



INFORMATION INTENDED FOR THE POLICYHOLDER AND THE INSURED

Accident insurance of amateur athletes PUI60-54232

In accordance with the Insurance law, prior to concluding the insurance contract, we would hereby like to inform you of the following:

1.1. Information on the insurance undertaking

UNIQA neživotno osiguranje a.d.o. Beograd 134g Milutin Milankovic Str., 11070 New Belgrade (hereinafter referred to as: UNIQA/Insurer), phone number: +381 11/20 24 100, fax number: +381 11/20 24 160, e-mail: info@uniqa.rs, webpage: www.uniqa.rs

2. Description of the main characteristics of insurance services

2.1. Insurance terms and conditions and the law governing the insurance contract

Insurance Terms and Conditions

- General Terms and Conditions of Accident Insurance, adopted on 03 February 2020, OUPNS II/2020,
- Special Terms and Conditions of Collective Accident Insurance of amateur athletes, adopted on 03 February 2020, PUKOZ II/2020,
- The Table of disabilities for assessing a permanent loss of general ability to work caused by accident dated 03 February 2020, TI II/2020.

In case of inconsistency between some provision of the Insurance Terms and Conditions and some provision of the policy concluded between Policyholder and Insurer, the provisions from the policy will apply.

Legal provisions applicable to the Contract

- Law on Contracts and torts,
- Insurance Law,
- Law on tax on non-life insurance premium,
- Law on personal data protection
- Law on Road Traffic Safety.

2.2. Risks covered by this insurance

Currency: RSD

Contracted risks	Sum assured
	14 years and more
Accidental death	100,000.00
Permanent disability due to accident	200,000.00

2.3. Exclusions related to the risks covered by the insurance

1. Excluded are all obligations of the Insurer for accidents that occur:

- due to earthquake
- due to war events or armed actions, as well as any other events directly or indirectly attributable to war, invasion, armed conflict, civil war, uprising, rebellion or revolution;

- due to terrorism, which refers to any act of violence undertaken with the intention of harming a country, an international organization or a political movement. An act of violence may be seen in causing a fire, explosion or demolition, kidnapping people, causing danger to the life and property of people, undertaking any other generally dangerous acts or using any other generally dangerous means which might create a feeling of insecurity among citizens;
- when operating aircraft of all kinds, vessels, motor vehicles and other vehicles without a prescribed official document authorizing the driver to operate and drive such types of aircraft, craft, motor and other vehicles. The provisions on exclusion of liability under this item shall not apply when the lack of a valid document did not have an impact on the occurrence of the accident. It is considered that the Insured has the necessary driver's license when he/she is driving, in order to obtain the official driver's license, under the direct supervision of a person authorized to teach according to the existing regulations;
 - when operating and driving a vehicle without the knowledge or approval of the vehicle owner;
 - due to attempting or committing suicide by the Insured for whatever reason;
 - because the Policyholder, the Insurance Beneficiary or the Insured intentionally caused the accident, and if there are more than one Insurance Beneficiary, only the Insurance Beneficiary who intentionally caused the accident was excluded;
 - in the preparation, attempt or execution of a criminal offense punishable under the Criminal Code, as well as in the escape after such an act, in a fight or in a physical altercation, except in a proven case of self-defense;
 - if the insured event arises due to the proven causal link of alcohol or narcotics to the Insured at the time of the accident. It is considered that the insured event has arisen due to the proven causal link of alcohol or narcotics to the Insured:
 - if, at the time of the accident, the driver of the motor vehicle had a greater amount of alcohol in his blood than the amount prescribed as permissible, by the provisions of the Law on Road Traffic Safety;
 - if the Insured person's alcohol has been determined;
 - if the test for narcotic drugs is positive;
 - if the Insured refuses or avoids the possibility of determining the presence of alcohol or the presence of narcotic drugs;

- The obligation of UNIQA is excluded if the accident occurred as a result of trauma to pathologically altered bone (pathological fractures) within the following systemic diseases: rachitis, osteomalacia, disturbance of calcium and phosphorus metabolism and similar conditions or conditions within local bone diseases such as: bone cysts, osteomyelitis, primary bone tumors, echinococcosis, bone metastases, bone tuberculosis, other bone diseases
- The obligation of the Insurer is excluded, except in the case of the insurance of the amateur athletes for which the insurance premium was calculated and collected, in the following cases:
 - - in car, motorcycle speed racing, motocross and in training for them
 - - for amateur/recreational sports such as football, ice hockey, jiu-jitsu, judo, karate, boxing, skiing, rugby, wrestling, ski jumping, mountaineering, speleological exploration and spearfishing.

The Insurance Contract is void if the insured event had already occurred when it was concluded or if it was occurring or if it was likely to occur. The premium already paid in this case is returned to the Policyholder.

2. Scope of Insurer's obligations for insured risks

1) 1) Contracted sum assured in case of death due to an accident;

2) 2) In case of permanent disability:

- - the sum assured in case of permanent disability, if due to the accident 100% permanent disability of the Insured occurred; The degree of disability is determined by the Insurer's doctor-censor on the basis of the Table of Disabilities for assessing a permanent loss of general ability to work caused by accident. The extent of the Insurer's obligation is a percentage of the sum assured contracted for the Permanent Disability Risk that corresponds to the established disability rate.

- - the percentage of the sum insured in case of disability which corresponds to the percentage of partial disability, if due to the accident a partial disability of the Insured occurred. The final degree of disability is determined according to the Table of disabilities for assessing a permanent loss of general ability to work caused by accident (hereinafter: the Table). Individual abilities, social status, area of work (professional ability) of the Insured are not taken into account in determining the degree of disability. In the case of loss of multiple limbs or organs due to one accident, the percentages of disability for each individual limb or organ are added together. If the sum of the percentages of disability for the loss or damage of more than one limb or organ due to an accident exceeds 100% according to the Table, the Insurer is not obliged to pay more than the sum assured in case of complete disability (100%). For multiple injuries on the same limb or organ, the Insurer is obliged to pay at most the percentage of disability specified in the Table for complete loss of limb or organ. If the Insured's general working ability was impaired before the accident, the Insurer's liability is determined according to the new disability independently of the previous one, unless the Insured loses or injures an already injured limb, organ or joint. In that case, the Insurer shall be obliged only for the difference between the previous degree of disability and the new degree of disability, but most notably for the disability foreseen in the Table for complete loss of a limb or organ or stiff joint.

- The degree of disability is determined after the completion of treatment when, as a result, a steady state

occurs, i.e. when, as predicted by the physician, the condition cannot be expected to worsen or improve. If this steady state does not occur even after three years from the date of the accident, the condition at the end of this period is finally taken and the degree of disability determined.

- In the meantime, until it is not possible to determine the Insured's degree of disability, the Insurer is obliged to pay an adequate amount which undoubtedly corresponds to the percentage of disability for which it can already be determined on the basis of medical documentation that it will remain permanently.
- If the Insured dies before the expiration of one year from the date of the accident by the consequence of the same accident, and the degree of disability has already been established, the Insurer shall pay the sum insured for death, that is, the difference between the sum insured for death and the amount paid to the name of the disability before that, if such a difference exists.
- If the degree of disability has not been determined and the Insured dies due to the same accident, the Insured shall pay the sum assured in the event of death, that is, only the difference between that sum and the potential disability advance payment, but only if the Insured died within no later than 3 years from the date of the accident.
- If the Insured dies within 3 years from the date of the accident for any reason other than the cause specified in the previous paragraph of this Article and the degree of disability has not been determined, the disability shall be determined on the basis of existing medical records.

2.4. Insurance premium amount and insurance premium payment manner

Contracted premium per policy before discount: RSD 47,250.00

Total approved tariff discounts: RSD -6,851.25

Total approved commercial discounts: RSD 0.00

Premium is paid .

2.5. The amount of contributions, taxes and other costs charged in addition to the insurance premium

Contributions: RSD 0.00

Taxes: RSD 0.00

Other costs: RSD 0.00

Tax is paid in accordance with the Law on tax on non-life insurance premium.

2.6. Payment total (2.4 and 2.5)

Total premium: RSD 40,398.75

Premium is paid .

2.7. Contract Terms

The insurance was concluded with validity for the period from: 01 December 2020 - 01 April 2021, with a fixed term of duration.

The insurance starts on 01 December 2020, upon the expiry of the 24th hour of the day indicated in the policy as the insurance inception date and ends on 01 April 2021, upon the expiry of the 24th hour.

The Insurer's obligation under the Contract commences on 01 December 2020, upon the expiry of the 24th hour, but not before the expiry of the 24th hour, on the day when the first premium was paid.

The Insurer's obligation ends upon the expiry of the 24th hour on 01 April 2021.

The obligation of the Insurer in relation to the individual Insured commences on the 24th hour of the day when the contract was concluded, that is, when the Policyholder submits to the Insurer the information on including a new member.

The insurance shall be terminated for each individual Insured, regardless of whether and how long the contract is agreed upon, at the expiration of 24.00 hours on the day when:

- the Insured dies;
- a permanent disability of 100% is determined;
- the insurance year in which the Insured reaches the age of 75 expires;
- the status of amateur athlete is lost;
- the insurance contract is terminated.

2.8. The right to terminate the contract and termination terms

If during the term of the Contract the Insured has exercised their right to indemnity or is paid the damage from the subject policy, the Insurer acquires the right to keep the entire annual premium.

The insurance contract may be terminated by either party by notifying the other party thereof in writing. In case the Policyholder does not pay the premium, the Insurer is entitled to terminate the contract.

2.9. The right to withdraw from the contract

The Policyholder is entitled to withdraw from the Insurance contract that has been concluded outside the Insurer's business premises and/or via remote means of communication, e.g. Online, within 14 days from the day of concluding the insurance contract or insurance policy. In case of withdrawing from the contract within the stated period, the Insurer shall return the premium received, provided that until the day of withdrawing from the contract there has been no claim reported to the Insurer.

2.10. The term for which the proposal is binding upon the insurance undertaking

A written proposal submitted to the Insurer regarding the conclusion of an insurance contract is binding on the Offering Party, unless he/she defines a shorter term, for a term of eight days from the day when the proposal is submitted to the Insurer. If the Insurer does not reject the proposal that does not deviate from the terms and conditions under which it provides the proposed insurance, during this term, it shall be deemed to have accepted the proposal and that the contract is concluded. In that case, the contract is deemed to be concluded on the date when the Insurer receives the proposal.

2.11. The manner and deadline for filing a claim, i.e. exercising rights to compensation based on insurance

Insured persons, Policyholders, Insurance Beneficiaries may exercise their rights to compensation as follows:

- By calling Contact Center of UNIQA insurance: 011/20-24100
- By email at: info.stete@uniqa.rs,
- By fax: 011/20-24-131 or by mail;
- Directly to the competent department at the headquarters of the Company.

The Insured, for the risks of death as a result of an accident, disability as a result of an accident and the costs of treatment, is obliged to report the incident on the Insured's insured event report form, when it is possible according to his/her health condition.

When exercising the rights from the Insurance Contract, the Insured encloses proof of the concluded Insurance Contract:

1. Certified certificate of the Insurance Contractor with the following data:
 - Name and surname, address, PIN of the Insured,
 - Time of occurrence of the insured event,
 - Policy number and duration;
- 3) C
e 2. Certified application form of the Insured's Insured event.

After the occurrence of the insured event for liability risks, the Policyholder is obliged to:

- To inform the Insurer about that, and no later than within three days after receiving the claim for compensation, i.e. when he/she learns that criminal proceedings have been initiated due to an event that may result in his/her liability for damages;
- To state in the application in particular: the time, manner and cause of the harmful event, the list of missing or destroyed items,
- To immediately report any event that entails anyone's criminal responsibility to the competent criminal prosecution authorities;
- To take all possible measures to reduce the damage and to take everything that could serve to clarify the case and defend against unfounded or excessive claims, and in that regard to comply with the orders received from the Insurer;
- To take all necessary steps to obtain a recourse claim from the persons responsible for the damage caused or to transfer this right to the Insurer;
- In the event of a claim for damages, to immediately notify the Insurer in writing, submit a court summons, ie a lawsuit and all documents related to the harmful event, as well as to leave the dispute to the Insurer and issue him a power of attorney

In case the missing items are found after the payment of compensation, the Policyholder is obliged to give the injured party a choice: to receive the items and return the received compensation, or to keep the received compensation and leave the found items to the Insurer. If the injured party does not declare itself within the specified period, the stated items belong to the Insurer.

2.12. The manner of protecting rights and interests of insurance service consumers

Dissatisfied with the insurance service provided, the insurance service consumer* may lodge a written complaint (in person, through an agent or proxy) to the Insurer:

- On any UNIQA business premises;
- By mail at the HQ address: UNIQA osiguranje a.d.o. Beograd: 134g Milutin Milankovic Street, 11070 New Belgrade;
- By e-mail at: prigovori.nezivot@uniqa.rs;
- By fax: 011/20-24-131

Complaints are to be filed solely in writing, and therefore UNIQA insurance is under no obligation whatsoever to consider complaints made orally, but to instruct a person making a complaint to file it in writing.

A complaint should include the following data and documentation:

- Name, surname and address of a person making a complaint regarding natural entities; or, business name, headquarters address of a legal entity, and name and surname of the legal entity's legal representative, or proxy if the complaint is made on behalf of and for the benefit of a legal entity;
- Reasons for complaining and requests of the person filing a complaint;
- Evidence to support allegations made in the complaint;
- The date of filing a complaint;
- Signature of the person making a complaint, or of their representative or proxy, save when the complaint is lodged in an electronic form;
- Power of attorney regarding representation if the complaint is filed through a proxy.

A complaint is made when a person making a complaint is dissatisfied with the treatment received or with a decision rendered by UNIQA insurance with regard to their insurance contract or due to violation of insurance service consumers' rights through acts of UNIQA insurance or its agents. UNIQA insurance must provide a written answer to the person who made a complaint within 15 days of the day when the complaint is received. Exceptionally, the said deadline can be extended for not longer than another 15 days, of which UNIQA insurance must inform the insurance service consumer. The person filing a complaint has the right to be informed about the course of resolving a complaint, of which UNIQA insurance must inform them at their request:

- On any UNIQA business premises;
- By mail at the Complainant's address;
- At the Complainant's e-mail address.

* The insurance service consumer includes the Insured/Policyholder/Insurance Beneficiary, and a third injured party.

2.13. Seat and address of the National Bank of Serbia, which is in charge of supervising the insurance undertaking's business, and the manner of protecting the rights and interests of the insurance service consumers with the National Bank of Serbia

The National Bank of Serbia;
12 Kralja Petra Street;
11000 Belgrade

The Decision on the manner of protecting the rights and interests of the Insurance Service Consumers regulates in more detail the manner of protecting the rights and interests of the Insured, the Policyholder, the Insurance Beneficiary and the third party – the injured from Serbia (insurance service consumers), as well as the manner of mediating when it comes to claims handling, filing complaints by insurance service consumers and acting on that complaint.

The insurance service consumer may file a complaint with the National Bank of Serbia about the work of insurance companies, insurance brokers, insurance agents, natural entities – sole proprietors who are insurance agents, as well as banks, financial leasing providers and public postal operators that carry out insurance agency activities based on the previous approval of the National Bank of Serbia (insurance service providers).

The insurance service consumer may file a complaint with the National Bank of Serbia if he / she previously addressed a written complaint to the insurance service provider and was not satisfied with its response or the insurance service provider failed to reply to this complaint in writing within the stipulated deadline - not later than 15 days from the receipt of the complaint, or within an additional period of up to 15 days in case when the insurance service provider is unable to provide a response for reasons beyond its control.

The insurance service consumer may lodge a complaint to the National Bank of Serbia within six months counting from the date when he/she has received the insurance provider's answer to the complaint, or from the date when the deadline for answering the complaint has passed.

In addition, if the Complainant is dissatisfied with the insurance service provider's answer, or the answer has not been provided within the stipulated term, the matter at dispute between the insurance service consumer and the insurance service provider may be resolved through out-of-court proceedings – mediation proceedings.

A complaint, or a mediation proposal to the National Bank of Serbia is made at the address:

National Bank of Serbia - Department for Financial Consumer Protection and Education
17 Nemanjina Street; 11000 Belgrade
Or: Post office box 712, 11000 Belgrade
Or by e-mail at: zastita.korisnika@nbs.rs

In addition to the filed complaint, the insurance service consumer must deliver to the National Bank of Serbia the complaint that it lodged with the Insurer, the Insurer's answer to it, and the documentation based on which the

allegations from the complaint can be assessed. Any additional information and further clarifications can be found on our website www.uniqa.rs, on business premises of UNIQA insurance or by dialing the following number: +381 11/20 24 100.

2.14. Personal Data processing

For the purpose of concluding the Insurance Contract and fulfilling the obligations from the Insurance Contract, the Insurer, in accordance with the law governing the protection of personal data, collects and processes data on the Policyholder, i.e. the Insured, prior to concluding the contract. Without collecting and processing personal data, the Insurer is unable to maintain the Insurance Contract in force. The data on the Insured and / or the Policyholder is processed and forwarded by the Insurer to its employees, third parties with whom it has concluded a business cooperation contract in order to fulfill the obligations from the Insurance Contract, or state bodies in accordance with the law.

2.15. Personal Data Protection

The Information on personal data processing is available on the website www.uniqa.rs The Policyholder delivers the Information on personal data protection together with the insurance contract.

The Policyholder by signing this document undertakes to acquaint the Insured/s with the contents of this document. The Policyholder undertakes to submit evidence to the Insurer that it has acquainted the Insured with the contents of this document within 15 days of the day of signing this document.

Place and date: _____

MM SKI-SPORT d.o.o.



Milica Blagojević



Tihomir Milošević