid to date for health impairment resulting from the accident.
4. In case of loss of or damage to an organ, or system, the functions of which were already limited due to illness or disability before the accident, the degree of permanent impairment shall be determined by the difference between the degree of permanent impairment applicable to the organ, or system after the accident and the degree of permanent impairment existing before the accident.
5. If the Insured Party died for reasons unrelated to the accident, and the degree of permanent impairment or disability has not been previously determined, the determination of the degree shall be made by physicians appointed by the Insurance Company.
6. If the Insured Party has suffered permanent health impairment or disability as a result of an accident and subsequently dies as a result

2. The adjudicated percentage of impairment of each type in result of a single accident shall be aggregated, but the sum of the adjudicated percentage of impairment for a single accident shall not exceed 100%.
3. In the event that injuries to different organs qualify for payment under both disability in result of an accident and permanent health impairment in result of an accident, the amount of benefits due shall be aggregated.
4. If the Insured Party has received a permanent health impairment benefit following an accident, and the injury suffered subsequently results in disability in result of an accident, then the benefit due for disability will be paid if it is higher than the benefit paid to the

of the same accident, the Insurance Company shall pay only the death benefit. If the Insurance Company has paid a benefit for permanent health impairment or disability in result of an accident to the Insured Party, the amount of the benefit for death as a result of an accident shall be the difference between the sum insured for death as a result of an accident and the amount of the benefit for permanent health impairment or disability as a result of an accident already paid.

Personal accident sum insured

§ 20

The sums insured for the consequences of an accident and their sublimits for individual insurance options are specified in the table in § 36 (3) of the STCI.

Limitation of liability

§ 21

1. Notwithstanding the general exclusions referred to in § 40 of the STCI, the Company shall not be liable in the event of:
 - 1) the Insured Party undergoing procedures of a medical nature, unless the performance of such procedures was related to the treatment of the consequences of accidents and was ordered by a physician;
 - 2) poisoning by solid or liquid substances that have ingested orally;
 - 3) occupational disease or other diseases, even those occurring suddenly or manifesting themselves after the occurrence of an accident;
 - 4) disruption of pregnancy or childbirth;
 - 5) the Insured Party driving a vehicle or other means of transport by without required licences;
 - 6) congenital defects or tropical diseases;
 - 7) infections, with the proviso that coverage exists if the Insured Party has been infected with a pathogenic virus or bacteria as a result of wounds sustained in an accident, whereby wounds sustained in an accident do not include insignificant abrasions of the epidermis or mucous membranes; the consequences of viral or bacterial infections resulting from abrasions at the time of the accident or thereafter are not covered, however, rabies and tetanus are not subject to this limitation;
 - 8) abdominal hernias or inguinal hernias, intervertebral disc damage;
 - 9) bleeding from internal organs, however, coverage exists if the cause of the aforementioned injuries was an accident;
 - 10) haemorrhages to the brain, myocardial infarctions, strokes;
 - 11) physical and mental work without the approvals and permits required under the laws of the country where the work is performed.
2. In the WORLD version, the following risks are also not covered:
 - 1) amateur summer and winter sports;
 - 2) engaging in high-risk sports;
 - 3) professional and competitive sports practice;
 - 4) practicing extreme sports.
3. In the WORLD EXTRA version, the following risks are also not covered:
 - 1) engaging in high-risk sports;
 - 2) professional and competitive sports practice;
 - 3) practicing extreme sports.

C. LUGGAGE INSURANCE

Subject and Scope of Insurance

§ 22

1. The subject of insurance shall be luggage of the Insured Party during a trip abroad.
2. Coverage is provided for luggage in the direct care of the Insured Party and for luggage that has been:
 - 1) entrusted to a professional carrier on the basis of the relevant transport document;
 - 2) handed over to a storage facility against a relevant receipt;

- 3) left in a locked individual luggage storage at a train station or hotel;
 - 4) left in a locked room in the Insured Party's accommodation (excluding a tent);
 - 5) left in a locked motor vehicle trunk or in a locked overhead storage cabinet, or in a carpark against a relevant receipt;
 - 6) left in a locked cabin of caravan or watercraft.
3. The Insurance Company will pay compensation for loss, destruction, or damage to the Insured Party's luggage during a foreign trip only if it occurred due to:
 - 1) a fortuitous event: fire, hurricane, flood, torrential rain, hail, avalanche, direct lightning strike, earthquake, ground subsidence, or landslide;
 - 2) destruction or damage to insured luggage during rescue operations conducted in connection with the fortuitous events listed in item 1);
 - 3) accident in land, water, or air traffic;
 - 4) burglary of the premises listed in par. 2, as well as theft from a locked vehicle trunk (including a roof rack in the form of a locked container) or from a locked luggage compartment, and robbery;
 - 5) accident or sudden illness, as a result of which the Insured Party was deprived of the opportunity to take care of their luggage and secure it;
 - 6) loss, if the luggage was in the care of a professional carrier, based on a relevant transport document.

Sum insured for luggage

§ 23

The sum insured for luggage is specified in the table in § 36 (3) of the STCI.

Limitation of liability

§ 24

1. Notwithstanding the general exclusions referred to in STCI § 40, the Company shall not be liable for damages:
 - 1) involving damage or theft of motor vehicle equipment;
 - 2) resulting from loss or leaving items behind;
 - 3) involving only damage or destruction of luggage containers (suitcases, bags, trunks, or backpacks);
 - 4) resulting from defects in the insured object;
 - 5) consisting of damage, destruction, or loss of items due to wear and tear, spontaneous combustion, self-destruction, or leakage, and with regard to breakable or glass-packaged items – also breakage or loss of value of the damaged item;
 - 6) caused in electrical apparatus and equipment due to their defects or the action of electric current during operation, unless the action of electric current caused the fire;
 - 7) caused by emission, leakage, or other form of release of any substance into the air, water or ground;
 - 8) resulting from detention, destruction, or confiscation by customs or other authorities.
2. In addition, insurance shall not cover:
 - 1) silver, gold, platinum in scrap or bars;
 - 2) means of payment (debit cards, cash, checks), travel tickets, vouchers, savings books and savings certificates, securities, keys;
 - 3) audio-visual equipment, communications equipment, photographic equipment;
 - 4) jewellery, watches, works of art, antiques, or collectibles;
 - 5) equipment and computer programs, data on media of any kind;
 - 6) sports equipment;
 - 7) floating equipment;
 - 8) weapons of all kinds and hunting trophies;
 - 9) propellants, automobile accessories, and equipment for caravans and boats;
 - 10) cars, trailers, caravans, or other means of transportation;
 - 11) medical equipment, medicines, prostheses;

- 12) fur items;
 - 13) food, alcohol, cigarettes;
 - 14) valuables – computer and photographic equipment, audio-visual equipment, and portable telephones.
3. In determining the extent of the damage, no account is taken of:
 - 1) scientific, collector, antique, or commemorative value of items;
 - 2) costs incurred for decontamination of damage residues.
 4. The amount of compensation paid may not exceed the value of the actual damage suffered or include damage previously caused, including the degree of natural wear and tear.

D. CIVIL LIABILITY OF THE INSURED PARTY IN PRIVATE LIFE

Subject and Scope of Insurance

§ 25

1. The subject of insurance is the civil liability of the Insured Party in private life for personal injury (death, bodily injury, or health disorder) or property damage (damage to or destruction of property), caused by tort to third parties during a trip abroad.
2. Upon payment of an additional premium, civil liability insurance in private life coverage may be extended to damage caused by tort in the territory of the Republic of Poland.

§ 26

Under civil liability insurance in private life, the Company shall only be liable for damage resulting from an insured event that occurred during the period of the Insurance Company's liability, and a claim was filed against the Insured Party as a result.

§ 27

1. Within the limits of its liability, the Company shall:
 - 1) investigate the validity of claims made against the Insured Party;
 - 2) cover reasonable costs to prevent an increase in the extent of the damage;
 - 3) cover the costs of opinions of experts appointed with the approval of the Insurance Company to determine the circumstances or extent of the damage;
 - 4) payment of benefit or indemnity that the Insured Party is obliged to pay to the injured party for damage covered by the insurance contract on the basis of a settlement, recognition or final court decision concluded or approved by the Insurance Company.
 - 5) to cover the cost of hiring a defence attorney to represent the Insured Party's interests during a trial, if selected by or with the consent of the Company.
2. The upper limit of the Insurance Company's liability with respect to one Insured Party, with respect to all insured events occurring during the insurance period, shall be the guarantee sum, regardless of the number of persons who caused or contributed to the damage.

Sum guaranteed

§ 28

The sum guaranteed for the Insured Party's civil liability in private life and its sublimits is specified in the table in § 36 (3) of the STCI.

Limitation of liability

§ 29

1. Notwithstanding the general exclusions referred to in STCI § 40, the Company shall not be liable for damages:
 - 1) arising in connection with the possession of dogs, horses, wild or exotic animals, as well as chopping and stabbing weapons or firearms, and in connection with their use for sport or self-defence;
 - 2) caused to next of kin, relatives, or in-laws;
 - 3) intentionally caused by persons with whom the Insured Party is in a common household;
 - 4) for which compensation is due under compulsory liability insurance;
 - 5) resulting from owning, using or driving motor vehicles, aircraft or watercraft;

- 6) resulting from the transmission of disease to another person;
 - 7) caused by normal operation of an object or due to technical wear and tear;
 - 8) resulting from contractual liability (for non-performance or improper performance of an obligation);
 - 9) arising from activities related to the Insured Party's performance of any type of work, profession or business;
 - 10) related to amateur sports;
 - 11) related to high-risk sports;
 - 12) related to professional or competitive sports or taking part in competitions, races, performances, and sports training;
 - 13) related to extreme sports;
 - 14) arising in the territory of the Republic of Poland or the country of residence;
 - 15) resulting from the loss of or damage to property belonging to the Insured Party or property of another party used by the Insured Party under a rental, lease, use, storage, or other similar agreement (however, this does not apply to the rental of a room in a hotel or guesthouse);
 - 16) caused by the Insured Party while under the influence of alcohol.
2. The Insurance Company shall not cover damages not exceeding the equivalent of EUR 100 in respect of each insurance event occurring during the term of the Insurance Company's liability, and the benefits and compensation payable to the injured party for each of the above events shall be reduced by such amount (franchise).

E. LIABILITY OF THE INSURED PARTY IN CONNECTION WITH THE PRACTICE OF SPORTS

Subject and Scope of Insurance

§ 30

The subject of insurance is the civil liability of the Insured Party for personal injury while practicing sports (death, bodily injury or health disorder) or property damage (damage or destruction of property), caused by a tortious act to third parties during travel abroad in connection with amateur sports practice, practicing high-risk sports, professional or competitive sports practice, or taking part in competitions, races, performances, and sports training, as well as practicing extreme sports.

§ 31

Under civil liability insurance for practicing sports, the Insurance Company shall only be liable for damage resulting from an insured event that occurred during the period of the Insurance Company's liability, which resulted in a claim against the Insured Party.

§ 32

1. Within the limits of its liability, the Company shall:
 - 1) investigate the validity of claims made against the Insured Party;
 - 2) cover reasonable costs to prevent an increase in the extent of the damage;
 - 3) cover the costs of opinions of experts appointed with the approval of the Insurance Company to determine the circumstances or extent of the damage;
 - 4) payment of benefit or indemnity that the Insured Party is obliged to pay to the injured party for damage covered by the insurance contract on the basis of a settlement, recognition or final court decision concluded or approved by the Insurance Company;
 - 5) to cover the cost of hiring a defence attorney to represent the Insured Party's interests during a trial, if selected by or with the consent of the Company.
2. The upper limit of the Insurance Company's liability with respect to one Insured Party, with respect to all insured events occurring during the insurance period, shall be the guarantee sum, regardless of the number of persons who caused or contributed to the damage.

Sum guaranteed

§ 33

The sum guaranteed for the Insured Party's civil liability in practicing sports and its sublimits are specified in the table in § 36 (3) of the STCI.

Limitation of liability

§ 34

1. Notwithstanding the general exclusions referred to in STCI § 40, the Company shall not be liable for damages:
 - 1) arising in connection with the possession of dogs, horses, wild or exotic animals, as well as chopping and stabbing weapons or firearms, and in connection with their use for sport or self-defence;
 - 2) caused to next of kin, relatives, or in-laws;
 - 3) intentionally caused by persons with whom the Insured Party is in a common household;
 - 4) for which compensation is due under compulsory liability insurance;
 - 5) resulting from owning, using or driving motor vehicles, aircraft or watercraft;
 - 6) resulting from the transmission of disease to another person;
 - 7) caused by normal operation of an object or due to technical wear and tear;
 - 8) resulting from contractual liability (for non-performance or improper performance of an obligation);
 - 9) arising from activities related to the Insured Party's performance of any type of work, profession or business;
 - 10) arising in the territory of the Republic of Poland of the country of residence;
 - 11) resulting from the loss of or damage to property belonging to the Insured Party or property of another party used by the Insured Party under a rental, lease, use, storage, or other similar agreement (however, this does not apply to the rental of a room in a hotel or guesthouse);
 - 12) caused by the Insured Party while under the influence of alcohol.
2. The Insurance Company shall not cover damages not exceeding the equivalent of EUR 50 in respect of each insured event occurring during the term of the Insurance Company's liability, and the

benefits and indemnity payable to the injured party for each of the above events shall be reduced by such amount (franchise).

CHAPTER III. COMMON PROVISIONS

Accession to the insurance contract

§ 35

1. Any EURO26 Cardholder may join the insurance contract by submitting an accession declaration to the Policyholder.
2. Accession to the insurance contract shall be confirmed by an insurance document that contains at least the following data:
 - 1) first and last name of the Insured Party;
 - 2) the validity period of the EURO26 Card;
 - 3) EURO26 Card number.

Sums insured and guaranteed and their sublimits

§ 36

1. Sums insured and sums guaranteed, as well as their sublimits, shall be the upper limit of the Company's liability with respect to one Insured Party for all insured events during the period of the Company's liability.
2. Sums insured and sums guaranteed, as well as their sublimits, shall be reduced by any amount of benefit or indemnity paid on account of the insurance for which these sums were determined.
3. Sums insured and sums guaranteed and their sublimits are shown in the table below and individual provisions of the STCI.

Insurance Period

§ 37

1. The Insurance Company's liability towards a given Insured Party shall commence on the date specified in the declaration of accession, however, not earlier than on the day following the date of is-

Scope of Insurance	Sum insured or guaranteed and sublimits of liability			
	WORLD Card	WORLD EXTRA Card	SPORT Card	SPORT EXTRA Card
Medical and immediate assistance costs, including the cost of treating the effects of cancer, mental illness and chronic diseases	EUR 60,000	EUR 250,000	EUR 60,000	EUR 250,000
including rescue costs	–	EUR 5,000	EUR 8,000	EUR 8,000
Isolation assistance	EUR 1,000	EUR 1,000	EUR 1,000	EUR 1,000
Quarantine assistance	EUR 1,000	EUR 1,000	EUR 1,000	EUR 1,000
Consequences of accidents – permanent impairment	EUR 5,000	EUR 5,000	EUR 5,000	EUR 5,000
Consequences of accidents – death	EUR 2,500	EUR 2,500	EUR 2,500	EUR 2,500
Consequences of accidents – disability	EUR 5,000	EUR 5,000	EUR 5,000	EUR 5,000
Consequences of accidents – costs of purchasing prostheses and aids	PLN 2,500	PLN 2,500	PLN 2,500	PLN 2,500
Consequences of accidents – costs of the rehabilitation (additional option)	PLN 1,000	PLN 1,000	PLN 1,000	PLN 1,000
Luggage	EUR 200	EUR 200	EUR 200	EUR 200
Civil liability in private life while traveling abroad – personal injury	EUR 20,000	EUR 20,000	EUR 20,000	EUR 20,000
Civil liability in private life while traveling abroad – property damage	EUR 10,000	EUR 10,000	EUR 10,000	EUR 10,000
Civil liability in private life in the territory of the Republic of Poland (additional option); personal injury – 100% of the sum guaranteed, property damage – 50% of the sum guaranteed	EUR 20,000	EUR 20,000	EUR 20,000	EUR 20,000
Civil liability related to sports – personal injury	–	–	EUR 10,000	EUR 10,000
Civil liability related to sports – property damage	–	–	EUR 5,000	EUR 5,000

suance of the EURO26 Card and the day of notifying the Insurance Company of the Insured Party's accession to an insurance contract subject to par. 2 and 3.

2. Insurance coverage for medical expenses and immediate assistance, luggage, as well as the Insured Party's liability in private life and the liability for sports activities shall commence upon crossing the border of the Republic of Poland or the country of residence upon departure.
3. If the Insured Party is abroad – the Company's liability shall commence 7 days after the date of payment of the premium (grace period). The premium shall be charged by the Company only for the period of protection provided.
4. The Insurance Company's liability to a given Insured Party shall end on the date indicated in the insurance document as the end of validity of the EURO26 Card.
5. Insurance coverage for medical expenses and immediate assistance, luggage, as well as the Insured Party's civil liability in private life and the civil liability for sports activities shall end upon crossing the border of the Republic of Poland upon return.

Determination and payment of indemnity and benefits

§ 38

1. Determination of the validity of the claim and the amount of the benefit and indemnity shall be made on the basis of the complete documentation, as specified in the STCI or indicated by the Company, submitted by the Insured Party, the Beneficiary or a third party.
2. The Insurance Company shall notify the Policyholder or the Insured Party within 7 days of receiving a notice of the occurrence of an event covered by insurance, if they are not the persons making the notification, and shall also inform the person making the claim – in writing or in another form to which the person agreed – what documents are necessary to determine the liability of the Insurance Company and the amount of service or compensation, insofar as it is necessary for further proceedings.
3. The Company is obliged to pay the due benefit or compensation within 30 days from the date of notification of the insured event.
4. In case it is impossible to explain circumstances required for determining Insurance Company's liability or the amount of benefit or indemnity within the term defined in item 3, the benefit or indemnity shall be paid within 14 days from the day it was possible to explain these circumstances with due diligence, however, the undisputed part of the benefit or compensation shall be paid by the Insurance Company within the term defined in item 3.
5. If the Insurance Company does not pay the benefit or indemnity within the time limits specified in the above paragraphs, it shall notify the claimant and the Insured Party, if they are not the person making the claim, in writing, of the reasons why the claim cannot be satisfied in whole or in part, and shall pay the undisputed portion of the benefit or indemnity.
6. The benefit or indemnity shall be paid on the territory of the Republic of Poland in Polish zlotys.
7. If the benefit or indemnity is not due or is due in a different amount than that specified in the filed claim, the Insurance Company shall inform the person filing the claim and the Insured Party, if they are not the person filing the claim, indicating the circumstances and the legal basis justifying the total or partial refusal to pay the benefit or indemnity and instructing on the possibility to pursue the claim in court.
8. In the event of the death of the Insured Party after they become entitled to receive the benefit, the Company will pay this benefit to their heirs.

Transfer of claims to the Company

§ 39

1. As of the date of payment of indemnity by the Insurance Company, claims of the Insured Party against a third party responsible for the damage shall be transferred to the Insurance Company up to the amount of indemnity paid.
2. Claims of the Insured Party against persons with whom the Insured Party remains in a common household shall not be transferred to the Company.

3. For an insured event, the Insured Party is obliged to provide for the possibility of pursuing indemnity claims against those responsible for the damage.
4. If the Insured Party, without the consent of the Insurance Company, waived a claim against the person responsible for the damage or improperly performs the duties listed in paragraph 3, the Insurance Company shall be relieved of its obligation to provide benefits to the extent that this prevented the pursuit of recourse claims against the person responsible for the damage. If this was disclosed or took place after the indemnity was paid, the Insured Party shall, at the request of the Insurance Company, reimburse such portion of the indemnity paid from which the Insurance Company would have been relieved in accordance with the rules set forth in the preceding sentence.

General exclusions of the Company's liability

§ 40

1. The Insurance Company shall not be liable for damage resulting from intentional or grossly negligent acts or omissions of the Insured Party, unless payment of the benefit under the circumstances is in equity.
2. The Company shall not be liable for damages incurred during a foreign trip if the purpose of the trip is for the Insured Party to undertake medical treatment.
3. The Insurance Company's coverage does not apply to events resulting from:
 - 1) acts of war, acts of terror, martial law, state of emergency or the Insured Party's participation in riots, disturbances, strikes, protests, roadblocks, and brawls, subject to paragraph 5;
 - 2) departure of the Insured Party to a country for which a warning to travellers regarding war or civil war was announced by the Ministry of Foreign Affairs of the Republic of Poland before the Insured Party's departure;
 - 3) betting;
 - 4) alcoholism of the Insured Party and its consequences;
 - 5) the Insured Party being in a state of drunkenness, exceeding the permissible limits of consumption in accordance with applicable laws, the Insured Party's use of drugs, medicines, or other intoxicants;
 - 6) driving a vehicle by the Insured Party without legally required licences;
 - 7) a crime attempted or committed by the Insured Party;
 - 8) participation in motor vehicle and motorboat races, driving on sections designed for high-speed driving, rallies, as well as other motor vehicle driving where competition is involved;
 - 9) accidents in which the Insured Party was injured while participating in events as a driver or passenger of a motor vehicle, including exercises or training accompanying these events aimed at reaching top speeds;
 - 10) an airplane accident that occurred while the Insured Party was on board an aircraft other than an air carrier as defined by applicable aviation laws;
 - 11) the Insured Party's active service in the armed forces;
 - 12) suicide or attempted suicide, self-harm by the Insured Party.
 - 13) events that took place on the territory of the US and Canada.
4. The Insurance Company shall not be liable if the payment of a benefit or the provision of a service under an insurance contract could expose the Insurance Company to sanctions, prohibitions or restrictions under United Nations resolutions or to any other commercial or economic sanctions under the laws of the European Union, the United Kingdom of Great Britain and Northern Ireland, the United States of America, or the Republic of Poland.
5. Insurance coverage exists for a period of 7 days from the commencement of hostilities or the imposition of a state of war or emergency in the territory of the country where the Insured Party is traveling abroad, and covers their effects and the effects of acts of terrorism, including the effects of the use of atomic, biological, or chemical weapons, however, the liability of the Insurance Company does not exist when the foreign trip takes place to a country on whose territory hostilities are already in progress or a state of war or emergency has been imposed.

Obligations of the Insured Party and proceedings related to medical expenses and immediate assistance insurance and personal accident insurance

§ 41

1. The Insured Party shall prevent, as far as possible, the increase of the damage and limit its consequences.
2. In the event of an insured event, the Insured Party or the person acting on their behalf shall:
 - 1) before taking any action on your own – make a telephone request for assistance to the Emergency Centre; the phone number of the Emergency Centre is listed in the policy, is open 24/7; information is provided in Polish;
 - 2) carefully explain to the employee of the Emergency Centre the circumstances of the Insured Party, what kind of assistance the Insured Party needs and provide the necessary insurance information, i.e.:
 - a) insurance document number (EURO26 Card),
 - b) name of the Insured Party,
 - c) telephone number where the Emergency Centre can contact the Insured Party or their representative;
 - 3) allow Emergency Centre physicians to access all medical information;
 - 4) follow the recommendations of the Emergency Centre, providing information and necessary powers of attorney;
 - 5) allow the Emergency Centre to perform the actions necessary to establish the circumstances of the damage, the validity and amount of the claim, and provide assistance and explanations for this purpose.
3. If the Insured Party, for reasons beyond his control, has not fulfilled the obligations referred to in paragraph 2, and has incurred expenses at the place of the event related to medical expenses or immediate assistance, they shall report the claim to the Insurance Company, in writing, within 7 days from the date of return to Poland or the country of residence. The documentation should be sent to the address of the Company indicated in the insurance document.
4. In the event of a wilful or grossly negligent breach of the obligations set forth in the preceding paragraphs, the Insurance Company may reduce the benefit to the extent that the breach contributed to the increase of the damage or prevented the Insurance Company from determining the circumstances and consequences of the accident.
5. A claim for payment of a benefit or compensation under the insurance of medical expenses and immediate assistance should include:
 - 1) number of the insurance document (EURO26 Card);
 - 2) detailed description of the circumstances of the incident;
 - 3) medical report describing the type and nature of the injury, including an accurate diagnosis and recommended treatment;
 - 4) invoices and bills, hospital certificates, proofs of payment, which will enable the Company to determine the total medical expenses incurred by the Insured Party.
6. In the event of an accident, the Insured Party shall: immediately, no later than within 24 hours, report to a physician and comply with their recommendations and take measures to reduce the effects of the accident, including undergo the treatment recommended by the physicians, which is understood as all forms of therapy, surgery, rehabilitation, and other medical measures aimed at improving the health of the Insured Party in terms of the damage suffered as a result of the accident.
7. In the event of an accident, the Insured Party shall:
 - 1) report in writing to the Insurance Company the occurrence of an insured event covered by the scope of insurance, within 30 days from the date of the event;
 - 2) obtain medical documentation stating the medical diagnosis;
 - 3) send to the Insurance Company a completed damage report questionnaire and other documents necessary to determine the validity and amount of the benefit, including medical documentation from the scene of the accident, confirming the circumstances of the accident and the type of injury, and in the absence of such documentation – other evidence of the

accident and driver's licences, bills, invoices, and evidence of their payment;

- 4) provide any information requested by the Company.
8. In the event of the death of the Insured Party, the named beneficiary thereof shall be required to submit, in addition to the documents specified in paragraph 7 (3), an identity document and a copy of the death certificate, and in the absence of a named beneficiary, the family member applying for payment of benefits shall be required to submit documents proving kinship or affinity with the Insured Party.
9. The Insured Party, at the request of the Company, shall:
 - 1) undergo medical or diagnostic examination, with minimal risk, excluding genetic tests, to determine the state of health or to determine the degree of permanent health impairment; the costs of conducting these tests shall be borne by the Company;
 - 2) make available the results of tests or medical documents concerning the course of treatment, or to give permission for the Company to apply to relevant persons or institutions for access to such data or documents;
 - 3) to give written permission to the Company to apply to the entities that provided healthcare services to the Insured Party in order to obtain information related to the verification of the data provided by the Insured Party about their health condition, to determine the right to a benefit under the insurance contract and the amount of this benefit, and to release these entities from the obligation of secrecy related to the provided health services to the extent necessary to liquidate the loss;
 - 4) consent to obtain from the National Health Fund (Narodowy Fundusz Zdrowia) data on the names and addresses of healthcare providers who provided healthcare services in connection with the accident or fortuitous event, which is the basis for determining the liability of the Insurance Company and the amount of indemnity or benefits.

Obligations of the Insured Party and treatment in the event of damage under luggage insurance

§ 42

1. The Insured Party is obliged to prevent damage and, in particular, to exercise due diligence in guarding the property.
2. Indemnity for loss of luggage shall be paid to the Insured Party provided that the luggage is not recovered by the Insured Party. In the event that the luggage for which indemnity has been paid is recovered by the Insured Party in an undamaged condition, the Insured Party shall be obliged to reimburse the amount of indemnity paid, and the Insurance Company shall only pay the necessary costs associated with the recovery of the luggage (but only up to the amount of indemnity that would have been due if the luggage had not been recovered).
3. In the event of a loss, the Insured Party shall be obligated to:
 - 1) to prevent the increase of damage;
 - 2) securing evidence of damage, both in case of loss, destruction, and damage to luggage;
 - 3) securing the damaged or destroyed items so that they can be inspected by a representative of the Company;
 - 4) immediately, but no later than within 12 hours of the incident, notify the police of any incident of burglary, robbery or loss of insured items and obtain written confirmation of this fact, specifying the lost items (type, quantity) and stating their value;
 - 5) notify the relevant carrier or the management of the hotel, vacation home, campground, etc. of any damage that occurred in a public means of transportation or place of lodging, and obtain written confirmation of this notification, specifying the lost items (type, quantity) and stating their value;
 - 6) in case of total or partial destruction of objects as a result of a fortuitous event or rescue operation – obtain a written confirmation of the damage suffered from the relevant authorities specifying the lost objects (type, quantity), report a claim for payment of compensation to the Insurance Company within 7 days from the date of return to Poland or country of residence.

4. In case of violation of the obligations set forth in par. 3 by wilful misconduct or gross negligence, the Insurance Company may reduce the benefit to the extent that the violation contributed to the increase of the damage or prevented the Insurance Company from determining the circumstances and consequences of the accident.
5. The application should include:
 - 1) number of the insurance document (EURO26 Card);
 - 2) detailed description of the circumstances of the incident;
 - 3) inventory of damaged or lost items with an indication of their value;
 - 4) evidence of loss, destruction or damage to luggage.

Obligations of the Insured Party and conduct in the event of damage under civil liability insurance for private life and sport

§ 43

1. The Insured Party shall prevent, as far as possible, the increase of the damage and limit its consequences.
2. In the event that the Insured Party has received information that a lawsuit has been filed against them, they shall notify the Company of this fact, even if they have already reported the occurrence of an insured event.
3. The Company shall not be liable for costs resulting from the Insured Party's failure to agree to the Company's settlement with the injured party or to settle their claims.
4. After any event resulting in the Insured Party causing damage, the Insured Party shall:
 - 1) immediately notify the Emergency Centre, but no later than within 7 days from the date of the occurrence of the event that may incur civil liability, and comply with the recommendations of the Emergency Centre;
 - 2) not, without the approval of the Emergency Centre, recognise or settle the claims of the injured party, nor enter into any agreement or settlement with the injured party regarding the claims made by the injured party;
 - 3) grant power of attorney to a person designated by the Emergency Centre to conduct a case or appeal to a civil court, if the injured party has taken legal action, if such a request is made by the Emergency Centre;
 - 4) forward to the Emergency Centre, immediately upon receipt, any summons, lawsuit and any other court letters served to the Insured Party.

Obligations of the Company

§ 44

1. The Company shall provide a benefit in the event of an insured event under the STCI.
2. The Company, in accordance with applicable laws, shall maintain the secrecy of data concerning the persons mentioned in the insurance documentation.
3. The Company has a duty to properly and timely perform its obligations under the insurance contract and the law.

Obligations of the Policyholder

§ 45

If the Insured Party agrees to finance the cost of the insurance premium, the Policyholder shall provide the terms and conditions of insurance to the persons concerned, before they join the insurance contract and before they agree to finance the premium, in writing, or, if the persons concerned agree, on another durable medium.

Complaints, objections and grievances

§ 46

1. In each case, a natural person being the Policyholder, the Insured Party or a person entitled under an insurance contract, as well as a legal entity or a company without legal personality being the Policyholder, the Insured Party or a party seeking insurance cover, may file a complaint.
2. In the case of natural persons, a complaint shall mean a submission, including objections and grievances, addressed to the Insur-

ance Company as a financial market entity and containing reservations regarding the services provided by the Insurance Company, except for submissions made by natural persons who are customers of an insurance broker or customers of an insurance agent or supplementary insurance agent performing agency activities for more than one insurance company within the same insurance branch in accordance with the Annex to the Act of 11 September 2015 on insurance and reinsurance activity (załącznik do ustawy z dn. 11 września 2015 r. o działalności ubezpieczeniowej i reasekuracyjnej), containing reservations concerning these entities to the extent not related to the insurance cover provided.

3. In the case of legal entities or companies without legal personality, a complaint shall mean a submission, including objections and grievances, addressed to the Insurance Company and containing reservations related to the services provided by the Insurance Company, except for submissions concerning insurance brokers, insurance agents or supplementary insurance agents performing agency activities for more than one insurance company within the same insurance branch in accordance with the Annex to the Act of 11 September 2015 on insurance and reinsurance activity, containing reservations concerning these entities to the extent not related to the insurance cover provided.
4. The complaints referred to above may be filed as follows:
 - electronically – to the email: ubezpieczenia.korporacyjne@uniqa.pl
 - in writing – in person, at the branch providing customer service or the headquarters of the Company, or by mail to the following address: 00-867 Warszawa, Poland, ul. Chłodna 51, or to the electronic delivery address referred to in the Electronic Delivery Act of 18 November 2020, entered in the database of electronic addresses as a public register kept by the minister responsible for computerisation), i.e. AE:PL-71235-46013-CSHSF-26,
 - orally – by phone at +48 22 555 04 45 or in person for the record during a visit to a branch providing customer service or at the headquarters of the Company.
5. Complaints shall be submitted to the Management Board of the Insurance Company. A complaint may be filed at any of the Insurance Company's branch providing customer service.
6. The Company's response to a complaint will be provided in writing or, in the case of a complaint filed by an individual – by e-mail, if the individual filing the complaint requests a response in this form. In addition, at the request of the person filing the complaint, the Insurance Company shall confirm that the complaint has been filed in writing or in another agreed manner.
7. Filing a complaint as soon as any reservations appear will facilitate and speed up its fair handling.
8. In the event that the Company does not have contact information for the person making the complaint, the following data must be provided when making a complaint: first name, last name, mailing address, e-mail address (if such form of contact is chosen), and additionally in the case of legal persons or unincorporated companies – the company name.
9. The Insurance Company shall respond to a complaint without undue delay, no later than within 30 days from the date of its receipt.
10. In particularly complicated cases making it impossible to handle a complaint and respond to it within 30 days, the Insurance Company shall send, within this time limit, information on the reason why handling the complaint is impossible. In such a case, the Insurance Company shall respond to the complaint no later than within 60 days from the date of its receipt.
11. If the individual filing the complaint does not agree with the position of the Company expressed in its response to the complaint, they may apply to the Financial Ombudsman for review of the case, and in addition, file a lawsuit against the Company before a common court of law according to the jurisdiction specified in § 47 of the STCI.
12. Pursuant to Article 31 of the Act of 23 September 2016 on out-of-court resolution of consumer disputes (ustawa z dnia 23 września 2016 r. o pozasądowym rozwiązywaniu sporów konsumenckich), we inform you that the entity authorised for the Company to conduct proceedings on out-of-court resolution of disputes with consumers within the meaning of this Act is the Financial Ombudsman (ul. Nowogrodzka 47A, 00-695 Warszawa, Poland; www.rf.gov.pl).

13. A customer being a consumer may also request assistance from the locally competent District (Municipal) Consumer Ombudsman.
14. Entities which do not have the right to file a complaint in accordance with par. 1–3, shall have the right to file a plaint or grievance. The provisions of par. 4–9 and 13 shall apply accordingly to o and grievances filed by these entities, provided that in particularly complicated cases making it impossible to handle an objection or grievance and respond to them within 30 days, the Insurance Company shall, within this time limit, inform the person filing the objection or grievance on the reason why handling them is impossible, and in such a case, the Insurance Company shall respond to the objection or grievance no later than within 90 days from the date of their receipt.
15. The Insurance Company is supervised by the KNF Board.

Competent court to settle disputes

§ 47

1. An action involving a claim arising from the insurance contract may be brought in accordance with the provisions on general jurisdiction or before the court having jurisdiction over the place of

residence or registered office of the Policyholder, the Insured Party or a person entitled under the insurance contract.

2. An action for a claim under the insurance contract may be brought in accordance with the rules of general jurisdiction or before the court having jurisdiction over the place of residence of the Insured Party's heir or other beneficiary under the insurance contract.

Final Provisions

§ 48

1. All notices and declarations in connection with the conclusion and execution of the insurance contract shall be made in writing, unless otherwise provided for in the STCI.
2. In matters not regulated by the STCI, the relevant provisions of Polish law shall apply.
3. The STCI were adopted by a resolution of the Management Board of 13 June 2023.
4. The Form to the STCI – information prepared in accordance with Article 17 (1) of the Act of 11 September 2015 on Insurance and Reinsurance Activities shall form an integral part of the STCI.