

Travel Insurance Program
Travel, Travel Active, Business, Business Active

Insurance Class:	Voluntary health insurance	
Policyholder:	Adult natural person or legal entity	
Beneficiary:	Assistance company in case of self-payment – the Insured	
Insured:	An individual from birth to 90 years old inclusive	
Insurance restrictions:	<p>The following are not accepted for insurance:</p> <ul style="list-style-type: none"> ✓ individuals over 90 years old; ✓ disabled people of any group; ✓ persons who are hospitalized at the time of insurance; ✓ persons in isolation, wanted and under judicial supervision. 	
Object of insurance:	The object of insurance is the property interests of the Insured/Insured related to the expenses of the Insured/Insured/Beneficiary to receive medical and service services in accordance with the insurance policy and the insurance program chosen by the Insured, which arose as a result of an acute sudden illness or accident during his stay in the insurance territory specified in the insurance policy.	
Insured event:	An insured event is a sudden, unforeseen and unintentional illness and/or accident that occurred during the period of validity of the insurance cover and in the territory of insurance, and as a result of which harm was caused to the life and/or health of the Insured, resulting in the occurrence of expenses specified in the insurance program.	
Sum insured:	10,000 dollars/euros 20,000 dollars/euros 30,000 USD/EUR 50,000 dollars/euros 70,000 dollars/euros \$100,000 In tenge at the exchange rate of the National Bank on the date of execution of the insurance contract	
Insurance premium and tariff:	It is approved by the decision of the authorized body of the Insurer, within the framework of the tariff for the class (0.3400% – 59.4864%).	
Procedure and terms of payment of the insurance premium:	One-time, cash/non-cash payment.	
Franchise:	Not provided.	
Insurance payment:	1. The insurance payment shall be made by the Insurer under the terms of the Insurance Rules in the event of an insured event: 1) Assistance of the company, in case of the Insured's application to the Assistance; 2) To the insured/person who has incurred expenses for the provision of medical services, including repatriation costs, in cases provided for by the Insurance Rules. 2. The Insurer is obliged to notify them of the missing documents in writing or by e-mail/SMS within 3 (three) business days from the date of submission of the last of the required documents. 3. The insurer is fully or partially exempt from making the insurance payment in accordance with the grounds provided for in the Insurance Rules. 4. The Insurer, after receiving all the necessary documents for making a decision, within 10 (ten) working days makes a decision on the insurance payment or on the refusal to make the insurance payment. When making a decision to refuse to make an insurance payment, the Insurer shall send a written reasoned notice to the Insured. 5. The amount of insurance payment is determined on the basis of the originals of receipts and invoices. The insurance payment in favor of the Assistance Company, which is a non-resident of the Republic of Kazakhstan, shall be payable in the foreign currency specified in the relevant receipts and invoices. The insurance payment in favor of the Insured shall be payable in tenge at the official exchange rate of foreign currencies of the National Bank of the Republic of Kazakhstan as of the date of payment for the services of the insured event.	
Information about the insurance agent:	The program provides for the issuance of insurance policies through the partners of BASEL IC JSC.	
The amount of the agent's fee:	It is approved by the decision of the authorized body of the Insurer, within the framework of internal policy.	
Validity period of the Insurance Policy:	From 1 day to 365 days	
Insurance area:	World: Category 1 – Mass tourism countries and countries outside the territories 2,3,4 Category 2 – Schengen countries and the European Union Category 3 - USA, Canada, Japan, Australia Category 4 - Thailand	
Duration of insurance coverage:	24 hours a day.	
Risks covered by the insurance policy:	Risks	Limits
	Expenses for the provision of emergency medical care (visit and consultation with a doctor)	Within the insured amount
	Expenses for medicines. Limit per Insured:	50 \$/€
	Expenses for the organization and provision of emergency inpatient care.	Within the insured amount
	Dental care costs. Limit per Insured:	50 \$/€
	Expenses related to the medical evacuation of the Insured to the international port of the country of permanent residence	Within the insured amount
	Repatriation of the Insured to the country of permanent residence.	Within the insured amount
	Expenses for the return of insured children under 16 years of age in the event of hospitalization or death of an adult Insured	Within the insured amount

Form of conclusion of the Insurance Policy:	The insurance policy is issued by issuing it on paper or in electronic form.
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Travel Insurance Program
Travel + Covid 19, Travel Active + Covid 19, Business + Covid 19, Business Active + Covid 19

Insurance Class:	Voluntary health insurance	
Policyholder:	Adult natural person or legal entity	
Beneficiary:	Assistance company in case of self-payment – the Insured	
Insured:	An individual from birth to 90 years old inclusive	
Insurance restrictions:	<p>The following are not accepted for insurance:</p> <ul style="list-style-type: none"> ✓ individuals over 90 years old; ✓ disabled people of any group; ✓ persons who are hospitalized at the time of insurance; ✓ persons in isolation, wanted and under judicial supervision. 	
Object of insurance:	The object of insurance is the property interests of the Insured/Insured related to the expenses of the Insured/Insured/Beneficiary to receive medical and service services in accordance with the insurance policy and the insurance program chosen by the Insured, which arose as a result of an acute sudden illness or accident during his stay in the insurance territory specified in the insurance policy.	
Insured event:	An insured event is a sudden, unforeseen and unintentional illness and/or accident that occurred during the period of validity of the insurance cover and in the territory of insurance, and as a result of which harm was caused to the life and/or health of the Insured, resulting in the occurrence of expenses specified in the insurance program.	
Sum insured:	10,000 dollars/euros 20,000 dollars/euros 30,000 USD/EUR 50,000 dollars/euros 70,000 dollars/euros \$100,000 In tenge at the exchange rate of the National Bank on the date of execution of the insurance contract	
Insurance premium and tariff:	It is approved by the decision of the authorized body of the Insurer, within the framework of the tariff for the class (0.3400% – 59.4864%).	
Procedure and terms of payment of the insurance premium:	One-time, cash/non-cash payment.	
Franchise:	Not provided.	
Insurance payment:	<ol style="list-style-type: none"> The insurance payment shall be made by the Insurer under the terms of the Insurance Rules in the event of an insured event: <ol style="list-style-type: none"> Assistance of the company, in case of the Insured's application to the Assistance; To the insured/person who has incurred expenses for the provision of medical services, including repatriation costs, in cases provided for by the Insurance Rules. The Insurer is obliged to notify them of the missing documents in writing or by e-mail/SMS within 3 (three) business days from the date of submission of the last of the required documents. The insurer is fully or partially exempt from making the insurance payment in accordance with the grounds provided for in the Insurance Rules. The Insurer, after receiving all the necessary documents for making a decision, within 10 (ten) working days makes a decision on the insurance payment or on the refusal to make the insurance payment. When making a decision to refuse to make an insurance payment, the Insurer shall send a written reasoned notice to the Insured. The amount of insurance payment is determined on the basis of the originals of receipts and invoices. The insurance payment in favor of the Assistance Company, which is a non-resident of the Republic of Kazakhstan, shall be payable in the foreign currency specified in the relevant receipts and invoices. The insurance payment in favor of the Insured shall be payable in tenge at the official exchange rate of foreign currencies of the National Bank of the Republic of Kazakhstan as of the date of payment for the services of the insured event. 	
Information about the insurance agent:	The program provides for the issuance of insurance policies through the partners of BASEL IC JSC.	
The amount of the agent's fee:	It is approved by the decision of the authorized body of the Insurer, within the framework of internal policy.	
Validity period of the Insurance Policy:	From 1 day to 365 days	
Insurance area:	World: Category 1 – Mass tourism countries and countries outside the territories 2,3,4 Category 2 – Schengen countries and the European Union Category 3 - USA, Canada, Japan, Australia Category 4 - Thailand	
Duration of insurance coverage:	24 hours a day.	
Risks covered by the insurance policy:	Risks	Limits
	Expenses for the provision of emergency medical care (visit and consultation with a doctor)	Within the insured amount
	Expenses for medicines. Limit per Insured:	50 \$/€
	Expenses for the organization and provision of emergency inpatient care.	Within the insured amount
	Dental care costs. Limit per Insured:	50 \$/€
	Expenses related to the medical evacuation of the Insured to the international port of the country of permanent residence	Within the insured amount

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	Repatriation of the Insured to the country of permanent residence.	Within the insured amount
	Expenses for the return of insured children under 16 years of age in the event of hospitalization or death of an adult Insured	Within the insured amount
	Inpatient treatment coverage for symptomatic Covid-19	€30,000 for Schengen countries \$/€3,000 for remaining countries
Form of conclusion of the Insurance Policy:	The insurance policy is issued by issuing it on paper or in electronic form.	

**Travel Insurance Program
SPORT**

Insurance Class:	Voluntary health insurance	
Policyholder:	Adult natural person or legal entity	
Beneficiary:	Assistance company in case of self-payment – the Insured	
Insured:	An individual born up to and including 90 years of age	
Insurance restrictions:	<p>The following are not accepted for insurance:</p> <ul style="list-style-type: none"> ✓ individuals over 90 years old; ✓ disabled people of any group; ✓ persons who are hospitalized at the time of insurance; ✓ persons in isolation, wanted and under judicial supervision. 	
Object of insurance:	The object of insurance is the property interests of the Insured/Insured related to the expenses of the Insured/Insured/Beneficiary to receive medical and service services in accordance with the insurance policy and the insurance program chosen by the Insured, which arose as a result of an acute sudden illness or accident during his stay in the insurance territory specified in the insurance policy.	
Insured event:	An insured event is a sudden, unforeseen and unintentional illness and/or accident that occurred during the period of validity of the insurance cover and in the territory of insurance, and as a result of which harm was caused to the life and/or health of the Insured, resulting in the occurrence of expenses specified in the insurance program.	
Sum insured:	10,000 dollars/euros 20,000 dollars/euros 30,000 USD/EUR 50,000 dollars/euros 70,000 dollars/euros \$100,000 In tenge at the exchange rate of the National Bank on the date of execution of the insurance contract	
Insurance premium and tariff:	It is approved by the decision of the authorized body of the Insurer, within the framework of the tariff for the class (0.3400% – 59.4864%).	
Procedure and terms of payment of the insurance premium:	One-time, cash/non-cash payment.	
Franchise:	Not provided.	
Insurance payment:	<ol style="list-style-type: none"> The insurance payment shall be made by the Insurer under the terms of the Insurance Rules in the event of an insured event: <ol style="list-style-type: none"> Assistance of the company, in case of the Insured's application to the Assistance; To the insured/person who has incurred expenses for the provision of medical services, including repatriation costs, in cases provided for by the Insurance Rules. The Insurer is obliged to notify them of the missing documents in writing or by e-mail/SMS within 3 (three) business days from the date of submission of the last of the required documents. The insurer is fully or partially exempt from making the insurance payment in accordance with the grounds provided for in the Insurance Rules. The Insurer, after receiving all the necessary documents for making a decision, within 10 (ten) working days makes a decision on the insurance payment or on the refusal to make the insurance payment. When making a decision to refuse to make an insurance payment, the Insurer shall send a written reasoned notice to the Insured. The amount of insurance payment is determined on the basis of the originals of receipts and invoices. The insurance payment in favor of the Assistance Company, which is a non-resident of the Republic of Kazakhstan, shall be payable in the foreign currency specified in the relevant receipts and invoices. The insurance payment in favor of the Insured shall be payable in tenge at the official exchange rate of foreign currencies of the National Bank of the Republic of Kazakhstan as of the date of payment for the services of the insured event. 	
Information about the insurance agent:	The program provides for the issuance of insurance policies through the partners of BASEL IC JSC.	
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Validity period of the Insurance Policy:	From 1 day to 365 days	
Insurance area:	World: Category 1 – Mass tourism countries and countries outside the territories 2,3,4 Category 2 – Schengen countries and the European Union Category 3 - USA, Canada, Japan, Australia Category 4 - Thailand	
Duration of insurance coverage:	24 hours a day.	
	Risks	Limits

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Risks covered by the insurance policy:	Expenses for the provision of emergency medical care (visit and consultation with a doctor)	Within the insured amount
	Expenses for medicines. Limit per Insured:	50 \$/€
	Expenses for the organization and provision of emergency inpatient care.	Within the insured amount
	Dental care costs. Limit per Insured:	50 \$/€
	Expenses related to the medical evacuation of the Insured to the international port of the country of permanent residence	Within the insured amount
	Repatriation of the Insured to the country of permanent residence.	Within the insured amount
Form of conclusion of the Insurance Policy:	The insurance policy is issued by issuing it on paper or in electronic form.	

**Travel Insurance Program
SPORT + Covid 19**

Insurance Class:	Voluntary health insurance
Policyholder:	Adult natural person or legal entity
Beneficiary:	Assistance company in case of self-payment – the Insured
Insured:	An individual from birth to 90 years old inclusive
Insurance restrictions:	<p>The following are not accepted for insurance:</p> <ul style="list-style-type: none"> ✓ individuals over 90 years old; ✓ disabled people of any group; ✓ persons who are hospitalized at the time of insurance; ✓ persons in isolation, wanted and under judicial supervision.
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Insured event:	An insured event is a sudden, unforeseen and unintentional illness and/or accident that occurred during the period of validity of the insurance cover and in the territory of insurance, and as a result of which harm was caused to the life and/or health of the Insured, resulting in the occurrence of expenses specified in the insurance program.
Sum insured:	10,000 dollars/euros 20,000 dollars/euros 30,000 USD/EUR 50,000 dollars/euros 70,000 dollars/euros \$100,000 In tenge at the exchange rate of the National Bank on the date of execution of the insurance contract
Insurance premium and tariff:	It is approved by the decision of the authorized body of the Insurer, within the framework of the tariff for the class (0.3400% – 59.4864%).
Procedure and terms of payment of the insurance premium:	One-time, cash/non-cash payment.
Franchise:	Not provided.
Insurance payment:	<ol style="list-style-type: none"> 1. The insurance payment shall be made by the Insurer under the terms of the Insurance Rules in the event of an insured event: <ol style="list-style-type: none"> 1) Assistance of the company, in case of the Insured's application to the Assistance; 2) To the insured/person who has incurred expenses for the provision of medical services, including repatriation costs, in cases provided for by the Insurance Rules. 2. The Insurer is obliged to notify them of the missing documents in writing or by e-mail/SMS within 3 (three) business days from the date of submission of the last of the required documents. 3. The insurer is fully or partially exempt from making the insurance payment in accordance with the grounds provided for in the Insurance Rules. 4. The Insurer, after receiving all the necessary documents for making a decision, within 10 (ten) working days makes a decision on the insurance payment or on the refusal to make the insurance payment. When making a decision to refuse to make an insurance payment, the Insurer shall send a written reasoned notice to the Insured. 5. The amount of insurance payment is determined on the basis of the originals of receipts and invoices. The insurance payment in favor of the Assistance Company, which is a non-resident of the Republic of Kazakhstan, shall be payable in the foreign currency specified in the relevant receipts and invoices. The insurance payment in favor of the Insured shall be payable in tenge at the official exchange rate of foreign currencies of the National Bank of the Republic of Kazakhstan as of the date of payment for the services of the insured event.
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Validity period of the Insurance Policy:	From 1 day to 365 days
Insurance area:	World: Category 1 – Mass tourism countries and countries outside the territories 2,3,4 Category 2 – Schengen countries and the European Union Category 3 - USA, Canada, Japan, Australia Category 4 - Thailand

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Duration of insurance coverage:	24 hours a day.	
Risks covered by the insurance policy:	Risks	Limits
	Expenses for the provision of emergency medical care (visit and consultation with a doctor)	Within the insured amount
	Expenses for medicines. Limit per Insured:	50 \$/€
	Expenses for the organization and provision of emergency inpatient care.	Within the insured amount
	Dental care costs. Limit per Insured:	50 \$/€
	Expenses related to the medical evacuation of the Insured to the international port of the country of permanent residence	Within the insured amount
	Repatriation of the Insured to the country of permanent residence.	Within the insured amount
	Inpatient treatment coverage for symptomatic Covid-19	€30,000 for Schengen countries \$/€3,000 for remaining countries
Form of conclusion of the Insurance Policy:	The insurance policy is issued by issuing it on paper or in electronic form.	

Travel Insurance Program
Multy Travel, Multy Travel Active, Multy Business, Multy Business Active

Insurance Class:	Voluntary health insurance
Policyholder:	Adult natural person or legal entity
Beneficiary:	Assistance company in case of self-payment – the Insured
Insured:	An individual from birth to 90 years old inclusive
Insurance restrictions:	The following are not accepted for insurance: ✓ individuals over 90 years old; ✓ disabled people of any group; ✓ persons who are hospitalized at the time of insurance; ✓ persons in isolation, wanted and under judicial supervision.
Object of insurance:	The object of insurance is the property interests of the Insured/Insured related to the expenses of the Insured/Insured/Beneficiary to receive medical and service services in accordance with the insurance policy and the insurance program chosen by the Insured, which arose as a result of an acute sudden illness or accident during his stay in the insurance territory specified in the insurance policy.
Insured event:	An insured event is a sudden, unforeseen and unintentional illness and/or accident that occurred during the period of validity of the insurance cover and in the territory of insurance, and as a result of which harm was caused to the life and/or health of the Insured, resulting in the occurrence of expenses specified in the insurance program.
Sum insured:	10,000 dollars/euros 20,000 dollars/euros 30,000 USD/EUR 50,000 dollars/euros 70,000 dollars/euros In tenge at the exchange rate of the National Bank on the date of execution of the insurance contract
Insurance premium and tariff:	It is approved by the decision of the authorized body of the Insurer, within the framework of the tariff for the class (0.3400% – 59.4864%).
Procedure and terms of payment of the insurance premium:	One-time, cash/non-cash payment.
Franchise:	Not provided.
Insurance payment:	<ol style="list-style-type: none"> The insurance payment shall be made by the Insurer under the terms of the Insurance Rules in the event of an insured event: <ol style="list-style-type: none"> Assistance of the company, in case of the Insured's application to the Assistance; To the insured/person who has incurred expenses for the provision of medical services, including repatriation costs, in cases provided for by the Insurance Rules. The Insurer is obliged to notify them of the missing documents in writing or by e-mail/SMS within 3 (three) business days from the date of submission of the last of the required documents. The insurer is fully or partially exempt from making the insurance payment in accordance with the grounds provided for in the Insurance Rules. The Insurer, after receiving all the necessary documents for making a decision, within 10 (ten) working days makes a decision on the insurance payment or on the refusal to make the insurance payment. When making a decision to refuse to make an insurance payment, the Insurer shall send a written reasoned notice to the Insured. The amount of insurance payment is determined on the basis of the originals of receipts and invoices. The insurance payment in favor of the Assistance Company, which is a non-resident of the Republic of Kazakhstan, shall be payable in the foreign currency specified in the relevant receipts and invoices. The insurance payment in favor of the Insured shall be payable in tenge at the official exchange rate of foreign currencies of the National Bank of the Republic of Kazakhstan as of the date of payment for the services of the insured event.
Information about the insurance agent:	The program provides for the issuance of insurance policies through the partners of BASEL IC JSC.
The amount of the agent's fee:	It is approved by the decision of the authorized body of the Insurer, within the framework of internal policy.
Validity period of the Insurance Policy:	1 year (180 days stay) 1 year (90 days stay) 1 year (60 days stay) 6 months (45 days stay)

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	3 months (30 days stay) 1 month (15 days stay)	
Insurance area:	World: Category 1 – Mass tourism countries and countries outside the territories 2.3 Category 2 – Schengen countries and the European Union Category 3 - USA, Canada, Japan, Australia	
Duration of insurance coverage:	24 hours a day.	
Risks covered by the insurance policy:	Risks	Limits
	Expenses for the provision of emergency medical care (visit and consultation with a doctor)	Within the insured amount
	Expenses for medicines. Limit per Insured:	50 \$/€
	Expenses for the organization and provision of emergency inpatient care.	Within the insured amount
	Dental care costs. Limit per Insured:	50 \$/€
	Expenses related to the medical evacuation of the Insured to the international port of the country of permanent residence	Within the insured amount
	Repatriation of the Insured to the country of permanent residence.	Within the insured amount
Form of conclusion of the Insurance Policy:	Expenses for the return of insured children under 16 years of age in the event of hospitalization or death of an adult Insured	Within the insured amount
	The insurance policy is issued by issuing it on paper or in electronic form.	