GENERAL CONDITIONS OF TRAVEL HEALTH INSURANCE

Effective Date: March 1, 2006

Scope of Insurance

Article 1- Travel health insurance is a special type of insurance that protects those who travel domestically, abroad or from abroad to our country using any means of transportation against health risks they may encounter during their travels.

The insurer provides the coverage specified in the policy to the Insured, provided that an accident or an illness not related to a pre-existing condition that occurs during travel does not occur outside the planned travel period, during the validity dates of the policy.

Duration of Insurance

Article 2- The term of the insurance begins when the exit from our country's borders is determined with the passport for travels abroad, and ends when the entry into our country's borders is determined with the passport. The term of insurance begins when the entry into our country's borders is determined with the passport for travels abroad, and ends when the exit outside our country's borders is determined with the passport.

For domestic travel, the beginning and end of the insurance period are specified in the insurance policy.

Assistant Person/Company

Article 3- Insurance companies provide services related to the coverage included in the Travel Health Insurance. The provision of services related to the coverage included in the Travel Health Insurance may be transferred to assistant persons/companies by the insurer through service purchase agreements when necessary.

Cancellation of Policy

Article 4- The person who purchased travel health insurance may cancel his/her policy and get back the insurance premium he/she paid, provided that he/she notifies the person at least 24 hours before the policy start date and returns the policy to the insurance company in case he/she cannot go on the trip.

Minimum Coverage to be Provided

Article 5- The policies that the insured receives from the insurance company must include the following coverages at least, and insurance companies indicate the limits related to these coverages in the policy.

Medical treatment coverage for sudden illnesses and diseases

In the event that the insured suddenly falls ill or gets injured under this policy, the Company pays the hospital, surgery and treatment expenses and the expenses of the medicines prescribed by the relevant doctor within the policy limits.

Travel or transportation of the insured to the nearest health institution where treatment can be provided

In the event that the insured suddenly falls ill or gets injured under this policy, the Company ensures that the insured is transported to the nearest health institution and/or organization with the most appropriate transportation vehicle for his/her medical condition.

If the health institution and/or organization does not have the necessary equipment and medical team for the treatment to be given to the patient, the Company is obliged to ensure that the insured is transported to another health institution and/or organization that is appropriate for his/her medical condition.

Transport of the insured to the address of residence after discharge

If the insured is discharged following the completion of the treatment requiring surgery at a medical center due to an illness or injury covered by this policy, and the doctor treating the insured decides that the insured cannot continue the trip and cannot use the transportation vehicle used for the original trip to return to the address of residence, the Company will cover the expenses required to transport the insured to the address of residence with the transportation vehicle determined by the doctor treating the insured within the framework of the policy conditions and most appropriate for the medical condition of the insured.

Transportation of the deceased insured

In the event that the insured dies as a result of sudden illness or injury within the scope of this policy, the Company; ensures the transportation of the body to the requested address and pays the expenses incurred.

Additional Coverage to be Provided

Article 6-Insurance companies may provide additional coverage in addition to the minimum coverage under special conditions.

Premium Payment Method and Consequences of Non-Payment

Article 7- The entire insurance premium must be paid as soon as the contract is made and upon delivery of the policy. Unless otherwise agreed, the insurer's liability does not begin even if the policy is delivered if the premium is not paid.

General Conditions

Article 8- In the event of any claim, the insurer's liability to pay compensation and the insured's right to claim compensation depend on their compliance with the terms of the policy.

For the request under this Policy, the Insured;

- a) Takes all reasonable measures to minimize the damage.
- b) Notifies the Company and/or Assistant Person/Company of the situation as soon as possible. In order to obtain the Company's approval, if the Company cannot be reached, the insured may go to the nearest emergency health institution and/or organization. In this case, the insured shall provide the Company with information about the services received and his/her situation. The insured is obliged to present the original documents and receipts showing the incident to the Company.
- c) Provides the Company with all necessary information and documents (hospital report, prescriptions, medical examination reports, receipts, invoices, etc.) for the service to be fully provided.

General Exclusions

Article 9- Incidents that may arise directly or indirectly from the following situations are outside the scope of this insurance.

- a) Fraudulent acts of the Insured who makes a claim under this Policy,
- b) Losses resulting from natural disasters such as floods, squalls, earthquakes, volcanic eruptions, landslides, storms and meteor strikes,
- c) War or war-like operations, revolutions, rebellions, uprisings and internal turmoil resulting from these,
- d) Terrorist acts and sabotage specified in the Law No. 3713 on Combating Terrorism and interventions made by authorized bodies to prevent and reduce their effects,
- e) Nuclear risks or use of nuclear, biological and chemical weapons or any kind of attack and sabotage that will cause the release of nuclear, biological and chemical substances,
- f) Operations of armed forces or security forces or organizations,
- g) Except for the case of saving persons and property in danger, the insured knowingly taking actions that will expose him/herself to serious danger,
- h) Intentional acts of the Insured,
- i) Alcohol taken without a medical prescription, diseases or pathological conditions resulting from voluntary consumption of drugs, poisonous substances, narcotics or medical products,

- j) A medical condition or acute crisis resulting from such a condition determined by an authorized physician to exist between the policy validity dates and before the policy start date.
- k) Congenital diseases (diseases occurring during pregnancy or resulting from genetic factors),
- I) Suicide or attempted suicide,
- m) Mental diseases, psychological disorders, epidemic diseases,
- n) Performing the following sports: any kind of race, rally or similar trials, hunting activities other than angling, scuba and free deep diving, cruising in international waters with sea vehicles not designed for public passenger transport, horse riding, mountaineering, target practice, boxing, wrestling sports of any kind, martial arts, parachuting, hot air ballooning, free fall, paragliding and any kind of sports or entertainment activity generally known to be dangerous,
- o) Participating in races or tournaments organized by sports federations or similar organizations participation,
- p) Skiing unless there is a clear agreement on providing coverage in this regard,
- r) Use of an aircraft and helicopters that are not authorized to carry passengers as a passenger or crew member, use of motorcycles,
- s) Drowning in water, unless it occurs as a result of an accident covered by the insurance,

However, it is possible to cover the situations listed in paragraphs b, j, m, n, o, p and s of this article with special conditions.

Multiple Insurance

Article 10- If the insured makes another insurance contract for the same risks with other insurance companies for the same period, he/she is obliged to immediately notify the insurers.

In the case of more than one insurance company, treatment expenses are paid by the insurance companies according to the priority of the policy issuance.

Notifications and Notices

Article 11- The insured shall make notifications to the insurance company's headquarters or the agent mediating the insurance contract, by notary or by registered mail.

The insurer shall also make notifications to the insured's address shown on the policy or, if this address has changed, to the last notified address in the same manner.

Notifications made to the parties by hand in return for signature or by telegram shall also be deemed as registered mail.

Keeping Secrets

Article 12- The insurer and those acting on behalf of the insurer shall be liable for Losses arising from failure to keep secrets belonging to the insured that they will learn as a result of the conclusion of this contract.

Competent Court

Article 13- The competent court shall be the competent court for lawsuits to be filed against the insurer due to disputes arising from this insurance contract, and the court competent for hearing commercial lawsuits in the place where the insurance company's headquarters or the agent mediating the insurance contract resides, and the court competent for hearing commercial lawsuits in the place where the defendant resides in lawsuits to be filed by the insurer.

Statute of Limitations

Article 14- All claims arising from the insurance contract shall become time-barred in two years.

Special Conditions:

Article 15- Insurance companies may apply special conditions to these general conditions, provided that they are not against the insured and do not limit the scope of coverage.

Entry into force

Article 16-These General Conditions shall enter into force as of 01.03.2006.