SALVA KINDLUSTUSE AS ÕJKT-19.03
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of Salva Kindlustuse AS

GENERAL TERMS AND CONDITIONS OF ACCIDENT INSURANCE

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1. CONCLUSION OF INSURANCE CONTRACT

1.1. Insurer shall issue an insurance policy, based on data presented by the Policyholder. Insurance contract shall take effect on the day following the date of reception of insurance premium or the first instalment of insurance premium, specified on insurance policy. Insurance contract shall be valid from the start of the period of insurance specified on the insurance policy, if the insurance premium is paid in due time.

1.2. If the Policyholder fails to pay the insurance premium or the first instalment of insurance premium, it shall be assumed that the Policyholder did not wish to conclude the contract and the contract has not been concluded. In this case there shall be no insurance cover.

2. INSURED PERSON

2.1. Insured person shall be the natural person specified in the insurance contract, for whose benefit the insurance contract has been concluded.

2.2. Insured person cannot be a person with physical or mental disability who needs constant or regular assistance, guidance or supervision.

3. BENEFICIARY

3.1. Beneficiary shall be a person specified by the Policyholder in the insurance contract with the Insured person's written consent. In case of an insured event, the Beneficiary shall have the right to receive the insurance indemnity according to the insurance contract.

3.2. If the Beneficiary has not been specified in the insurance contract, the following rules shall apply:

3.2.1. Compensation for pain and suffering, daily allowance benefit, permanent disability benefit and/or compensation for medical expenses shall be paid to the Insured person or, in case the Insured person is a minor, to his/her legal representative;

3.2.2. Death benefit shall be paid to the successors of the Insured person as provided by legislation.

3.3. If the Beneficiary has been specified in the insurance contract, the following rules shall apply:

3.3.1. Compensation for pain and suffering, daily allowance benefit, permanent disability benefit and/or compensation for medical expenses shall be paid to the Insured person or, in case the Insured person is a minor, to his/her legal representative, unless otherwise agreed with the Insurer and specifically mentioned in the insurance contract;

3.3.2. Death benefit shall be paid to the Beneficiary.

3.4. If the Beneficiary dies or is terminated without a successor before the occurrence of the insured event, it shall be deemed that the Beneficiary had not been specified.

3.5. If the Beneficiary dies before the payment of death benefit but after the death of the Insured person, the death benefit shall be paid to the Beneficiary's successor as provided by legislation.

3.6. If the Insured person is other than the Policyholder and the Beneficiary is the Policyholder or a third person, the Insured person's written consent to the conclusion of the insurance contract shall be a prerequisite for the validity of the insurance contract. The Insurer shall have the obligation to pay insurance indemnity to the Beneficiary or any other person specified in the insurance contract only if the Insurer has received the Insured person's written consent to the conclusion of the insurance contract.

4. PHYSICIAN-ADVISOR, ACTIVE THERAPY, REHABILITATION

4.1. Physician-advisor shall a person who consults the Insurer in medical issues.

4.2. Curative health care (also referred to as: the curative care) for the purposes of these Terms and Conditions shall mean evidence-based medical activities, aimed at improving the injury of an organ or a body part resulting from an accident, creating the best possible condition for healing, or preventing possible further health problems caused by injury.

4.3. Rehabilitative care for the purposes of these Terms and Conditions shall mean evidence-based systematic activities that follow the curative health care, aimed at decreasing the functional impairment of an injured organ or a body part and adjusting a person, so that he/she could cope better with his/her disability in daily life. Rehabilitative care shall not include activities performed after one year from the start of rehabilitative care.

5. INSURED EVENT AND ACCIDENT

5.1. Insured event for the purposes of these Insurance Terms and Conditions shall mean the Insured person's temporary bodily injury, temporary incapacity for work, permanent disability or death caused by an accident that occurred during the period of insurance.

5.2. Accident for the purposes of these Terms and Conditions shall mean:

5.2.1. A sudden, unforeseeable and unexpected one-off event that has occurred independently of the will of the Insured person and due to external influences, resulting in bodily injury or death of the Insured person;

5.2.2. A bodily injury (e.g. tearing of a muscle or tendon rupture) that is a direct result of a single movement of the Insured person;

5.2.3. Heatstroke, sunstroke, gas poisoning;

5.2.4. Drowning or freezing only if this causes permanent disability or death.

6. VALIDITY OF INSURANCE COVER

6.1. During the validity of the insurance period specified in the insurance contract, the insurance cover shall be valid all over the world. Temporal validity of the insurance cover shall be specified in the insurance contract.

6.2. Options for the temporal validity of the insurance cover are:

6.2.1. Round-the-clock insurance – shall be valid 24 hours a day;

6.2.2. Spare time insurance – shall be valid during the spare time of the Insured person;

6.2.3. Working time insurance – shall be valid during the performance of work assignments by the Insured person within the working hours and during the rest period within the working hours, as well as during the period of business travel of the Insured person. Working time insurance shall not be valid on the way to and back from work.

6.3. Validity of insurance cover during sports activities

6.3.1. The insurance cover shall be valid without any special agreement for sports activities that are not excluded by these Terms and Conditions (listed in Section 6.3.3).

6.3.2. When participating in sports competitions and engaging in professional sports (except in the case of excluded sports activities referred to in Section 6.3.3), the insurance cover shall only be valid if specifically mentioned in the insurance contract.

6.3.3. The insurance cover shall not be valid and the insurance indemnity shall not be paid if the accident was caused or contributed by the following sports activities (including participation in training and/or sports competitions):

6.3.3.1. Car and motor sport (including flying and water sports);

6.3.3.2. Riding a ramp with skateboards, roller skates, scooters, bicycles (including BMX bikes) and similar equipment;

6.3.3.3. BMX sports and bicycle stunt riding, including freestyle BMX (e.g. BMX motocross);

6.3.3.4. Alpine skiing or snowboarding outside the trails marked by the winter sports centre;

6.3.3.5. Skiing in a snow park (e.g. freestyle skiing);

6.3.3.6. Rafting, white water rafting;

6.3.3.7. Downhill and speed skiing, ski jumping;

6.3.3.8. Contact sports (e.g. boxing, Thai boxing, kickboxing, MMA, etc.);

6.3.3.9. Mountaineering, rock and wall climbing;

6.3.3.10. Diving deeper than 40 m, underwater sports;

6.3.3.11. Kite-boarding, water skiing;

6.3.3.12. Acrobatics, parkour;

6.3.3.13. Other extreme sports or activities not listed above that involve a high risk of injury or death. Furthermore, the insurance cover shall not be valid for any sports activities performed in extreme conditions.

6.3.4. The insurance cover shall not be valid and the insurance indemnity shall not be paid, if the Insured person is engaged in professional sports, as well as when participating in any sports competition, including public sports competitions, unless otherwise agreed in the insurance contract.

6.3.5. Participation in a sports competition shall mean a participation in a series, cup, league or championship competition, as well as participation in a public sports competition.

6.3.6. Professional sports shall mean any sports activity that is aimed at the achievement of success on national and/or international level and is performed by professional athletes who are compensated for this activity.

7. TYPES OF INSURANCE INDEMNITY, INDEMNITY LIMIT

7.1. Types of insurance indemnity shall include: compensation for pain and suffering, daily allowance benefit, compensation for medical expenses, permanent disability benefit, and death benefit.

7.2. The indemnity limit shall mean the amount specified in the insurance contract, which is the total limit of indemnities paid under the specific type of insurance indemnity for all accidents occurred during the period of insurance. The indemnity limit for the daily allowance benefit shall be determined in the insurance contract for one day of temporary incapacity for work.

7.3. The insured types of insurance indemnities and the levels of indemnity limits shall be agreed separately in the insurance contract. The Insurer shall not be obligated to pay insurance indemnity for the types of indemnities that have not been agreed in the insurance contract.

8. COMPENSATION FOR PAIN AND SUFFERING

8.1. Compensation for pain and suffering shall be paid, if an accident occurred during the period of insurance has caused a temporary bodily injury to the Insured person.

8.2. Compensation for pain and suffering shall be paid, provided that the curative care prescribed by a physician due to an accident lasts for at least six days and is proved by a medical institution. The requirement to prove the length of the curative care shall not apply to a fracture confirmed by X-ray examination.

8.3. Compensation for pain and suffering shall be paid as a lump sum for an accident as a percentage of the agreed indemnity limit.

8.4. The percentage value of the compensation for pain and suffering shall be determined according to the 'Table for the determination of the percentage value of the compensation for pain and suffering' presented in Annex 1, which was applicable during the conclusion of insurance contract.

8.5. If the impairment of a single body part that was caused by a single accident falls under several subsections of the 'Table for the determination of the percentage value of the compensation for pain and suffering', the compensation for pain and suffering shall be set at the highest percentage.

Example: *The Insured person suffers the fracture and concussion of the hallux (big toe). According to the 'Table for the determination of the percentage value of the compensation for pain and suffering', the concussion of hallux corresponds to 1% and the fracture of hallux corresponds to 3% of the indemnity limit. The Insured person shall receive the compensation based on the highest percentage, i.e. 3% of the indemnity limit for the compensation for pain and suffering as specified in the insurance contract.*

8.6. If several body parts of the Insured person have been impaired at the same time as a result of a single accident, the compensation for pain and suffering shall first be determined on the basis of the highest percentage of the com-

pensation according to the 'Table for the determination of the percentage value of the compensation for pain and suffering'. A compensation for accompanying bodily injuries shall be set at 50% of the percentage specified in the 'Table for the determination of the percentage value of the compensation for pain and suffering', but not exceeding the indemnity limit for the compensation for pain and suffering as specified in the insurance contract.

Example: *The Insured person suffers from brain concussion, the fracture of the right clavicle (collarbone) and multiple fractures of the third and fourth right-side ribs (confirmed by x-ray examination). The severest injury according to the 'Table for the determination of the percentage value of the compensation for pain and suffering' is the fracture of clavicle (5%); the accompanying injuries are the fracture of the third and fourth ribs (the fracture of 2 ribs 3% + 1% =4%, reduction 50%, in total 2% for 2 ribs) and brain concussion (1%, reduction 50%, in total 0.5%). Compensation shall be 5+2+0.5=7.5% of the indemnity limit for the compensation for pain and suffering as specified in the insurance contract.*

8.7. If the Insured person suffers, as a result of an accident, from temporarily injury that is not mentioned in the 'Table for the determination of the percentage value of the compensation for pain and suffering', the Insurer shall determine the percentage value of compensation, based on the injuries of similar severity as provided in the 'Table for the determination of the percentage value of the compensation for pain and suffering'.

8.8. The compensation for pain and suffering shall be paid on the basis of accidents occurred during the period of insurance, but not exceeding the indemnity limit for the compensation for pain and suffering as specified in the insurance contract.

8.9. The compensation for pain and suffering shall not be paid, if:

8.9.1. The period of curative care prescribed by a physician due to an accident is five consecutive days or less;

8.9.2. The bodily injury was caused by drowning or freezing;

8.9.3. The bodily injury was not caused by an accident.

8.10. Application for the compensation for pain and suffering

In order to receive the compensation for pain and suffering, the person entitled to receive the insurance indemnity shall present the following documents to the Insurer after the completion of curative care:

8.10.1. A completed and signed application for indemnity on the Insurer's form;

8.10.2. In the case of using the services of the Department of Emergency Medical Care, a copy of the medical document issued by the Department and/or other evidence of first aid (e.g. emergency medical records (kiirabikaart));

8.10.3. Copies of health files (epicrises) related to the accident and other medical records describing the Insured person's bodily injury, the provided curative care and the length of care;

8.10.4. In case of fractures and other bone damages, radiographs together with the description of findings and the diagnosis, if requested by the Insurer;

8.10.5. If requested by the Insurer, the Physician's Decision form of the Insurer, properly filled in by a physician;

8.10.6. In case of an accident at work, a report on the accident at work;

8.10.7. If the accident has been registered by the police, a confirmation of the police regarding the occurrence and circumstances of the accident;

8.10.8. Previous health files (epicrises) prior to the accident, if requested by the Insurer.

9. DAILY ALLOWANCE BENEFIT

9.1. Daily allowance benefit shall be paid if due to a temporary bodily injury resulting from an accident that occurred during the insurance period:

9.1.1. The employed Insured person is temporarily unable to perform the duties required in his/her position and an attending physician has issued, for the purposes of curative care, a certificate of incapacity for work for at least six consecutive calendar days, which has been approved by the Insured person's employer and the public health insurance institution (e.g. the Estonian Health Insurance Fund);

9.1.2. The employed legal representative of a minor Insured person is temporarily unable to perform the duties required in his/her position due to the accident of the minor and an attending physician has issued, for the purposes of taking care of the minor Insured person, a certificate for care leave for at least six consecutive calendar days, which has been approved by the employer of the Insured person's legal representative and the public health insurance institution (e.g. the Estonian Health Insurance Fund).

9.2. The amount of daily allowance benefit for one day of temporary incapacity for work shall be equal to the indemnity limit for the daily allowance benefit specified in the insurance contract.

9.3. Daily allowance benefit shall be paid on the basis of accidents occurred during the insurance period, for no more than the number of days specified in the insurance contract during one year from the date of the accident.

9.4. Daily allowance benefit shall be paid after the end of temporary incapacity for work. If the Insurer has established the obligation to pay the indemnity and the temporary incapacity for work of the Insured person has been determined for a longer period than one month, the Insured person shall be paid a daily allowance benefit at his/her request once a month.

9.5. The right to receive daily allowance benefit shall expire:

9.5.1. When the period of temporary incapacity for work of the Insured person, caused by the accident and specified on the certificate of incapacity for work, ends or the certificate for care leave of the minor's legal representative is terminated;

9.5.2. If the Insured person or the legal representative of an unemployed minor Insured person resumes work;

9.5.3. If the Insurer decides to pay the permanent disability benefit to the Insured person;

9.5.4. One year after the date of the accident.

9.6. Daily allowance shall not be paid:

9.6.1. If the Insured person is temporarily incapable for work as a consequence of an accident for 5 consecutive days or less;

9.6.2. If the legal representative of the minor Insured person has received, as a result of an accident of the minor Insured person, a certificate for care leave for five consecutive days or less;

9.6.3. For days of temporary incapacity for work or certificate for care leave during which the Insured person or the legal representative of an unemployed minor Insured person performed his/her work assignments;

9.6.4. For several different insured events at a time;

9.6.5. If the temporary incapacity for work was caused by drowning or freezing;

9.6.6. If the temporary incapacity for work was not caused by an accident;

9.6.7. To a person who is not covered by public health insurance and who is unable to benefit from the certificate of incapacity for work or the certificate for care leave;

9.6.8. If the public health insurance institution (e.g. the Estonian Health Insurance Fund) does not approve the certificate of incapacity for work or the certificate for care leave;

9.6.9. For a medically unjustifiable day of temporary incapacity for work, which does not correspond to the diagnosis and the duration of curative care resulting from the accident.

9.7. Application for the daily allowance benefit

In order to receive the daily allowance benefit, the person entitled to receive the insurance indemnity shall present the following documents to the Insurer after the completion of curative care:

9.7.1. A completed and signed application for indemnity on the Insurer's form;

9.7.2. In the case of using the services of the Department of Emergency Medical Care, a copy of the medical document issued by the Department or other evidence of first aid (e.g. emergency medical records (kiirabikaart));

9.7.3. Copies of health files (epicrises) related to the accident, including the health file (epicrisis) prepared by the physician who issued the certificate of incapacity for work or the certificate for care leave, and other medical records describing the Insured person's bodily injury, the provided curative care and the length of care and temporary incapacity for work;

9.7.4. In case of fractures and other bone damages, radiographs together with the description of findings and the diagnosis, if requested by the Insurer;

9.7.5. If requested by the Insurer, the Physician's Decision form of the Insurer, properly filled in by a physician;

9.7.6. In case of an accident at work, a report on the accident at work;

9.7.7. If the accident has been registered by the police, a confirmation of the police regarding the occurrence and circumstances of the accident;

9.7.8. Previous health files (epicrises) prior to the accident, if requested by the Insurer;

9.7.9. A copy of the certificate of incapacity for work completed by the employer and submitted to the Estonian Health Insurance Fund or any other health insurance institution.

10. COMPENSATION FOR MEDICAL EXPENSES

10.1. Compensation for medical expenses shall be paid if the Insured person has, as a result of an accident occurred during the period of insurance, incurred and covered the direct medical expenses specified in the insurance contract. The Insurer shall indemnify for expenses incurred and covered within 1 year from the date of occurrence of the accident in the Republic of Estonia, which are not reimbursed by the Estonian Health Insurance Fund under the health insurance.

10.2. If the Insured person is not covered by public health insurance in the Republic of Estonia, the insurance indemnity shall be calculated similarly to the person covered by the compulsory health insurance in force in the Republic of Estonia (the Insurer shall not indemnify for the part of medical expenses that would have been reimbursed by the Estonian Health Insurance Fund, if the Insured person had been covered by health insurance).

10.3. Compensation for medical expenses shall be paid for the following:

10.3.1. In-patient fee due to an accident, excluding in-patient fee of a nursing hospital or another hospital providing medical follow-up treatment;

10.3.2. The cost of dental care for a dental injury caused by an accident, up to a maximum of EUR 500 per injured tooth;

10.3.3. The cost of physiotherapy resulting from an accident, which was necessary for curative care and was prescribed by an attending physician;

10.3.4. Reasonable cost of renting or purchasing various medical equipment (e.g. crutches, wheelchairs, etc.) required due to an accident, which was prescribed by an attending physician and was necessary and justified for curative care. The cost of purchasing auxiliary equipment shall be reimbursed only if it has been previously approved by the Insurer;

10.3.5. Expenditure on prescription pharmaceuticals prescribed by an attending physician as a result of an accident, except for psychiatric medicines and medicines for chronic diseases;

10.3.6. The cost of medically justified health care services required due to an accident (including the cost of studies and analyses prescribed by an attending physician), which were prescribed by an attending physician and were necessary for curative care.

10.4. The total compensation for medical expenses paid in respect of a single accident shall not exceed the indemnity limit for the compensation for medical expenses as agreed in the insurance contract. The total compensation for medical expenses paid in respect of all accidents occurred during the insurance period shall not exceed the indemnity limit for the compensation for medical expenses specified in the insurance contract.

10.5. In the case of compensation for medical expenses, the deductible agreed in the insurance contract shall be deducted from the reimbursable amount. The deductible in respect of the compensation for medical expenses shall be applied for each accident.

10.6. If the Insurer decides to pay a permanent disability benefit to the Insured, the right to receive the compensation for medical expenses shall expire.

10.7. Compensation for medical expenses shall not be paid:

10.7.1. In the case of damage caused by biting or chewing on the tooth of the Insured person. Also, costs incurred in treating dental caries or other dental diseases shall not be reimbursed;

10.7.2. For the cost of over-the-counter medicines;

10.7.3. For any medically unjustified expense;

10.7.4. For the reimbursement of the cost of paid health care services (including studies and/or analyses) not prescribed by an attending physician;

10.7.5. For any services, if the provider of these services or the attending physician who prescribed the curative care does not hold a license for the provision of health care services in the Republic of Estonia;

10.7.6. If the damage is subject to indemnification under the motor TPL insurance or other compulsory insurance of the person who caused the damage. Also, no damage or expense that has been compensated or must be compensated by another natural or legal person (e.g. the Estonian Health Insurance Fund, employer of the Insured person, local government, the person who caused the damage, any other insurance, etc.) shall not be indemnified;

10.7.7. For medical expenses incurred more than 1 year after the accident;

10.7.8. For expenditure on psychiatric treatment;

10.7.9. For damage or any costs incurred outside the Republic of Estonia.

10.8. Application for the compensation for medical expenses

10.8.1. In order to receive the compensation for medical expenses, the person entitled to receive the insurance indemnity shall present the following documents to the Insurer after the completion of curative care:

10.8.1.1. A completed and signed application for indemnity on the Insurer's form;

10.8.1.2. In the case of using the services of the Department of Emergency Medical Care, a copy of the medical document issued by the Department or other evidence of first aid (e.g. emergency medical records (kiirabikaart));

10.8.1.3. Copies of health files (epicrises) related to the accident, including medical history of rehabilitative care and other medical records describing the provided care, the length of care and the expenses related to care;

10.8.1.4. A medical document that justifies the necessity of care and/or medical aids, and supporting documents on the relevant costs;

10.8.1.5. In case of fractures and other bone damages, radiographs together with the description of findings and the diagnosis, if requested by the Insurer;

10.8.1.6. In case of an accident at work, a report on the accident at work;

10.8.1.7. If the accident has been registered by the police, a confirmation of the police regarding the occurrence and circumstances of the accident;

10.8.1.8. Previous health files (epicrises) prior to the accident, if requested by the Insurer.

11. PERMANENT DISABILITY BENEFIT

11.1. Permanent disability for the purposes of these Terms and Conditions shall mean the medically proven permanent loss of a body part or a partial or complete loss of function of a body part as a result of an accident occurred during the insurance period.

11.2. Permanent disability benefit shall be paid if permanent disability accompanying the bodily injury of the Insured person, which was caused by an accident during the insurance period, or permanent disability has been fully developed by the end of curative and rehabilitative care.

11.3. When the sustained permanent bodily injury has been medically proven, the existence and extent of permanent disability caused by an accident shall be determined, but no later than two years after the accident. If permanent disability was caused by permanent loss of a body part as a result of an accident (e.g. amputation of a body part), the existence and extent of permanent disability shall be determined not later than within 30 days after the establishment of circumstances of the insured event.

11.4. When determining the permanent disability benefit, only the severity and nature of the permanent bodily injury shall be taken into account, not the individual characteristics of the Insured person, such as lifestyle, profession or hobbies. When determining the permanent disability benefit, the health status of the Insured person immediately prior to the accident shall be taken into account. Any damage to the Insured person's body part that incurred before the insured event shall be deducted from the permanent disability benefit. If several parts of a single body part were permanently damaged as a result of an accident, the permanent disability benefit shall only be paid for the most severe loss of function (e.g. shoulder and elbow).

11.5. The incapacity for work or loss of income shall not be taken into account when determining the extent of permanent disability.

11.6. The Insurer's physician-adviser shall determine the permanent disability on the basis on medical documents and/or medical examination.

11.7. Permanent disability benefit shall be paid as a percentage of the agreed indemnity limit for the permanent disability benefit. The percentage of permanent disability shall be determined on the basis of the 'Table for the determination of the percentage of permanent disability' provided in Annex 2 to these Terms and Conditions, which was in effect at the time of conclusion of the insurance contract.

11.8. If a permanent partial or total loss of function of a body part as a result of an accident falls under several subsections of the 'Table for the determination of the percentage of permanent disability', the percentage of permanent disability shall be determined on the basis of subsection describing the bodily injury that was the main cause for the loss of function. If the compensation is calculated for the loss of function of several different body parts as a result of a single accident, the percentages provided in the table shall be added. The total permanent disability benefit paid during the period of insurance shall not exceed the indemnity limit for the permanent disability benefit.

11.9. If the Insured person has sustained a permanent non-recoverable bodily injury that is not mentioned in the 'Table for the determination of the percentage of permanent disability', the Insurer shall determine the permanent disability benefit, based on bodily injuries of similar severity in the 'Table for the determination of the percentage of permanent disability'.

11.10. Permanent disability benefit shall be paid as a lump sum payment for an accident.

11.11. The degree of disability, the type of disability, missing or partial capacity for work, etc. determined by the decision of the Estonian National Social Insurance Board, the Estonian Unemployment Insurance Fund or any other medical committee shall not be binding on the Insurer in determining permanent disability.

11.12. Permanent disability benefit shall not be paid if:

11.12.1. The Insured person dies as a consequence of the relevant accident within a year from the date of the accident;

11.12.2. Permanent disability was not caused by an accident;

11.12.3. Permanent disability occurs later than 2 years after the accident.

11.13. Application for the permanent disability benefit

11.13.1. In order to apply for the permanent disability benefit, the person entitled to receive the insurance indemnity shall present the following documents to the Insurer after sustaining permanent non-recoverable injury:

11.13.1.1. A completed and signed application for indemnity on the Insurer's form;

11.13.1.2. In the case of using the services of the Department of Emergency Medical Care, a copy of the medical document issued by the Department or other evidence of first aid (e.g. emergency medical records (kiirabikaart));

11.13.1.3. Copies of health files (epicrises) related to the accident, including medical history of rehabilitative care and other medical records describing the Insured person's permanent

non-recoverable bodily injury, the provided care and the length of care;

11.13.1.4. In case of fractures and other bone damages, radiographs together with the description of findings and the diagnosis, if requested by the Insurer;

11.13.1.5. If requested by the Insurer, the Physician's Decision form of the Insurer, properly filled in by a physician;

11.13.1.6. Report on occupational accident in case of occupational accident;

11.13.1.7. If the accident has been registered by the police, a confirmation of the police regarding the occurrence and circumstances of the accident;

11.13.1.8. Previous health files (epicrises) prior to the accident, if requested by the Insurer;

11.13.1.9. Documents of the Estonian National Social Insurance Board, the Estonian Unemployment Insurance Fund or any other public medical committee regarding decisions adopted on permanent disability, incapacity for work, etc.

12. DEATH BENEFIT

12.1. Death benefit shall be paid if the Insured person dies, as a result of an accident occurred during the period of insurance, within 3 years from the accident.

12.2. The amount of death benefit shall be equal to the indemnity limit agreed for death in the insurance contract.

12.3. Beneficiary or another person entitled to receive the insurance indemnity shall have the right to receive the death benefit if the Insured person dies as a consequence of an accident within three years from the accident.

12.4. Death benefit shall not be paid, if:

12.4.1. The Insured person dies later than three years after the accident;

12.4.2. The Insured person's death was not caused by the accident.

12.5. Application for the death benefit

In order to apply for the death benefit, the person entitled to receive the insurance indemnity shall present the following documents to the Insurer after the death of the Insured person:

12.5.1. A completed and signed application for indemnity on the Insurer's form;

12.5.2. The death certificate of the Insured person or another official document confirming the death of the Insured person (e.g. medical death certificate);

12.5.3. A document evidencing the cause of death (e.g. forensic medical examination report, statement of the cause of death);

12.5.4. Where appropriate, a notarial deed proving the right of succession;

12.5.5. Copies of health files related to the accident;

12.5.6. In case of an accident at work, a report on the accident at work;

12.5.7. If the accident has been registered by the police, a confirmation of the police regarding the occurrence and circumstances of the accident;

12.5.8. Previous health files (epicrises) prior to the accident, if requested by the Insurer.

13. INDEMNITY LIMITATIONS AND EXCLUSIONS

13.1. Indemnity limitations and exclusions shall be applicable to all types of insurance indemnities.

13.2. Insured event shall not include the following:

13.2.1. An accident that occurred outside the validity of insurance cover;

13.2.2. An illness of the Insured person, exacerbation of the illness and/or the result of the illness, unless the illness was directly caused by the insured event. The Insured person's illness shall not be an insured event even if the illness first occurred during the period of insurance;

13.2.3. The sting or bite of an insect, a spider (including a tick), and the disease and/or the result thereof;

13.2.4. An injury to the Insured person's tooth or denture, excluding under the conditions provided for the compensation for medical expenses;

13.2.5. Development of mental disorder, unless this mental disorder resulted from traumatic cerebral injury caused by an accident;

13.2.6. Complication of pregnancy or childbirth or complication thereof;

13.2.7. Falling ill with HIV, AIDS, hepatitis, tetanus or rabies;

13.2.8. Changes to vertebral column curvatures, intra-abdominal or cerebral haemorrhage, abdominal or inguinal hernia, unless the injury was caused by an accident that occurred during the validity of insurance cover;

13.2.9. Spinal disc damages (e.g. prolapse);

13.2.10. Various infections, including bacterial infections from tissue microtrauma.

13.3. The Insurer shall have the right to reduce or refuse to pay the insurance indemnity if:

13.3.1. The Insured person's illness (e.g. radiculitis, epilepsy, diabetes, stroke, imbalance problems, osteoporosis, etc.) or the health damage that incurred before the accident contributed to the occurrence of the insured event or affected its consequences;

Example: The Insured person has an epilepsy attack when driving a car; s/he loses the command of the vehicle due to this and causes an accident. Injuries caused by this accident are not considered to be an insured event for the purposes of these Terms and Conditions, and the Insurer shall have no obligation to pay the indemnity.

13.3.2. The body part or the sensory organ was injured, which was impaired already before the accident, or the same body part was repeatedly injured. An injury is recurrent if the same body part has been previously injured during the 12 months preceding the insured event, or the previous injury to the body part has not fully improved by the time of the new insured event. Regular dislocations and relevant relapses shall also be considered recurrent injuries;

13.3.3. The normal recovery period was delayed due to illness or health damage that was not caused by the accident;

13.3.4. The Insured person failed to attend the curative care determined or recommended by a physician;

13.3.5. The Insured person violated occupational safety standards and/or other various safety requirements (e.g. violation of manufacturer's safety requirements for pyrotechnics).

13.4. Insurance indemnity shall not be paid if the following caused or contributed to the occurrence of the accident:

13.4.1. The Insured person was in the state of intoxication, in case a cause and effect relationship between the intoxication and the accident can be assumed. State of intoxication shall mean any health status caused by the use of alcohol, narcotic drugs or psychotropic substances, which is reflected in disturbed or altered bodily or mental functions and reactions. Intoxication shall also include the refusal to establish the intoxication and acquiring the state of intoxication after causing an accident;

13.4.2. The Insured person drove a vehicle in the state of intoxication or gave the right to drive to a person who was in the state of intoxication or had no right to drive;

13.4.3. The Insured person was employed in a hazardous position, unless this has been previously agreed with the Insurer. Hazardous positions for the purposes of these Terms and Conditions shall include the following positions: professional athletes, ambulance crew, police and other law enforcement positions, officials of the rescue service, members of the Defence Forces, border guards, collectors, underwater workers, miners, flight attendants, airplane pilots, crew members of vessels, stuntmen. Working as an intern or a volunteer in these positions (e.g. volunteer rescuer, assistant police, etc.) shall also be considered employment;

13.4.4. Any medical procedure (including surgery), unless the medical procedure resulted from an accident that occurred during the validity of insurance cover;

13.4.5. Hazardous activities of the Insured person, including the following:

13.4.5.1. Motor-vehicle racing, training or test driving (including informal self-initiated events) where the Insured person participates as a driver or as a passenger;

13.4.5.2. Driving the ATV or riding the motorcycle off road;

13.4.5.3. Any extreme activity of the Insured person, which involves a higher-than-usual risk of bodily injury (e.g. bungee or parachute jumping, use of non-motorized aircraft, hang glider or other flexible-wing aircraft, hiking or staying above 4,500 m, hiking in extreme conditions, cave exploring, record breaking attempts, and other similar activities and hobbies);

13.4.6. Deliberately endangering the life or health of the Insured person by the Insured person or the person entitled to receive the insurance indemnity, self-inflicted injury, suicide or attempted suicide, fight initiated by the Insured person, etc.;

13.4.7. Committing an offence by the Insured person or the person entitled to receive the insurance indemnity;

13.4.8. Exceeding the speed limit or driving a vehicle without a right to drive by the Insured person or the person entitled to receive the insurance indemnity;

13.4.9. Participating in active service in the Defence Forces or any military exercises or action by the Insured person (including Defence League activities);

13.4.10. Staying of the Insured person at a custodial institution as an arrested, detained or imprisoned person;

13.4.11. Staying of the Insured person on board of an aircraft or vessel that is not intended for passenger transport.

14. ACTIONS IN CASE OF AN ACCIDENT

14.1. In order to receive the insurance indemnity, the Insured person shall act as follows in case of an accident:

14.1.1. Consult a physician as soon as possible, but not later that within 3 days;

14.1.2. Follow the physician's prescriptions and take all measures to promote healing;

14.1.3. At the request of the Insurer, allow the physician-adviser or another physician appointed by the Insurer to perform his/her medical examination, if necessary;

14.1.4. Call the police in case of a traffic accident or an offence against the person.

14.2. In order to receive the insurance indemnity, the Insured person, the Policyholders and the Beneficiary shall act as follows in case of an accident:

14.2.1. Inform the Insurer immediately, but not later than within three working days, of the accident, the preliminary diagnosis and the medical institution;

14.2.2. Immediately submit any relevant, true and complete additional information requested by the Insurer.

14.3. The Insurer or the Insurer's physician-adviser shall have access to information on the insured event, including on the prior health status of the Insured person. In case of an insured event, the Insured person or his/her legal representative shall agree to the processing of the above-mentioned information by the Insurer and/or the Insurer's physician-adviser.

14.4. If the Insured person, the Policyholder or the Beneficiary fails to perform the obligations mentioned in section 14 and these violations have an effect on the establishment of the Insurer's obligation to pay the insurance indemnity or of the amount of insurance indemnity, the Insurer shall be entitled to refuse to pay the indemnity or to decrease the amount of indemnity.

15. PAYMENT OF INSURANCE INDEMNITY

15.1. If a person entitled to receive the insurance indemnity acquires under the insurance contract the right to receive several different types of insurance indemnities (compensation for pain and suffering, daily allowance benefit, permanent disability benefit, death benefit, compensation for medical expenses) as a consequence of an accident, the indemnities shall be calculated according to the following principles:

15.1.1. Firstly, the compensation for pain and suffering and/or the daily allowance benefit shall be paid, then the compensation for medical expenses, the permanent disability benefit and the death benefit shall be paid;

15.1.2. The permanent disability benefit shall be reduced by the compensation for pain and suffering, the daily allowance benefit and the compensation for medical expenses paid for the same accident. If the sum of indemnities paid earlier is higher than the permanent disability benefit, the indemnities already paid shall not be reclaimed. If the permanent disability benefit has been paid, then the compensation for pain and suffering, the daily allowance benefit or the compensation for medical expenses shall not be paid;

15.1.3. The death benefit shall not be reduced by the types of insurance indemnities previously paid for the same accident. No further payments shall be made after the death benefit has been paid;

15.1.4. In case of an insured event, the insurance indemnity shall be paid within 30 days from the submission of all required evidences, documents and the application for the indemnity; otherwise a decision on the decrease of the insurance indemnity or on the refusal to pay the indemnity shall be issued after the expiry of this period;

15.1.5. The Policyholder, the Insured person, his/her legal representative, the Beneficiary or another person entitled to receive the insurance indemnity shall cover all expenses related to the acquisition of documents necessary for the application of insurance indemnity. The Insurer shall cover all expenses of additional medical expert assessments that was required by the Insurer;

15.1.6. If the care-related costs, the curative care, the length of care (including the length of temporary incapacity for work) and the justification do not correspond to the diagnosis resulting from the accident, the Insurer shall only indemnify for the medically justified curative care, the period of care and the medical expenses;

15.1.7. If the person entitled to receive the insurance indemnity fails to submit the documents necessary for applying for the insurance indemnity, the Insurer shall have the right to refuse to pay the indemnity.

16. OBLIGATION TO NOTIFY AMENDMENTS

16.1. The Policyholder and/or the Insured person shall notify the Insurer in writing of any known circumstances, which aggravate the insurance risk, and shall notify the Insurer as soon as possible of any changes in the profession or the field of activity of the Insured person.

16.2. If the Insurer estimates that the insurance risk has aggravated, the Insurer shall be entitled to cancel the insurance contract within a month from the day when the Insurer learnt about the aggravation of the risk. It shall be assumed that the insurance risk has aggravated when the Insurer refers to the fact on the basis of information received pursuant to section 16.1.

16.3. If the Policyholder wishes to change the insurance contract for any reason, an appropriate application must be submitted to the Insurer. An amendment of the insurance contract shall be deemed to have entered into force only if the Insurer agrees to the amendment of the insurance contract and issues a revised insurance contract or a written notice regarding the amendment to the Policyholder. If the insurance premium increases as a result of an amendment of the insurance contract, the amendment shall only enter into force on the condition that the additional insurance premium has been duly paid.

ANNEX 1. TABLE FOR THE DETERMINATION OF THE COMPENSATION FOR PAIN AND SUFFERING

%	Area of injury	Description of injury
1%	**Minor injuries that require medical attention, regardless of the number of injuries and the affected body area; the curative care prescribed by a physician is between 6 and 30 days.**	Wound(s) that do not require surgical intervention
		Sprains and strains of a joint, muscle strains
		Contusion
		Burns of I degree, up to 10% of the body surface area
		Cerebral injury with short-term unconsciousness that heals without sequelae (brain concussion)
		Other injuries of similar severity
3%	**Soft tissue:** **Comment regarding the burns:** *The severity of injury must have been established and registered by a physician immediately after the accident.*	Burns of II degree or higher, 1-3% of body surface area
		Irrespective of the number of wounds, the wounds with a total length of 2 cm to 9 cm that need stitches
	Visual organs:	Conjunctivitis, keratitis, iridocyclitis and coriorretinitis that develops after an eye injury
	Respiratory organs:	Fracture of nose and the frontal wall of frontal and nasal sinuses
		Fracture of one rib (confirmed by x-ray examination), with an additional 1% for each subsequent fracture of ribs
	Spine:	Fracture of a single transverse or spinous process of a vertebra
	Fingers:	Fracture of one or more joints of a single finger, with an additional 1% for one or more joint fractures of each subsequent finger. Tear or subluxation of flexor or extensor tendon 1.5%.
	Wrist:	Dislocation of radial head of ulna
	Knee joint:	Fresh tear of meniscus (proved during the operation of knee joint)
	Ankle:	Injury that requires the fixation for at least 2 weeks
	Foot:	Fracture of a single bone (except the calcaneus and the talus bone), dislocation 1.5%
	Toes:	Fracture of one or more joints of a single toe, with an additional 1% for one or more joint fractures of each subsequent toe
	Other:	Muscle tears (upper and lower limbs)
		Acute accidental carbon monoxide poisoning, snake bite or electrical injury with hospital treatment for up to 10 days
		Other injuries of similar severity
5%	**Soft tissue:**	Irrespective of the number of wounds, the wounds with a total length of over 10 cm that need stitches
	Visual organs:	Penetrating eye injuries, burns (corrosion) of II-III degree, intraocular hemorrhage
	Auditory organs:	Traumatic rupture of one eardrum
	Respiratory organs:	Fracture of breastbone (sternum)
		Injuries to throat, windpipe (trachea)
	Digestive system: **Comment:** *Habitual dislocation and related relapse shall not be regarded as an insured event.*	Fracture of a single zygomatic bone, upper jaw or lower jaw, dislocation 2.5%
	Spine:	Fracture of tailbone (coccyx), dislocation 2.5% ?
	Scapula and collarbone:	Fracture of scapula or collarbone, rupture of acromioclavicular articulation or sternoclavicular articulation: fracture of a single bone, rupture of a single articulation
	Elbow, forearm:	Injuries to elbow: intra-articular fracture of ulna or radius, dislocation of a single bone 2.5%; tear fracture of bone fragments (including epicondylus); elbow luxation
		Elbow ligament tear
		Fracture of a single diaphysis of forearm bones (one bone)
	Shoulder:	Disruption fracture of elbow bone fragments, dislocation 2.5%
	Wrist injuries:	Disruption fracture of bone fragments, styloid process fractures, fracture of a single bone, radius fracture in loco typica

	Injuries to wrist and hand bones:	Fracture of a single wrist or hand bone (except the scaphoid bone)
	Pelvis and hip joint:	Fracture of a single pelvis bone
		Disruption fracture of hip joint bone fragments
	Knee joint:	Disruption fracture of knee joint bone fragments, fracture of epicondylus of shinbone (tibia), fracture of the radial head of calf bone (fibula), tear of cruciate ligaments (proved by operation/examination), tear of cruciate and collateral ligaments
	Leg:	Fracture of diaphysis of leg bones: fracture of calf bone (fibula), avoidance of bone fragments
	Ankle:	Fracture of a single malleolus, tear of the Tibiofibular syndesmosis
		Other injuries of similar severity

7%	**Soft tissue:** **Comment:** *The severity of injury must have been established and registered by a physician immediately after the accident.*	Burns of second degree or higher, 4-10% of body surface area
	Spine:	Fracture of vertebral body, vertebral arches or articular processes (1-2 vertebra), dislocation 3.5%
	Scapula and collarbone:	Fracture of scapula or collarbone, rupture of acromioclavicular articulation or sternoclavicular articulation: fracture of 2 bones, fracture together with the rupture of an articulation
	Elbow, forearm, upper arm (humerus):	Fracture of 2 forearm bones, multiple fracture of a single bone
		Intra-articular fracture of ulna and radius; dislocation of both bones 4%
		Rupture of proximal or distal biceps tendon
	Wrist:	Fracture of at least 2 wrist bones, radius fracture in loco typical together with dislocation
	Wrist and hand bones:	Fracture of at least 2 bones
		Fracture of scaphoid bone
	Knee joint:	Rupture of quadriceps tendon
		Rupture of knee cap (patella) ligament
	Ankle:	Rupture of Achilles tendon
		Fracture of 2 malleolus, fracture of a single malleolus and the edge of tibia
	Leg:	Fracture of tibia, multiple fracture of fibula
	Foot:	Fracture of 2-3 bones, fracture of talus
	Other:	Acute accidental carbon monoxide poisoning, snake bite or electrical injury with hospitalisation for more than 10 days
		Spinal cord contusion
		Other injuries of similar severity

10%	**Soft tissue:** **Comment:** *The severity of injury must have been established and registered by a physician immediately after the accident.*	Burns of second degree or higher, 11-15% of body surface area
	Skull injuries:	Brain concussion
		Fracture of skullcap (calvaria)
		Epidural hematoma
	Visual organs:	Fracture of orbita
	Facial bones: **Märkus:** *Habitual dislocation and related relapse shall not be regarded as an insured event.*	Fracture of several zygomatic bones, upper jaw or lower jaw, multiple fracture, dislocation 5%
	Spine:	Fracture of vertebral body, vertebral arches or articular processes (3-5 vertebra), dislocation 5%
		Fracture of sacrum
	Scapula and collarbone:	Fracture of scapula or collarbone, rupture of acromioclavicular articulation or sternoclavicular articulation: rupture of 2 articulations together with the fracture of a single bone, fracture of 2 bones together with the rupture of a single articulation
	Shoulder and upper arm (humerus): **Comment:** *Habitual dislocation and related relapse shall not be regarded as an insured event.*	Shoulder injuries: fracture of 2 bones, fracture of scapula together with a dislocation of the shoulder joint, rupture of tendons and/or a joint (articular) capsule (proved by examination), glenoid fracture
		Fracture of humerus in the area of distal metaphysis
		Diaphyseal humeral fracture

	Wrist:	Perilunate dislocation, injury of wrist ligaments
	Pelvis and hip joint:	Fracture of 2 pelvis bones, multiple fracture of a single bone, rupture of a single articulation
		Isolated femur head fracture, acetabulum fracture
		Hip dislocation
	Knee joint:	Fracture of patella, the area between tibia condyles, proximal tibia metaphyseal fracture
	Leg:	Fracture of tibia and fibula, multiple fracture of tibia
	Ankle:	Fracture of both malleolus and the edge of tibia
	Foot:	Fracture of at least 4 bones
		Fracture of calcaneus
		Other injuries of similar severity

15%	**Soft tissue:** **Comment:** *The severity of injury must have been established and registered by a physician immediately after the accident*	Burns of second degree or higher, 16-20% of body surface area
	Skull injuries:	Skull base fracture
		Epidural hematoma: subdural, epidural
	Upper arm (humerus): **Comment:** *Habitual dislocations of humerus and shoulder shall not be regarded as an insured event.*	Fracture of the capitulum of humerus, fracture of surgical or anatomical neck
		Fracture together with dislocation
		Multiple fragment fracture in the shoulder joint
		Multiple fracture
		Fracture together with the fracture of ulna and/or radius
	Pelvis:	Fracture of at least 3 pelvis bones, rupture of at least 2 articulations
	Knee joint:	Fracture of femur condyle(s), dislocation of leg 7.5%
		Other injuries of similar severity

20%	**Skull injuries:**	Fracture of skull base and calvaria
	Spine:	Fracture of vertebral body, vertebral arches or articular processes (more than 6 vertebra), dislocation 10%
	Hip joint:	Fracture of femur head, neck, proximal metaphysis
	Thigh bone (femur):	Fracture in the area of diaphysis
	Knee joint:	Fracture of distal metaphysis of femur
		Other injuries of similar severity

25%	**Soft tissue:**	Burns of II degree or higher, more than 20% of body surface area
	Thigh bone (femur):	Multiple fracture
	Knee joint:	Fracture of distal metaphysis of femur and proximal metaphysis of tibia or/and the capitulum of fibula
		Other injuries of similar severity

ANNEX 2. TABLE FOR THE DETERMINATION OF THE PERCENTAGE OF PERMANENT DISABILITY

	% of the indemnity limit for permanent disability	
Disability of a hand and arm	**Primary**	**Secondary**
Full loss of the 4th or 5th finger	7	3
Full loss of the 3rd finger	10	8
Full loss of the 2nd finger	15	10
Loss of 2 phalanges of the 2nd finger	10	8
Loss of distal phalange of the 2nd, 3rd, 4th or 5th finger	5	3
Full loss of the thumb	20	15
Ankylosis of the main joint of thumb	15	10
Full loss of distal phalange of thumb or ankylosis of DIP joint	10	5
Loss of all fingers or a hand	60	50
Ankylosis of wrist joint in favorable position	20	15
Ankylosis of wrist joint in unfavorable position	30	25
Amputation of arm in the section of forearm	60	60
Amputation of arm in the section of upper arm or elbow	70	70
Amputation of arm from shoulder	80	80
Ankylosis of shoulder in favorable position	30	20
Ankylosis of shoulder in unfavorable position	40	30
Ankylosis of elbow in favorable position	40	35
Ankylosis of elbow in unfavorable position	25	20
Non-healing fracture of humerus or malunion that paralyzes the upper arm function	50	40
Non-healing bone fracture of forearm or malunion that paralyzes the forearm function	40	30
Injury to the upper arm plexus that totally paralyzes the arm function	65	55
Injury to the upper arm plexus that partly paralyzes the arm function	20	15
Total cut of n. radialis, paralysis of posterior lateral muscles of forearm	40	35
Total cut of n. medianus, paralysis of anterior muscles of forearm	45	35
Total cut of n. ulnaris	7	3

** Injury to peripheral nerves is determined by EMG test*

Disability of foot and leg	
Amputation of leg from hip joint	70
Amputation of leg in the section of thigh	60
Amputation of leg from knee joint	50
Amputation of leg in the section of lower leg (also from ankle joint)	45
Amputation of foot in the section of tarsals	35
Amputation of foot in the section of metatarsals	30
Amputation of all toes from the main joint	25
Amputation of big toe from the main joint	10
Amputation of a toe (apart from big toe) from the main joint	3
Ankylosis of hip joint	40
Ankylosis of knee joint	30
Ankylosis of ankle joint	25
Ankle mobility up to 15 degrees	10
Shallow heel after the fracture of calcaneus	10
Non-healing defective fracture of femur or malunion that does not allow to put the body weight on the leg	60
Condition following the fracture of patella, due to which the knee motion is less than 15 degrees	20
Shortening of the leg by up to 3 cm due to trauma	10
Shortening of the leg by more than 3 cm due to trauma	20
Shortening of the leg by more than 5 cm due to trauma	30
Total paralysis of lower limb due to nerve injury	60
Total cut of n. femoralis, paralysis of anterior muscles of thigh	20
Total cut of n. ischiadicus, paralysis of posterior muscles of thigh	30
Total cut of n. tibialis, paralysis of posterior muscles of lower leg	20
Total cut of n. peroneus, paralysis of anterior muscles of lower leg	15

** Injury to peripheral nerves is determined by EMG test*

	% of the indemnity limit for permanent disability	
Disability of gastro-intestinal tract	**Primary**	**Secondary**
Loss of mandibular	100	
Amputation of up to ½ of the tongue	15	
Amputation of more than ½ of the tongue	30	
Esophageal constriction (only liquid food can pass)	40	
Esophageal obstruction (gastrostomy for feeding)	60	
Bowel injury requiring a permanent stoma	70	
Short bowel syndrome resulting from trauma	85	
Loss of at least ½ of liver tissue resulting from liver injury	15	
Loss of spleen	8	
Gland insufficiency resulting from trauma of pancreas (Type 1 diabetes)	75	
Disability of respiratory organs		
Loss of a lung that causes respiratory failure	35	
Partial loss of a lung that causes respiratory failure	20	
Laryngeal or tracheal constriction that requires repeated examinations and manipulations each year	20	
Disability of excretory and reproductive organs		
Removal of a kidney	10	
Kidney failure requiring renal replacement therapy	75	
Urinary tract obstruction requiring permanent stoma	70	
Urinary tract contraction requiring frequent visits to a specialist and special procedures	25	
Urinary incontinence caused by trauma, requiring continuous use of toiletries	45	
Decrease of bladder volume by more than 2/3	10	
Loss of penis and testicles	50	
Loss of uterus under 40 years of age	50	
Loss of all fallopian tubes and ovaries	30	
Loss of both testicles or partial loss of penis	30	
Disability of cervical spine		
Cervical spine immobilization due to trauma or the stabilization of bone fracture	25	
Disability of nervous system		
Appalic state	100	
The following conditions caused by brain or spinal cord injury:		
monoparesis	up to 65	55
hemiparesis, paraparesis	up to 100	
tetraparesis	100	
paralysis of cranial nerve	10	

** Estimation of the extent and depth of paralysis is made on the basis of the Sensation Seeking Scale (SSS) and electroneuromyography (ENMG) test approved by neurologists*

Disability of vision		
Paralysis of accommodation of an eye	15	
Diplopia	10	
Hemianopsia at least 50%	10	
Total unrecoverable loss of vision from one eye	50	
Disability of hearing		
Total deafness in one ear	30	
Total deafness in both ears	50	
Loss of external ear	10	
Craniofacial injury that leaves a lasting external defect	15	