



Private Property insurance terms and conditions

„MAXI Policy“ No.5.6/6

Section I. Property insurance

1. Terms and Definitions

Terms and Definitions if not otherwise specified in these Terms and Conditions have the same meaning and explanation as in the General insurance terms and conditions of ADB "Gjensidige" Latvian Branch.

- 1.1. **Coverable Losses** – an amount of money payable for the Insurable Event or a compensation of expenses for services to be rendered in accordance with the Insurance Contract before deduction of the deductible.
- 1.2. **Insurance year** – a period of 12 months from the starting date of the insurance coverage period.
- 1.3. **Related Person** – employees, family members or persons of the Insured or the Policyholder with whom the Insured or the Policyholder has a common household or persons who have signed an agreement of lease, rent, lending, loan or any other type of agreement of the insured property or any part thereof with the Insured or the Policyholder that entitles to use the insured property, as well as the custodial services agreement. A person who uses the insured object with the permission of the Policyholder.
- 1.4. **Third party** – any natural person or legal entity except: Related persons, Policyholder and Insured.
- 1.5. **Family members** – a spouse, close relatives and in-laws up to the third level in regard to close relatives and the second level to in-laws, the members of foster families, guardians and wards.
- 1.6. **Coverage territory of the insurance contract** – for the property insurance – address specified in the insurance policy (or territory specified in Clause 3.2.5 of the Terms and Conditions), accident insurance – worldwide and General third party liability insurance of natural persons – the Baltic States.
- 1.7. **Permanently inhabited property** – building, construction, apartment, premises, which the Policyholder or the Insured uses for permanent residence (are not left without the physical supervision of the person for more than 30 consecutive days). The property shall not be deemed as permanently inhabited if it does not have the power supply connection or it is not equipped with a heating system in working condition.

2. Insurable objects

An Insurable Object is the property specified in the Insurance Policy. The following shall be deemed as an Insurable Object:

- 2.1. **A building** with the built-in communications, construction elements (heating boilers, electric systems, water supply and sewerage systems, built-in ventilation and dust exhauster systems) that form an integral part of the building, as well as finished repair and decoration works. Objects that have been fastened to the building: video surveillance equipment, TV antennas, sheds, sun-blinds, signboards, alarm systems, solar collectors and wind generators, in-built furniture, for the purpose of this Regulation shall be deemed as an integral part of the building. If a building is insured (both the residential building and auxiliary building), all the equipment ensuring the building with its basic functions – water, heat and electricity supply, is insured if they are connected with the building and are located on the territory of the building.
- 2.2. **Apartment** with its construction elements and interior decoration that is an integral part of the apartment (floors, walls, ceilings, windows, doors, sanitary equipment, electrical installation, fireplaces, balconies, terraces etc.). When insuring an apartment, its part of the legally binding common property is also insured. If the insured apartment is located in the attic – part of the roof that is constructively connected to the apartment is included.
- 2.3. **Interior decoration** – expenses for the repair works performed in the rented premises, decoration materials for walls, floors, windows and ceiling up to load bearing constructions, as well as for engineering lines, which do not damage the stability of the building/apartment and do not violate the rights of other owners of the building/apartments if they are reconstructed, changed or removed.

- 2.4. **Possessions** – furnishings of a building and apartment and household wares belonging to the Insured Person and persons sharing a household, or property accepted for storage, which are located inside the apartment, residential building, auxiliary buildings (cellars, sheds, storerooms etc.) of a private house (in all risks insurance also of the residential building), on the land/in a yard belonging to the property (if appropriate for usage outdoors), as well as, subject to provisions of 3.2.5 hereof, movable property, if it is designated for usage outside the immovable property.

3. Risks

The Insurance Contract is valid only for risks that are specifically noted in the Insurance Policy. If the risk is not noted in the Insurance Policy, it is not insured.

3.1. Basic risks

3.1.1. Fire:

- 3.1.1.1. fire – unforeseen and uncontrollable burning with open flames. Damage caused to the Insurable Object due to soot, smoke and fire fighting activities, if that has been caused by fire;
- 3.1.1.2. lightning stroke – direct effect of lighting on the insurable object;
- 3.1.1.3. explosion – instantaneous (explosive) chemical transformation of a substance or mixture that causes increased pressure (a shock wave). Explosion of a reservoir shall mean a sudden destructive expression of pressure force when the walls of the reservoir are destroyed to the extent that the pressure within and outside of the reservoir levels off. Sudden levelling of the pressure (implosion) due to low pressure shall not be deemed an explosion; Only the losses that have occurred due to the direct impact of explosion to the insurable object shall be reimbursed;
- 3.1.1.4. falling of a controllable aircraft, its parts or cargo carried by it on the insurable object.
- 3.1.2. **Natural disasters:**
 - 3.1.2.1. storm – wind with the speed above 15 m/s;
 - 3.1.2.2. flood – an overflowing of water on the territory that has run over the boundaries of reservoirs or natural water basins. Overflowing of the territories (places) of a periodical (seasonal) character and where it occurs more than once in 5 years shall not be deemed flood;
 - 3.1.2.3. hail – direct effect of precipitation in the form of hail stones on the insurable object;
 - 3.1.2.4. continuous snowing – a sudden increase of a snow layer by at least 100 mm in the period of 24 hours if the damages have occurred during snowing;
 - 3.1.2.5. earthquake of magnitude as of 4 on the Richter scale;
 - 3.1.2.6. falling of trees, masts and poles that has not been caused by human activities.

3.1.3. Water leakage:

- 3.1.3.1. a sudden and unforeseen breach or fracture of pipelines, their facilities and equipment except the one caused by frost;
- 3.1.3.2. an action taken or failure to act by third parties which has caused fluid leakage or steam escape from internal communication systems of the building;
- 3.1.3.3. fluid leakage caused by automatic reaction of correctly operated fixed automatic fire extinguishing systems and equipment;
- 3.1.3.4. fluid leakage due to failure of pipelines which branch off the insured building to the main pipeline and supplies water, heating etc. to the insured building.
- 3.1.4. **Illegal activities of third persons:**
 - 3.1.4.1. burglary – a deliberate, illegal theft, damage or ruin of property if it is committed by third parties by means of illegal entering into locked premises with evident traces of a burglary. Fraud, appropriation, extortion of property shall not be deemed as a theft;
 - 3.1.4.2. robbery – an attack to the Insured that is connected with violence or threats of violence and that is dangerous to the life or health with an aim to obtain the insured property;
 - 3.1.4.3. malicious damage – a deliberate destruction or damage of the insured property;



- 3.1.4.4. collision – any direct impact to the insured property caused by any type of a land vehicle, loading or unloading mechanisms due to the activities of or failure to act by third parties.
- 3.1.5. **Rescue and elimination expenses:**
- 3.1.5.1. all reasonable expenses in relation to the insurable event claimed and proved by the Insured for emergency elimination of damages and reduction of losses, and for rescue measures;
- 3.1.5.2. expenses of the Insured in relation to the Insurable Event for removal of ruins and cleaning works, and the removal and destruction of the damaged property, dismantling of equipment, breaking down of parts of buildings or enlarging openings.
- 3.2. **Additional risks:**
- 3.2.1. **electrical phenomena** - losses caused to the insured property as a result of such electrical phenomena as indirect lightning stroke, short circuit, overvoltage, overcurrent, and which have not caused the fire.
- 3.2.2. **losses caused by frost** - break or fracture of pipelines, their facilities and equipment caused by frost. Losses and damages shall not be indemnified if the building is not permanently inhabited;
- 3.2.3. **rental expenses** - rental expenses of equal replacement housing for the period of repairs of the damaged property if it is not suitable for living as a result of occurrence of the Insurable Event (for example, fully destroyed due to fire, explosion etc.) by covering rental expenses;
- 3.2.4. **theft of possessions from the yard of a private house** - theft of grass cutters, barbecue grill, trampoline, movable swimming pool, garden sprinklers, washing line, washing hung out for drying, garden furniture, children prams, wheelchairs, bicycles (if during the theft it was locked with respective security means to a fixed object) from the territory of the insured private house without traces of a burglary. Losses shall not be indemnified if the building is not permanently inhabited and the territory of the insured private house has not been fenced throughout its all perimeter;
- 3.2.5. **possessions outside the household** - for losses caused to the possessions which are designated for usage outside the immovable property and are situated outside the addresses specified in the Insurance Contract on the territory of Latvia:
- 3.2.5.1. due to hitting of a mean of transport;
- 3.2.5.2. due to the theft if such has occurred with obvious traces of burglary, and robbery outside the address specified in the Insurance Contract, under a condition that Police confirms the above mentioned fact and the specific property is under continuous physical supervision of the Insured and/or the persons with whom the Insured shares the household or in a locked, permanently inhabited premises or from an invisible part of a vehicle interior, luggage compartment. The insurance will also be valid in relation to a bicycle, if it has been registered at the Road Traffic Safety Directorate, that is left shortly unattended if during the theft it was locked with respective security means to a fixed object on condition that the police confirms the fact of theft.
- 3.2.5.3. Upon all risks insurance, losses mentioned in Clauses 3.2.5.1 and 3.2.5.2, as well as losses incurred due to Natural disasters (Clause 3.1.2 of the Terms and Conditions) and Fire (Clause 3.1.1 of the Terms and Conditions) are indemnified in all Baltic States.
- 3.2.6. **possessions accepted for storage** - the Insurer will reimburse losses caused to the possessions in holding, usage or storage of the Insured (or persons with whom the Insured shares the household) as a result of the occurrence on Insured risks. Losses shall not be reimbursed if upon the occurrence of the insured risk the possessions are located outside the address specified in the Insurance policy.
- 3.2.7. **breakage of ceramic items and glazing** - aquarium, sinks, water closet, bidet, bath, shower enclosure, breakage of kitchen ceramic cooking surface.
- 3.2.8. **MAXI Repairman** - the Insured and persons with whom the Insured shares the household may apply for MAXI Repairman services. The services, taking into consideration the limitations and exceptions specified in these Terms and Conditions, include the repair of the object damaged in the Insured event (including replacement of parts of the object) and measures/additional materials for the elimination of further consequences of the insured event in case of:
- 3.2.8.1. breakdown of a water pipeline (broken or damaged pipe joint, a pipe, a tap or another water supply equipment) inside the premises;
- 3.2.8.2. breakdown of a sewerage system (a pipe joint, a pipe) inside the premises;
- 3.2.8.3. breakdown of a heating system (a pipe, heating element, heating equipment) inside the premises;
- 3.2.8.4. breakage or blocking of an entrance door or a door lock of the house or apartment (a door lock is broken,
- 3.2.8.5. keys are lost, the entrance door has been locked and the keys are left inside);
- 3.2.8.6. the windows are broken out;
- 3.2.8.7. breakage of electrical installation of the house or apartment (flashing in a power socket, breakage of an electric fuse);
- 3.2.8.8. losses caused to a house or apartment by forces of nature (natural disaster blow off a roof coverage, damage other elements of a house or their parts);
- 3.2.8.9. a tree falls down and damage a house or an apartment;
- 3.2.8.10. a vehicle crashes into the insured house or apartment.
- 3.2.9. **additional expenses** - compensation of the required expenses to the Insured after occurrence of an Insurable Event:
- 3.2.9.1. emergency return from the travel;
- 3.2.9.2. moving to another temporary place of residence;
- 3.2.9.3. expenses related to renewal of personal identity documents and payment cards.
- 3.2.10. **psychological aid after a fire accident** - services of a psychologist, psychotherapist which are received within 6 months after the fire accident at a medical institution registered with the Health Inspectorate of the Republic of Latvia;
- 3.2.11. **damages to the commodities of the territory** - the Insurer will reimburse the losses related to the damages to/loss of commodities of the territory if they are located on the land attached to the insured building according to the land boundary plan. Commodities of the territory are the constructions permanently connected with the land and which are not buildings: fence, gates and their automatic system, boom barriers, lighting equipment, flag poles, benches, tables, children playgrounds, sprinklers, overground constructions of a well, surfacing of yards.
- 3.2.12. **damages to greenery** - expenses occurred in the result of a fire, theft or malicious damage in relation to the loss of plants, except loss of harvest, growing on the fenced territory or a building, if recovery of such plants in natural way is not possible. In case of the risk of fire the expenses shall be indemnified even if the territory has not been fenced.
- 3.2.13. **investments** - if the building is insured in its actual value and the Insured has made investments performing repair works at he insured property, the Insurer shall indemnify losses for such investments, not calculating the depreciation charges and not applying the underinsurance principle.
- 3.3. **All risks**
- 3.3.1. Losses/expenses reimbursed to the Insured subject to restrictions, limitations and exceptions defined herein, shall include:
- 3.3.1.1. any physical damage and loss of the Insurable Object due to sudden and unexpected event occurred during the Insurance Period specified in the Insurance Policy;
- 3.3.1.2. occurrence of basic and additional risks specified in these Terms and Conditions within the Insurance Period specified in the Insurance Policy.
- 3.3.2. In case of all risks insurance:
- 3.3.2.1. fracture of glazing of a building and apartment once during the insured year without applying the deductible;



- 3.3.2.2. losses incurred due to the leakage of water and snow into the premises through the constructions of the building are indemnified taking into consideration the limits defined in these Terms and Conditions;
- 3.3.2.3. Insuring the possessions, they are insured also in the auxiliary buildings of the apartment building (cellars, sheds, storerooms etc.).

4. Exceptions

- 4.1. The insurance shall not reimburse the losses as a result of:
- 4.1.1. exposing the property to processing or other processes where fire or heat is used (for example: welding, soldering etc.);
- 4.1.2. overheating, over firing, melting or smouldering if such has not been caused by the insured risks;
- 4.1.3. explosion caused by guns and other devices where the energy of explosion is deliberately used;
- 4.1.4. a blast caused by using substances and equipment the aim of which is to use explosion energy;
- 4.1.5. water, hail or snow penetration into building or premises through windows, doors, roof, seams of building, foundations, external walls, drainage pipes and other construction elements of the building, and also from streets, pavements, squares and inner yards. In case of all risks insurance - water or snow penetration into building or premises through windows, doors, roof, seams of building, foundations, external walls, drainage pipes and other construction elements of the building, if the Insurer has paid indemnity for such losses to the insured object in previous 3 years, and also from streets, pavements, squares and inner yards;
- 4.1.6. leaving the movable property in the open air unless it is required by the specific use of the property;
- 4.1.7. rising of groundwater and sewage water level or overflowing of water collection and/or sewerage systems and roof drainage pipes;
- 4.1.8. accumulation of condensate;
- 4.1.9. leakage of water from engineering networks, except in cases caused by emergency situations;
- 4.1.10. sudden leakages of cooling agents in refrigerators unless they have been caused by the Insured Risks;
- 4.1.11. losses incurred in the event of overvoltage, if the insured equipment was connected to a temporary electricity supply device;
- 4.1.12. if no measures have been taken against the entry of third parties into the insurable object (unlocked door, windows etc.);
- 4.1.13. direct activities by such persons who have concluded rental, hire, lending or other type of contracts of the insurable object or a part thereof with the Insured or the Policyholder which grant the right to use the insurable object;
- 4.1.14. war, invasion, external enemy activity, insurrection, revolution, uprising, military operation or illegally attained power, terrorist activity and property arrest performed by any state institution of the Republic of Latvia, and due to changes in administrative regulations and legal enactments;
- 4.1.15. errors or damages caused by microprocessor equipment of any type (computer, technological devices, control systems etc.) and its software and by electric or electronic devices of any type and their insulators due to short circuit or other electric occurrence that has not caused fire. The exception stipulated in this Clause shall not be applicable if in compliance with these Terms and Conditions it is marked in the Insurance contract;
- 4.1.16. malicious intent, gross negligence or criminal activity by the Insured and the Policyholder or the Related Persons;
- 4.1.17. breach of normative regulations, construction standards, regulations on technical operation and fire safety and administrative decisions of the Republic of Latvia by the Insured and the Policyholder or the Related Persons;
- 4.1.18. low-quality works or services performed by persons hired by the Insured, the Policyholder or the Related Persons;
- 4.1.19. blasting sanctioned by the state or municipal governmental institutions or performed by the insured person;
- 4.1.20. reconstruction, relocation or reorganisation of the insured property;
- 4.1.21. depreciation, corrosion, wear and tear, testing of the property or due to similar processes;
- 4.1.22. dry and wet rot, mould, fungi or bacteria, insects, worms, rodents or due to impact caused by other animals;
- 4.1.23. as a result of nuclear explosion, radiation or radioactive pollution as well as environmental pollution and poisoning;
- 4.1.24. serious breach of normative regulations, construction standards, regulations on technical operation and fire safety and administrative decisions of the Republic of Latvia during construction of the building (apartment) if the construction of the building (apartment) is performed by the Insured/Policyholder or it has been performed upon the order by the Insured/Policyholder or the real estate was purchased and the Insured/Policyholder has been aware of the violation.
- 4.2. The insurance shall not reimburse the losses incurred to the following objects:
- 4.2.1. illegally built buildings or those being under construction, buildings and structures for the construction of which all the required permits and approvals set by the law and other regulations have not been obtained;
- 4.2.2. buildings, constructions and structures being in an emergency state and the property therein. The property is deemed as being in an emergency state if its physical wear exceeds 70%;
- 4.2.3. unattended buildings, constructions and structures and possessions therein;
- 4.2.4. external pipelines that branch off the insured building to the main pipeline, if they do not belong to the Insured;
- 4.2.5. indoor plants, forest, separately growing trees, hedgerows (except cases specified in Clauses 3.2.11 and 3.2.12), land, sowings, animals;
- 4.2.6. cash, securities, documents (except of the documents defined in 3.2.9.3. hereof), deeds, designs, original drawings, models, archives;
- 4.2.7. software, data, databases and data carrying media (except licensed software that is not OEM versions, but has been purchased and installed for the usage only on the computer that has been damaged or lost as a result of the Insurable event and it is not possible to restore this software);
- 4.2.8. motor vehicles subject to registration;
- 4.2.9. guest houses and bathhouses intended for public use.
- 4.3. The insurance shall not reimburse the losses incurred to the following objects, if no special indication has been entered in the Insurance Policy:
- 4.3.1. berths;
- 4.3.2. pools, sheds and safety walls. If the objects mentioned in this Clause form an integral part of a building or apartment, they are insured without a special remark in the Insurance contract;
- 4.3.3. household premises, garage or underground parking connected to the apartment;
- 4.3.4. registered weapons with a conditions that the legal enactments on possession of weapons are observed. The insurance coverage shall be valid within the address specified in the Insurance Policy;
- 4.3.5. buildings with straw, reed, shingled roofs;
- 4.3.6. buildings, apartments and premises, construction, reconstruction or rebuilding of which has not fully completed or construction works are still in process, for which it is required to obtain a construction permit;
- 4.3.7. permanently unoccupied buildings and possessions therein;
- 4.3.8. losses, caused to the insured object (real estate property) by the leaseholders/tenants. The exception stipulated in this Clause shall not be applicable in case of all risks insurance.

5. Indemnity limits

In accordance with these Terms and Conditions the Insurer shall pay the Insurance Indemnity, not exceeding the indemnity limits within the insured year specified in Table No 1.



Table No 1

No	Expenses related to:	Indemnity limits in standard policy	Indemnity limits in all risks policy	No	Expenses related to:	Indemnity limits in standard policy	Indemnity limits in all risks policy
1.	Losses caused by an earthquake	50 000 EUR	Sum Insured	22.	Losses caused by performed repair works (for which a construction permit is required)	1000 EUR	3000 EUR
2.	Rescue and elimination expenses	10% of the total Sum Insured		23.	Possessions stored in auxiliary premises of apartment houses (if possession are insured)	Not insured	1% of the total Sum Insured of the possessions
3.	Damages or loss of possessions accepted for storage	500 EUR	1 000 EUR	24.	Accidental damage to mobile telephones, tablets, portable computers by the Policyholder or his/her related persons	Not insured	1 000 EUR
4.	Losses caused by frost	3500 EUR	5000 EUR	25.	Licensed software	Not insured	500 EUR
5.	Losses caused by electrical phenomena	Specified in policy		26.	Leakage of water and snow into the premises through the constructions of the building	Not insured	500 EUR
6.	Housing rental expenses	300 EUR per month, up to 6 months	450 EUR per month, up to 9 months	27.	Damaged to in-built furniture	1 500 EUR	3 000 EUR
7.	Theft of possessions from the yard of a private house	1000 EUR	1000 EUR	28.	Investments	3 000 EUR	5 000 EUR
8.	Damages or loss of possessions outside the housing	1000 EUR Latvia	1000 EUR Baltic States	29.	Assistance of MAXI Repairman at home	Specified in policy	
9.	Damage or loss of mobile telephones and tablets	500 EUR	1000 EUR	30.	Common property shares of the apartment	5%	5%
10.	Damages or loss of bicycles	500 EUR	1000 EUR	6. Sum Insured			
11.	Breakage of ceramic or glass items	1000 EUR	Sum Insured	6.1.	The Sum Insured shall be defined by the Policyholder and Insurer upon mutual agreement and based on the value of the property. The policyholder shall be responsible for the correspondence of the stated Sum Insured to the value of the property. In case the Sum Insured does not correspond to the value of the property, the conditions of underinsurance or overinsurance shall be applied upon occurrence of the Insurable Event.		
12.	Emergency return from the travel	400 EUR	400 EUR	6.2.	Should the specific Insured object be renewed after the payment of insurance indemnity, it shall remain insured to the extent of the Sum Insured specified in the insurance policy (the total amount of the insurance indemnity payable for the Insured Object within the insurance contract may not exceed the Sum Insured of the Insured Object specified in the contract). The condition specified in this Clause shall not be valid in respect of the possessions that have been insured in compliance with Clause 6.4.1 of these Terms and Conditions and objects, for which the payable insurance indemnity limits have been stated in the Insurance contract (the Insurance contract for these objects shall remain valid until the end of the term specified in the Policy in the amount of the difference between the Sum Insured specified in the Insurance contract and the amount of the Indemnity paid).		
13.	Moving to another temporary place of residence	300 EUR	300 EUR	6.3.	The Sum Insured of buildings, apartments and expenses of the completed decoration repair works shall be set in the Insurance contract according to:		
14.	Renewal of personal documents	100 EUR	300 EUR	6.3.1.	the restoration value which includes restoration expenses required to carry out construction of a building or an apartment to an equal quality and scope as to the moment of concluding the Insurance contract.		
15.	Psychological aid after a fire accident	Not insured	300 EUR	6.3.2.	the actual value which is calculated by subtracting the depreciation from the restoration value. The Insurable Object is insured in its actual value, in case depreciation of buildings, apartments and/or completed decoration works is more than 40% or if the Policyholder wants to insure them object for its actual value.		
16.	Damages to commodities of the territory	Not insured	5000 EUR	6.4.	Possessions may be insured:		
17.	Damages to greenery (if a private house is insured)	Not insured	3000 EUR				
18.	Losses caused by leaseholders/ tenants	Not insured	5000 EUR				
19.	Damages or loss of jewellery, wrist watch, bijouterie, precious metal items, gemstones, paintings, furriery items, icons, unique and particularly valuable or exclusive items, antiques (books, musical instruments, furniture, chinaware, etc. created before 1940 with high artistic value).	500 EUR	1 000 EUR				
20.	Losses in the results of repair works carried out by neighbours	Not insured	5000 EUR				
21.	Losses caused by performed repair works (for which no construction permit is required)	1 000 EUR	3 000 EUR				



- 6.4.1. in accordance with the list. By enclosing an attachment to the Insurance contract with a list of insurable possessions prepared by the Policyholder and specifying the Sum insured and value of each object (acquisition value (acquisition cost) or actual value of the object on the moment the Contract is being concluded);
- 6.4.2. specifying the total Sum insured of the possessions and total acquisition value (acquisition cost), taking into consideration the total area of habitable premises.
- 6.5. Unless these Terms and Conditions and/or the Insurance contract provide for otherwise, insuring the possessions according to the total area of habitable premises, each item the value of which exceeds EUR 3,000, shall be separately specified in the Insurance contract and if such an item is not specified in the Insurance contract, the maximum Sum Insured for such item shall be EUR 3000.

7. Obligations of the Insured after occurrence of the Insured Risk

7.1. Insurance claim

- 7.1.1. After the losses are incurred, the Policyholder/Insured shall immediately report to:
 - 7.1.1.1. the State Fire and Rescue Service in case of fire;
 - 7.1.1.2. the respective emergency service in case of explosion;
 - 7.1.1.3. the respective emergency service and/or the manager (owner) of the building in case of engineering network accident;
 - 7.1.1.4. the manager (owner) of the building and the Municipal Police in case of losses in the result of repair works carried out by neighbours;
 - 7.1.1.5. the manager (owner) of the building in case of water or snow penetration into premises through windows, doors, roof, seams of building, foundations, external walls, drainage pipes and other construction elements of the building.
 - 7.1.1.6. the Police in case of illegal activities of third parties;
 - 7.1.1.7. the Traffic Police in case of collision with a motor vehicle.
- 7.1.2. The Insured shall immediately, as soon as it becomes possible, inform the Insurer about the occurred event and shall take all possible and reasonable measures to reduce losses.
- 7.1.3. The Insured shall submit to the Insurer a special application form in writing (including filing in the application on the Insurer's website) within 3 (three) business days following the day when the event took place and shall agree with the Insurer on the time of an inspection of the place of accident. If due to objective reasons it is impossible to submit a written claim in person, then it shall be done by a representative or an authorised person of the Insured or the Policyholder.
- 7.1.4. In case the Policyholder/Insured makes a claim knowing that it is false and fraudulent, the Insurance contract shall be deemed null and void, and any claim in relation to this Contract shall be refused.

7.2. Proof of loss

- 7.2.1. After the occurred event, until the Insurer has carried out an inspection of the damaged or destroyed object, no elimination of damages or moving, removal or restoration of the object and its parts is allowed without a written consent of the Insurer. It is allowed to take only immediate measures to eliminate any further losses and prevent accidents.
- 7.2.2. After submission of the claim the Policyholder shall ensure the possibility for the Insurer's representative to perform an inspection of the place of accident and the damaged property, and shall ensure a possibility to carry out investigation to detect causes and extent of any loss.
- 7.2.3. After inspection of the place of accident the Insurer's representative shall draw up an inspection report on the detected damages and shall provide instructions the execution of which shall be compulsory for the Insured. Restoration of the object, moving or removal of any parts thereof shall not be allowed without a written consent of the Insurer.
- 7.2.4. In case the Insurer fails to perform an inspection and/or does not contact the Policyholder/the Insured within 3 working days following the day when the claim was submitted, the Policyholder/the Insured shall be entitled to commence elimination of damages and repairs.

- 7.2.5. The Policyholder/Insured shall have the obligation to submit all the information and documents requested by the Insurer justifying the loss and provide all the information and explanations on the circumstances of the accident.
- 7.2.6. If the Insured is entitled to claim compensation of rental expenses of housing, the Insured shall submit to the Insurer the rental agreement and documents certifying rental payments during the period of elimination of the damages.
- 7.2.7. Upon the Insurer's request a list of the damaged, stolen or destroyed items shall be provided. The date of purchase, acquisition value, description and condition of the item before the occurrence of the Insurable Event shall be included in the list. The Insurer shall be entitled to request documents certifying the purchase of items.
- 7.3. **Consequences of default of obligations by the Policyholder**
- 7.3.1. The Insurer shall be entitled to refuse the payment of the Insurance Indemnity if the Policyholder or the Insured:
 - 7.3.1.1. fails to fulfil any of the obligations referred to in Clause 7.1.1.–7.1.3., 7.2.1. - 7.2.3., 7.2.5. - 7.2.7. of the Terms and Conditions;
 - 7.3.1.2. fails to show the remains of the damaged objects, except the cases when they are fully destroyed, except the situations specified in Clause 6.2.4;
 - 7.3.1.3. fails to submit to the Police a list of the stolen or robbed items, or if the Police does not confirm the theft or robbery of particular items.
 - 7.3.1.4. in other cases referred to in these Terms and Conditions.

8. Calculation of Losses and Insurance Indemnity

- 8.1. The losses, unless otherwise stated in these Terms and Conditions, are fixed in the amount which is equal to the difference between the value of the insured item right before and after the Insurable Event.
- 8.2. The Insurer shall have the right to determine the calculation method of losses according to costs estimate of renovation and repairs that has been made according to the effectual legal enactments of the Republic of Latvia or in accordance with the value ratio of certain constructive elements of the damaged object to the Sum Insured of the respective object. Complete loss of the Insured Object shall be deemed the event when damages exceed 70% of the object value at the moment of occurrence of the damage.
- 8.3. If the building, apartment and/or completed decoration repair works have been insured for its restoration value, the Coverable Losses shall be the least restoration expenses required for repair of buildings or an apartment to return the property to the state it had before the insured event.
- 8.4. In case the Sum Insured of a specific object is less than its restoration value, the Coverable Losses shall be calculated to an equal proportion of the loss as between the Sum Insured and this value.
- 8.5. If in case of complete loss of a building/apartment it is not renovated, the loss shall be calculated in the amount of the market value of the building but not exceeding the renovation costs of the building. If building/apartment is being renovated, after commencement of renovation works, revaluation of the assessed losses shall be carried out according to the volume of renovation works completed, and the difference of indemnity shall be paid to the Insured.
- 8.6. Losses for the damage or loss of the apartment's common property shall be reimbursed in proportion to the common property share owned by the Insured in accordance with the submitted documents justifying the extent of the loss.
- 8.7. In case of complete loss of possessions:
 - 8.7.1. If they are insured in its acquisition value (acquisition cost of the possessions):
 - 8.7.1.1. and it has not been acquired more than two years ago (for personal hygiene items and cosmetic products not more than one year ago), the insurance indemnity is shall be calculated from the acquisition value of the item, not deducting the depreciation;



- 8.7.1.2. if possessions have been acquired more than two years ago (for personal hygiene items and cosmetic products more than a year ago) the insurance indemnity shall be calculated from the acquisition value of the item, deducting the depreciation starting from the third year (starting from the second year for hygiene items and cosmetic products) which shall be calculated based on the annual depreciation rates specified in Table No 2.
- 8.7.2. If it has been insured in its actual value, the insurance indemnity shall be calculated from the acquisition value of the item, without deducting depreciation.

Table 2

No	Group of possessions	Annual depreciation rate
1.	Furniture, interior accessories, books	5%
2.	Carpets, home textile, household objects (saucepans, frying pans, etc.), musical instruments, mechanical sewing machines, knitting machines, furriery items	10%
3.	Household appliances, gardening equipment, garden furniture, lighting equipment	15%
4.	Electronic equipment (video, photographic, audio, TV, etc.), sports inventory (incl. bicycles, children prams, boats)	20%
5.	Computer hardware and its accessories, electrical tools (borers, saws, planers, etc.)	25%
6.	Clothing, foot wear, bed linen, accessories, glasses	40%
7.	Mobile telephones, tablets	100%
8.	Personal hygiene items, cosmetic products	100%
9.	Other groups of possessions	20 %

- 8.8. For any possessions, if such item is in usable condition and is being used on a daily basis, the maximum depreciation may not exceed 70%.
- 8.9. When calculating the Coverable Losses, the value of the usable salvage shall be also taken into account.
- 8.10. Insurance Indemnity shall be calculated by deducting the Deductible of the Policyholder specified in the Policy from the Coverable Losses (the Deductible shall not be deducted if the Insurable Object is damaged as a result of a road traffic accident caused by third party that is reported in a respective decision of the Road Traffic Police or in the agreed statement).
- 8.11. As per the choice of the Insured, the Insurance Indemnity payout may be as:
- 8.11.1. payment in cash in order to compensate losses incurred to the Insured as a result of an Insurable Event. In this case only the direct expenses are reimbursed (not including taxes, extra expenses, profit, etc.). The Insured shall be entitled to request the amount of the paid taxes and extra expenses if he/she has submitted the documents verifying these expenses to the Insurer;
- 8.11.2. measures aimed at repair and restoration of the lost and/or damaged insurance object;
- 8.11.3. replacement of the lost or damaged property with an equivalent one.
- 8.11.4. the total amount of Insurance Indemnities payable (as per the Insurance contract) may not exceed the total Sum Insured specified in the Insurance contract.

Section II. General third party liability insurance of natural persons

9. Additional Terms and Definitions

- 9.1. **Insurable Object** is the third party liability of the Insured for losses caused to any third person throughout the period of validity of the Policy as a result of the activity or inactivity of the Insured.
- 9.2. **Third Party** is any natural person or legal entity (except the Policyholder, the Insured or a Related Person) who has suffered personal injury and/or material damage as a result of an Insurable Event and who is entitled to receive an Insurance Indemnity according to these Terms and Conditions.
- 9.3. **Losses** is harm caused to the health, life or property of the Third Party, the amount of which shall be determined on the basis of a mutual agreement between the Third Party and the Insurer, an expert opinion or a court decision.
- 9.4. **Liability Limit** – an amount of money specified in the policy in connection with any one Insurable Event and aggregated amount throughout the validity of the Policy, within the limits of which the Insurer shall be liable for indemnification of losses.
- 9.5. **Claim** – a written application of the Third Party to the Insurer for indemnification of losses.
- 9.6. **Insurance claim** is a written application of a certain form submitted by the Insured to the Insurer.
- 9.7. **Insurance indemnity** is an amount of money payable by the Insurer to the Third Party in order to compensate losses and settle the claims or complaints brought against the Insured.
- 9.8. **Insured** – a person whose third party liability is insured and who is specified in the Insurance Policy as the Insured. Without any remark in the Insurance contract, the Insured are also persons who live or reside in the insured real estate property based on legal grounds and with the consent of the Insured: Family members of the Insured (spouse or a person with whom the Insured shares common household, adult children and parents) and persons of whom the Insured bears civil liability (underage children of the Insured, mentally challenged persons, for whom the Insured bears liability, other underage children under temporary supervision of the Insured).
- 9.9. **Retroactive Period** – a period of consecutive insurance contracts, concluded without breaks, during which, in compliance with the provisions of these Terms and Conditions losses caused by the insured risk, which occurred within the retroactive period and prior to the validity of this Insurance contract, shall be covered to third parties, if none of the parties of the Insurance Contract were aware of its occurrence on the moment this Insurance Contract is being concluded.

10. Liability of the Insurer

- 10.1. The Insurer undertakes to indemnify to the Third Parties:
- 10.1.1. all amounts of money for which the Insured bears civil liability and which are payable to a Third Party in order to compensate the losses incurred:
- 10.1.1.1. for bodily injuries (including illness and death) caused to any Third Party;
- 10.1.1.2. for physical damage or loss of the Third Party's property;
- 10.1.1.3. costs for settling a claim or complaint not exceeding 10% of the liability limit including legal costs related to the claim against the Insured if the Insurer has accepted in writing legal proceedings before their commencement, even in the event when the court finds the claim to be unjustified.
- 10.2. Risks listed in these Terms and Conditions shall be insured only if they are specified and noted in the Insurance Policy.
- 10.3. In accordance with these Terms and Conditions the following risks can be insured:
- 10.3.1. **liability of an owner or a tenant** - for land, buildings or premises (the insurance coverage is valid only at the address of the insured object specified in the Insurance contract);
- 10.3.2. **General Third Party Liability:**
- 10.3.2.1. person's liability while performing daily activities;



- 10.3.2.2. liability of a pedestrian or a cyclist;
- 10.3.2.3. liability in relation to sports activities except auto-racing and motorsport as well as professional sports;
- 10.3.2.4. liability of owners of such vehicles or other self-propelled machinery which is not subject to registration according to the procedure stipulated in the legislation of the Republic of Latvia (including vehicles that operate using electricity or other energy sources or which are operated by the body power of a human, gravitation or non-renewable autonomous electrical power source) (if a vehicle or machinery was driven by the Insured);
- 10.3.2.5. if a loss is caused by a person for which the Insured bears civil liability;
- 10.3.2.6. if a loss is caused by a pet for which the Insured bears civil liability.
- 10.4. Insurance is valid solely with regard to losses which the third party liability is provided for in compliance with the effectual legislation of the Republic of Latvia.

11. Exceptions

The Insurer shall not indemnify the following losses:

- 11.1. losses caused by an event before the effectual date of the Policy, except the losses the reason of which was an event in a retroactive period;
- 11.2. claims for bodily injuries, illness or death of the Insured;
- 11.3. losses caused to property:
 - 11.3.1. owned by the Insured or Related Person;
 - 11.3.2. which the Insured/Related Person works with or which is at his/her disposal, under his/her supervision or control, or which the Insured/Related Person has taken over, rented, taken for sale, etc.
- 11.4. the damage has occurred as a result of force majeure circumstances, including natural disasters;
- 11.5. losses caused by any motor vehicle (or its trailer) intended for the use in the road traffic, or which needs compulsory insurance in compliance with the regulations governing the road traffic if such vehicle belongs to the Insured, or the Insured has rented, leased or driven it. The exception specified herein shall not be applied for insurable events when the losses are caused by the driver of the vehicle or its passenger opening the doors of a standing vehicle and such an event may not be considered as a road traffic accident.
- 11.6. losses caused by:
 - 11.6.1. any ship or water transport vehicle or aircraft owned by the Insured, or the Insured has rented, leased or steered it;
 - 11.6.2. loading into or unloading from any such water transport vehicle or aircraft;
- 11.7. losses as a result of professional activity – professional liability;
- 11.8. losses caused by the Insured while doing any kind of business, working in any profession or holding any positions in a public organization, or doing any paid work;
- 11.9. unearned profit;
- 11.10. losses caused by goods manufactured or delivered or services rendered by the Insured or on behalf of it, expenses for discovery and elimination of the said imperfections of goods, loss of profit as a result of the said imperfections (liability for production);
- 11.11. losses caused due to malicious intent, gross negligence or criminal activity by the Insured;
- 11.12. losses caused by spreading of contagious diseases;
- 11.13. losses caused due to malicious intent or gross negligence by the victim herself/himself;
- 11.14. liability which the Insured has undertaken under the Contract, except cases when such liability would have been enforced also without the said Contract, as well as claims regarding delayed fulfilment and compensation of default of contractual obligations;
- 11.15. claims regarding penalty, tax or other payments of any kind;
- 11.16. losses caused by environmental pollution or poisoning, i.e. pollution of air, water or soil;
- 11.17. losses incurred during hunting;
- 11.18. losses caused by ionizing radiation or radioactive poisoning;
- 11.19. losses caused as a result of asbestosis or any other related disease (including cancer) originating from the presence or use of asbestos, asbestos products or products containing asbestos;

- 11.20. losses if the application or documents certifying occurrence of the Insurable Event, its consequences and amount of losses have been submitted later than 3 (three) years from the moment of occurrence of the Insured Risk.
- 11.21. losses related to moral damage;
- 11.22. losses caused by construction/repair work if a construction permit is required for the performance of such works;
- 11.23. losses related to the loss of cash;
- 11.24. Losses to the real estate property caused by cracks.

12. Amount of the Insurance Indemnity

12.1. Liability Limits

- 12.1.1. The liability limit specified in the Insurance Contract is the limit of the Insurer's liability for each single Insurable Event and also altogether throughout the validity of the Insurance Contract.
- 12.1.2. Each single Insurable Event shall be deemed to be all losses arising from a continuous or recurrent effect of the same cause, and they shall be deemed as occurred during the validity of the Contract when the first loss was incurred.
- 12.2. Amount of the Insurance Indemnity
 - 12.2.1. The Insurer shall pay the Insurance Indemnity in the amount corresponding to the actual losses caused to the Third Party in terms of money including court and expert as well as other costs necessary for settlement of the claim or complaint less Deductible of the Insured:
 - 12.2.1.1. in case of a personal harm, Insurance Indemnity shall be paid in the amount and in accordance with the procedure stipulated in the laws and regulations of the Republic of Latvia, unless it is covered by any other type of compulsory insurance;
 - 12.2.1.2. in case of material losses, Insurance Indemnity shall be paid in the amount of actual value of the damaged or lost objects – the Indemnity shall be calculated to the extent which corresponds to the difference between the value of the lost object directly prior and after the Insurable Event;
 - 12.3. In the event when losses are incurred to several Third Parties and the actual amount of loss exceeds the liability limit specified in the Policy, the Insurance Indemnity shall be calculated for each Third Party proportionally to the extent of losses incurred thereof so that the total payable Indemnity does not exceed the liability limit specified in the Policy.

13. Obligations of the Parties after occurrence of the Insured Risk

- 13.1. The Insured shall have the obligation to inform the Insurer in writing about:
 - 13.1.1. any claim made or complaint brought against him/her in the court in connection with personal or material damages caused to the Third Parties;
 - 13.1.2. events which could be a potential reason for raising a claim or complaint against the Insured in connection with losses recoverable under this Policy.
- 13.2. When required, the Policyholder or the Insured shall authorize the Insurer for obtaining all necessary documents or copies thereof as well as for representing the Policyholder's or the Insured person's interests in the court or other institutions. All documents, any claim, summons, subpoena or notice of trial received in connection with the particular event shall be delivered to the Insurer immediately upon the receipt thereof.
- 13.3. Neither the Policyholder nor the Insured or any other person on their behalf shall be entitled to express their readiness to accept their fault or effect any payments whatsoever without a written consent of the Insurer. According to these Terms and Conditions the Policyholder or the Insured shall assign to the Insurer the right to consider and settle on their behalf any claim or complaint notwithstanding the stage or instance of consideration thereof, as well as to bring the claim or represent the Policyholder's or Insured's interests in the court. The Insurer shall have a free choice in the selection of the form and strategy of the claim settlement and it shall be an obligation of the Policyholder or Insured to provide the Insurer with all required information or assistance in the settlement of the case.



- 13.4. If it is impossible to reach an agreement with the claimant as to the amount of losses the Insurer shall be entitled to request for the engagement of an independent expert. The expert's costs shall be attributed to the losses and indemnified within the limit of liability specified in the Policy.
- 13.5. Insurance Indemnity shall be paid to the Third Party entitled to indemnity payment, or another payout procedure may be set upon agreement by the parties.
In order to receive an Insurance Indemnity, the application for the insurance indemnity shall be filed with the Insurer at the first opportunity but no later than within 3 (three) business days after the moment of occurrence of the Insured Risk.

Section III. Accident insurance

14. Additional Terms and Definitions

- 14.1. Insured – person specified in the insurance policy. Without any remark in the Insurance policy, the Insured are also the spouse and dependant minors of the Insured if they have a common household with the Insured. A person who at the moment of concluding the Contract is under the age of 1 (one) year or older than 79 (seventy nine) years shall not be deemed as the Insured.
- 14.2. Insurable Object – life, health or physical condition of the Insured, as well as other insurable risks that are directly related to causing unexpected expenses to the Insured in case of an Accident.
- 14.3. Accident – harm caused to the Insured person's health or life (trauma, disability or death) as a result of external factors beyond the Insured person's control.
- 14.4. Insured Risk – an event specified in the Insurance Contract that is beyond control of the Insured and is likely to occur in the future. The Insurance Coverage is valid only with regard to the risks listed in the Insurance Policy.
- 14.5. Insurance Indemnity Calculation Tables – tables enclosed as Appendix to these Terms and Conditions: Table C and Table E, which shall be used to determine the amount of an Insurance Indemnity. The Insurance Indemnity Calculation Tables are available on the Insurer's website www.gjensidige.lv or at any Customer Service Centre of the Insurer.
- 14.6. Insurance period - term specified in the the Insurance Contract; The Parties shall determine the term of validity based on the time zone of the Republic of Latvia.
- 14.7. Sum Insured – an amount of money specified in the Insurance Policy that is the maximum amount of the insurance liabilities. The Sum Insured is specified in the Policy for each selected insurable risk for which the Insurance Contract has been concluded.
- 14.8. Beneficiary – lawful heirs of the Insured who have the right of inheritance approved according to the procedure stipulated in the laws and regulations, unless another beneficiary is specified in the Insurance Policy.
- 14.9. Bone Fracture of an Increased Risk – a bone fracture that has occurred as a result of an impact of an external force on the background of a changed bone structure and/or damaged joints (stretched tendons, sprained joint, capsular disruption).
- 14.10. Pathologic Fracture – a bone fracture caused by a prior disease or occurred without an impact of external factors.
- 14.11. Sport – types of physical activities carried out by the Insured individually or as an organized participation in a team and aimed at maintenance or improvement of physical capabilities and skills and/or participation in competitions.
- 15.2.3. Trauma - according to the nature of injuries and amount of Insurance Indemnity specified in Table E and G;
- 15.3. **The risk "Death"**
- 15.3.1. The risk "Death" is harm caused to the Insured person's health as a result of an Accident that has caused death of the Insured.
- 15.3.2. The Insurer shall pay an Insurance Indemnity to the Beneficiary if as a result of an Accident that has happened during the Insurance Period, the Insured dies within 1 calendar year from the Accident.
- 15.3.3. Insurance Indemnity shall be paid in the amount of the Sum Insured as specified in the Insurance Policy, deducting the sum of all the Insurance Indemnities paid under this Insurance Contract.
- 15.3.4. Insurance Indemnity shall be paid to legal heirs of the Insured according to the procedure stipulated in the laws and regulations of the Republic of Latvia unless otherwise specified in the Insurance Contract.
- 15.4. **The risk "Disability"**
- 15.4.1. The risk "Disability" is harm caused to the Insured person's health as a result of an Accident that has caused disability of the Insured.
- 15.4.2. The Insurer shall pay an Insurance Indemnity for the risk "Disability" if it is acquired as a result of an Accident that has happened during the Insurance Period.
- 15.4.3. The Insurer shall calculate the Insurance Indemnity for the risk "Disability" according to the Insurance Indemnity Calculation Table (Table C) specified in the Insurance Policy.
- 15.4.4. If several injuries resulting from the same Accident are established, the Insurer shall pay an Insurance Indemnity only for one injury that is the most severe as per the Insurance Indemnity Calculation Table (Table C).
- 15.5. **The risk "Trauma"**
- 15.5.1. The risk "Trauma" is harm caused to the Insured person's health as a result of an Accident that has happened during the Insurance Period and has been medically confirmed immediately after the Accident but no later than within 48 hours from the day of the Accident.
- 15.5.2. The Insurer shall calculate the Insurance Indemnity for the risk "Trauma" according to the Insurance Indemnity Calculation Tables (Table E and Table G) specified in the Insurance Policy.
- 15.5.3. If several injuries resulting from the same Accident are established, the Insurer shall pay an Insurance Indemnity only for one injury that is the most severe as per the Insurance Indemnity Calculation Tables (Table E and Table G).
- 15.5.4. If a Bone Fracture of an Increased Risk is established, an Insurance Indemnity shall be paid in the amount of 50% of the Insurance Indemnity specified in the Insurance Indemnity Calculation Tables (Table E).
- 15.5.5. If the Insurance Indemnity for a trauma has already been paid according to any of the Insurance Indemnity Calculation Tables (Table E and Table G) but direct and more severe consequences are established within six months from the day of occurrence of the Accident corresponding to an injury specified in the Insurance Indemnity Calculation Tables (Table E and Table G), upon paying Insurance Indemnity for such related consequences, the amount of initially paid Insurance Indemnity for the trauma shall be deducted thereof.

16. Insurable Event

- 16.1. An incident shall be deemed as an Insurable Event if such has occurred during the period of validity of the Insurance Contract and its consequences have manifested no later than within six months after expiry of the respective Insurance Contract.
- 16.2. The Insurable Event as a result of which payout of the Insurance Indemnity is provided for shall be deemed events caused by:
- 16.2.1. traumas with subsequent disorders of anatomical wholeness of tissues and physiologic dysfunctions;
- 16.2.2. herb or chemical poisoning except foodborne intoxications,
- 16.2.3. alcohol or other substance intoxication and usage of narcotic drugs without a doctor's prescription;
- 16.2.4. burns, frostbites, lightning or current impact;
- 16.2.5. weapon related injuries if such effect is not connected with illegal activity by the Insured;

15. Insured Risk

- 15.1. Risks listed in these Terms and Conditions shall be insured only if they are specified and noted in the Insurance Policy.
- 15.2. In accordance with these Terms and Conditions the following risks can be insured:
- 15.2.1. Death;
- 15.2.2. Disability - according to the nature of injuries and amount of Insurance Indemnity specified in Table C.



- 16.2.6. accidental ingestion of foreign bodies in respiratory or gastrointestinal tract (for the risk of "Death");
- 16.2.7. drowning (for the risk of "Death");
- 16.2.8. anaphylactic shock (for the risk of "Death");
- 16.2.9. overcooling of body (for the risk of "Death");
- 16.2.10. tick-borne encephalitis, Lyme disease;

17. Exceptions

- 17.1. Incidents shall not be deemed as Insurable Events if they are caused by:
 - 17.1.1. the Insured being under alcohol, drug or psychotropic substance intoxication;
 - 17.1.2. mental disorders, loss of memory, epilepsy or other cramp attacks, stroke, cerebral contusion, cardiac infarction, diabetes mellitus or other illnesses;
 - 17.1.3. global natural catastrophes and natural disasters.
 - 17.1.4. a suicide or an attempt to commit a suicide;
 - 17.1.5. a nuclear accident, nuclear or other explosion and/or radioactive irradiation;
 - 17.1.6. war (both, declared and undeclared), revolutions, mass riots, sabotage, and terror acts;
 - 17.1.7. disability, the existence of which was concealed while concluding the Insurance Contract;
 - 17.1.8. an epidemic, pandemic;
 - 17.1.9. participation of the Insured Person in sports activities and/or competitions, unless it is specified in the special provisions;
 - 17.1.10. performing of any action if such action is related to an increased risk of accidents, whereof the Insurer has not been duly informed;
 - 17.1.11. disregard of a doctor's recommendations and/or instructions related to work, rest and treatment;
 - 17.1.12. tick-borne encephalitis if no preventive vaccination was done within the required timeframe and according to the set procedure;
 - 17.1.13. alternative treatment methods;
 - 17.1.14. health damage due to which the Insured is considered to be disabled;
 - 17.1.15. insect bites;
 - 17.1.16. abdominal and lower abdominal wall hernia caused as a result of lifting heavy objects;
 - 17.1.17. intervertebral disk damages;
 - 17.1.18. pathologic fractures;
 - 17.1.19. recurrent bone fractures if they have occurred while the previous fracture has not been healed yet.
- 17.2. Incidents shall not be deemed as Insurable Events if they had happened while the Insured:
 - 17.2.1. was taking an illegal action regardless of his/her mental, psychic or other health condition;
 - 17.2.2. is lawfully arrested or is in custody;
 - 17.2.3. has failed to comply with the statutory regulations or rules, road traffic regulations etc. which are in force in the territory covered by the Contract, including, driving a car without the driver's licence of a relevant category.
- 17.3. Incidents shall not be deemed as Insurable Events if the Insured:
 - 17.3.1. was driving or was a passenger on a motorbike with engine power above 60 kW, or a motor scooter;
 - 17.3.2. was flying with any aircraft except as a passenger in an airplane that belongs to an airline company and is registered as a passenger transportation vehicle for a definite route;
 - 17.3.3. was sailing except as a passenger in a ship that is registered as a passenger transportation vehicle for a definite route;
 - 17.3.4. was participating in trainings, competitions or test drives with road motor vehicles, watercrafts or aircrafts in the capacity of a driver/pilot or a passenger;
 - 17.3.5. was serving in the armed forces (including combatant service in the Home Guard);
 - 17.3.6. was participating in military operations or trainings.
- 17.4. Insurance shall not cover expenses for:
 - 17.4.1. an Accident caused by any kind of radiation unless it is specified in the special provisions of the Contract;
 - 17.4.2. pathologic fractures;
 - 17.4.3. Damage that does not correspond to the Insured risk or is not mentioned in the insurance Indemnity calculation tables (does not correspond to the nature of the specified injuries);
 - 17.4.4. losses indemnified according to other types of insurance.

18. Obligations of the Policyholder

- 18.1. The Policyholder shall have an obligation to inform the Insured that he/she is insured, and about the Insurance terms and conditions, as well as to ensure the fulfilment of contractual obligations of the Insurance contract by the Insured.
- 18.2. Upon concluding the Insurance contract, the Policyholder and the Insured shall have an obligation to provide all information requested by the Insurer about the circumstances which are significant for conclusion of the Insurance contract.
- 18.3. The Policyholder shall have an obligation to familiarize him/herself and the Insured with the Accident Insurance Indemnity Calculation Tables which constitutes an integral part of these Terms and Conditions.

19. Obligations of the Parties after occurrence of the Insured Risk

- 19.1. After occurrence of an Insurable Event the Insured shall take all possible measures to get proper emergency assistance and certificated medical aid as soon as possible.
- 19.2. The Policyholder or the Insured/his/her representative shall immediately at the first opportunity inform the Insurer regarding the occurrence of any Insurable Event but no later than within 30 (thirty) days after occurrence of the Insurable Event.
- 19.3. The Insurer shall be entitled to carry out medical examination of the Insured by engaging the necessary experts at its own expense with a purpose to determine the harm caused to health of the Insured as a result of occurrence of the Insurable Event.
- 19.4. If the Insured (his/her representative) disagrees with the conclusions of the experts engaged by the Insurer, he/she shall be entitled to engage independent experts at his/her own expense.
- 19.5. The Policyholder, the Insured, as well as legal heirs of the Insured shall have an obligation to prove the fact and consequences of an accident, as well as to provide all information and documents requested by the Insurer verifying occurrence of the accident.
- 19.6. The Insurer shall be entitled to request originals of all documents related to the occurrence of the specific risk insured.

20. Amount and Receipt of the Insurance Indemnity

- 20.1. The Insurer shall calculate the Insurance indemnity according to the extent specified in the Insurance Indemnity Calculation Tables.
- 20.2. Insurance indemnity shall be paid to the Insured but in case of death of the Insured it shall be paid to legal heirs of the Insured in accordance with the procedure and terms stipulated in the legislation of the Republic of Latvia.

Section IV The Insurer's Rights to Refuse and Reduce the Insurance Indemnity

21. The Insurer shall be entitled to refuse payment of the Insurance Indemnity:

- 21.1. if the Policyholder (or the Insured) fails to fulfil any of the obligations provided under these Terms and Conditions with a malicious intent or due to gross negligence;
- 21.2. if upon conclusion of the Insurance contract, during its validity period or after incurring losses the Policyholder, the Insured, the owner or the user of the Insurable Object, with a malicious intent or due to gross negligence, provides false information or refuses to submit the information requested by the Insurer; In such case the Insurer shall be entitled to terminate the Insurance contract;
- 21.3. if the Insured, the Beneficiary or the Policyholder has provided incomplete or false information about the Insurable Event or its circumstances;
- 21.5. in other cases referred to in these Terms and Conditions.
- 22. The Insurer shall be entitled to reduce the Insurance Indemnity by up to 50% if the Policyholder or the Insured has failed to fulfil any of the obligations provided under these Terms and Conditions due to minor negligence.



General insurance terms and conditions No. V1

Valid as of 23.01.2018.

1. Terms and Definitions

- 1.1. **Gjensidige or Insurer** – ADB "Gjensidige", Žalgirio g. 90, LT-09303, Vilnius, Lithuania, represented in the Republic of Latvia by ADB "Gjensidige" Latvian Branch, registration No. 40103595216, legal address: Brīvības iela 39, Rīga, LV-1010, Latvia, website: www.gjensidige.lv, e-mail: info@gjensidige.lv.
- 1.2. **Policyholder** – a person who has concluded an Insurance Contract with Gjensidige in favour of oneself or another person.
- 1.3. **Insurance Contract** – an agreement between the Insurer and Policyholder, whereby the Insurer shall, in case of an Insurable Event, indemnify the damage caused as a result of the Insurable Event or fulfil the Contract in any manner expressly agreed (the Insurer's duty to fulfil its obligations), and the Policyholder is obliged to pay Insurance Premium to Gjensidige in the manner expressly agreed in the Insurance Contract and as per the terms and to the extent stipulated therein, as well as to fulfil all other obligations under the Insurance Contract.
- 1.4. **Distance Insurance Contract** – an Insurance contract concluded between the Insurer and Policyholder based on the Insurer's offer that has been sent to the Policyholder by means of distance communication (phone, fax, online, e-mail). An electronic printout of the insurance Policy shall serve as a proof of conclusion of the Distance Insurance Contract.
- 1.5. **Insured Person or Insured** – a person specified in the Insurance Contract who has an Insurable Interest and for the benefit of whom the Insurance Contract has been concluded.
- 1.6. **Insurance Object** – an object specified in the Policy which may be material assets or interests, third party liability, life, health or physical condition.
- 1.7. **Insurable Interest** – the Insured Person's interest to avoid losses upon occurrence of an Insured Risk.
- 1.8. **Policy** – a document proving conclusion of the Insurance Contract.
- 1.9. **Insurance Period** – a period of time, for which Insurance Premium must be paid according to the Insurance Contract, and during which insurance coverage is valid.
- 1.10. **Insured Risk** – an event specified in the Insurance Contract that is beyond control of the Insured and is likely to occur in the future.
- 1.11. **Insurance Premium** – payment for insurance specified in the Insurance Contract.
- 1.12. **Insurance Territory** – a specific location, territory, region or area defined in the Insurance Contract where occurrence of Insurable Events gives rise to Gjensidige's duty to fulfil its obligations under the Insurance Contract. Gjensidige shall have no duty to fulfil obligations under the Insurance Contract in respect of events occurring outside the Coverage Territory.
- 1.13. **Deductible** – a part of the Sum Insured or loss specified in the Insurance Contract and expressed as a fixed amount or percentage which is deducted from Insurance Indemnity or covered by the Insured for each Insurable Event upon occurrence of such event.
- 1.14. **Sum Insured** – the extent of the Insurer's liabilities defined in the Insurance Contract and expressed as a fixed amount or specific procedure for calculating such amount.
- 1.15. **Indemnity Limit** – the maximum limit of indemnity payment agreed in the Insurance Contract, which has been determined, e.g. for an Insurable Object, insurance cover or Insurable Event. If the Indemnity Limit is applied, the terms and conditions concerning underinsurance shall not be applicable.
- 1.16. **Insurable Event** – an event having causal relation to the Insured Risk upon occurrence of which Insurance Indemnity shall be payable according to the Insurance Contract.
- 1.17. **Insurance Indemnity** – an amount of money payable for the Insurable Event or services to be rendered in accordance with the Insurance Contract.
- 1.18. **Beneficiary** – a person specified in the Insurance Contract who is entitled to receive Insurance Indemnity or any part thereof in the cases stipulated in the Insurance Contract.

- 1.19. **Insurance Application** – a document or any other information which the Policyholder submits to the Insurer in order to inform it about the Insurable Object, facts and circumstances, that is required to assess the Insured Risk.

2. Documents Constituting Insurance Contract

- 2.1. Insurance Contract consists of the following documents: Policy, terms and conditions of an insurance product specified in the Policy, General Insurance Terms and Conditions, Insurance Application if such has been submitted, and any other documents (e.g. a list of Insurable Objects) specified in the Insurance Policy.
- 2.2. In case of discrepancies among various documents that constitute the Insurance Contract, the Policy shall prevail, followed by the terms and conditions of a specific insurance product and General Insurance Terms and Conditions. All matters not covered by the aforementioned documents shall be governed by the applicable laws and regulations.
- 2.3. Insurance Contract is concluded in Latvian, unless the Policyholder and Insurer have agreed on concluding the Insurance Contract in any other language.
- 2.4. If the Insurance Contract documents are drawn up in Latvian and any other foreign language, the Latvian version shall prevail in case of discrepancies, unless specified otherwise in the Insurance Contract.

3. Conclusion and Amendment of Insurance Contract

- 3.1. For the purposes of concluding Insurance Contract, the Insurer is entitled to request an Insurance Application from the Policyholder.
- 3.2. Insurance Application shall not impose any obligation upon the Insurer to conclude an Insurance Contract or to assume any liability to cover losses incurred by an applicant; neither it obliges the applicant to assume any liabilities.
- 3.3. The Insurance Contract may be concluded in person or by means of distance communication. Insurance Contract that is concluded by means of distance communication, shall be deemed as a Distance Insurance Contract.
- 3.4. An Insurance Contract shall be deemed as concluded when at least one of the following conditions is satisfied:
 - 3.4.1. the Insurer and Policyholder have mutually signed the Insurance Contract;
 - 3.4.2. the Policyholder has paid Insurance Premium or first instalment thereof as per the procedure, in the manner and to the extent defined in the Insurance Contract;
 - 3.4.3. the Policyholder expresses his/her consent for concluding the Insurance Contract in any other manner specified in the Insurer's offer.
- 3.5. Gjensidige shall issue a Policy to certify conclusion of the Insurance Contract. Gjensidige may issue the Policy in person or send it to the Policyholder electronically or by post.
- 3.6. Insurance Contract may be amended according to the procedure stipulated in the laws and regulations by a separate agreement between the Policyholder and Gjensidige.

4. Payment of Insurance Premium

- 4.1. The Policyholder shall have an obligation to pay Insurance Premium in the manner, within the term and in the amount set in the Insurance Contract.
- 4.2. If the Insurance Premium is paid by a bank transfer, the date of payment shall be deemed the date when the Insurer receives it in the bank account specified by the Insurer.
- 4.3. If the Insurance Premium or its first instalment specified in the Policy is not paid in the manner, within the term and in the amount set in the Insurance Contract, the Insurance Contract shall be deemed null and void as of the moment of its conclusion. The Policyholder will not be separately notified of the Insurance Contract not coming into effect.



- 4.4. If the Policyholder fails to pay the second or any subsequent Insurance Premium payment by the due date, Gjensidige may extend the payment term for the Policyholder.
- 4.5. If Gjensidige has granted an extension of the Insurance Premium payment term and the Policyholder has failed to pay Insurance Premium within such term, Gjensidige shall have the right to terminate Insurance Contract according to the procedure stipulated in the laws and regulations.

5. Termination of the Insurance Contract

- 5.1. The Insurance Contract shall be terminated if Gjensidige has fully fulfilled its obligations, Insurable Interest ceases to exist or in any other cases established by law.
- 5.2. The parties to Insurance Contract shall have the right to terminate such Insurance Contract according to the procedure and on the grounds established by law, as well as upon mutual agreement by the parties.
- 5.3. Any contracting party shall be entitled to terminate the Contract once Insurance Indemnity has been paid. The Contract shall be deemed as terminated 15 (fifteen) days after the respective contracting party has sent a notice of Contract termination.
- 5.4. In the case of early termination of the Insurance Contract, unless otherwise stated in these Terms and Conditions, other terms and conditions of a specific insurance product or in laws and regulations of the Republic of Latvia, the Policyholder shall be refunded the unused part of Insurance Premium from which the Insurer may deduct expenses related to conclusion of the Insurance Contract but no more than in the amount of 20% (twenty per cent) of the Insurance Premium.
- 5.5. If the Insurance Contract has been concluded as a Distance Insurance Contract and its period of validity is at least 1 (one) month, the Policyholder shall be entitled to exercise the right of withdrawal and unilaterally withdraw from the Insurance Contract within 14 (fourteen) days after conclusion of the Insurance Contract by notifying the Insurer thereof in writing. In such case the entire Insurance Contract shall become null and void. The Insurer shall refund that part of Insurance Premium which is calculated by deducting the respective part of Insurance Premium corresponding to the actual period of validity of the Insurance Contract from the paid Insurance Premium.

6. Beneficiary and Its Rights and Obligations

- 6.1. The Beneficiary shall be deemed equivalent to the Insured in respect of fulfilment of obligations under the Insurance Contract after occurrence of an Insurable Event.
- 6.2. The Beneficiary, based on the regulatory framework, shall be determined and changed according to the Policyholder's or Insured's instructions.

7. Obligations of Parties to Insurance Contract

- 7.1. **Obligations of the Insured and Policyholder:**
- 7.1.1. to allow Gjensidige's representative to inspect the condition of an Insurable Object and documents required to conclude an Insurance Contract;
- 7.1.2. to provide Gjensidige with precise and sufficient information requested about the Insurable Object before conclusion of an Insurance Contract, and to inform Gjensidige about any and all significant circumstances which are known to the Policyholder or Insured and which might affect assessment of an Insured Risk, Insurer's decision to conclude the Insurance Contract or to propose an insurance offer. Information should be provided also in case when the Policyholder or Insured assumes that Gjensidige may have already been aware of the respective circumstances;
- 7.1.3. during the period of validity of the Insurance Contract to immediately notify Gjensidige of changes in significant circumstances (significant circumstances are deemed to be any information about Insurable Object that is specified in the Insurance Application or Insurance Policy) or other data specified in the Insurance Contract, an increase of the Insured Risk and creation of multiple insurance;

- 7.1.4. to comply with applicable laws and regulations of the Republic of Latvia, (special) insurance terms and conditions specified in the Insurance Contract, safety requirements and instructions; to take all necessary measures to prevent occurrence of an Insurable Event and to reduce the possible damage, not to increase the Insured Risk and not to allow it to be increased by persons for whom the Insured or Policyholder is liable;
- 7.1.5. to act in a prudent manner and make reasonable effort to avoid any potential adverse consequences;
- 7.1.6. the Policyholder shall have an obligation to inform the Insured that he/she is insured, and to introduce with terms and conditions of this Insurance Contract.
- 7.2. **Conduct of the Insured upon Occurrence of an Insurable Event:**
- 7.2.1. to immediately take measures to reduce the possible damage, as well as to prevent escalation of damage;
- 7.2.2. to immediately inform the police, if intentional activities of third parties have been suspected, or the local fire and rescue service, if the event involves a fire or explosion;
- 7.2.3. at the earliest opportunity to notify Gjensidige of the Insurable Event personally or through a representative as per procedure stipulated in the Insurance Contract, stating the data concerning the event, the expected amount of damage, witnesses, involved parties and suspects, and to follow any instructions given by Gjensidige's representative thereafter;
- 7.2.4. to allow Gjensidige to identify in the course of handling the case any reasons and extent of damage caused as a result of an Insurable Event by submitting all documentation necessary for that purpose;
- 7.2.5. to provide Gjensidige with complete information about circumstances related to an Insurable Event to determine whether the Insured Risk has occurred, and to establish the extent of damage caused as a result of such Insurable Event.
- 7.3. **Gjensidige's Obligations:**
- 7.3.1. to introduce the Policyholder with documents constituting Insurance Contract before conclusion of the Insurance Contract;
- 7.3.2. to ensure confidentiality of all information that has become known in connection with the Insurance Contract;
- 7.3.3. to register an insurance claim and inform the Insured about the procedure of claim handling and compensation of damage;
- 7.3.4. to commence insurance claim handling process after receipt of a written statement from the Insured and to determine the amount of damage to be indemnified;
- 7.3.5. to provide the Insured with a list of documents necessary for determining the reasons and amount of damage caused as a result of an Insurable Event;
- 7.3.6. to consider complaints received from the Policyholder and Insured and respond to them within the term and according to the procedure provided for in the laws and regulations;
- 7.3.7. to introduce the Beneficiary with documents held by Gjensidige that confirm the decision regarding payment of, or refusal to pay, the Insurance Indemnity which such person is entitled to, or to issue copies of such documents. The Beneficiary has the right to receive copies of documents stated in this section for a fee that does not exceed the cost of preparing the copies of documents. Gjensidige shall have no obligation to introduce with the documents and to issue their copies if, in connection with the circumstances causing the Insured Risk, Gjensidige has submitted documents to law enforcement authorities within the framework of criminal proceedings, or if the documents contain business secret of another entity or personal data which the Beneficiary is not entitled to obtain.

8. Insurance Indemnity

- 8.1. Gjensidige shall indemnify damage caused as a result of Insurable Event in accordance with the terms and conditions of the Insurance Contract.
- 8.2. If the amount of or the reason for the damage caused as a result of an Insurable Event is not fully proven, only the part that is proven shall be indemnified.
- 8.3. Gjensidige shall be entitled to withhold from the payable Insurance Indemnity the amount of Insurance Premium that is outstanding until the end of Insurance Period.



- 8.4. If Gjensidige does not have any data concerning the name and bank account number of the person entitled to receive Insurance Indemnity, Gjensidige shall not be obliged to pay the Indemnity before receiving such data.
- 8.5. Gjensidige shall make a decision whether the particular accident may be considered as an Insurable Event, and shall decide on the payment of, or a refusal to pay, the Insurance Indemnity no later than within one month following the moment of receipt of all documents that are necessary for consideration of the insurance claim (a written insurance claim, confirmations from the respective national authorities, documents confirming the extent of damage, statements, authorizations etc.).
- 8.6. If damage caused as a result of occurrence of an Insured Risk has been indemnified, in part or in full, by another person or entity, the Insured shall have an obligation to inform Gjensidige thereof.
- 8.7. The Insured or the Beneficiary shall have an obligation to refund Insurance Indemnity or any part thereof to Gjensidige, if circumstances are determined after indemnification of the damage that prove unjustified payment of the entire Indemnity or any part thereof, or if the damage is indemnified by any other person or entity.
- 8.8. The amount of Insurance Indemnity per Insurable Event is limited to the amount of proprietary damage caused as a result of the Insurable Event, not exceeding the Sum Insured or Indemnity Limit.
- 11.3. Gjensidige has the right to process personal data of the Policyholder, Insured and Beneficiary (jointly referred to as the Data Subjects) for the purpose of concluding and performing the Insurance Contract without acquiring an explicit consent from these persons except cases when sensitive personal data are being processed (e.g. health data). Processing of sensitive personal data requires a separate consent.
- 11.4. Gjensidige processes personal data provided by the Policyholder for the purpose of concluding and performing the Insurance Contract, as well as personal data acquired from other sources and required for performing the Insurance Contract. If a person refuses to provide personal data required for concluding and performing the Insurance Contract, the Insurer will be unable to render insurance services.
- 11.5. The Policyholder is responsible for informing Data Subjects whose personal data are provided to the Insurer by the Policyholder, about processing of personal data and acquiring a consent to processing of such data.
- 11.6. The Data Subject has the right to access its personal data, to request correction of incorrect, incomplete or inaccurate data, or to request that the processing of its personal data is ceased.
- 11.7. Gjensidige has the right to request, to transfer, to receive and to process personal data of the Data Subject provided in the Insurance Contract or in any other documents related to conclusion or performance of the Insurance Contract.
- 11.8. Gjensidige has the right to transfer personal data of the Data Subject to law enforcement authorities, banks, national or municipal authorities, public registers, medical establishments, other insurance companies, insurance brokers, partners who manage insurance indemnities, information technology service providers, service quality assessment service providers, call centre service providers and any other third parties based on a legal or contractual basis if that is necessary for provision of the relevant insurance service.
- 11.9. Gjensidige has the right to transfer personal data of the Data Subject to persons or entities whose activity is related to debt collection or creation, maintenance or use of a debtor database if that is necessary for collecting a debt from the Data Subject.
- 11.10. Further information about processing of personal data by the Insurer and the privacy policy can be found on the Insurer's website.

9. The Insurer's Right to Refuse the Insurance Indemnity Payment

- 9.1. Gjensidige shall be partly or fully freed from obligation to pay an Insurance Indemnity if:
- 9.1.1. damage has not occurred as a result of an Insurable Event;
- 9.1.2. Insurable Event did not occur in the Coverage Territory, during the Insurance Period or if damage was caused to an item that does not have insurance cover for some other reason (incl. the part of damage exceeding the Sum Insured or Indemnity Limit);
- 9.1.3. the Policyholder or Insured has failed to fulfil any obligation under the Insurance Contract and there is a causal relationship between default of such obligation and Insurable Event and/or the damage caused as a result thereof;
- 9.1.4. the Policyholder has failed to pay Insurance Premium by the agreed date (in the case of instalments — by the extended date stated in a letter sent by Gjensidige) and an Insurable Event occurs after expiry of the term of Insurance Premium payment;
- 9.1.5. Insurable Event has occurred as a result of deliberate action, gross negligence, malicious intent or criminal offence by the Policyholder, Insured or Beneficiary;
- 9.1.6. the Policyholder or Insured has deluded or attempted to delude the Insurer with regard to the circumstances and/or the amount of damage or has otherwise attempted to deceive the Insurer with regard to the Insurance Contract or circumstances of its fulfilment thereof.

10. Acquisition of the Right of Recourse

- 10.1. Payment of the Insurance Indemnity entitles Gjensidige to raise a subrogation claim to the extent of the paid Insurance Indemnity against the person who is liable for an Insurable Event and damage caused as a result thereof.
- 10.2. The Insured shall have an obligation to assist Gjensidige in providing data, documents, explanations etc. that are necessary for exercising such right of recourse.

11. Confidentiality and Processing of Personal Data

- 11.1. Gjensidige, Policyholder, Insured and Beneficiary undertake to ensure confidentiality of information in respect of other contracting parties and information required for concluding an Insurance Contract, as well as information acquired during the period of validity of the Insurance Contract.
- 11.2. Contracting parties undertake not to disclose to third parties information related to this Insurance Contract, except when it is necessary for conclusion and performance of an Insurance Contract, and a contracting party has explicitly given its consent or any other legal basis exists thereof.

12. Notices, Complaint and Dispute Resolution

- 12.1. All notices, complaints, applications, claims and requests shall be submitted to the other contracting party in a written reproducible format (in writing).
- 12.2. If a Policyholder or Insured wants to lodge a complaint regarding Insurance Contract, customer service, insurance service or product, indemnity payment or any results arising thereof, they may address Gjensidige in any of the following ways:
- 12.2.1. by sending an e-mail letter to: info@gjensidige.lv;
- 12.2.2. by submitting a complaint to Gjensidige's head office at Brīvības iela 39, Rīga, LV-1010, Latvia;
- 12.2.3. by submitting a complaint to Gjensidige's representative offices. (When submitting an application or complaint, complainants must provide their identification information and contact details: name, surname, telephone number, e-mail address or mailing address of the place of residence, circumstances and essence of the case, the claim, and preferred manner of receiving a response).
- 12.3. The Insurer shall consider all notices, complaints, applications, claims and requests which have been submitted in writing, and shall provide a written answer within 30 (thirty) days following the date of receipt of the respective documents.
- 12.4. The Policyholder shall have the right to lodge a complaint about Gjensidige's activities to the Financial and Capital Market Commission (Address: Kungu iela 1, Rīga, Latvia, LV-1050, website: www.fktk.lv, e-mail: fktk@fktk.lv) which ensures supervision of insurance activities.
- 12.5. If the parties fail to resolve a dispute by means of negotiations, the dispute arising out of the Insurance Contract shall be subject to litigation in the court of the Republic of Latvia according to the applicable laws and regulations of the Republic of Latvia.