



# ACCIDENT INSURANCE



## Accident Insurance Contract Important Conditions of the Contract

- ✓ Important conditions of the present Contract represent incomplete information on the insurance terms;
  - ✓ Alongside with the Important Conditions of the Contract the Insurance Contract comprises also as its integral part the following, posted on the web-sites <https://credobank.ge/> and <https://imedil.ge/legal-info/ge:>
    - Standard Conditions of the Contract;
    - Claim Form;
    - Information Sheet;
    - Insurance policy and card issued to the customer also represent a part of the Accident Insurance Contract.
- 1. Information on the Insurance Company and the contract type:**
- ✓ JSC “Insurance Company Imedi L” (identification number: 204919008);
  - ✓ The accident insurance contract covers the customer’s death as a result of an accident, which originates the obligation of issuance/compensation of the insurance amount according to the terms of the Contract.
- 2. Information on the period of validity of the Insurance Contract, insurance premium, terms of termination of the Contract, claim form, terms and exclusions regulating clauses:**
- The insurance period and insurance premium amount stipulated by the Contract are specified in the accident insurance policy.
  - The insurer shall be free from its obligations until the first or one-time insurance premium is timely paid.
  - The grounds for termination of the accident insurance contract may be:
    - a) full fulfillment of the obligations assumed by the insurer.
    - b) written statement of the policy holder/insured;

- c) a preliminary written agreement between the parties;
  - d) without any grounds, at the initiative of the policy holder/insured within 14 (fourteen) calendar days from the conclusion of the contract, and in the case of a life insurance contract - within 30 (thirty) calendar days from its conclusion (the policy holder/insured must apply to JSC "Credo Bank" with the aforementioned request), if receiving the service is directly and clearly requested before the expiration of the contract;
  - e) other cases defined by the contract;
  - f) if, after the entry into force of this accident insurance contract, it is established that the customer is/was mentally ill before the entry into force of the insurance or became ill after the entry into force of the insurance, or requires permanent care and supervision.
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- Any kind of claim by the customer/beneficiary to the insurer can only be submitted in writing. The claim submission form is attached to the accident insurance contract as Annex #2. The customer's claims are considered by the Insurer's Department for Protection of the Insured persons'/customers' Interests, which ensures the provision of a written response to the customer/beneficiary within 30 calendar days of receiving the relevant written claim. The response to the customer can be provided to the e-mail address specified by the customer in the claim form. (The claim form is also available on the following websites of the insurer: <https://credobank.ge/> and <https://imedil.ge/legal-info/ge>;
  - Exceptions to the accident insurance contract are specified in Article 4 of the contract, and the prerequisites for insurance compensation are specified in Article 4 of these Important Terms.
  - Name and address of the Supervisory Authority of the Insurer: LEPL "Insurance State Supervision Service of Georgia", Tbilisi, Vake-Saburtalo District, #3 Levan Mikeladze Street.

### **3. Information on financial expenses and amounts specified by the Accident Insurance Contract:**

Under the Accident Insurance Contract, except for the obligation of payment of the insurance premium, the following financial expenses may be originated for the customer:

- ✓ In the event of the customer's withdrawal from the accident insurance contract before the expiration of the contract, the issue of payment of the insurance premium to the insurer is regulated as follows: if the policy holder/insured does not use the insurance service during the insurance period, the unearned premium paid shall be returned to the policy holder/insured, and in the event of use of the insurance, the unearned premium shall not be subject to return to the policy holder/insured.
- ✓ If, after the entry into force of the accident insurance contract, it is determined that the customer is/was physically ill before the entry into force of the insurance or became ill after the entry into force of the insurance, or requires permanent care and supervision, the insurance will be automatically canceled and the unearned premium paid will be returned to the customer in full only if he/she has not used the discount provided for in this insurance contract during the active insurance period. In case of using the discount by the customer, the insurance premium, both earned and unearned, is subject to payment in full and on a one-off basis. In addition, for the avoidance of doubt, the insurer will not pay compensation for the insured event.
- ✓ In the event of the death of the customer during the insurance period, the beneficiary shall be obliged to fully cover the unpaid insurance premium stipulated in the contract before the insurer issues the insurance compensation. Otherwise, the insurer shall be entitled to deduct such insurance premium from the compensation amount.

#### **4. Information on franchise and pre-conditions of compensation of insured events specified by the Insurance Contract:**

No franchise is provided for by the accident insurance contract.

Pre-condition of issuing of insurance compensation in case of occurring of the insured event:

- The insured event is regulated by the contract and the information/documentation related to the insured event, specified in the contract, shall be submitted by the beneficiary to the insurer in full, within the time frame and in the form agreed/specified in the contract (according to Article 13 of the Standard Conditions of the Contract).
- In the event if the beneficiary does not provide the Insurer with all documents connected with the insured event according to the procedure, terms and in the form determined by the contract, the Insurer shall be released from the obligation of issuing of the insurance compensation.

- The insurance shall automatically terminate upon the commencement of service in a military or other similar formation by the user during a war or similar military operation. The insurance shall be renewed after the customer notifies the insurer of the abandonment of the said service.
- The insurance does not apply to mentally ill persons and to those who require permanent care and supervision (persons who require the assistance of others for necessary daily activities);
- If, after the entry into force of this insurance, it is determined that the customer is/was mentally ill before the entry into force of the insurance or became ill after the entry into force of the insurance, or requires permanent care and supervision, the insurance shall be deemed automatically cancelled. Herewith, for the avoidance of doubt, the insured event shall not be compensated by the insurer.

**5. Form and deadlines for sending a notification to the insurer, submitting a claim, regulating the insured event, and issuing compensation upon occurrence of an insured event:**

- ✓ In case of death of the insured person as a result of an accident, the beneficiary is obliged to contact the insurer's call center within 48 hours after the death of the insured person and provide information about the occurrence of the insured event, and within 30 calendar days after the death of the insured person to provide the insurer with the documents specified in Paragraph 13.2 of the contract;
- ✓ Insurance compensation shall be issued within 30 calendar days after submission of the necessary documents to the insurer, on the basis of the report corresponding to the insured event defined in clause 8.4;
- ✓ Non-Georgian language documents can be submitted to the insurer only translated into Georgian, notarized.

**6. The importance of the obligation of the customer to provide information to the insurer and the legal consequences of violating this obligation:**

- ✓ The insurer is entitled to refuse to issue insurance compensation if the insurer has not been provided with accurate and detailed information about the insured event in a timely manner, except for cases when it is established that the insurer has become aware of the said information.

- ✓ When concluding an insurance contract, the customer must notify the insurer of all circumstances known to him/her that are of essential importance for the occurrence of the danger or the event provided for by the insurance and that may serve as a basis for the insurer to refuse the contract, taking into account Article 808 of the Civil Code of Georgia.

**7. List of exceptions specified in the contract: According to the contract, the following cases of accidental death are not covered/compensated:**

- ✓ if death is directly or indirectly was caused or resulted from events such as: war, conquest, war/military actions of any kind, civil war, uprising, revolution, strike, confiscation or nationalization of any State body, the actions of any person who acts on behalf of any organization or independently and aims to overthrow governments "de jure" or "de facto", or to influence it by terrorist or forceful methods;
- ✓ if death directly or indirectly was caused or occurred as a result of ionizing radiation, radioactive pollution of the environment, or ignition of nuclear fuel;
- ✓ if death directly or indirectly was caused or occurred as a result of the insured being under the influence of alcoholic substances; or if the insured was under the influence of narcotic, psychotropic or toxic substances at the time of the insured event;
- ✓ if death is directly or indirectly was caused or occurred as a result of suicide or attempted suicide of the insured, intentional self-harm;
- ✓ if the death occurred as a result of the murder of the insured, in which the beneficiary or any person interested in receiving compensation for the death acts before us as a direct or indirect, direct or indirect participant;
- ✓ if the death of the insured occurred as a result of mental illness or obfuscation of the insured;
- ✓ if death is directly or indirectly caused or resulted from the presence of the insured, his entry or exit from any air vehicle/aircraft, except for traveling on a licensed multi-engine air transport operated by a licensed air carrier;

- ✓ if death is directly or indirectly was caused or occurred as a result of the insured's service in the armed forces or the police or participation in their actions;
- ✓ if death is directly or indirectly was caused or occurred as a result of the insured's participation in speed competitions of any kind and means;
- ✓ if the insured's death occurred as a result of AIDS or HIV infection;
- ✓ if death directly or indirectly occurred as a result of the insured putting himself in danger at his own request, except in cases where such action is aimed at saving a person's life;
- ✓ if death directly or indirectly was caused or occurred as a result of the insured's compliance with the terms of the bet, acrobatic tricks, setting a record or attempting to do so;
- ✓ if death occurred as a result of complications related to childbirth or pregnancy in whole or in part;
- ✓ if death directly or indirectly was caused or occurred as a result of the insured's professional sports (competitions, training, performances);
- ✓ if death directly or indirectly was caused or occurred as a result of the insured's practicing the following amateur sports: martial arts, scuba diving, parachuting or hang gliding, rock climbing, mountaineering, caving.

The insurer shall not also reimburse the costs of medical services paid by the Beneficiary to the insurer in order to file a claim and/or obtain appropriate evidence in connection with the insured event.

Note: These important conditions represent the standard conditions of the accident insurance contract, which may be subject to change in each specific case, in accordance with the agreement between the parties. Changes agreed upon between the parties will be reflected in the accident insurance contract.

**Accident Insurance****Standard Conditions of the Contract CREDO-001/2025****1. Definition of terms**

**1.1. Policy holder** – a person who has concluded this insurance contract with the Insurer;

**1.2. Insured person** – the person specified in the accident insurance policy, in respect of whom the insurance provided for in this contract is carried out;

**1.3. Beneficiary** – in case of death as a result of an accident, the beneficiary will be considered a person who has the right to receive compensation in accordance with the requirements of the inheritance legislation of Georgia;

**1.4. An accident** is an unforeseen, unexpected event caused by the influence of visible external forces, which caused the death of the insured;

**1.5. Standard conditions of the accident insurance contract** – the standard conditions specified in this contract, defining information about insurance coverage, insured event, insurance payment and other conditions of the contract;

**1.6. Accident insurance policy (hereinafter referred to as the insurance policy)** is an insurance policy owned by the policy holder/insured and reflecting the fact of concluding an agreement in accordance with these conditions;

**1.7. Accident insurance contract and/or insurance contract** – a set of these standard conditions and an accident insurance policy, on the basis of which the insurance of the insured person specified in the policy is carried out;

**1.8. Insurance deposit and/or insurance premium and/or premium** – the amount to be paid by the policy holder/insured, the amount and procedure/conditions of payment of which are determined by the contract and the payment of which is a prerequisite for the issuance of the insurance amount by the insurer;

**1.9. Insurance period** – the period of time specified in the insurance policy and during which the insurance provided for in this contract is valid.

**1.10. Earned premium** – the earned premium corresponding to the contract for a specific date taken during the insurance period is a part of the total insurance premium corresponding to the insurance period, part of which is the number of days elapsed from the beginning of the insurance period to the specified above specific date relative to the duration measured in days of the general insurance period;

**1.11. Unearned Premium** – the unearned insurance premium corresponding to the contract for a specific date taken within the insurance period is the difference between the total insurance premium corresponding to the entire insurance period under the contract and the earned insurance premium;

**1.12. Insurance risk** is an event containing signs of the possibility and randomness of its occurrence and for which insurance is issued.

**1.13. Insurance coverage** – an insurance risk that is subject to insurance compensation in accordance with the conditions of the insurance

contract;

**1.14. Insured event** – the occurrence of an insured risk provided for by insurance protection, which generates the obligation of the insurer to pay insurance compensation in accordance with the conditions of the insurance contract;

**1.15. Insurance indemnity/amount** – the amount of money that, in accordance with the contract, is payable by the insurer to the beneficiary upon the occurrence of an insured event;

**1.16. Information sheet** – a document reflecting the general conditions and exceptions corresponding to the insurance contract, which is posted together with the insurance contract on the website <https://credobank.ge> ;<https://imedil.ge/legal-info/ge> and can be changed on the basis of an insurance contract concluded between the parties.

**1.17. Important conditions of the contract** – a document attached to the insurance contract containing important conditions of the insurance contract, exceptions, the address of the insurer's supervisory authority and other conditions established by law.

**1.18. Claim** – a claim submitted by a party to the insurer in the form of an appropriate annex to the insurance contract, containing detailed information about the discontent/claim expressed under the insurance contract.

**1.19. Compensation limit (limit)** – the amount stipulated in the contract, which is the maximum amount of insurance compensation to be issued by the insurer during the insurance period;

**1.20. Territorial limit (insurance coverage area)** – a geographical area within which insurance coverage is valid, in particular – the world;

## **2. Insured event**

2.1. For the purposes of this contract, an insured event is considered to be the death of the insured as a result of an accident in any country of the world, which determines the insurer's obligation to pay the insured amount, in accordance with the conditions of the contract.

## **3. Validity period of the contract**

3.1. The validity period of the policy/insurance period begins at 00:00 on the day indicated in the column of the beginning of the insurance period in the policy and ends at 24:00 on the day indicated in the column of the end of the insurance period.

3.2. In the case of each specific policy, the insurance premium is indicated in the corresponding column of the insurance policy;

3.3. The insurance contract is automatically terminated upon the beginning of the insured person's service in a military or other similar formation during a war or similar military operations. The insurance is extended from the day following the day of giving notice by

the insured person to the insurer of refusal of the specified service;

#### **4. Exceptions**

##### **4.1. According to the insurance contract, the following accidental deaths are not covered/reimbursed:**

4.1.1 if death is directly or indirectly was caused or resulted from events such as: war, conquest, war/military actions of any kind, civil war, uprising, revolution, strike, confiscation or nationalization of any State body, the actions of any person who acts on behalf of any organization or independently and aims to overthrow governments "de jure" or "de facto", or to influence it by terrorist or forceful methods;

4.1.2. if death directly or indirectly caused or occurred as a result of ionizing radiation, radioactive pollution of the environment, or ignition of nuclear fuel;

4.1.3. if death directly or indirectly was caused or occurred as a result of the insured being under the influence of alcoholic substances; or if the insured was under the influence of narcotic, psychotropic or toxic substances at the time of the incident;

4.1.4. if death is directly or indirectly was caused or occurred as a result of suicide or attempted suicide of the insured, intentional self-harm;

4.1.5. if the death occurred as a result of the murder of the insured, in which the beneficiary or any person interested in receiving compensation for the death acts before us as a direct or indirect, direct or indirect participant;

4.1.6. if the death of the insured occurred as a result of mental illness or clouding of the insured's mind;

4.1.7. if death is directly or indirectly was caused or resulted from the presence of the insured, his entry or exit from any air vehicle/aircraft, except for traveling on a licensed multi-engine air transport operated by a licensed air carrier;

4.1.8. if death is directly or indirectly was caused or occurred as a result of the insured's service in the armed forces or the police or participation in their actions;

4.1.9. if death is directly or indirectly was caused or occurred as a result of the insured's participation in speed competitions of any kind and means;

4.1.10. if the insured's death occurred as a result of AIDS or HIV infection;

4.1.11. if death directly or indirectly occurred as a result of the insured putting himself in danger at his own request, except in cases where such action is aimed at saving a person's life.

4.1.12 if death directly or indirectly was caused or occurred as a result of the insured's compliance with the terms of the bet, acrobatic

tricks, setting a record or attempting to do so;

4.1.13. if death occurred as a result of complications related to childbirth or pregnancy in whole or in part;

4.1.14. if death directly or indirectly was caused or occurred as a result of the insured's professional sports (competitions, training, performances);

4.1.15. if death directly or indirectly was caused or occurred as a result of the insured's practicing the following amateur sports: martial arts, scuba diving, parachuting or hang gliding, rock climbing, mountaineering, caving.

4.2. The insurer also does not reimburse the costs of medical services paid by the Beneficiary to the insurer in order to file a claim and/or obtain appropriate evidence in connection with the insured event.

## **5. Persons who are not subject to insurance**

5.1. Insurance does not apply to mentally ill persons and persons in need of constant care and supervision (persons who need the help of others to perform daily necessary actions);

5.2. If, after the entry into force of this insurance, it is established that the insured person specified in the insurance policy is/was mentally ill before the entry into force of the insurance or became ill after the entry into force of the insurance, or requires permanent care and supervision, the insurance will be considered automatically canceled and the unearned premium paid will be returned to the policyholder in full only if, during the active insurance period, the insured has not taken advantage of the discount provided for in this insurance contract. In the case, if the insured has used the discount, the insurance premium, both earned and unearned, is subject to full and one-time payment, while, for the avoidance of doubt, the insurer does not reimburse the insured event.

## **6. Refusal of insurance compensation**

6.1 The insurer has the right to refuse to issue insurance compensation if any of the exceptional circumstances provided for in this contract have occurred and/or information about the insured event has not been provided to the insurer in a timely manner, except if it is established that the specified information has become known to the insurer.

## **7. The procedure for payment of insurance premiums and the consequences of non-payment**

7.1. The amount of the total insurance premium payable for insurance under this contract and the payment method are specified in the insurance policy. Payment can be made once and in advance, before the start of the insurance period.

## **8. Rights and obligations of the parties**

8.1. The Policy holder/Insured is obliged to:

8.1.1. ensure payment of the insurance deposit (premium) in accordance with the procedure and conditions established by the insurance contract;

8.1.2. to acquaint with the relevant persons with the insurance conditions defined by this contract and the obligations they assume based on the requirements of this contract;

8.1.3. promptly and thoroughly fulfill the obligations under this contract

8.1.4. in the case of purchase of an insurance policy in favor of a third party, obtain written consent in advance to carry out insurance in favor of a third party and, if necessary, submit it to the insurer;

8.2. The Beneficiary has the right to:

8.2.1. require the insurer to carry out insurance in accordance with the conditions specified in this contract;

8.2.2. upon the occurrence of an insured event, require the insurer to issue an insurance indemnity, in accordance with the conditions specified in this contract;

8.3. The Insurer has the right to:

8.3.1. require timely and trouble-free fulfillment of obligations under this contract;

8.3.2. require payment of the insurance premium (premium) in accordance with the procedure and conditions established by this contract;

8.3.3. require to provide the information necessary for the conclusion of the insurance contract (including the written consent of the insured to conclude the contract in favor of the insured) in the form established by the insurer;

8.3.4. not to reimburse cases that are not covered by the conditions of insurance defined by this contract and its annexes, and/or

included in the list of exceptions;

8.3.5. refuse to issue insurance compensation in case of non-fulfillment or non-fulfillment by the policy holder (insured) of obligations under this contract;

8.3.6. request any medical information from the doctors who conducted the medical examination or treatment of the insured;

8.3.7. in the case of death of the insured, require a medical examination of the corpse by an expert doctor appointed by the insurer;

8.3.8. not to reimburse the insured event in case of detection of falsification of the insured event by the insured/beneficiary (or with the participation of the insured/beneficiary), falsification of documents necessary to receive compensation, or provision of false information, and at the same time unilaterally cancel the insurance action against such person;

8.3.9. in order to provide timely and effective services, provide/request information about the insured (including personal data, as well as personal data of a special category) both in medical and other relevant institutions.

8.4. The Insurer is obliged to:

8.4.1. to carry out insurance in accordance with the insurance conditions specified in this contract;

8.4.2. provide insurance compensation to the beneficiary in a timely manner and in full in accordance with the conditions specified in this contract, after the parties sign the insurance contract;

8.4.3. upon the occurrence of an insured event, draw up an act corresponding to the insured event within 30 days from the date of receipt from the beneficiary of all documents and other information necessary to determine the insured event, in accordance with the conditions of this contract and its annexes.

## **9. Terms and conditions of termination of the contract:**

9.1 The grounds for termination of insurance under this contract may be:

a) full fulfillment of the obligations assumed by the insurer.

b) written statement of the policy holder/insured;

c) a preliminary written agreement between the parties;

d) without any grounds, at the initiative of the policy holder/insured within 30 (thirty) calendar days (with the above requirement, the policy holder/insured must contact Credo Bank JSC). There is no right to terminate the contract if the service is directly and clearly requested before the expiration of the contract;

e) other cases defined by the contract.

9.2. In the event of the policy holder/insured's withdrawal from the insurance contract before the expiration of the contract, the issue of payment of the insurance premium to the insurer is regulated as follows: If the policy holder/insured's desire to terminate the insurance relationship is due to documented and valid reasons, i.e. motivated (which is assessed on a case-by-case basis), the policy holder /insured shall be refunded the paid part of the unearned premium. In addition, for the avoidance of doubt, the total earned insurance premium shall be subject to payment by the policy holder in any case.

9.3. In the absence of good reasons, or if the insurance contract is terminated at the initiative of the insurer, which is due to the failure/violation/inadequate fulfillment of the obligations assumed by the policy holder/insured, the unearned insurance premium of the relevant calendar year is not subject to return to the policy holder, and if the said unearned premium has not been paid at the time of the request for cancellation, payment must be made in full no later than 2 (two) business days after the request for termination of the contract. For the avoidance of doubt, in the above case, the insurance premium (earned and unearned) of the relevant calendar year is subject to full payment by the policy holder in any case.

9.4. Special condition: If at the time of requesting cancellation of the insurance, the policy holder/insured has used a gift/benefit (if any) and requests cancellation of the insurance contract, the unearned insurance premium of the relevant calendar year is not subject to return to the policy holder, and if the said unearned premium has not been paid at the time of requesting cancellation, payment must be made in full no later than 2 (two) business days after the request for termination of the contract.

If at the time of requesting cancellation, the policy holder/insured has not used a gift/benefit and requests cancellation of the contract, the premium already paid is not subject to return.

For the purposes of this article, the use of a gift/benefit means the use of a gift/benefit at least once during the relevant calendar year from the date of signing the insurance contract. For the purposes of this insurance, a calendar year means each subsequent 12-month period from the date of conclusion of the insurance contract.

In addition, the first calendar year is defined as the period within 12 months from the date of conclusion of the insurance contract, and the second calendar year is defined as the period from the 13<sup>th</sup> month from the date of conclusion of the insurance contract to the date of completion of the insurance period, regardless of the number of months.

9.5 In the event of the death of the insured during the insurance period, the beneficiary is obliged to fully cover the unpaid insurance

premium provided for in the contract before the insurer issues the insurance indemnity, otherwise the insurer is entitled to deduct such insurance premium from the indemnity amount.

## **10. Force majeure**

10.1. The parties are released from fulfilling their obligations under this contract if the reason for non-fulfillment and/or improper fulfillment of the above obligations were force majeure circumstances (natural disaster, war, military maneuvers, sabotage, regulatory or other types of acts that entered into force, as well as the occurrence of other events that, regardless of the will of the parties, prevented and (or) made it impossible for the parties to fulfill their obligations).

10.2. This contract is suspended until the end of force majeure. However, if this situation persists for more than one month, each of the parties has the right to demand termination of the contract. The occurrence and termination of force majeure circumstances must be confirmed by the competent authority.

## **11. Disputes, damages**

11.1. This contract shall be governed and construed in accordance with the applicable legislation of Georgia. Any dispute between the parties shall be resolved through negotiation, and in case of disagreement - through the Tbilisi City Court. In addition, the decision made by the court of first instance in favor of JSC "Insurance Company Imedi L" will be subject to immediate enforcement in accordance with the rules established by the Civil Procedure Code.

## **12. Limitation of Insurer's Liability**

Coverage	Participation of the insurer
Accidental death	8000 (eight thousand) GEL

**13. Obligations of the insured/beneficiary upon the occurrence of an insured event; Conditions for payment of insurance compensation.**

13.1. Upon the occurrence of an insured event, the policy holder/insured/beneficiary shall be obliged to:

13.1.1. immediately inform the insurer of the occurrence of an accident;

13.1.2. consult a doctor immediately, follow the doctor's instructions and take all necessary measures to minimize the consequences of an accident;

13.1.3. provide the insurer with full information and documents about the insured event and all its circumstances, as well as, at the request of the insurer, fill out the application form established by the insurer and give an exhaustive answer to all questions asked by the insurer;

13.2. In case of death of the insured person as a result of an accident, the beneficiary is obliged to contact the insurer's call center within 48 hours after the death of the insured person and provide information about the occurrence of the insured event, and within 30 calendar days after the death of the insured person to provide the insurer with the following documents:

a) a written statement on the claim for insurance compensation;

b) medical report or Form No. 100, discharge summary on the nature and severity of the damage to the health of the insured or the reliable cause of his death. As well as proof of the possible presence of the insured in a state of alcoholic, narcotic or toxic condition at the time of the incident, by presenting an appropriate act /certificate of inspection;

c) any other document that is essential for determining the amount of insurance compensation and the circumstances of the incident, which the insurer deems necessary;

d) the death certificate of the insured person and a death notice (which must indicate the specific, unmistakable cause of death of the insured person, date of death, place and age of the insured person);

e) a certificate issued by the relevant law enforcement agencies; expert opinion on the specific and unmistakable cause of death; If a criminal case is initiated in connection with the incident - documentation of the incident at the disposal of the investigation (case materials);

f) a document certifying the identity of the beneficiary;

g) a certificate of inheritance of the beneficiary as an heir, determining his share in the inheritance.

h) based on the specifics of a particular case, the insurer has the right to request additional documentation and information related to the case.

13.3. Insurance compensation shall be issued within 30 calendar days after submission of the documents specified in clause 13.2 to the insurer, on the basis of the act corresponding to the insured event defined in clause 8.4.

13.4. Non-Georgian language documents can be submitted to the insurer only translated into Georgian, notarized.

#### **14. Discounts provided for in the insurance contract:**

14.1. In the medical institutions specified in Annex No. 1 to the insurance contract, as well as in other medical institutions where the Insurer's personal (personal) doctor is located (information about which can be clarified through the Insurer's call center), receiving the services of a personal doctor under an insurance policy during the specified insurance period is unlimited;

14.2. **50 % discount on scheduled outpatient clinic services at JSC "Evex" and a 60% discount at JSC "Mega-Lab":** The discount includes consultations with specialist doctors and laboratory-instrumental examinations. The discount can only be used with a voucher issued by the personal doctor. To obtain the voucher, the insured person contacts the 24-hour call center and is directed to their personal doctor. The personal doctor identifies the problem, prescribes the necessary tests, and issues a discount voucher to the appropriate specialists. Insured individuals can receive a discount on scheduled outpatient clinic services at the medical institutions listed in Annex No. 1 of the contract.

If the insured person uses the discounted voucher issued by their personal doctor to receive outpatient clinic services at the medical institutions listed in Annex No. 1, and if the specialist at the medical institution prescribes additional tests or the personal doctor issues an additional discount voucher, the insured person pays for the outpatient clinic services with the discount specified in this clause. The discounted voucher is issued by the personal doctor only at the medical institutions listed in Annex No. 1 of the insurance contract. The voucher for discounts does not apply to other medical institutions, regardless of whether the specific examination/intervention/procedure is conducted in the medical institutions listed in Annex 1 or not.

14.3. **50 % discount on planned outpatient services at the David Tatishvili Medical Center (Tbilisi and Batumi).** This includes consultations with a specialist doctor and laboratory and instrumental studies (except for high-tech research and directions).

You can use the discount only with a discount voucher issued by a personal doctor. To receive a voucher, the insured contacts a 24-hour call center and is referred to a personal doctor. A personal doctor identifies the problem, assigns the necessary tests to the insured and issues a discount voucher to contact the appropriate specialists. Insured persons can receive a discount on planned outpatient services in medical institutions specified in Annex No. 1 to the contract. If the insured person uses the discounted voucher issued by their personal

doctor to receive outpatient clinic services at the medical institutions listed in Annex No. 1, and if the specialist at the medical institution prescribes additional tests or the personal doctor issues an additional discount voucher, the insured person pays for the outpatient clinic services with the discount specified in this clause. The voucher for discounts does not apply to other medical institutions, regardless of whether the specific examination/intervention/procedure is conducted in the medical institutions listed in Annex 1 or not.

**14.4. 65 % discount on planned outpatient services at Tbilisi Central Hospital LLC:** This includes consultations of medical specialists and laboratory and instrumental examinations (except for high-tech examinations and orthopedic consultations), the discount can only be used with a discount voucher issued by a personal doctor, for the discount voucher, the insured connects to a 24 (twenty-four) hour call center and applies to a personal doctor. The personal doctor identifies the problem, prescribes the necessary examinations to the insured and issues a discount voucher to the relevant specialists. The insured can receive the discount provided for planned outpatient services in the medical institutions specified in Annex #1 attached to the agreement. If the insured person receives outpatient services in the medical institutions specified in Annex #1 with a discount voucher issued by a personal doctor, as well as in the event that a discount voucher is additionally issued by the personal doctor for an additional medical examination prescribed by a specialist in the medical institution, the insured person pays the cost of outpatient services, taking into account the discount specified in this clause. A discount voucher is issued by a personal doctor only in the medical institutions specified in Annex #1 attached to the insurance contract. A discount voucher is not issued in other medical institutions, regardless of whether a specific examination/intervention/manipulation is performed in the medical institutions specified in Annex 1 or not.

**14.5. 40 % discount on planned outpatient services at Geo Hospital (regions):** This includes consultations of medical specialists and laboratory and instrumental examinations. The discount can only be used with a discount voucher issued by a personal doctor. To obtain a discount voucher, the insured person contacts a 24 (twenty-four) hour call center and contacts a personal doctor. The personal doctor identifies the problem, prescribes the necessary tests for the insured person and issues a discount voucher to the relevant specialists. The insured persons can receive a discount for scheduled outpatient services in the medical institutions specified in Annex #1 attached to the agreement. If the insured person receives outpatient services in the medical institutions specified in Annex #1 with a discount voucher issued by a personal doctor, as well as in the case where a discount voucher was additionally issued by the personal doctor for an additional medical examination prescribed by a specialist in a medical institution, the insured person pays the cost of outpatient services, taking into account the discount specified in this clause. A discount voucher is issued by a personal doctor only in the medical institutions specified in Annex #1 attached to the insurance contract. A discount voucher is not issued in other medical institutions, regardless of whether a specific examination/intervention/manipulation is performed in the medical institutions specified in Annex 1 or not.

**14.6. 40 % discount on planned outpatient services at Gormed LLC:** This includes consultations of medical specialists and laboratory

and instrumental examinations. The discount can only be used with a discount voucher issued by a personal doctor. To obtain a discount voucher, the insured person contacts a 24 (twenty-four) hour call center and contacts a personal doctor. The personal doctor identifies the problem, prescribes the necessary tests for the insured person and issues a discount voucher to the relevant specialists. The insured persons can receive a discount for scheduled outpatient services in the medical institutions specified in Annex #1 attached to the agreement. If the insured person receives outpatient services in the medical institutions specified in Annex #1 with a discount voucher issued by a personal doctor, as well as in the event that a discount voucher is additionally issued by the personal doctor for an additional medical examination prescribed by a specialist in the medical institution, the insured person pays the cost of outpatient services, taking into account the discount specified in this clause. A discount voucher is issued by a personal doctor only in the medical institutions specified in Annex #1 attached to the insurance contract. A discount voucher is not issued in other medical institutions, regardless of whether a specific examination/intervention/manipulation is performed in the medical institutions specified in Annex 1 or not.

**14.7. 40 % discount on planned outpatient services at LLC clinics of Georgia:** This includes consultations of medical specialists and laboratory and instrumental examinations. The discount can only be used with a discount voucher issued by a personal doctor. To obtain a discount voucher, the insured person contacts a 24 (twenty-four) hour call center and contacts a personal doctor. The personal doctor identifies the problem, prescribes the necessary tests for the insured person and issues a discount voucher to the relevant specialists. The insured persons can receive a discount for scheduled outpatient services in the medical institutions specified in Annex #1 attached to the agreement. If the insured person receives outpatient services in the medical institutions specified in Annex #1 with a discount voucher issued by a personal doctor, as well as in the case where a discount voucher was additionally issued by the personal doctor for an additional medical examination prescribed by a specialist in a medical institution, the insured person pays the cost of outpatient services, taking into account the discount specified in this clause. A discount voucher is issued by a personal doctor only in the medical institutions specified in Annex #1 attached to the insurance contract. A discount voucher is not issued in other medical institutions, regardless of whether a specific examination/intervention/manipulation is performed in the medical institutions specified in Annex 1 or not.

**14.8. Discount on high-tech examinations:**

**14.8.1. 50% discount for computed tomography at Evex - Saburtalo Polyclinic:** The discount can be used only with a discount voucher issued by a personal physician. To obtain a discount voucher, the insured person contacts the 24-hour call center and is referred to a personal physician. The personal physician determines the problem and issues a discount voucher for the examination. Provided for examination discount the insured can receive the examination at the medical institutions specified in Annex No. 1 of this contract. Upon receipt by the insured of outpatient services on a discount voucher issued by a personal doctor in the medical institutions specified in Annex No. 1, the insured pays the cost of the examination, taking into account the discount specified in this paragraph. A preferential voucher is issued by a

personal doctor only in the medical institutions specified in Annex No. 1 to the insurance contract. Preferential vouchers are not issued for other medical institutions, regardless of whether a specific examination is carried out in the medical institutions specified in Annex 1 or not.

**14.8.2. 40% discount on magnetic resonance imaging at JSC "Vian" - at I. Bokeria Referral Hospital:** The discount can be used only with a discount voucher issued by a personal physician. To obtain a discount voucher, the insured person contacts the 24-hour call center and is referred to a personal physician. The personal physician determines the problem and issues a discount voucher for the examination. Provided for examination discount the insured can receive the examination at the medical institutions specified in Annex No. 1 of this contract. Upon receipt by the insured of outpatient services on a discount voucher issued by a personal doctor in the medical institutions specified in Annex No. 1, the insured pays the cost of the examination, taking into account the discount specified in this paragraph. A preferential voucher is issued by a personal doctor only in the medical institutions specified in Annex No. 1 to the insurance contract. Preferential vouchers are not issued for other medical institutions, regardless of whether a specific examination is carried out in the medical institutions specified in Annex 1 or not.

**14.9. 40% discount on medicines in the pharmacy chain "GPC" and "Pharmadepot"** (the percentage of discount depends on the type of medicine): in order to take advantage of the discount, the insured applies to a personal doctor, who issues a discount voucher, on the basis of which the insured will pay the cost of medicines in pharmacies specified in the same discount voucher, taking into account the discount specified in this paragraph. At the pharmacy, the insured or an authorized third party must present an insurance policy and an identity document together with a discount voucher. The discount condition does not apply to medicines purchased without a discount voucher, as well as to medicines purchased at pharmacies other than the pharmacy chain specified in the discount coupon. Also, the discount does not apply to chemotherapy, hormonal drugs and monoclonal antibodies).

**In addition, "GPC" and "Pharmadepot pharmacy chain offers an additional 40% discount on personal care products and a 40% discount on medicines, excluding chemotherapeutic agents, hormonal preparations and monoclonal antibodies, (once a month, for a maximum of six (6) products of each type);**

**14.10. 40 % discount on emergency and planned dental services, and 50 % discount only in "New Dent" LLC and "Newdent 1" LLC:**

a) discount for emergency dental care in the clinics specified by the Insurer (includes primary dental care (anesthesia for acute toothache, tooth extraction in case of acute toothache (extraction), canal opening in case of acute pulpitis and reimbursement of the relevant discount for X-ray services);

b) discount for scheduled dental services in the clinics specified by the insurer (includes: dental consultation, radiological diagnostics, tooth filling, scheduled dental surgery, professional cleaning, treatment of acute and odontogenic periodontal and mucous membrane diseases);

To receive a discount for both emergency and planned dental care, the insured applies to the dental clinics listed in Annex No. 1.

**In addition to the above, therapeutic/surgical, orthopedic/orthodontic discount is provided in the dental clinics specified in Annex #1, taking into account the percentage share given in the table.**

**14.11. 50 % discount on rehabilitation services: physiotherapy, massage, exercise at Med Investment LLC - Davit Tatishvili Sports Medicine and Rehabilitation Center:** The discount can be used only if you have a discount voucher issued by your personal physician. To obtain a discount voucher, the insured contacts the 24-hour call center and is referred to a personal physician. The personal physician identifies the problem and issues a discount voucher for the service. The Insured may receive a discount provided for services in medical institutions specified in Annex No. 1 to the contract. When the insured receives outpatient services under a discount voucher issued by a personal physician in medical institutions specified in Annex No. 1, the insured shall pay the cost of the service taking into account the discount specified in this clause. The discount voucher is issued by the personal physician only for the medical institutions specified in Annex No. 1 to the insurance contract. Discount vouchers are not issued for other medical institutions, regardless of whether specific services are provided in the medical institutions specified in Annex 1.

**Note: Discounts can be used only in accordance with the conditions specified in Article 14 and in medical/dental institutions and pharmacy chain specified in Annex No. 1. The discounts provided for in the contract do not apply to services received in other medical institutions.**

## 15. Consent to Personal Data Processing

Consent of insured persons to the processing of personal data based on this contract:

**Identity of the entity responsible for the processing and its main activities:**

JSC “Insurance Company Imedi L” (Identification number: 204919008; address: Tbilisi, #9 Anna Politkovskaya str.; tel: [+995 322 922 222](tel:+995322922222); E-mail: [personaldataofficer@imedil.ge](mailto:personaldataofficer@imedil.ge)) (hereinafter – the Insurer) is an insurance organization, the main activity of which is providing insurance services in various fields, namely: health and life, travel, auto insurance, property insurance, etc.

**The Insurer will process the insured person's personal data as part of its main activities, in particular:**

Direct identifying data (first name, surname, personal identification number, citizenship, date of birth, other information on a copy of the ID card), contact data, as well as marital status, employment, profession, workplace, education, details of the insurance contract, bank account details, information about the insurance policy, the object of insurance and other information necessary for the provision of insurance services. Depending on the specific insurance case, the following may also be processed: information related to health status (in the case of life and health insurance), information about the insured being under the influence of alcohol, narcotics or psychotropic substances during a specific insurance case (in the case of health/life insurance), the insured's date of death, cause of death and medical documentation related to death (if available), including relevant expert opinions regarding the cause of death (in the case of life insurance), the insured's travel period, country and passport data (in the case of travel insurance), information about the property owned (in the case of property insurance).

**The Insurer processes the insured person's data both automatically and non-automatically and semi-automatically. The processing includes the following actions:**

Data collection, retrieval, recording, verification, storage, disclosure, use, deletion/destruction and all other actions necessary for the legitimate purpose of processing. Also, in individual cases (within the framework of a travel insurance, reinsurance agreement) data may be transferred to the insurer's partner, specialized service providers registered in another state. In such cases, the insurer complies with the rules established by law, and on the basis of the agreement concluded between the insurer and the relevant company, the insurer and the receiving company provide appropriate guarantees of data protection and undertake to implement the necessary organizational and technical measures for the secure transfer of data.

**The purposes of processing the above data are:**

Review of the insured person's applications (insurance application, claim/complaint, information request, etc.), providing proper service to you, effective performance of the insurer's main activities (including identification of insured events and response to them, issuance of insurance policies), fulfillment of the insurer's obligations under the legislation and the contract.

**All rights of the policy holder/insured guaranteed by the Law of Georgia On Personal Data Protection are protected. The policy holder/insured shall be entitled to:**

1. Request information (purposes, grounds, processing period, sources of data collection, etc.) regarding the processing of data and receive copies of them free of charge;
2. Request the correction, updating and/or completion of erroneous, inaccurate and/or incomplete data; 3. Request the termination, blocking, deletion or destruction of the processing of data processed without grounds;
4. Request the automatically processed data in a structured, commonly used and machine-readable format or request the transfer of these data to another person responsible for processing;
5. Deny the given consent at any time, which implies the possibility of withdrawing the consent, without any negative consequences. At the same time, upon withdrawal of consent, the processing of data, and therefore the legal relationship, and the provision of insurance services to the insured will cease, unless there is another independent legal basis for processing (in order to withdraw consent, the policy holder/insured must contact the insurer at the above-mentioned contact details);
6. In the event of a possible violation of the rights provided for by the Law of Georgia On Personal Data Protection, the policy holder/insured may contact us at the above-mentioned contact details and/or, in accordance with the procedure established by law, apply to the Personal Data Protection Department or the court.

- **A consent withdrawal form shall be attached to this annex.**

The insurer is responsible for confidentiality of the data on the policy holder/insured person and adheres to organizational and technical

data security measures. Other details related to the processing of personal data by the insurer (grounds of processing, contact details of the personal data protection officer, data recipients, etc.) are provided in the Privacy Statement, which is available on the website: [www.imedil.ge](http://www.imedil.ge).

For the purposes of this consent, the permitted third parties for the purpose of data sharing are: the Company's shareholder - JSC "A Group" and its group companies, JSC "Mega-Lab", JSC "Gefa", JSC "Evex Clinics" (and its chain of clinics), JSC "Evex Hospitals" (and its chain of hospitals), as well as those medical institutions, laboratories, or pharmaceutical companies (healthcare service providers) that are defined as service providers under the relevant insurance contract, in order to ensure the provision of relevant insurance services, both currently and in the future, and to offer and/or provide insurance services adjusted to the interests of the insured.

Data processing includes any action performed by the Insurance Company, including data collection, retrieval, access, photography, video and/or audio monitoring, organization, grouping, interconnection, storage, alteration, restoration, retrieval, use, blocking, deletion or destruction, as well as disclosure of data by means of their transmission, publication, distribution or otherwise making available. The Insurance Company will process the data only for the purpose for which it was collected and/or was/is provided for by the legislation.

The transfer of personal information to third parties (except for the above-mentioned persons), in particular, the state, regulatory authorities, persons financing the service or part thereof, law enforcement agencies and others, will be carried out in accordance with the procedure established by the legislation. The aforementioned information may be transferred even in cases not directly provided for by the legislation, to protect legitimate interests, based on reasonable needs and/or the essence of the request;

When using the services of the insurance company, as well as after its termination, the processing of personal information by the insurance company for specified purposes will continue for the period that corresponds to the purposes of the insurance service and/or is required by regulatory authorities and/or is provided for by the legislation.

**The policy holder/insurer also consents to the processing of their personal data for direct marketing purposes within the scope and in accordance with the procedure permitted by law.**

**The policy holder confirms that both he/she and the Insured have given their consent to the processing (sending advertising messages by telephone, mail, e-mail or other electronic means) of their personal data (name, surname, address, telephone number and e-mail address) for**

the purpose of direct marketing (offering or informing about goods, ideas, services, work and/or initiatives), as well as to transfer the said data for the same purpose to the following related (affiliated) companies, 50% or more of whose shares/stocks are directly or indirectly owned by JSC "Georgia Capital" (ID number 404549690)).

The policy holder confirms that he/she and the Insured have been informed that consent to the processing of data for the purpose of direct marketing is not mandatory and that the refusal or subsequent withdrawal of consent will not result in the termination of the main service/refusal of the service. In addition, the policy holder has the right at any time request the termination of processing, and the insurer will ensure the implementation of this request completely free of charge. Consent can be withdrawn, among other things, by calling at +995 322 922 222, submitting a request to the email address ([personaldataofficer@imedil.ge](mailto:personaldataofficer@imedil.ge)) or to any office of the insurer.

The policy holder/insured person confirms that he/she has received complete and exhaustive information about his/her rights under the legislation of Georgia, including that, upon his/her request, the Insurance Company is obliged to correct, update, add, block, delete or destroy data if they are incomplete, inaccurate, not updated, or if their collection and processing were carried out contrary to the law.

In addition, in order to implement a high standard of personal data protection and to manage/solve any issues or problems related to their processing as effectively as possible, the policy holder/insured person is entitled to contact the Personal Data Protection Officer of the Insurance Company for consultation at any time at the following e-mail address: [personaldataofficer@imedil.ge](mailto:personaldataofficer@imedil.ge) and, based on the current needs, receive qualified and operational service in the shortest possible time.

The policy holder confirms that it has obtained the written consent of the insured in this regard and, upon the insurer's request, shall immediately submit to the insurer the relevant documentation - the consent signed by the insured in accordance with the form specified in this Article. In the event that the insurer is subject to a fine and/or suffers any kind of damage/loss due to the violation of the above obligation by the relevant authorized person, the policy holder undertakes to pay the insurer the fine imposed on it in full (including a fine, if any) and compensate it for the damage/loss caused.

The policy holder confirms that he/she has read these Conditions and understands the above information and gives its consent under the above conditions.

*Annex*  
***Form of withdrawal of consent to the personal data processing***

JSC "Insurance Company Imedi L" processes my personal data on ..... (date) based on the consent I have given.

I am aware that I have the right to withdraw the aforementioned consent, and I have been informed that refusing to process my personal data will result in the termination of the service for me. In the event of a request for the termination, deletion or destruction of data processing, as well as in the event of withdrawal of consent to data processing, all services/products that I receive from the company will be terminated. I am aware that data processing must be terminated and/or the processed data deleted or destroyed no later than 10 (ten) business days from the request, unless there is another basis for data processing.

**Request**

- I am informed that the withdrawal of consent does not result in the cancellation of legal consequences arising before the withdrawal of consent and within the scope of consent;
- I understand that the processing of personal data is necessary for the provision of services to me, the fulfillment of the obligations established by law for the Company, and that refusal to process personal data will result in the termination of the provision of services/products to me;
- I exercise my right to request the blocking, termination of processing, deletion and destruction of personal data processed about me;
- I exercise my right to deny the consent I have given to the processing of data at any time.

**I request my personal data:**

- ☐ **to be blocked**
- ☐ **stopped being processed on the basis of withdrawal of the informed consent**
- ☐ **to be deleted**
- ☐ **to be destroyed**

<b>First name, surname, Personal No.:</b>	<b>Signature:</b>
<b>Date:</b> <div style="text-align: center;">(day/month/year)</div>	

## **16. Final provisions**

16.1. The invalidity of any article or clause of this contract does not entail the invalidity of the entire contract if it was concluded without such invalid article/clause.

16.2. In cases not provided for in this contract, the parties shall be guided by the current legislation of Georgia.

16.3. The terms and conditions of the contract are confidential and any information/documentation relating to the insurance contract (including about you and the Insured) will be disclosed to the third party(ies) only in the manner prescribed by law and in cases stipulated by the parties in writing. Herewith, the above restriction does not apply to:

- a) information that will be released/disclosed for the purpose of auditing the insurer and/or for the purpose of providing consulting services;
- b) information that is or will become publicly available independently of the parties;
- c) information on the disclosure of which there is an agreement between the parties;

d) information that will be disclosed by any party in accordance with the law and/or requirements of relevant regulations (including, in the case of an insurer, in accordance with the requirements and protection of the stock exchange where the shares of the beneficial owner, the insurer are traded and/or at the request of an audit organization providing audit services to the insurer)

16.4. Any and all rights granted to a party as a result of the other party's breach of the insurance contract, other related contract(s)/agreement(s) and/or the law in whole or in part are cumulative and additional. to all rights granted by the insurance contract and/or other law.

16.5. In the event of a complete or partial violation of the insurance contract and/or legislation by one of the parties, the non-use of the rights granted to it by the other party does not apply to subsequent violation of the insurance contract and/or legislation.

16.6. The words used in the insurance contract in the singular, depending on the context, mean the plural and vice versa;

16.7. The insurance contract and/or other related agreements are fully applicable and binding on the assignees or heirs/legal successors of the parties.

## Annex # 1

Discount applies to the following medical/dental institutions and pharmacy chain:

Region	Area	Outpatient department	Address	New discount
Tbilisi	Tbilisi	Tbilisi Central Hospital LTD	Tbilisi, #1 Chachava st.	65%
Tbilisi	Tbilisi	Med Investment LTD - David Tatishvili Medical Center	Tbilisi, #7 Abuladze st.	50%
Tbilisi	Tbilisi	Med Investment LTD - David Tatishvili Medical Center	Tbilisi, #2 Marijani st.	50%
Tbilisi	Tbilisi	Med Investment LTD - David Tatishvili Medical Center (Vazha-Pshavela Branch)	Tbilisi, #76b Vazha-Pshavela Ave.	50%
Tbilisi	Tbilisi	TL Medical LTD - David Tatishvili Medical Center (Isani Branch)	Tbilisi, #55 Beri Gabriel Salosi Ave.	50%
Tbilisi	Tbilisi	JSC Evex - Gldani Polyclinic	Tbilisi, #8 Marat Nozadze st.	50%
Tbilisi	Tbilisi	JSC Evex - Didi Digomi Polyclinic	Tbilisi, adjacent to #16a I. Petritsi st.	50%
Tbilisi	Tbilisi	JSC Evex - Didube Polyclinic	Tbilisi, #123 Tsereteli Ave.	50%
Tbilisi	Tbilisi	JSC Evex - Varketili Polyclinic	Tbilisi, #76 Javakheti st.	50%
Tbilisi	Tbilisi	JSC Evex - Isani Polyclinic	Tbilisi, #1 E. Kakulia st., I Lane	50%
Tbilisi	Tbilisi	JSC Evex - Saburtalo Polyclinic	Tbilisi, #40 Vazha-Pshavela Ave.	50%
Tbilisi	Tbilisi	JSC Evex - Mtatsminda Polyclinic	Tbilisi, #8 Revaz Lagidze st.	50%
Tbilisi	Tbilisi	JSC Evex - Guramishvili Polyclinic	Tbilisi, #64 Guramishvili Ave.	50%
Tbilisi	Tbilisi	JSC Evex - Vazisubani Polyclinic	Tbilisi, #36 Sndor Petõfi st.	50%
Tbilisi	Tbilisi	JSC Evex - Tsintsadze Polyclinic	Tbilisi, #24 S. Tsintsadze st.	50%
Tbilisi	Tbilisi	JSC MegaLab	Tbilisi, #23 Petre Kavtaradze st.	60%
Tbilisi	Tbilisi	JSC MegaLab	Tbilisi, #1 Ljubljana II dead end	60%
Tbilisi	Tbilisi	JSC Evex - Saburtalo Polyclinic	Tbilisi, #40 Vazha-Pshavela Ave.	50% discount on computed tomography
Tbilisi	Tbilisi	JSC Viani - I. Bokeria Referral Hospital	Tbilisi, #8 Zurab Iarajuli st.	40% discount on MRI
Tbilisi	Tbilisi	Med Investment LTD - David Tatishvili Sports Medicine and Rehabilitation Center	Tbilisi, #2 Z. Anjaparidze st.	50% discount on rehabilitation service (physiotherapy, massage, exercises)
Adjara	Batumi	LLC David Tatishvili Medical Center – Batumi	Batumi, #129 Bagrationi st.	50%
Adjara	Batumi	JSC Evex- Batumi Polyclinic	Batumi, #20 Selim Khimshiashvili st.	50%

Adjara	Batumi	JSC MegaLab	Batumi, #53 Vazha-Pshavela st.	60%
Adjara	Kobuleti	JSC Sakartvelos Klinikebi (Georgian Clinics) - Kobuleti Hospital	Kobuleti, #18 Abashidze st.	40%
Adjara	Khulo	JSC Sakartvelos Klinikebi (Georgian Clinics) – Khulo Clinic	Khulo, #1/#13 Agmashenebeli st.	40%
Adjara	Keda	JSC Sakartvelos Klinikebi (Georgian Clinics) – Keda Clinic	Keda, #14 Rustaveli st.	40%
Adjara	Shuakhevi	JSC Sakartvelos Klinikebi (Georgian Clinics) – Shuakhevi Clinic	Shuakhevi, #32 Rustaveli st.	40%
Imereti	Kutaisi	JSC Evex – Saint Nicolas Medical Center	Kutaisi, #9 Paolo Iashvili st.	50%
Imereti	Kutaisi	JSC Sakartvelos Klinikebi (Georgian Clinics) – Kutaisi Referral Hospital	Kutaisi, #2 Otskheli St.	40%
Imereti	Kutaisi	JSC MegaLab	Kutaisi, 10/1 Irakli Abashidze st.	60%
Imereti	Khoni	JSC Sakartvelos Klinikebi (Georgian Clinics) – Khoni Clinic	ბონი, სოლომონ II ქ. #17	40%
Imereti	Terjola	JSC Sakartvelos Klinikebi (Georgian Clinics) - Terjola Clinic	Terjola, #69 Rustaveli st.	40%
Imereti	Tkibuli	JSC Sakartvelos Klinikebi (Georgian Clinics) - Tkibuli Clinic	Tkibuli, #10 Tabukashvili st.	40%
Imereti	Tskaltubo	LLC Tskaltubo Regional Hospital	Tskaltubo, #16 Eristavi st.	40%
Imereti	Zestaponi	LLC Geo Hospitals - Zestaponi Outpatient Center	Zestaponi, #1 D. Agmashenebeli I Lane	40%
Imereti	Zestaponi	LLC Geo Hospitals - Zestaponi Multidisciplinary Medical Center	Zestaponi, junction of Kekelidze and Melkadze streets	40%
Imereti	Baghdati	LLC Geo Hospitals – Baghdati Multidisciplinary Medical Center	Baghdati, #84 Kakhiani St.	40%
Imereti	Samtredia	LLC Geo Hospitals - Samtredia Multidisciplinary Medical Center	Samtredia, #13 Kostava st.	40%
Imereti	Samtredia	LLC Geo Hospitals – Samtredia Outpatient Center	Samtredia, #2 Chanturia st.	40%
Imereti	Chiatura	LLC Geo Hospitals Chiatura Outpatient Center	Chiatura, #14 D. Agmashenebeli st.	40%
Imereti	Chiatura	LLC Geo Hospitals – Chiatura Multidisciplinary Medical Center	Chiatura, #20 Chanturia st.	40%
Imereti	Vani	LLC Geo Hospitals – Vani Medical Center	Vani, #84 Liberty st.	40%
Imereti	Khoni	LLC Geo Hospitals - Khoni Outpatient Center	Khoni, #12 Chanturia st.	40%
Kakheti	Telavi	JSC Sakartvelos Klinikebi (Georgian Clinics) - Telavi Referral Hospital	Telavi, #1 Sekhniashvili st.	40%
Kakheti	Akhmeta	JSC Sakartvelos Klinikebi (Georgian Clinics) - Akhmeta Clinic	Akhmeta, #78a Rustaveli st.	40%
Kakheti	Kvareli	JSC Sakartvelos Klinikebi (Georgian Clinics) – Kvareli Clinic	Kvareli, #3a Chavchavadze st.	40%
Kakheti	Sagarejo	LLC Geo Hospitals - Sagarejo Multidisciplinary Medical Center	Sagarejo, #13 Kakheti Highway	40%
Kakheti	Gurjaani	LLC Geo Hospitals – Gurjaani Multidisciplinary Medical Center	Gurjaani, #35 Marjanishvili st	40%
Samegrelo-Zemo Svaneti	Zugdidi	JSC Evex – Zugdidi Polyclinic	Zugdidi, #1 Kostava st.	50%
Samegrelo-Zemo Svaneti	Zugdidi	JSC Sakartvelos Klinikebi (Georgian Clinics) - Zugdidi Referral Hospital	Zugdidi, #206 K. Gamsakhurdia st	40%
Samegrelo-Zemo Svaneti	Poti	JSC Sakartvelos Klinikebi (Georgian Clinics)- Poti Hospital	Poti, #171 Guria st.	40%
Samegrelo-Zemo Svaneti	Khobi	JSC Sakartvelos Klinikebi (Georgian Clinics) – Khobi Clinic	Khobi, #2 Chkondideli st.	40%
Samegrelo-Zemo Svaneti	Tsalenjikha	JSC Sakartvelos Klinikebi (Georgian Clinics) – Tsalenjikha Clinic	Tsalenjikha, #6 Churgulia st.	40%
Samegrelo-Zemo Svaneti	Chkhorotsku	JSC Sakartvelos Klinikebi (Georgian Clinics) – Chkhorotsku Clinic	Chkhorotsku, #17 Agmashenebeli st.	40%

Samegrelo-Zemo Svaneti	Martvili	JSC Sakartvelos Klinikebi (Georgian Clinics) – Martvili Clinic	Martvili, #111 Mshvidoba st.	40%
Samegrelo-Zemo Svaneti	Abasha	JSC Sakartvelos Klinikebi (Georgian Clinics) – Abasha Clinic	Abasha, #143 Liberty st.	40%
Samtskhe-Javakheti	Adigeni	JSC Sakartvelos Klinikebi (Georgian Clinics) - Adigeni Clinic	Adigeni, #11 Balakhashvili st.	40%
Samtskhe-Javakheti	Akhalsikhe	JSC Sakartvelos Klinikebi (Georgian Clinics) – Akhalsikhe Referral Hospital	Akhalsikhe, #105a Rustaveli st.	40%
Samtskhe-Javakheti	Aspindza	JSC Sakartvelos Klinikebi (Georgian Clinics) – Aspindza Clinic	Aspindza, #1a Shalva Akhalsikheli st.	40%
Samtskhe-Javakheti	Akhalkalaki	JSC Sakartvelos Klinikebi (Georgian Clinics) – Akhalkalaki Hospital	Akhalkalaki, #31 Agmashenebeli st.	40%
Samtskhe-Javakheti	Ninotsminda	JSC Sakartvelos Klinikebi (Georgian Clinics) – Ninotsminda Clinic	Ninotsminda, #48 Liberty st.	40%
Samtskhe-Javakheti	Borjomi	LLC Geo Hospitals - Borjomi Multidisciplinary Medical Center	Borjomi, #3 Saakadze st.	40%
Mtskheta-Mtianeti	Mtskheta	LLC Geo Hospitals – Mtskheta Multidisciplinary Medical Center	Mtskheta, #5 Gvinjilia st.	40%
Mtskheta-Mtianeti	Dusheti	LLC Geo Hospitals – Dusheti Medical Center	Dusheti, #71 Stalin st.	40%
Kvemo Kartli	Rustavi	JSC MegaLab	Rustavi, #5 Meskhisvili st.	60%
Kvemo Kartli	Gardabani	LLC Geo Hospitals – Gardabani Multidisciplinary Medical Center	Gardabani, #1 Leselidze st.	40%
Kvemo Kartli	Marneuli	LLC Geo Hospitals – Marneuli Multidisciplinary Medical Center	Marneuli, Territory of the former military town	40%
Kvemo Kartli	Marneuli	LLC Geo Hospitals - Marneuli Maternity Hospital and Outpatient Center	Marneuli, №112 Rustaveli st.	40%
Kvemo Kartli	Marneuli	JSC MegaLab	Marneuli, #13 26 May st.	60%
Shida Kartli	Gori	Gormedi LTD	Gori, #14 Tskhinvali Highway	40%
Shida Kartli	Kareli	Gormedi LTD	Kareli, Bebnisi Village	40%
Shida Kartli	Khashuri	Gormedi LTD	Khashuri, #5 Parnavazi st.	40%
Region	Area	Dentistry	Address	Discount
Tbilisi	Tbilisi	Newdent 1 LTD	Tbilisi, #29a Al. Kazbegi Ave.	Therapeutics/Surgery - 50%, Orthopedics/orthodontics - 30 %

Tbilisi	Tbilisi	Newdent 1 LTD	Tbilisi, #18 Mitskevich st.	Therapeutics/Surgery - 50%, Orthopedics/orthodontics - 30 %
Tbilisi	Tbilisi	Newdent 1 LTD	Tbilisi, #32 Petriashvili st.	Therapeutics/Surgery - 50%, Orthopedics/orthodontics - 30 %
Tbilisi	Tbilisi	New Dent LTD	Tbilisi, Gldani M/D I;	Therapeutics/Surgery - 50%, Orthopedics/orthodontics - 30 %
Tbilisi	Tbilisi	New Dent LTD	Tbilisi, Didi DIgomi, #16 I. Petritsi st.	Therapeutics/Surgery - 50%, Orthopedics/orthodontics - 30 %
Tbilisi	Tbilisi	New Dent LTD	Tbilisi, #76 Javakheti st.	Therapeutics/Surgery - 50%, Orthopedics/orthodontics - 30 %
Tbilisi	Tbilisi	New Dent LTD	Tbilisi, 64 Guramishvili Ave.	Therapeutics/Surgery - 50%, Orthopedics/orthodontics - 30 %
Adjara	Batumi	New Dent LTD	Batumi, #20 Selim Khimshiashvili st.	Therapeutics/Surgery - 50%, Orthopedics/orthodontics - 30 %
Samegrelo- Zemo Svaneti	Zugdidi	New Dent LTD	Zugdidi, #1 Kostava st.	Therapeutics/Surgery - 50%, Orthopedics/orthodontics - 30 %
Samegrelo- Zemo Svaneti	Poti	Georgian-American Dental Center LTD	Poti, #1 Parnavaz Mepe st.	Therapeutics/Surgery - 50%, Orthopedics/orthodontics - 20%
Imereti	Kutaisi	Gogeni LTD	Kutaisi, #41 Chavchavadze st.	Therapeutics/Surgery - 50%
Kvemo Kartli	Rustavi	Super Kbili LTD	Rustavi, Pirosmanni St., Bldg. 13	Therapeutics/Surgery - 50%
Kvemo Kartli	Rustavi	LLC DENT - X	Rustavi, #25 Batumi St., Apt. 1	Therapeutics/Surgery - 50%
<b>Region</b>	<b>Area</b>	<b>Pharmacy</b>	<b>Address</b>	<b>Discount</b>
Tbilisi	Tbilisi	JSC Gepha (GPC)	Tbilisi, #6 Sanapiro St.	<b>40%</b>
Tbilisi	Tbilisi	JSC Gepha (Pharmadepot)	Tbilisi, #6 Sanapiro St	<b>40%</b>

The list of medical/dental institutions and pharmacy chains specified in the annex can be changed at any time, updated information can be obtained by calling the insurer's call c

Annex #2  
Claim form

Insured Persons' Information (Name, Surname): _____ Date of Birth (Day / Month / Year): _____ P/N _____ Email Address: _____ Contact Phone Number _____ Insurance Policy Number: _____ Insurance Coverage _____ From _____ Till _____ Period _____ Type of Insurance: <input type="checkbox"/> Corporate Other _____ Name of the Organization Providing Insurance Coverage _____	
Is the Applicant/Policyholder the Same Person as the Insured? <input type="checkbox"/>	
Applicant / Customer Information Surname / Name / Name of the organization: _____ P/N _____ Contact Phone Number _____ Email _____	
Relationship to the Insured Person _____	
<input type="checkbox"/> Guarantee Letter <input type="checkbox"/> Reimbursement Other _____	
Type of Provided/Rendered Medical Service <input type="checkbox"/> Outpatient Clinit <input type="checkbox"/> Medicines <input type="checkbox"/> Dentistry <input type="checkbox"/> Hospitalization Other _____	
Has your insurance case/claim been reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please Clearly State your request _____ _____ _____ _____	
Please select only one method of receiving the response	<input type="checkbox"/> Receiving the response via email <input type="checkbox"/> Receiving the response at the company's service center
Please select one method for receiving the response in case the claim submitted under this complaint is satisfied:	<input type="checkbox"/> I agree to receive the response via email <input type="checkbox"/> I agree to receive the response at the company's service center.
Signature of the insured/applicant customer _____ Date _____	

The application shall be reviewed within 30 calendar day from the date of submitting the claim

Thank you for choosing our service

Annex N3

Name, identification number of the applicant of  
JSC "Insurance Company Imedi L":

**Application**  
(for policy cancellation)

Please cancel the health insurance contract # (-----) (hereinafter “the Contract”) in compliance with Subparagraph d) of Paragraph 9.1 of the Standard Conditions of the Contract.

Signatory:

-----

Date:

The Standard Conditions of this Accident Insurance contract, Important Conditions of the contract, Information Sheet and Claim Form represent the analogue of the conditions acknowledged in compliance with the act on fact acknowledgement (which is uploaded together with the corresponding act on the web-page: <https://credobank.ge/>- <https://imedil.ge/legal-info/ge/>). Besides, any type/form of changes in the Standard Conditions are permitted only through acknowledgement of the fact of changes and only by the Insurer. Respectively, all the other conditions differing from the Standard Conditions, which have not been changed in compliance with the determined procedure, shall not create any rights-obligations or responsibilities for the parties.

When introducing changes to the Standard Conditions, the Standard Conditions shall be put into compliance with the new ones through acknowledgement of the fact and the corresponding act, together with the changed conditions, shall be uploaded on the indicated web-page. The web-page shall involve all the acts (together with the corresponding dates) through which the changes have been introduced to the Accident Insurance Contract and, as to the Standard Conditions (implies the conditions without the act on fact statement, which is analogous to the stated condition in each case), they shall be updated on the web-page in each case. Besides, the Standard Conditions of each contract shall be effective till the dated indication in the new act on fact acknowledgement, etc. before acknowledgement of each new Standard Condition.