Personal insurance



Company: AAS BTA Baltic Insurance Company, represented by a branch in Lithuania

Detailed pre-contractual and insurance contract-related information about the product is provided in the Regulations of the Life and Health Insurance No. 01.6 and in the insurance certificate (policy), the Law on Insurance of the Republic of Lithuania, the Civil Code of the Republic of Lithuania, and other legislation regulating insurance contracts.

What is the type of this insurance?

Personal insurance - Accident insurance



What is covered by insurance?

Below is the list of the most commonly chosen insurance risks and their most common insured events.

✓ If you choose the risk Death due to Trauma:

Insured Event - death due to trauma within 1 year from the date of the Accident.

In case of death, the insurance benefit is paid as specified in Paragraph 14 of the Regulations.

If you chose the risk Injuries:

The types of injuries are divided into two categories, which are presented in Annex No.

1 and Annex No. 2. You can choose these categories together or separately.

Injuries to bones, soft tissue, and internal organs (Annex No. 1 of the Regulations): Bone fractures (for example, fracture or dislocation of a single bone in the hand, fracture of the digit(s) of the hand/foot) and soft tissue injuries (for example, a linear scar up to 3 cm, sprain or tear of the ankle ligaments, where work has lasted for at

least 7 days). In case of an event, a part of the insurance benefit is paid out, depending on the type of the Injury.

✓ Long-term and irreversible consequences of Injuries (Annex No. 2 to the Regulations):

Long-term and irreversible consequences of injuries (for example, complete deafness in one ear, leg amputation).

In case of an event, a portion of the insurance benefit is paid out, depending on the nature of the Injury.

If you chose the risk Loss of working capacity:

Insurable event - the level of working capacity of no more than 50% is established (for persons under 18 years of age - the level of disability) no later than within 1 year from the date of the event.

In case of an event, a portion of the insurance benefit is paid out depending on the level of the Loss of working capacity (disability).

✓ If you chose the risk Illnesses:

An insured event is the diagnosing of the Insured with one of the diseases specified in the Regulations (for example, Lyme disease, tick- borne encephalitis, acute appendicitis, acute food poisoning), under the conditions specified in the Regulations.

In case of an event, the insurance amount specified in the insurance policy or in insurance rules is paid out once during the insurance period.



What is not covered by insurance?

Insurance risks and the most common non insured events are listed below.

If the risk specified in the insurance policy is Death (due to Trauma):

✗ if the condition of intoxication is not marked in the policy, and in the event of an incident, the blood alcohol concentration exceeds 0.4 permille, or the person refused to undergo a sobriety test.

X if the event occurred due to any diseases including Critical diseases and Illnesses.

If the risk specified in the insurance policy is Injuries Injuries to bones, soft tissue, and internal organs (Annex No. 1 of the Regulations) Long-term and irreversible consequences of Injuries (Annex No. 2 to the Regulations)

- Bodily injury, which is not specified in Annex No. 1 or in Annex No. 2. to the Regulations.
- The fact of the event is not confirmed by a medical document (extract from a medical institution).
- X Injury to the functional unit of the organ system, if this area was affected by a disease prior to the injury (e.g.: Osteoporosis) or if it is a pathological fracture.
- Hernias (abdominal wall, diaphragm, intervertebral discs), radiculopathy/neuropathy caused by exercise/tension (including weight lifting).
- X Due to the repeated injury to the same functional unit of the organ system, if there are still residual consequences of the previous Trauma.

The event is recognized as insured according to the risks daily allowance, sickpay, education expenses, tutor expenses, children expenses, plastic surgery, psychological assistance, assistance, only if it occurred due to Trauma.

If the risk specified in the insurance policy is Loss of working capacity

- X The loss of working capacity (disability) was established more than 1 year after the date of the Accident.
- The level of loss of working capacity is below 50%, the level of disability has not been determined for persons under the age of 18.
- X The event was recognized as not insured according to the risk of Trauma.

If the risk specified in the insurance policy is Illnesses

X A diagnosed disease that is not specified in the List of Illnesses or if its diagnosis criteria do not meet the criteria specified in the Regulations for this disease.



Product: Accident insurance

✓ If you chose the risk Critical Diseases:

An insured event is considered to be a Critical disease for the Insured (e.g. myocardial infarction, stroke, aortic aneurysm, cerebral aneurysm), diagnosed under the conditions specified in the Regulations. In case of an event, the insurance amount specified in the insurance policy is paid out once during the insurance period.

If you chose the risk Personal civil liability:

- Civil liability for damage caused to the property and/ or health of third parties, including damage caused by domestic animals, is considered an insured event.
- We will indemnify third-party claims for damages resulting from the destruction of or damage to the property of a third-party, bodily injury (including death) of a third party, as well as expenses incurred as a result.

Other risks not detailed in this document that may be included in an insurance offer or policy:

- Daily allowance, sickpay, education expenses, tutor expenses, children expenses, plastic surgery, psychological assistance, assistance.
- Insurance coverage applies only to risks that the Insured chose when concluding the insurance contract and for which the insurance premiums were paid on time.

- If it is contracted within the first 30 days from the commencement of the insurance contract period. This provision does not apply when the Insurance coverage Illnesses is continued in the Renewed Contract.
- X If the diagnosis of the disease is not confirmed during the validity period of the insurance contract.

If the risk specified in the insurance policy is Critical diseases

- A diagnosed disease that is not specified in the List of Critical diseases or if its diagnosis criteria do not meet the criteria specified in the Regulations for this disease.
- The first symptoms of which appeared and/or the final diagnosis of the disease was confirmed within the first 90 days from the commencement of the insurance contract period, except for Extended contracts.
- X If the Final diagnosis of the disease is not confirmed during the validity period of the insurance contract.

If the risk specified in the insurance policy is Personal civil liability

- Losses that are not the result of damage to the health, life, and/or property of Third Parties.
- Non-pecuniary damage.
- No written claim for damages from Third Parties has been received.

Are there any restrictions on insurance coverage?

- The event occurred while engaging in activities that are classified as High Risk activities or Sports, and this was not noted in the insurance certificate (policy).
- The event occurred while engaging in motocross, motorsport, kickboxing (the full list of activities is specified in Paragraph 4.1.13 of the Regulations). While serving in the military, participating in military exercises, operations, peacekeeping missions or any military action.
- When concluding the insurance contract, incorrect or incomplete information was provided about the Insured's illnesses, health disorders, and/or the determined level of incapacity (disability).
- During the validity period of the insurance contract, the Insured began to work at a more risky job.
- The event occurred due to intentional actions of the Insured, the Insurant, or the Beneficiary.

Where do I get insurance coverage?

- The following risks are covered worldwide: death due to trauma, injuries, critical diseases, sick pay, education expenses, tutor expenses, children expenses, plastic surgery, psychological assistance, assistance.
- The following risks are covered only in Lithuania: daily allowance, medical expenses, loss of working capacity and personal civil liability.
- · Insurance coverage is valid 24 hours per day, unless otherwise stated in the insurance certificate (policy).



What are my obligations?

- You must pay your insurance premiums on time and report any changes in your contact details (residence address, phone, email)
- Notify the BTA of an increase in risk, for example if the nature of the Insured's work or hobbies has changed (for example, the insured has started attending boxing training)
- To inform the Insurants and the beneficiary(ies) about the concluded insurance contract (policy) and their obligations.
 In case of the event, notify BTA (www.bta.lt/lt/zalos/asmens-draudimas) about it within 30 days, follow BTA's
 - instructions and submit the requested documents.



When and how do I pay?

You pay the premium for the insurance contract by the date specified in it in one of the following ways:

- by payment transfer to the BTA bank account;
- at all checkouts of Maxima stores, all Perlas terminals, and divisions of "Virtual services operator", by presenting a payment invoice;
- paying by card at any BTA representative office equipped with an DCR card reader, or in cash.



When does insurance cover take effect and expire?

The insurance contract is valid from the specified date (but no earlier than the payment of the insurance premium) until the last day, both of these dates being specified in the insurance certificate (policy).



How can I terminate the agreement?

You can terminate the insurance contract by informing your insurance representative by e-mail at bta@bta.lt no later than 15 days before the desired date of termination of the contract.