



Insurance conditions for risk insurance for CMCC 04/2023

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General Insurance Conditions for Risk Insurance for CMCC 042023

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which the Insurer determines the amount of the insurance benefit from accident insurance, insurance for permanent consequences of an accident and insurance of daily compensation for treatment for an accident. The Policyholder shall receive the valuation tables in writing before the conclusion of the insurance policy.

The valuation tables are part of this GIC and the insurance policy. The Policyholder and the Insured Person may also consult the valuation tables at any of the Insurer's place of business or on its website.

Entitled person - a person who, as a result of a claim, becomes entitled to the insurance benefit; an entitled person is also a beneficiary.

Insurer - a legal person authorized to carry on insurance activity pursuant to Act No. 363/199 Sb.

Premium - payment for providing insurance protection.

Insurance period - the agreed period of time for which premiums are paid.

Policyholder - a person with temporary residence in the Czech Republic and a work visa who has concluded an insurance policy and is obliged to pay the insurance premium. **Insured** - a person with temporary residence in the Czech Republic and a work visa,

whose health is covered by the insurance.

Professional sport - a sporting activity which the Insured Person performs for remuneration at the national or international level as a registered athlete and which is his/her main source of income.

Loss event - a fact from which damage/loss has occurred and which could give rise to a right to insurance benefits under the insurance taken out in respect of it.

Parties to the insurance - the Insurer, the Policyholder and the Insured Person. The Insured becomes a party in the event of a claim consisting of the death of the insured person.

Accident - an injury to health that has occurred unexpectedly and suddenly through the action of one's own physical strength or external influences independent of the Insured Person's will during the period of insurance. Exposure to external influences as a result of overestimation of the Insured's strength is also considered an accident. Injuries are therefore, for example, frostbite or damage due to heatstroke, electric shock, etc.

Entry age - if the amount of the premium also depends on the age of the Insured Person, the entry age is determined as the difference between the year of birth and the year of the beginning of the insurance.

Annual day - a day that coincides with the date and month on which the insurance begins.

Article 1

Introductory Provisions

1. Slavia pojišťovna, a.s. with its registered office at Praha 4, Tábořská 940/31, Postal Code 140 00, Business ID No: 60197501, registered in the Commercial Register maintained by the Municipal Court in Prague, Section B, Insert 2591 (the "Insurer") provides insurance governed by Act No. 277/2009 Sb. on Insurance, as amended. The insurance is provided in accordance with the legal system of the Czech Republic, the relevant provisions of Act No. 89/2012 Sb., the Civil Code, as amended (the "Code"), these General Insurance Conditions ("GIC"), the insurance policy and the schedule of fees published on the Insurer's website.
2. Different provisions in the insurance policy that deviate from these GIC shall prevail. On the basis of the concluded insurance policy, the Insurer undertakes to provide the Policyholder or a third party with insurance benefits to the agreed extent in the event of a claim, and the Policyholder undertakes to pay the Insurer the insurance premium.
3. Unless otherwise specified, the insurance shall be taken out on an insurance-to-agreed-sum basis.

Article 2

Definition of Terms

Periodic premium - the premium set for the policy period.

Waiting period - the period of time during which the Insurer is not obliged to provide benefits for events that would otherwise be claims. The waiting period runs from the date of commencement of insurance or the effective date of the relevant change in the insurance. If the changes apply to such insurance for which a waiting period has been established, a new separate waiting period shall start from the effective date of the change that has extended the scope of insurance cover to the extent of the increased insurance cover of the given insurance (e.g. extended scope of insurance, increased premium, etc.).

Default period - the period of time that must elapse from the date of the loss event in order to be entitled to an insurance benefit.

Disease - an illness of health that can be documented by an examination performed by objective examination methods. An accident is not considered an illness.

Beneficiary - a person who, in the event of the Insured Person's death, becomes entitled to the insurance benefit.

Valuation tables - tables prepared by the Insurer, according to

Article 3

Establishment and Duration of the Insurance

1. The insurance commences at 00:00 on the day agreed in the insurance policy as the beginning of the insurance, but not earlier than on the 1st day of the following month after the conclusion of the insurance policy.
2. In the case of fixed-term insurance, the insurance ends at 24:00 on the day specified in the insurance policy as the end of the insurance.
3. The insurance policy includes a health questionnaire filled in by the Insured Person and other data asked by the Insurer. The Insured Person and the Policyholder are obliged to answer truthfully and completely all written questions from the Insurer concerning the insurance being arranged. This also applies when an insurance is changed.
4. The Insurer is entitled to review the information provided by the Insured Person about his/her health condition with the medical institutions where he/she has received treatment. This also applies when an insurance is changed. The Insurer is also entitled to have the Insured Person's state of

health examined by a doctor appointed by the Insurer and the Insured Person is obliged to attend the examination.

5. The consent to the investigation and examination of the health state and the waiver of confidentiality of the medical institutions where he/she has received treatment is given by the Insured Person to the Insurer by signing the insurance policy or the proposal for its conclusion.
6. Information obtained by the Insurer about the Insured Person's health is confidential and may be used only for the Insurer's purposes.
7. The insurance is for a fixed period of 2 years.

Article 4

Termination of the Insurance

1. The Insurer or the Policyholder may cancel the insurance within two months from the date of conclusion of the insurance policy. The notice period is eight days and starts from the day following the delivery of the notice, upon expiry of which the insurance shall expire.
2. If the Policyholder gives notice of termination within two months of the conclusion of the policy and if the premium or part thereof has already been paid and no insurance benefit is payable under the insurance policy, the Insurer shall refund the premium paid less the part of the premium due to the Insurer in relation to the duration of the insurance for each month and the insured risks and the costs incurred in concluding and administering the insurance. This cost is 10% of the annual premium.
3. The insurance shall be terminated by notice given by the Insurer or the Policyholder at the end of the insurance period. However, if the notice is delivered to the other party not later than six weeks before the day on which the insurance period expires, the insurance shall terminate at the end of the following insurance period.
4. The Policyholder or the Insurer may terminate the insurance with one month's notice within three months from the date of notification of the occurrence of the claim.
5. The insurance shall also be terminated by written agreement of the parties. The insurance shall terminate on the date specified in the agreement of the parties to the insurance.
6. In the event of non-payment of the premium by the Policyholder even within the additional period specified by the Insurer in the reminder, the insurance shall lapse on the expiry of this period.
7. The insurance expires in particular upon:
 - the expiration of the agreed insurance period
 - the termination of the insurable interest or insured peril
 - the death of the Insured Person
 - the expiration of the period specified in the reminder to pay the outstanding premium or part thereof.

Article 5

Exclusions

The Insurer will not provide insurance benefits if an event that would otherwise be a claim occurs as a result of or in connection with:

- a) events of war,
- b) a terrorist attack if the Insured Person actively participated in the attack or its preparation,
- c) participation of the Insured Person on the initiating side in civil disturbances, national violent riots and strikes,
- d) an international peacekeeping mission,
- e) the effect of nuclear, chemical or biological contamination,
- f) the preparation or commission of a deliberate crime by the Insured Person or an attempt thereof, any claim occurring before the date of commencement of the insurance,

- g) the consequences of illness, the consequences of accidents and recurrent chronic illnesses that occurred, were diagnosed or treated in any way five years before the date of commencement of the insurance or before the end of the waiting period,
- h) a result of damage to health which the Insured Person has deliberately caused himself/herself,
 - i) the performance of professional sport.

Additional exclusions, if any, are listed in the individual supplementary insurance policies. The Insurer has the right not to pay the insurance benefit if:

- j) the entitled person has knowingly given false or grossly misrepresented information concerning the extent of the claim or has withheld material information concerning the claim when exercising the right to insurance benefits,
- k) the person claiming the right to the insurance benefit caused the claim intentionally by himself/herself or at his/her instigation by a third party or participated in the commission of such an act.

The Insurer may reduce the insurance benefit by up to half if an Insured Person event has occurred:

- l) as a result of the Insured Person's ingestion of alcohol or the administration of addictive substances or preparations containing addictive substances; however, if such an accident has resulted in the death of the Insured Person, the Insurer may reduce the insurance benefit only if the accident occurred in connection with an act of the Insured Person which caused serious bodily injury or death to another person; the Insurer shall not have this right if the Insured Person has taken a medicine containing alcohol or an addictive substance in a manner prescribed by a doctor and if the Insured Person has not been warned by the doctor or the manufacturer of the medicine that the activity which caused the claim cannot be carried out while the medicine is in effect.

Article 6

Insurance Premium and Insurance Period

1. The Policyholder is obliged to pay the periodic premium. The length of the insurance period is set at one month. The premium is payable to the Insurer for the entire policy period.
2. The premium is paid in Czech currency and must be paid from a bank account maintained in Czech currency, unless otherwise stated in the insurance policy.
3. The premium is paid when it is credited to the Insurer's account specified in the insurance policy for the payment of the current premium, and the payment of the premium must bear the identification features specified in the insurance policy.
4. The amount of the premium is specified in the insurance policy. The Insurer is entitled to verify with the Insured Person the correctness of the data decisive for the determination of the amount of the premium.
5. The current premium is payable on the first day of the insurance period.
6. If the premium has not been paid on time or in the agreed amount, the Insurer is entitled to statutory interest on late payment and the costs associated with the claim for the premium due, in particular the reminder costs for each reminder sent in accordance with the tariff published on the Insurer's website.
7. The Insurer is entitled to the premium for the duration of the insurance.
8. If a claim has occurred as a result of which the insurance has lapsed, the Insurer is entitled to the insurance premium until the end of the insurance period in which the claim occurred. Any unpaid premiums are payable at the time the claim is due.
9. If the Policyholder is in default in the payment of the

premium, the Insurer shall be entitled to compensation for the costs of reminding and pursuing the claim, including the costs of legal representation in the context of the judicial recovery of the claim, in addition to the right to payment of statutory interest for delay. The amount of compensation is specified in the reminder documents.

10. If the claim occurs at a time when the Policyholder is in default of payment of the premium, the Insurer shall have the right to deduct the amount corresponding to the outstanding premium from the insurance benefit if the Policyholder is also the person to whom the insurance benefit is paid.
11. The Insurer has the right to adjust the amount of the premium for the next insurance period if there is a change in legislation, a change in the decision-making practice of courts, changes independent of the Insurer affecting the sufficiency of the premium under the Insurance Act, an increase in the price of inputs reflected in an increase in the cost of insurance benefits. In this case, the Insurer is obliged to notify the policyholder of the new premium amount and the effective date of the change at least 2 months before the premium due date for the policy period in which the premium amount is to be changed. If the Policyholder does not agree to the change in the amount of the premium, he/she must lodge his/her objection with the Insurer within one month of the date on which he/she became aware of the proposed change in the amount of the premium. In this case, the insurance shall cease on the expiry of the insurance period preceding the insurance period to which the proposed change in the premium relates.

Article 7

Valuation of Health Status

1. The Insured Person is required to truthfully answer questions about the health status of all prospective Insured Persons through a health questionnaire.
2. On the basis of the answers, the Insurer is entitled to request further information about the Insured Person's health condition (e.g. in the form of an extract from medical records, a copy of medical documentation). In the event of a higher risk, the Insurer shall propose to the policyholder an adjustment of the insurance by setting a premium surcharge or limiting the scope of insurance with effect from the commencement of the insurance.
3. If the Policyholder does not accept the proposal to change the insurance within the specified period, the Insurer may terminate the insurance policy within two months from the date of its conclusion.
4. The Insurer shall also have the right to assess the risk to be insured in the event of a request for a change of insurance, in the event of a request for an increase in the insurance amounts, extension of the insurance content and in other cases provided for in the insurance policy.

Article 8

Scope of the Insurance

The scope of the insurance is determined by the insurance conditions and optional parameters specified in the insurance policy. These parameters are chosen by the Policyholder at the time of concluding the insurance policy based on the knowledge of the needs of the Insured Persons.

The following types of insurance may be taken out:

- Insurance against death resulting from an accident
- Insurance against permanent consequences of an injury
- Insurance against incapacity to work resulting from an accident or sickness

Insurance against death resulting from an accident

1. The claim is, except for the agreed exclusions, the death of

the Insured Person as a result of an accident that occurred during the term of insurance, if the death of the Insured Person occurred within twelve months of the accident.

2. The insurance benefit for death due to an accident and the insurance benefit for the permanent consequences of the same accident cannot be combined. Thus, if the Insured Person dies as a result of an accident and the Insurer has already paid for the permanent consequences of the accident, the Insurer is only obliged to pay the Insured Person the difference, if any, between the sum insured for accidental death and the amount already paid for the permanent consequences.
3. If the death of the Insured Person occurs as a result of an accident, the Policyholder is obliged to report this to the Insurer without undue delay, even if the accident has already been reported.
4. If the sum insured paid for the permanent consequences of the accident is higher than the sum insured for accidental death, the Insurer will not provide benefits for accidental death.
5. Upon payment of the insurance benefit, the insurance shall cease, including all additional insurances of the Insured Person.
6. There is no waiting period for death insurance due to an accident.

Insurance exclusions:

The insurance benefit will not be paid as a result of the exclusions listed in Article 5 of these GIC and further:

1. in connection with an act of the Insured Person in which there is reasonable suspicion that an intentional crime has been committed.

The right to the insurance benefit in the amount of the agreed sum insured valid on the date of the claim is vested in the beneficiary who has been designated in the insurance policy. If the beneficiary has not been appointed or has not acquired the right to the insurance benefit, the persons referred to in Section 2831 CC shall acquire it.

Insurance against permanent consequences of an injury

The claim is, except for the agreed exclusions, an accident to the Insured Person which occurred during the term of insurance and which left permanent consequences.

1. In the event of a claim, the Insurer shall pay to the entitled person in a lump sum the percentage of the sum insured agreed in the insurance policy for this insurance corresponding to the degree of permanent physical impairment.
2. The degree of permanent impairment shall be assessed by the Insurer on the basis of the valuation table for accidental permanent physical impairment, the designation of which is set out at the head of the insurance policy ("Valuation Table") and which is annexed to the insurance policy. The Insurer pays the insurance benefit from 0.5% of the permanent physical impairment.
3. If the Valuation Table provides for a range of values, the Insurer shall determine the extent of permanent bodily injury so that, within the range, the insurance benefit corresponds to the nature and extent of the permanent bodily injury caused by the accident.
4. The valuation table is a part of these insurance conditions, it also specifies permanent physical impairment for which the Insurer does not provide insurance benefits.
5. If the extent of the permanent consequences of the injury cannot be determined precisely, the extent to which the function of the injured organ is medically affected is decisive.
6. In the first year after the accident, the Insurer will provide benefits only if the final extent of the permanent consequences of the accident can be clearly determined

from a medical point of view.

7. If, after the first year following the accident, it is not possible to determine clearly the percentage of permanent consequences of the accident, but if it can be established that a claim has arisen and at the same time the minimum amount of the claim can be determined, the Insurer shall provide the entitled person with a reasonable advance payment on the basis of his/her written request. In this case, both the Insured Person and the Insurer are entitled to have the extent of the permanent consequences of the accident verified by a doctor annually for 3 years after the accident.
8. If the extent of the permanent consequences of the accident cannot be determined even after 3 years after the accident, the Insurer shall determine the extent of the permanent consequences of the accident at the end of this period.
9. If the Insured Person dies before the payment of the insurance benefit under this insurance, the Insurer shall pay to his/her heirs an amount corresponding to the extent of the permanent consequences of the Insured Person's injury at the date of his/her death.
10. If one claim results in several permanent injuries, the Insurer shall pay the sum of the percentages for the individual permanent physical impairment, up to a maximum of 100% of the sum insured.
11. If the individual consequences of one or more injuries to the same limb, organ or parts thereof are related, the Insurer shall value them as a whole, up to a maximum of the percentage specified in the Valuation Table for the anatomical or functional loss of the relevant limb, organ or parts thereof.
12. If the part of the body or organ affected by the permanent consequences of the accident was already damaged before the accident, the Insurer shall reduce the insurance benefit by the percentage corresponding to the previous damage according to the Valuation Table.
13. The agreed sum insured is stated in the insurance policy and limits the insurance benefit per claim.
14. This insurance is taken out with a progressive benefit. The Insurer shall pay a multiple of the benefit determined in accordance with the above principles as follows:

Quadruple progression:

Degree of physical impairment	Multiple of
up to 25% inclusive	1
from 26% to 50% inclusive	2
51% to 75% inclusive	3
76% to 100% inclusive	4

15. The Insured Person is the person entitled.
16. Payment of the insurance benefit does not terminate the insurance.
17. There is no waiting period for permanent accident insurance.

Insurance against incapacity to work resulting from an accident or sickness

1. A claim is an accident or illness which results in the Insured Person being medically incapable for work and requires treatment, the course of which is medically confirmed by a work incapacity certificate issued to the Insurer.
2. The insurance is taken out with a withdrawal period of 28 days.
3. The insurance benefit is paid for each day of incapacity for work, including Saturdays, Sundays and public holidays. The insurance benefit is paid to the Insured Person in the amount of the sum insured applicable on the date of the accident or illness.
4. Should the incapacity for work be disproportionately long

without sufficient professional justification in the medical documentation, the usual length of incapacity for work for the reason in question, as determined by a doctor appointed by the Insurer or the Insurer, will be used to determine the insurance benefit. In this case, the severity, specific circumstances and the medical and economic effectiveness of the treatment will be taken into account, not just the average statistical data.

5. The maximum period for which the Insurer will pay the claim is 365 days.
6. If it can be established that a claim has arisen, the Insurer shall provide the entitled person with a reasonable advance payment upon his/her written request.
7. In the event of a new injury or illness occurring during the period of incapacity for work, this is a new claim only if the new injury or illness is not causally related to an injury or illness already diagnosed. In this case, the default period for a new claim starts again.
8. If the incapacity for work for more than one illness occurred at the same time, the Insurer will pay the insurance benefit up to a maximum of the total period of treatment for which the benefit was due, and only once.
9. The insurance benefit is also provided:
 - for organic mental disorders that can be documented by imaging (F00 - F09)
 - as a result of complications following cosmetic surgery that are proven to be not caused by the Insured Person
 - due to pregnancy complications. The maximum number of days for which the Insurer will provide benefits in connection with pregnancy complications is 30 days.
10. There is a basic waiting period of two months for the insurance of incapacity for work due to illness. There is no waiting period for the insurance of incapacity to work due to an injury.

A special waiting period of three months is provided for incapacity for work exclusively for pregnancy and childbirth, dental treatment, dentures and surgery or orthopaedics of the jaw. There is no waiting period for the insurance of incapacity to work due to an injury.

Insurance exclusions:

In addition to the exclusions set out in Article 5 of these GIC, no insurance benefit will be paid in connection with:

1. the occurrence of an claim at a time when the Insured person was registered as unemployed, a housewife, a Person on disability pension of the third degree, on maternity or parental leave and a student who is not engaged in employment or has ceased self-employment according to the applicable legislation.
2. staying in psychiatric hospitals and institutions (except for the diagnoses referred to in point 9), institutions for the treatment of alcoholism, toxic addiction or dependence, as well as staying in institutions related to nursing care, as well as in special children's institutions and in social care and rehabilitation institutions, except in those cases where the stay in these institutions is a medically necessary part of the treatment of the illness or injury.
3. illnesses diagnosed to the Insured Person or injuries to the Insured Person prior to the commencement or change of insurance, which the Insured Person has not disclosed in the answers to the Insurer's written questions in connection with the conclusion or change of the insurance policy.

Article 9

Obligations of the Policyholder and the Insured Person

1. When concluding the insurance policy, the Policyholder is obliged to answer the Insurer truthfully and completely to all written questions concerning the insurance being arranged, in particular to questions concerning the health condition of

the Insured Person or the activity performed by the Insured Person. This applies even if the change is a change of insurance.

2. The Insured Person's death must be notified by the beneficiary without undue delay.
3. In the event of a claim, the Insured Person is obliged to seek medical treatment within 24 hours after the accident and to continue treatment properly until its completion and, if required by the Insurer, to be examined at the Insurer's expense by a doctor appointed by the Insurer.
4. The Policyholder is obliged to notify the Insurer without undue delay of any change or termination of the insured peril, insured risk and insurable interest, change of material facts (e.g. change of name, surname, address, electronic address, limitation of legal capacity and appointment of a guardian), change of work or other interest activity.
5. The Policyholder is obliged to notify the Insurer in writing upon completion of the treatment that the claim has occurred, including the address of the attending physician and a truthful explanation of the occurrence and extent of the consequences of the claim.
6. In case of doubt, it is the duty of the Insured Person, entitled person or beneficiary to prove to the Insurer that the accident occurred.
7. Further obligations of the policyholder, if any, are specified in the individual supplementary insurance policies.

Article 10 Insurance Payments

1. A condition for entitlement to insurance benefits is the validity of the policy at the time of the claim.
The Insurer is not obliged to provide insurance benefits for a loss event which occurred before the commencement of insurance or which occurred in direct connection with physical impairment occurring before the commencement of insurance.
The Insurer is also not obliged to provide benefits for an event that occurred before the payment of the premium and for an event that occurred after the date set as the end of the insurance.
2. The beneficiary has the right to the insurance benefit resulting from the insurance policy. If it is agreed that the claim is the death of the Insured Person caused by an accident, the Policyholder has the right, with the consent of the Insured Person, to designate a person who is to be entitled to the benefit in the event of the death of the Insured Person, either in the name of or in relation to the Insured Person (beneficiary). If, at the time of the event, no beneficiary is designated or does not acquire the right to performance, the persons designated by § 2831 of the Civil Code acquire this right.
3. A beneficiary or an entitled person who is to be entitled to the benefit by reason of the Insured Person's accident shall not acquire this right if the beneficiary/entitled person has caused death or physical impairment to the Insured Person by a deliberate criminal offence for which it has been finally convicted by a court. While criminal proceedings are pending against such a person, the Insurer shall not be obliged to pay until a final judgment acquitting the person has been rendered. In the event of conviction for this offence, the Insurer's obligation to provide insurance benefits shall cease.
4. The Insurer shall provide the insurance benefit on account of the death of the Insured Person upon written request of the person entitled to receive the insurance benefit upon presentation of the insurance policy, a certified copy of the death certificate and such documents as the Insurer deems necessary for the investigation necessary to determine the extent of the Insurer's obligation to pay. The Insurer is entitled to carry out the necessary investigations.
5. The Insurer is entitled to deduct the premium due from the

Policyholder from the insurance benefit paid.

6. The insurance benefit is paid in Czech currency.

Article 11 Changes to the Insurance Policy

1. The Policyholder and the Insured Person are obliged to notify the Insurer in writing without delay of any changes in the facts stated in the insurance policy that occur during the term of the insurance.
2. On the basis of a written request of the Policyholder, the scope of the agreed insurance policy may be changed by the agreement of the parties.
3. A condition for changing the scope of the insurance is the payment of the current premium by the date of the change.

Article 12 Insurer's right to refuse to provide insurance benefits

1. The Insurer may reasonably reduce the insurance benefit if it finds that the Insured Person has not properly followed the treatment regime prescribed by the doctor until its termination.

Article 13 Territorial Validity

Unless otherwise stipulated in the insurance policy, the insurance of incapacity for work due to accident/illness is valid in the territory of the Czech Republic and in a member state of the European Union.

Other insurances are valid worldwide.

Article 14 Final Provisions

1. The insurance benefit is payable in Czech currency.
2. The Insurer is entitled to provide general information on insurance for statistical purposes to the Czech Association of Insurance Companies.
3. Disputes arising from insurance under these General Insurance Conditions shall be settled between the parties primarily by agreement. If they cannot be resolved by agreement, they will be decided by the competent courts in the Czech Republic.
4. The relevant insurance conditions form an integral part of the insurance policy.

Article 15 Information on the Possibilities and Methods of Consulting the Claim File

1. Upon a written request of the entitled person, the Insurer shall allow the entitled person (*i.e., including, for example, a beneficiary in the event of the death of the Insured Person*) to inspect the file kept by the Insurer in connection with the claim or a similar record of the investigation of the claim and to take extracts or copies of documents or documents relating to the reasons for refusal to provide insurance benefits or determination of the amount of insurance benefits from the file after the completion of the investigation of the claim (*"request for inspection of the insurance claim file"*).
2. Conditions for inspection of the insurance claim file:
 - a) a claim has occurred during the period of insurance; and
 - b) the investigation of the insurance claim for which the entitled person requests access to the file has been completed by the Insurer at the time of the entitled person's request; and
 - c) the right to insurance benefits arising from the claim for which the entitled person requests access to the file is

- not time-barred at the time of the entitled person's request; and
- d) the entitled person has made a written request to the Insurer to inspect the claim file:
- i) by delivery to the address of the Insurer's registered office, i.e. Slavia pojišťovna a.s., Sec. Insurance Claims Liquidation, Táborská 940/31, 140 00 Prague 4 or
 - ii) by electronic mail by a simple e-mail (without the need for electronic signature) delivered to the Insurer at the e-mail address:likvidace@slavia-pojistovna.cz or
 - iii) at any branch or contact point of the Insurer (see <https://www.slavia-pojistovna.cz/kontakt/>), and
- e) the entitled person has duly and timely communicated his/her identification data to the Insurer and has certified his/her identity to the Insurer before consulting the claim file.
3. The Insurer shall allow the entitled person to inspect the insurance claim file without undue delay, depending on the scope and technical nature of the contents of the file. The Insurer shall inform the entitled person of the possible dates of inspection of the insurance claim file within 10 working days from the date of receipt of the written request. Inspection of the insurance claim file is possible at a time agreed between the Insurer and the entitled person during the Insurer's normal business hours.
4. Method of consulting the insurance claim file
- The entitled person may inspect the insurance claim file in the following way:
- a) The Insurer shall allow the entitled person to inspect the claim file at any branch office or contact point of the Insurer upon the choice of the entitled person at a time agreed between the Insurer and the entitled person; or
 - b) The Insurer shall allow the entitled person to inspect the claim file at the Insurer's registered office at a time agreed between the Insurer and the entitled person.
5. The Insurer shall not comply with a request to inspect the insurance claim file if the inspection could lead to jeopardizing the proceedings for a criminal offence or the hearing of an offence, provided that the competent authority has given its written consent (see Section 129a(2) of Act No. 277/2009 Sb., on Insurance, as amended). The Insurer shall be obliged to send an inquiry to the competent authority within 30 days from the date of receipt of the request of the beneficiary to inspect the insurance claim file if criminal or administrative proceedings have been initiated in connection with the insurance claim.
 6. If the insurance policy gives the beneficiary the right to inspect the insurance claim file to a wider extent, the provisions of the insurance policy shall prevail over this provision of the GIC.
 7. The Insurer shall allow the entitled person to inspect the insurance claim file, including taking extracts from the file or copies of documents or documents **free of charge**.

Article 16

Valuation Table for permanent consequences of an injury - Part 1.

When assessing restriction of mobility or instability, the observed muscle atrophy is no longer assessed. If the functional manifestation of the permanent sequela of a severe head injury is listed in the table, it is assessed under the appropriate heading. If it is not listed in the table, it is assessed under item 61.

Physical impairment

I. EYE		%
1	Loss of vision	according to Part 2
2	For anatomical loss of the whole eye, the loss of vision is attributed to	5
3	Narrowing the field of view	0.5 - 20
4	Lens loss in the seeing eye fully compensated by tolerable spectacle correction up to and including age 15	15
5	Lens loss in the seeing eye fully compensated by tolerable spectacle correction at age 15+	12
6	Lens loss in the seeing eye fully compensated by a contact lens	10
7	Lens loss in the seeing eye fully compensated by artifact up to and including age 50	8
8	Lens loss in the seeing eye fully compensated by artifact at age 50+	3
9	Lens loss in the seeing eye uncompensable or partially compensable - assessed by the resulting visual acuity	according to Part 2
10	Traumatic accommodative disorder not associated with lens loss up to and including age 15	12
11	Traumatic accommodative disorder not associated with lens loss in patients aged 15 years to 45 years inclusive	8
12	Traumatic accommodative disorder not associated with lens loss between the ages of 45 and 60 years inclusive	3
13	Traumatic accommodative disorder not associated with lens loss at age 60+	0
14	Traumatic eye position disorder with double vertical vision	20
15	Traumatic eye position disorder with horizontal double vision	13
16	Traumatic eye position disorder with double vision only at certain gaze	7
17	Complete bilateral upper eyelid ptosis in the seeing eye	40
18	Complete unilateral ptosis of the upper eyelid in the seeing eye	20
19	Post-traumatic lagophthalmos	7
20	Deformation of the eyelids	6

I. EYE		%
21	Defective position of the eyelashes (trichiasis) causing complications	5
22	Violation of tear duct patency in the lower eyelid area or below	5
23	Violation of tear duct patency in the upper eyelid area	2
24	Dilation and paralysis of the pupil of the seeing eye	3
25	Deformity of the eye (excluding pupillary defects)	5
26	Deformation of the orbit	6

II. EAR		%
27	Bilateral deafness	50
28	Unilateral deafness	20
29	Unilateral hearing loss - very severe (81 dB - 95 dB loss)	1.5 - 20
30	Unilateral hearing loss - severe (61 dB - 80 dB loss)	7.5 - 13
31	Unilateral hearing loss - moderate (41 dB - 60 dB loss)	3.5 - 7
32	Unilateral hearing loss - mild (26 dB - 40 dB loss)	0.5 - 3
33	Bilateral labyrinth failure	30
34	Unilateral labyrinth failure	15
35	Loss of both pinnae	15
36	Loss of one pinna	10
37	Severe deformity of the pinna	4
38	Slight deformation of the pinna	2

III. NOSE		%
39	Loss of the nose with narrowing of the bronchial tubes	30
40	Loss of the nose without narrowing of the bronchial tubes	15
41	Loss of the tip of the nose	8
42	Deformation of the nose	7
43	Perforation of the nasal septum	5
44	Loss of sense of smell and/or taste	up to 10

Physical impairment

IV. HEAD		%
45	Hair loss after scalping over 50% of the scalp surface	15.5 - 30
46	Hair loss after scalping up to and including 50% of the scalp surface	up to 15
47	Bone defect of the cranial vault over 10 cm ²	15.5 - 25
48	Bone defect of the cranial vault ranging from 2 cm ² to 10 cm ² inclusive	5.5 - 15
49	Bone defect of the cranial vault up to 2 cm ² inclusive	up to 5
50	Cerebral fistula after skull base injury (liquorrhea)	10
51	Speech disorder of central origin after an accident - severe	25
52	Speech disorder of central origin after an accident - moderate	12
53	Speech disorder of central origin after an accident - mild	6
54	Severe traumatic facial nerve disorder - bilateral	50
55	Severe traumatic facial nerve disorder - unilateral	20
56	Traumatic facial nerve disorder of mild degree - bilateral	10
57	Traumatic facial nerve disorder of mild degree - unilateral	5
58	Traumatic impairment of the trigeminal nerve	3
59	Organic psychosyndrome	10
60	Post-coma syndrome	3
61	Other (not elsewhere specified in the table) neurological brain disorders following severe head injury	5 - 50

Physical impairment

V. ORAL CAVITY AND TEETH		%
62	Loss of tongue	30
63	Condition after tongue injury with tissue defect or scarring deformities	7
64	Facial damage accompanied by functional impairment (narrowing of the mouth, restriction of mandibular mobility, lip defects) and/or deforming scars of severe degree	20
65	Facial damage accompanied by functional impairment (narrowing of the mouth, restriction of mandibular mobility, lip defects) and/or deforming scars of moderate severity	13
66	Facial damage accompanied by functional impairments (narrowing of the mouth, restriction of mandibular mobility, lip defects) and/or deforming scars of a mild degree	7
67	Loss of one permanent tooth	0.5
68	Loss of each additional permanent tooth (max 10% for all teeth)	1
69	Loss of vitality, breakage or damage to one and/or more teeth of the permanent teeth	0
70	Loss of vitality, breakage, damage or loss of dental prosthesis or deciduous tooth	0

VI. NECK		%
71	Permanent tracheostomy	50
72	Narrowing of the larynx and/or trachea - severe	50.5 - 80
73	Narrowing of the larynx and/or trachea - moderate	30.5 - 50
74	Narrowing of the larynx and/or trachea - mild	10 - 30
75	Loss of voice - aphonia (from causes other than narrowing of the larynx and/or trachea)	25
76	Voice impairment - moderate (from causes other than narrowing of the larynx and/or trachea)	12
77	Voice damage - mild (from causes other than narrowing of the larynx and/or trachea)	6

VII. CHEST, LUNGS, HEART AND OESOPHAGUS		%
78	Post-traumatic failure of both lungs - complete	100
79	Loss of one lung	50
80	Restriction of chest mobility and/or lung adhesions due to lung and/or chest wall injury - severe	20
81	Restriction of chest mobility and/or lung adhesions due to lung and/or chest wall injury - moderate	10
82	Impaired chest mobility and/or lung adhesions due to lung and/or chest wall injury - mild	5

VII. CHEST, LUNGS, HEART AND OESOPHAGUS		%
83	Other (not listed elsewhere in the table) consequences of lung injury - bilateral	10 - 80
84	Other (not listed elsewhere in the table) consequences of lung injury - unilateral	5 - 40
85	Damage to large blood vessels in the chest and/or heart - severe	70.5 - 100
86	Damage to large blood vessels in the chest and/or heart - moderate	40.5 - 70
87	Damage to large vessels in the chest and/or heart - mild	10 - 40
88	Esophageal stricture - severe	60
89	Esophageal stricture - moderate	30
90	Esophageal stricture - mild	5
91	Esophageal fistula	30
92	Breast loss up to 45 inclusive	10
93	Breast loss over 45	5

VIII. ABDOMEN AND DIGESTIVE ORGANS		%
94	Damage to the digestive organs	20 - 100
95	Loss of spleen	20
96	Chronic stercoral fistula	20
97	Malfunction of the anal sphincters	10 - 20
98	Abdominal wall damage (including hernia)	0

Physical impairment

IX. URINARY AND GENITAL ORGANS		%
99	Loss of both kidneys	100
100	Loss of one kidney	25
101	Kidney and/or bladder and/or urinary tract damage - severe	25.5 - 50
102	Kidney and/or bladder and/or urinary tract damage - moderate	10.5 - 25
103	Kidney and/or bladder and/or urinary tract damage - mild	5 - 10
104	Bladder and/or urethral fistula	20
105	Loss of both testicles up to 45 inclusive	40
106	Loss of both testicles over 45	30
107	Loss of one testicle	10
108	Loss and/or severe deformity of the penis up to 45 inclusive	50
109	Loss and/or severe deformity of the penis over 45	40
110	Post-traumatic hydrocele	5
111	Loss of uterus up to 45 inclusive	50
112	Loss of uterus over 45	10
113	Loss of both ovaries or one when the other is damaged of a different origin up to 45 inclusive	40
114	Loss of both ovaries or one when the other is damaged of a different origin over 45	20
115	Loss of one ovary	10
116	Post-traumatic deformity of the vagina and external female genital organs - severe	40
117	Post-traumatic deformity of the vagina and external female genital organs - moderate	20
118	Post-traumatic deformity of the vagina and external female genital organs - mild	10

X. SPINE, SPINAL CORD AND PELVIS		%
119	Post-traumatic quadriplegia	100
120	Post-traumatic quadriparesis	50
121	Post-traumatic paraplegia	100
122	Post-traumatic hemiplegia	100
123	Post-traumatic paraparesis	25
124	Post-traumatic hemiparesis	25
125	Post-traumatic monoplegia	50
126	Post-traumatic monoparesis	10
127	Spinal mobility restriction after vertebral fractures - severe	40
128	Spinal mobility restriction after vertebral fractures - moderate	20
129	Spinal mobility restriction after vertebral fractures - mild degree	7
130	Post-traumatic spinal injury with objective spinal root involvement - severe	15
131	Post-traumatic spinal injury with objective spinal root involvement - moderate	10
132	Post-traumatic spinal injury with objective spinal root involvement - mild degree	7
133	Other (not listed elsewhere in the table) post-traumatic spinal injuries - severe	5
134	Other (not listed elsewhere in the table) post-traumatic spinal injuries - moderate	3
135	Other (not listed elsewhere in the table) post-traumatic spinal injuries - mild	1
136	Disruption of the integrity of the pelvic ring with impairment of the statics of the spine and function of the lower limbs up to 45 inclusive - severe	65
137	Disruption of the integrity of the pelvic ring with impairment of the statics of the spine and function of the lower limbs up to 45 inclusive - moderate	30
138	Disruption of the integrity of the pelvic ring with impairment of the statics of the spine and function of the lower limbs up to 45 inclusive - mild	10
139	Disruption of the integrity of the pelvic ring with impairment of the statics of the spine and function of the lower limbs over 45 - severe	50
140	Pelvic ring integrity disorder with impairment of spinal statics and lower limb function over 45 - moderate	25
141	Disruption of the integrity of the pelvic ring with impairment of the statics of the spine and function of the lower limbs over 45 - mild	10

Physical impairment

Physical impairment		Dominant	Non-dominant
XI. UPPER LIMB		%	%
142	Anatomical loss of the upper limb at the shoulder joint or between the shoulder joint and the elbow joint with a stump unsuitable for prosthesis	70	60
143	Anatomical loss of the upper limb at the shoulder joint or between the shoulder joint and the elbow joint with a stump suitable for prosthesis	50	40
144	Complete stiffness of the shoulder joint	30	25
145	Passive mobility restriction of the shoulder joint - severe	10.5 - 18	8.5 - 15
146	Passive shoulder joint mobility restriction - moderate	5.5 - 10	4.5 - 8
147	Passive mobility restriction of the shoulder joint - mild	up to 5	up to 4
148	Habitual dislocation of the shoulder	15	12
149	Shoulder head endoprosthesis	3	2
150	Irreparable dislocation of the sternoclavicular and/or acromioclavicular joint	6	5
151	Humeral pseudoarthrosis	40	30
152	Complete stiffness of the elbow joint	25	20
153	Elbow joint mobility restriction - severe	12.5 - 18	10.5 - 15
154	Elbow joint mobility restriction - moderate	8.5 - 12	5.5 - 10
155	Elbow joint mobility restriction - mild	up to 8	up to 5
156	Wobbly elbow joint	17	15
157	Anatomical loss of the forearm with preserved elbow joint	50	40
158	Pseudoarthrosis of both bones of the forearm	40	30
159	Radial pseudoarthrosis	30	25
160	Ulnar pseudoarthrosis	20	15
161	Radioulnar joint damage - complete stiffness	20	16
162	Radioulnar joint damage - limited supination and severe pronation of the forearm	15	12
163	Radioulnar joint damage - limited supination and pronation of the forearm of the middle degree	12	9
164	Radioulnar joint damage - limited supination and pronation of the forearm of mild degree	10	7
165	Anatomical loss of the hand at the wrist	50	40
166	Anatomical loss of all fingers of the hand (including the metacarpals)	48	38
167	Anatomical loss of the fingers of the hand except the thumb	45	35
168	Complete wrist stiffness	20	15
169	Wrist mobility restriction - severe	10.5 - 15	5.5 - 10
170	Wrist mobility restriction - moderate	5.5 - 10	3.5 - 5
171	Wrist mobility restriction - mild	up to 5	up to 3
172	Navicular bone pseudoarthrosis	15	12
173	Anatomical loss of the thumb of the hand including the metacarpal bone	27	21
174	Anatomical loss of both phalanges of the thumb	20	16
175	Anatomical loss of the distal phalanx of the thumb	12	7
176	Complete stiffness of all thumb joints	18	16
177	Complete stiffness of the carpometacarpal joint of the thumb	9	8
178	Complete stiffness of the proximal joint of the thumb	9	7.5
179	Complete stiffness of the interphalangeal joint of the thumb	8	7
180	Restriction of mobility of the carpometacarpal joint of the thumb	6	5
181	Restriction of mobility of the proximal joint of the thumb	4	3
182	Restriction of the interphalangeal joint of the thumb	3	2
183	Anatomical loss of the index finger	15	12
184	Anatomical loss of two distal phalanges of the index finger	8	6
185	Anatomical loss of the distal phalanx of the index finger	5	4

Physical impairment		Dominant	Non-dominant
XI. UPPER LIMB		%	%
186	Complete stiffness of all three joints of the index finger	12	10
187	Complete stiffness of the proximal joint of the index finger	7	6
188	Complete stiffness of the interphalangeal joint of the index finger	5	4
189	Complete stiffness of the distal joint of the index finger	1	0.5
190	Restriction of momentum of the base phalanx of the index finger	3	2
191	Restriction of interphalangeal joint mobility of the index finger	2	1
192	Restriction of mobility of the distal joint of the index finger	1	0.5
193	Anatomical loss of all three phalanges of the third, fourth or fifth finger of the hand, for each finger	5	4
194	Anatomical loss of two phalanges of the third, fourth or fifth finger of the hand, for each finger	4	3
195	Anatomical loss of one joint of the third, fourth or fifth finger of the hand, for each finger	3	2
196	Complete stiffness of the third, fourth or fifth finger of the hand, for each finger	5	4
197	Complete stiffness of the proximal joint of the third, fourth or fifth finger of the hand, for each finger	3	2.5
198	Complete stiffness of the interphalangeal joint of the third, fourth or fifth finger of the hand, for each finger	2	1,5
199	Complete stiffness of the distal joint of the third, fourth or fifth finger of the hand, for each finger	1	0,5
200	Restriction of mobility in any joint of the third, fourth or fifth finger of the hand, for each finger	1	0,5
201	Permanent post-traumatic restriction of the blood circulation or lymphatic system of the upper limb	up to 5	up to 4
202	Post-traumatic atrophy of the upper limb muscles	2	1
203	Plexus brachialis palsy	70	50
204	Axillary nerve palsy (n. axillaris)	30	25
205	Spinal nerve palsy (n. radialis)	35	25
206	Musculocutaneous nerve palsy (n. musculocutaneus)	30	27
207	Ulnar nerve palsy (n. ulnaris)	30	20
208	Median nerve palsy (n. medianus)	30	25

Physical impairment

XII. LOWER LIMB		%
209	Anatomical loss of the lower limb at the hip joint or between the hip and knee joints with a stump unsuitable for prosthesis	70
210	Anatomical loss of the lower limb at the hip joint or between the hip and knee joints with a stump suitable for prosthesis	60
211	Complete stiffness of the hip joint	30
212	Hip joint mobility restriction - severe	20.5 - 27
213	Hip joint mobility restriction - moderate	13.5 - 20
214	Hip joint mobility restriction - mild	up to 13
215	Necrosis of the femoral head	20
216	Hip endoprosthesis	5
217	Femoral pseudoarthrosis	30
218	Shortening of the lower limb by more than 6 cm	25
219	Shortening of the lower limb by 4 to 6 cm including	15
220	Shortening of the lower limb by 2 to 4 cm including	5
221	Shortening of the lower limb up to 2 cm	0
222	Deformities of the femur resulting from healing of a fracture in axial or rotational deviation (deviations above 45° are assessed as loss of limb; when assessing axial deviation, shortening of the limb cannot be assessed at the same time)	5 (for every whole 5° of deviation)
223	Complete stiffness of the knee joint	25

Physical impairment

XII. LOWER LIMB		%
224	Knee joint mobility restriction - severe	18.5 - 23
225	Knee joint mobility restriction - moderate	10.5 - 18
226	Knee joint mobility restriction - mild	up to 10
227	Knee joint wobble caused by anterior and posterior cruciate ligament dysfunction	25
228	Knee joint wobble caused by a failure of the collateral ligament	5
229	Knee endoprosthesis	5
230	Anatomical loss of the lower limb at the crus with a stiff knee with a stump unsuitable for prosthesis	50
231	Anatomical loss of the lower limb at the crus with a stiff knee with a stump suitable for prosthesis	40
232	Anatomical loss of the lower limb at the crus with a preserved knee with a stump unsuitable for prosthesis	45
233	Anatomical loss of the lower limb at the crus with a preserved knee with a stump suitable for prosthesis	35
234	Tibial and/or both crus bones pseudoarthrosis	35
235	Fibular pseudoarthrosis	5
236	Deformities of the crus resulting from healing of a fracture in axial or rotational deviation (deviations above 45° are assessed as loss of the limb in the crus; when assessing axial deviation, shortening of the limb cannot be assessed at the same time)	5
237	Anatomical loss of the leg at the talocrural joint	40
238	Anatomical loss of the foot at the Chopart joint	30
239	Anatomical loss of the foot at the Lisfranc joint	25
240	Deformities in the talus bone and leg area	5 - 25
241	Complete stiffness of the talocrural joint in an unfavorable position (toe bent upwards or bent downwards at an angle greater than 20°)	30
242	Complete stiffness of the talocrural joint in the favorable position	25
243	Talocrural joint mobility restriction - severe	20.5 - 25
244	Talocrural joint mobility restriction - moderate	15.5 - 20
245	Talocrural joint mobility restriction - mild	up to 15
246	Wobbling of the talocrural joint	15
247	Restriction of pronation	2
248	Restriction of supination	1
249	Anatomical loss of all toes	25
250	Anatomical loss of both phalanges of the big toe including the metatarsal bone	20
251	Anatomical loss of both phalanges of the big toe	15
252	Anatomical loss of the distal phalanges of the big toe	3
253	Complete stiffness of all joints of the big toe	10
254	Restriction of mobility of the proximal joint of the big toe	5
255	Restriction of the interphalangeal joint of the big toe	2
256	Anatomical loss of II, III, IV or V toe, per toe	2
257	Permanent post-traumatic restriction of the blood circulation or lymphatic system of the lower limb	up to 10
258	Sciatic nerve palsy (n. ischiadicus)	50
259	Femoral nerve palsy (n. femoralis)	30
260	Tibial nerve palsy (n. tibialis)	35
261	Fibular nerve palsy (n. fibularis)	30
262	Post-traumatic atrophy of the muscles of the lower limb	5

XIII. SCARRING DEFORMITIES		%
263	Extensive burn scars from 1% of body surface area	0.5 - 40
264	Keloid and/or hypertrophic facial scars	0.5 - 5
265	Other scars not listed in the table (e.g. scars of a cosmetic nature, pigmented scars, etc.)	0

Valuation table for permanent consequence of an injury - Part 2.

Physical impairment

Evaluation of reduced visual acuity with tolerable correction

Visus	6/6 (1)	6/9 (0.66)	6/12 (0.5)	6/18 (0.33)	6/24 (0.25)	6/30 (0.2)	6/36 (0.16)	6/60 (0.1)	3/60 (0.05)	1/60 (0.016)	0
6/6 (1)	0 %	2 %	4 %	7 %	11 %	15 %	18 %	22 %	25 %	35 %	50 %
6/9 (0.66)	2 %	4 %	7 %	11 %	15 %	18 %	22 %	25 %	28 %	38 %	55 %
6/12 (0.5)	4 %	7 %	11 %	15 %	18 %	22 %	25 %	28 %	33 %	42 %	60 %
6/18 (0.33)	7 %	11 %	15 %	18 %	22 %	25 %	28 %	33 %	37 %	46 %	65 %
6/24 (0.25)	11 %	15 %	18 %	22 %	25 %	28 %	33 %	37 %	43 %	52 %	70 %
6/30 (0.2)	15 %	18 %	22 %	25 %	28 %	33 %	37 %	43 %	52 %	60 %	75 %
6/36 (0.16)	18 %	22 %	25 %	28 %	33 %	37 %	43 %	52 %	60 %	68 %	80 %
6/60 (0.1)	22 %	25 %	28 %	33 %	37 %	43 %	52 %	60 %	68 %	77 %	85 %
3/60 (0.05)	25 %	28 %	33 %	37 %	43 %	52 %	60 %	68 %	77 %	83 %	90 %
1/60 (0.016)	35 %	38 %	42 %	46 %	52 %	60 %	68 %	77 %	83 %	90 %	95 %
0	50 %	55 %	60 %	65 %	70 %	75 %	80 %	85 %	90 %	95 %	100 %
0	50 %	55 %	60 %	65 %	70 %	75 %	80 %	85 %	90 %	95 %	100 %

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