

# Accident insurance

## Insurance product information document

### AB Lietuvos draudimas Estonian branch



This information document provides an overview of accident insurance. It does not reflect the insurance contract terms and conditions that are based on your insurance interest and requirements. The terms and conditions of the contract can be found in other documents, such as the proposal, policy conditions and the insurance policy.

### What is this type of insurance?

Accident insurance is aimed at people who wish to be insured against expenses arising from unexpected accidents that result in temporary injuries or loss of capacity for work, permanent disability or, in the worst case, death.



#### What is insured?

- ✓ Depending on the insurance options chosen when entering into the contract, the insurance insures the health of the person specified in the policy against damage caused by unexpected external force, which results in health damage or death.
- ✓ The insurance consists of the following covers:
  - ✓ Indemnity for loss of capacity for work. This is a one-off indemnity paid in the event of loss of capacity for work on the basis of the severity of the loss and the agreed sum insured. The extent of the loss of capacity for work is determined one year after the insured event.
  - ✓ Indemnity for loss of life. This indemnity is paid if the insured person dies as a result of an insured event. The amount of the indemnity is agreed on beforehand.
  - ✓ Indemnity for pain and suffering. The indemnity for pain and suffering is a one-off indemnity paid if the insured person suffers temporary damage to health as a result of an insured event and its treatment lasts for at least seven days.
  - ✓ Indemnity for medical expenses. This indemnity covers any medical expenses incurred as a result of an insured event that are not covered by the Health Insurance Fund. e.g. rehabilitation and dental care.
  - ✓ Daily allowance. Daily allowance will be paid if, as a result of an insured event, the insured person has suffered temporary incapacity for work that lasts for at least seven days. The amount of the daily allowance for the first four calendar days is 100% of the insured person's daily net income and 30% for each following day.
- ✓ The sum insured is specified in the policy.
- ✓ In the case of sports, the cover applies without a special agreement, except in the case of competitive sports and practice thereof or when the insured person is involved in the sports activities listed in the policy conditions.



#### What is not insured?

- ✗ The insurance does not cover:
  - ✗ persons with mental or physical disabilities who are not able to manage without a guardian in their daily life;
  - ✗ persons under 12 months of age; and
  - ✗ persons over 75 years of age.



#### Are there any restrictions on cover?

- ! The list of damage types not covered by the insurance is given in the policy conditions, according to which the insurance does not cover:
  - ! that was foreseeable;
  - ! caused by the client's intent or gross negligence;
  - ! caused by cerebral apoplexy, a fit of epilepsy or other instances of seizure;
  - ! caused by a bacterial infection (e.g. tooth decay or Lyme's disease);
  - ! caused by motor sports;
  - ! caused by extreme sports (e.g. bike and skateboard tricks, kiteboarding or surfing); and
  - ! caused by combat sports.
- ! Unless specifically agreed in the contract, the insurance does not cover:
  - ! high-risk activities such as competitive sports and high-risk jobs;
  - ! daily allowance in the case of underaged insured persons;
  - ! excess is applied in the case of indemnifying medical expenses;
  - ! in the case of indemnity for medical expenses, the insurance covers the repair costs of damaged glasses, hearing aids, prostheses, etc. or the costs of purchasing an equivalent item in the amount of up to 600 euros.



#### Where am I insured?

- ✓ The insurance applies within the territory specified in the insurance policy.



## What are my obligations?

- Before entering into an insurance contract, you must provide the insurer with the required data. The data submitted must be complete and correct. Additionally, the insurer expects the client to submit data that is of substantial, recognisable interest to the insurer and has an important effect on the insurance premium without being asked to do so.
- The insurer must be notified of risk situations and changes thereto.
- The policyholder's main obligation is to pay the insurance premium.
- They must follow the safety requirements specified in the insurance contract.
- They must also behave reasonably during the insurance period in order to avoid insured events.
- The policyholder must immediately notify the insurer of an insured event and follow their instructions.



## When and how do I pay?

The insurance premium and payment deadline are specified in the policy. The premium is usually paid by bank transfer on the basis of an invoice.



## When does the cover start and end?

The cover becomes effective on the commencement date of the insurance period and ends upon its expiry.

It may also end before the expiry of the insurance period specified in the contract. For instance, the insurer may terminate the contract if the insurance premium is left unpaid.



## How do I cancel the contract?

In order to terminate the contract, you must submit a respective application to the insurer. In general, the contract can only be terminated prematurely upon mutual agreement between the policyholder and the insurer.

The terms and conditions of cancellation and termination of the contract and withdrawal therefrom are given in the general terms and conditions of PZU insurance contracts.