



Your travel insurance

All insurance policies contain restrictions and exclusions that You should know about. Please make sure that the cover meets your needs.

This policy is valid only for Turkish citizens and the ones with permanent residency of Turkish Republic.

Main characteristics of the travel insurance

This travel insurance provides cover for specified events that occur in connection with insured's trip for example: loss of baggage, cancellation of insured's trip, illness or injury, and medical assistance.

The details of your insurance cover are mentioned on the Travel Policy Certificate. Please make sure to read them carefully to understand the coverage that you will be availing

About Processing and Protection of Personal Data:

Protection and processing of your personal data shared by yourself with Gulf Sigorta Anonim Şirketi (Gulf Joint Stock Insurance Company) shall occur in compliance with the Data Protection Law no.6698 and related legislation. Please visit www.gulfsigorta.com.tr for Gulf Insurance (Gulf Sigorta) Policy of Collection and Process of Personal Data.

Policy Premium

The cost of this insurance cover is shown on Your Travel Insurance Certificate.

This insurance will be governed by the law of the Country of Issuance as stated in the Travel Insurance Certificate.

Please click for Personal Accident Insurance General Conditions:

<https://www.gulfsigorta.com.tr/pdf/ferdi-kaza-sigortasi-genel-sartlar.pdf>

Please click for Travel Health Insurance General Conditions:

<https://www.gulfsigorta.com.tr/pdf/seyahat-saglik-sigortasi-genel-sartlar.pdf>

What to do if you have an inquiry;

Please Contact:

Gulf SİGORTA A.Ş.

Saray Mah. Dr. Adnan Büyükdeniz Cad.

No:4/2 K:4-5 Akkom Ofis Park

Cessas Plaza Ümraniye P.K.:34768

İstanbul, Türkiye

Mersis No: 0871052362300018

**Contact Numbers:**

Gulf Sigorta A.Ş Customer Services: +90 216 681 75 20

Or email: thyseyahat@gulfsigorta.com.tr

What to do if you have a claim:

What to do if you need assistance or have a claim:

Please Contact:

Gulf SİGORTA A.Ş.

Saray Mah. Dr. Adnan Büyükdeniz Cad.

No:4/2 K:4-5 Akkom Ofis Park

Cessas Plaza Ümraniye P.K.:34768

İstanbul, Türkiye

Mersis No: 0871052362300018

Contact Numbers:

Gulf Sigorta A.Ş Claims Department: +90 216 681 75 20

Gulf Sigorta Assistance Services**24 Hours Emergency Aid & Travel Reference Line**

Phone: + 90 216 681 7545

Arbitration: Insurer is a member to arbitration system as per insurance legislation; detailed information is available on www.sigortatahkim.org.

You can communicate your requests, recommendations or complaints regarding your policy through;

Our customer call center (444 1 244) or our e-mail addresses

Insurance Association of Turkey (www.tsb.org.tr)

With the Circular dated 2011, via e-government (<https://www.turkiye.gov.tr/>)

Insurance and Private Pension Regulatory and Supervisory Authority affiliated to the Ministry of Treasury and Finance (sdkbilgi@hmb.gov.tr)

Barbaros Mah. Kardelen Sok.

Palladium Tower No:2, Kat: 27-31-34-35

34746 Ataşehir / İstanbul

Gulf Sigorta A.Ş. is a member of Insurance Association of Turkey.

INSURANCE POLICY SPECIAL TERMS & CONDITIONS

SECTION A: SUBJECT MATTER AND SCOPE OF THE INSURANCE

Gulf Sigorta A.Ş. will provide the insurance described in this policy, that is only valid; at home in domestic and international policies which are purchased with an international and/or domestic flight ticket or as standalone on website (www.thy.com); to the insured(s) named in the application in return for the premium and compliance with all applicable with general and special terms of this policy.

SECTION B: DEFINITIONS

Emergency Dental Treatment: means any natural dental treatment covered by the policy due to a condition suddenly started up at travel and that it does not occur by reason of any pre-existing situation has been documented by dentist's report.

Emergency Evacuation: means medical evacuation of the patient to the nearest hospital as urgent medical and surgical care are required due to an illness or bodily injury which is firstly diagnosed and has become symptomatic during the term of policy and occurred at once, or transportation of the patient to another place within the Coverage Territory (SECTION H) of the policy after treatment at the nearest local hospital.

Contracted Departure Date: shall be defined to mean the departure date stated on travel insurance policy.

Contracted Return Date: shall be defined to mean the return date stated on travel insurance policy.

Baggage: shall be defined to mean a piece of baggage which was checked in and in the custody of a common carrier and belonging to passengers.

Immediate Family Member: means, being domiciled in Turkey, official spouse, full mother, father, brother, sister and children of the insured.

Severe Injury or illness: means an injury or illness that is diagnosed by a doctor as a life-threatening harm for the insured.

Permanent Residence: The city at home where insured is permanently residing at the date of issue of the policy, or where insured are temporarily residing for a period of more than three months.

Doctor/Doctor of Medicine: Refers to any person who is lawfully authorized to offer medical and surgical services in his/her geographical area of employment and who is not the insured or policyholder and is not a relative of the insured or policyholder. The term doctor also refers to the licensed doctor of medicine, who works in the scope of his/her license and is a holder of a medical degree given by a recognized institution. The term doctor includes the terms specialist and the term surgeon as well.

Acquired Immune Deficiency Syndrome: Refers to such meanings as defined by World Health Organization. Acquired Immune Deficiency Syndrome includes HIV (Human Immune Deficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome and ARC (AIDS Related Condition).

Equipment Failure: means any sudden, unforeseen breakdown in the common carrier's equipment that caused a delay or interruption of normal trips.

Spouse: means the insured's legal wife or husband.

Strike and Lockout: Walking out by workers by the way of collective walk out with the aim of stopping activity or hindering significantly with regard to the nature of the work by mutual agreement or upon decision of any organization having the same purpose shall be defined to mean strike.

Hospital: Refers to a medical institution which is recognized by medical legislation, and which:

- (a) has a valid license for medical services (if it is necessary as per applicable legislation),
- (b) has the primary function of treating and curing injured or diseased people,
- (c) has a staff consisting of one or multiple doctors who is/are permanently and physically available in its facilities,
- (d) provides 24 hours nursing services and has at least one certified-qualified nurse who is permanently available in its facilities,
- (e) has organized diagnosis and surgical intervention possibilities either within its own facilities or in any other facility contracted with the hospital on the basis of previously-executed agreements,
- (f) does not act as a clinic, nursing or rehabilitation center for old persons, old-age home,

convalescent center or any other similar organization, which fall outside the scope of its primary function.

Sickness: means an illness or disease which first manifests itself and is contracted while this policy is in effect requiring treatment by a doctor.

Purse Snatching shall be defined to mean any act of committed by a third party on the insured and/or any act performed deliberately by a third party to rob the Insured Party with or without threat of force.

Land / Sea Arrangements: means pre-paid travel arrangements for a scheduled tour, trip or cruise included within the description of covered trips and arranged by a tour operator, travel agent, cruise line or other organization.

Accident: is any external, shocking, apparently observable, sudden, unforeseen, uncontrolled and unexpected physical event incurred by the insured during the period of insurance.

Inclement Weather: shall be defined to mean bad weather conditions approved by relevant institution and causing delays in scheduled departure and arrival dates of ticketed common carrier.

Reasonable and Customary Expenses: means the following expenses: Costs of treatment, drugs and services required for insured's treatment. Those costs shall not exceed similar normal fees and costs of treatment, drugs and services in the place the costs are incurred.

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Beneficiaries: shall be defined to mean person(s) to be present in insured's determination of heir ship.

Deductible: means the amount of expenses or the number of days to be paid or supported by the insured person before the policy benefits become payable.

Cash: shall be defined to mean money in the form of coins or banknotes issued by a government.

Pre-existing Condition: means a condition for which medical care, treatment, or advice was recommended by or received from a doctor preceding the effective date of coverage, or all condition for which hospitalization or all surgery was required preceding the effective date of coverage.

Professional Sportive Activity means a sport, which would remunerate a player for an income as a means of their livelihood.

War: shall be defined to mean war and similar attacks, whether declared or undeclared, including the use of military force by any sovereign state in order to achieve economic, geographic, nationalist, politic, racial, religious or any other similar purposes.

Travel/ Trip: means Land/Sea arrangements which include any flight connections joining or departing the Land/Sea Arrangements. A trip does not include the period of time between connected flights and land/sea programs.

Prevented from taking the Trip: is the situation of cancellation of travel that constitutes an evidence for the situation requiring the cancellation of the trip with respect to any vital illness, injury or death of the insured or his/her any Immediate Family Member and also demonstrated by doctor's report.

Unable to continue the trip: is the suggestion of discontinuance of travel given by a doctor on account of insured's Medical Requirement based on the seriousness of the situation, due to any vital illness or death of the insured or insured's any Immediate Family Member. Insured is required to be under direct care and intervention of a doctor.

Insurer: Refers to Gulf Sigorta A.Ş., a recognized insurance company who has already registered and obtained a valid operating license in the country where this insurance policy has been issued.

Insured: shall be defined to mean any person domiciled in Turkey and for whom an insurance policy is arranged by the insurance application of himself/herself or policyholder,

- Being at least 2 months old in policies which are purchased together with a domestic and/or an international flight ticket on website (www.thy.com) Turk Hava Yolları A.O.
- Being at least 6 months old and maximum 75 years old in domestic travel policies which are purchased as standalone on website (www.thy.com) Turk Hava Yolları A.O.
- Being at least 6 months old and maximum 75 years old in worldwide travel (excluding Afghanistan, Cuba, Democratic Republic of Congo, Iran, Syria, Sudan, North Korea or the



Crimea region) policies which are purchased as standalone on website (www.thy.com) Turk Hava Yolları A.O.

- Being at least 6 months old and maximum 80 years old in Europe Continent travel policies which are purchased as standalone on website (www.thy.com) Turk Hava Yolları A.O.

Policyholder: Refers to the person who has applied for this insurance policy, whose application has been accepted by the insurer, who has the duty of paying premium, and who acts in favor of the insured within the compass of the coverage under this insurance policy.

Insurance Policy: Refers to the document which states the policy terms and conditions and has been issued as per relevant provisions of the Turkish Commercial Code in accordance with the insurer's insurance contract.

Medical Treatment Expenses: means the expenses of following necessary services and drugs up to the limits specified in the policy and pursuant to general and special terms of the insurance policy in case of an accidental injury or Sickness of the insured which is firstly diagnosed and has become symptomatic during travel; They include:

- a) the services of a doctor;
- b) hospital confinement and use of operating room;
- c) anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- d) ambulance service; and
- e) drugs, medicines, and therapeutic services and supplies.
- f) emergency dental treatment resulting from injuries sustained to sound natural teeth subject to a maximum 100 USD expense per tooth and limited to the maximum shown in the schedule of benefits.

Coverage Limit: Refers to the upper limit corresponding to relevant coverage, as indicated in the general and special conditions of this insurance policy.

Medical Requirement: means, the doctor's recommendation which is:

- a. consistent with the symptoms, diagnosis and treatment of insured's condition;
- b. appropriate with regard to standards of good medical practice; and
- c. not primarily for the convenience of the insured.

Medical Transportation: means any land, water or air conveyance required to transport insured during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

Total Limit: Insurer's maximum liability relating to claims within the scope of policy coverage, should not exceed the total limit stated in the policy. If total claim indemnity which was paid at any time and/or not paid exceeds the total limit, fringe benefits attributed to unpaid claims shall be deducted as necessary required for the prevention of the total limit excess. **Common**

Carrier: shall be defined to mean any land, sea or air conveyance operated under a valid license for the transportation of passengers for hire.

Certificate of Flight: is the standard certificate of flight issued by airline operating agency or the state authority having judicial power on civil aviation registered in its country.

Injury: Refers to the bodily injury that occurs within the insurance period caused by accidents occurred out of the will of the insured due to a sudden and external event.

Age: means the official age, as calculated on the basis of such date of birth as indicated in the official documents such as identification card, passport, etc. regardless of the date of birth provided on the application form or claim form.

Home: shall be defined to mean the geographical zone included within the borders of the Republic of Turkey and its customs stations.

Abroad: shall be defined to mean the geographical zone outside the borders of the Republic of Turkey and which starts and ends with custom stations of the Republic of Turkey.

SECTION C: COVERAGE PERIOD

Inception of the Insurance Policy: On domestic travels, insurance policy coverage shall start on the date of contracted departure date and/or as the insured leaves his/her residency city border by a common carrier. On foreign travels, insurance policy shall expire upon entrance to customs stations of the Republic of Turkey and/or on the date of contracted return date specified in the policy.

Expiry of the Insurance Policy:

-On travel policies purchased via website (www.thy.com) of Turk Hava Yolları A. O. with one way domestic flight ticket insurance policy coverage shall expire on the date of Contracted Return Date specified in the policies and/or after 15 days later than travel starting date and/or as the insured enters to his/her Residency City border.

-On travel policies purchased via website (www.thy.com) of Turk Hava Yolları A. O. with one way international flight ticket insurance policy coverage shall expire on the date of

Contracted Return Date specified in the policies and/or after 15 days later than travel starting date and/or upon entrance to customs stations of the Republic of Turkey.

-On travel policies purchased via website (www.thy.com) of Turk Hava Yolları A. O. with domestic round trip flight ticket insurance policy coverage shall expire on the date of Contracted Return Date specified in the policies and/or after 92 days later than travel starting date and/or as the insured enters to his/her Residency City border.

-On travel policies purchased via website (www.thy.com) of Turk Hava Yolları A. O. with international round trip flight ticket insurance policy coverage shall expire on the date of Contracted Return Date specified in the policies and/or after 92 days later than travel starting date and/or upon entrance to customs stations of the Republic of Turkey.

And/Or

-On domestic, Europe and international travel policies which are purchased as standalone via website (www.thy.com) of Turk Hava Yolları A. O. insurance policy coverage shall expire on the date of Contracted Return Date specified in the policies and/or after 92 days later than travel starting date and/or as the insured enters to his/her Residency City border.

SECTION D: ELIGIBILITY

Anyone who purchased policy via Turk Hava Yolları A. O. website (www.thy.com), who does not have any condition that may prohibit his/her from taking out this policy, who is a Turkish citizen & resides in Turkey, as indicated in the declaration presented while making policy application eligible to apply for taking out this policy.

SECTION E: BENEFITS

This policy has been arranged within the General Terms and Conditions of Travel Health Insurance and Personal Accident Insurance.

Medical Accident & Sickness Expenses

Insured's medical treatment expenses that insured make for treatment of a serious injury or sudden illness occurred during insured's travel shall be paid up to maximum amounts stated in coverage limits in direction of deductibles stated for each event unless it does not arise from a pre-existing situation. Medical expenses shall be paid for necessary medical treatment or surgical intervention and services including hospital, treatment and ambulance service within limits stated in coverage limits.

Exclusions:

1. Services, medicines, treatment or hospital cares that are not approved to be necessary medically or not advised by a doctor
2. Routine physical examinations or similar examinations and laboratory diagnosis or x-ray examinations,

3. Cosmetic or plastic surgery interventions provided that they are not as result of an

accident,

4. Diagnosis and treatment of acne,
5. Surgery interventions necessary for wry noses and healing it,
6. Organ transplants that competent medical professionals consider experimental,
7. Well child care including exams and immunizations,
8. Expenses which are not exclusively medical in nature,
9. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury or Sickness has caused impairment of vision or hearing
10. Treatment provided in a government hospital or services for which no charge is normally made,
11. Mental, nervous, or emotional disorders or rest cures
12. Pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices.

Sportive Activities

This policy do not provide coverage when insured take part in certain sports or activities if there is a high-risk insured will be injured or if it is the main purpose of insured's trip.

Insured is covered up to Medical Accident Expenses coverage limit for the following non Professional Sportive Activities automatically, providing they are not the main purpose of insured's trip:

Golf; Cycling; Wind Surfing; Roller Skating; Soccer; Basketball; Volley Ball; Beach Volley Ball; Running; Sea Canoeing; Swimming; Squash; Surfing, Table Tennis; Gymnastics; Skiing; Tennis.

Exclusions:

1-Any sport other than listed above is not covered.

2-70 years old and older insured's are not covered during all Sportive Activities.

Emergency Medical Evacuation

If injury by accident / illness that is not pre-existing and which is acute require insured's transportation from the place where insured stay, reasonable and customary expenses up to maximum limits shown in coverage limits shall be paid by insurer. Direction should be given by a doctor or hospital approving that injury or illness require urgent medical transportation for Medical Transportation in case of Emergency State/Discharge.

For patient transportation benefit to be used in case of Emergency State/Discharge of an insured person abroad, it is obligatory that transportation of the insured to home be mandatory medically, Gulf Sigorta Assistance Services should be notified and arrangements to be made by Gulf Sigorta Assistance Services. In case transportation is made without notifying Gulf Sigorta Assistance Services, transportation fees shall not be paid by the insurer.

For patient transportation benefit to be used in case of Emergency State/Discharge of an insured person at home, it is obligatory that transportation of the insured to his/her permanent residence be mandatory medically, Gulf Sigorta A.Ş. Claims Department should be notified and arrangements to come under cognizance of Gulf Sigorta A.Ş. In case transportation is made without notifying Gulf Sigorta A.Ş. Claims Department, transportation fees shall not be paid by the insurer.

Repatriation of Remains:

In case the insured dies, reasonable and customary expenses relating within coverage limits relating to return of the corpse to its own permanent residence shall be paid by insurer. Insurance benefit is limited with single transportation and to be paid cannot exceed maximum amount shown in coverage limits.

- a) Embalming,
- b) Cremation,
- c) Coffin,
- d) Transportation etc. other burial expenses are included in expenses within the scope of benefit provided not to be limited to these.

Trip Cancellation

If the contracted travel is cancelled before its starting date in case insured, insured's immediate family member have a situation preventing insured from taking the trip, get injured or die provided that this situation lasts until travel period and certified with an official report by a doctor, part of paid tour price that insured cannot take back shall be paid by insurer up to total limits stated in coverage limits.

Provided that reservation and advance payment is made before the said illness, injury or death occur, insurer shall pay to insured back advance payments that insured make to hotel and/or transporter firm and insured do not use and which are impossible to return. Reservation or ticket cancellation terms of travel agency, airline or hotel shall be considered while making payment within coverage limits and amount out of or above the rate that is necessary to be paid by travel agency, airline or hotel shall be paid within maximum coverage limit written on the policy.

Scope of Coverage:

- a) If the insured received an urgent last call from a court as a witness,
- b) Any damage, preventing residency, caused by theft, fire, explosion, natural disaster at the insured's residence or at the workplace where insured has partnership or insured is obliged to take all reasonable precautions to decrease the loss as much as possible at the insured's residence or at the workplace,
- c) If insured's traveling companion who purchased and insured with the same insurance plan for the same trip, is obliged to cancel his/her trip due to covered reasons.

Exclusions:

1. Economic Distress and Bankruptcy of the insured or his/her immediate family member,
2. Travel shall not be deemed to be cancelled in cases valid passport cannot be taken, Visa cannot be taken or Consulate rejects and any insurance benefit shall not be payable,
3. Cancellations due to Overbooking of the Common Carrier.

Trip Delay (Flight Delay)

If insured's travel is delayed for 2 hours or more than the scheduled departure hour due to dangers within the scope of coverage written below, insurer shall pay 20 Euro for the flight in European Continent, 40 Euro for the flights outside of European Continent, 50 TL for T.R.N.C and Turkey for each delayed hour to cover insured's receipted expenses. Delays for maximum 10 hours due to dangers within the scope of coverage are subject to coverage limits shown on insurance policy.

Dangers within the scope of Coverage:

- a) Delay of transporter due to inclement weather conditions.
- b) Delay that occur due to strike or other acts of personnel of scheduled transporter that insured will use during insured's travel.
- c) Delay arising from a breakdown in equipments of transporter.

Exclusions:

- 1-Delays arising from any danger within the scope of Insurance coverage that is known by Public and insured before taking insurance policy.
- 2-Delays due to Overbooking of the Common Carrier

Missed Departure

Insurer will pay up to the overall limit shown on the coverage limits, if insured cannot reach the original departure point of insured's booked journey on the outward or return journey because public transport services fail or the personal vehicle in which insured is traveling is involved in an accident.

If the airline company is providing an alternative flight according to the airline ticketing rules with or without a penalty, the flight will be analyzed and the actual loss of the insured will be covered up to the policy coverage limits.

Exclusions:

1. Any delay caused by a strike earlier declared & known by the Public on the Public Transportations.

Loss of Baggage / Personal Belongings (Valid for Common Carriers only)

Insured's loss of baggage and personal belongings in the baggage that are proved by evidences as subject to following matters between insured's departure date and return date from travel or end date of insurance policy (whichever is prior) shall be paid by insurer up to

coverage limits. Baggage and personal belongings should be insured's own property and be near the insured during the travel.

It is valid for baggage that is controlled and taken delivery by airline.

a) Amount to be paid relating to any belongings shall not exceed coverage amount.

b) Relating to belongings that are not older than one year, the insurer may make payment or restore or repair them at its own discretion.

c) Relating to belongings that are older than one year, the insurer may make payment after reducing wear and tear and depreciation share or restore or repair them at its own discretion.

d) Lost Baggage benefit has been prepared assuming two Baggage per person, therefore half of coverage limit shall be paid per Baggage not considering total Baggage number near the insured person.

e) Amount to be paid for any belongings shall not exceed USD 150 per belongings.

Maximum limit for each belongings shown in Coverage Limits is USD 150; fur, belongings produced from fur, video and camera but not limited to stated ones. 'Documented Loss or Damage', expression means official documents taken from the party that is responsible for the loss or minutes of domestic police or competent authorities. If exists, the indemnity will be paid by deducting the amount paid within the Baggage Delay benefit.

Extension of Insurance

If insured checked in own belongings to the Airline and delivery is delayed, baggage/personal belongings coverage period shall be extended until the Airline delivers belongings to the insured.

Scope of Excess

Baggage Loss Payment; is the amount that exceeds the amount that the airline or the responsible party of the loss will pay or is responsible for the payment. Loss exceeding this amount will be paid to the insured within the coverage limits.

Baggage Delay (Valid for Flights only)

A Baggage Delay which is 12 hours or longer for the baggage which is in the airline company custody (only check-in items by the airline company) is proved by evidences as subject to following matters on insured's arrival date from travel or end date of insurance policy (whichever is prior) shall be paid by insurer up to coverage limits in order to cover insured's necessary / urgent emergency receipted purchase of replacement items with in the first 10 days from arrival date.

Please note the following:

Baggage and personal belongings indemnities are the part exceeding the amount to be paid by the airline company.

Exclusions:

1. Following goods are out of scope: Mobile phone, animal, motorized vehicles (including accessories), motorcycle, sea boats, snow skies, household goods, antiques, computers (including software and accessories), contact lenses, artificial tooth or prosthesis, money, bill, ticket or documents, every kind of glasses.
2. Any fragile or perishable items, personal electronic devices, music devices, medicines, items having a special value such as jewelry/money, travel checks, credit cards, negotiable papers, securities or other valuables, business documents, passports and other identification documents etc.), hazardous materials (stated on the Common Carrier Baggage Regulations).
3. Any loss caused or related with the items excluded by Airline regulations,
4. If insured's belongings are delayed or held by any customs, any government, public or local authority or other officials legally taking or putting in compulsory quarantine insured's belongings.
5. Damages occur as result of actions made by You to repair, clean or change any goods and losses and damages occur as result of tear, wear, breakdown, moths and insects.
6. Loss and damage of hired goods; loss and damage that occur due to siege, rebellion, revolution, civil war, abuse or while making defense, struggling against or trying to prevent any event by official authorities; and loss and damage as result of detention, quarantine by official state authorities due to reasons such as illegal trade, transportation or intervention by customs authority.
7. Damage of delay of goods that are insured by another insurance policy or price of which are paid by Transporter or hotel.
8. Loss or Delay of Baggage that is in the custody of a Common Carrier.
9. Loss Delay of insured's baggage that is sent before or loss of giftware and goods that are posted or sent separately.
10. Loss or Delay of belongings or samples relating to work.
11. Loss or Delay of information recorded in band, card, disc or other environments.
12. Baggage loss or delay due to intermediate transfer
13. Any expense caused on handing over process the after the arrival of the delayed baggage to the travel start point.

Purse Snatching

Insurer will only reimburse insured, up to the coverage limits, for the loss of cash that was owned by insured and was in insured's care, custody and control, arising out of Purse Snatching

Such loss must be reported within 24 (twenty four) hours after its discovery to the police having jurisdiction at the place of the Loss. Any claim must be accompanied by official written documentation from the local police.

Exclusions:

The insurer will not be liable to reimburse any sum insured for:

1. Loss as a result of detention or confiscation by any lawfully constituted authority;
2. Loss not reported to the police within 24 (twenty four) hours after the discovery of such Loss;
3. Loss recoverable under another insurance or from another source.
4. Loss in respect of shortage due to error, omission, exchange transaction or depreciation in value;
5. Mysterious disappearance.
6. Loss of travellers cheque, bonds, coupons, stamps, negotiable instruments, title deeds, manuscripts or securities of any kind;
7. Loss of credit cards or replacement of credit cards, Identity Cards (IC), passport and driving licenses or travel documents.

Herein the special conditions of policy certificate is issued within the Package Tour Insurance Contract conditions and general conditions of Professional Liability Insurance.

Unfulfillment of Services (Bankruptcy of Travel Agent) (Valid for domestic policies only)

Liability of the travel agency who unfulfill the services because of the situations within the coverage (including bankruptcy) of Travel Agency, regarding the package tours which is sold in the period of Package Tour Insurance Contract, stated services on the detailed package tour program (sealed and signed) and voucher/entry form within the package tour fee, is limited with the payment of the maximum participant for the package tour on condition that not to exceed the coverage per participant, provided within the limits of the coverage table of the policy certificate per tour.

Subject to the payment of the insurance premium amount, on the tours which have not started yet within scope of the package tour organized by travel agency;

- a) In case of bankruptcy of travel agency and announced by competent authorities, package tour fee is paid back to the participant providing in the limits of the policy certificate and limited to the package tour fee which is paid by participant.
- b) If the contracted travel is revoked by the travel agency, package tour fee is paid back to the participant providing in the limits of the policy certificate and limited to the package tour fee which is paid by participant.

If travel and accommodation have already started, the cost of the organization of repatriation of participant is considered within the Repatriation Coverage stated as below.

Coverages are bounded by the rates at TURSAB Tourism Consumers Application Assessment Table (Kütahya Table) with their own package tour fee providing in the limits of the policy certificate per participant and bounded by within the coverage per tour which is mentioned at policy certificate for all participants.

Unfulfillment of Specified Service Level (Travel Agent's Liability)

Liability arising from unfulfillment or lack of service of Travel Agency, regarding the package tours which is sold in the period of Package Tour Insurance Contract, specified services on the detailed package tour program (sealed and signed) and voucher/entry form within the package tour fee, is limited with the payment of the maximum participant for the package tour on condition that not to exceed the coverage per participant, provided within the limits of the coverage table of the policy certificate per tour.

Provided that payment of the insurance amount, travel and accommodations which have been started; in case of not including the components specified on the package tour certificate or not including the minimum conditions due to the certificate inherently of content and service of the package tour which is sold, covers refund of package tour fee limited with the aforementioned deficiencies bounded by the rates at TURSAB Tourism Consumers Application Assessment Table (Kütahya Table) to the participant with the judgement of TURSAB, Ministry of Tourism or adjudication within the specified limits of hereby with policy certificate.

TURSAB Tourism Consumers Application Assessment Table (Kütahya Table) is a source which is utilised by consumers to considering request of refund to the liability arising from unfulfillment or lack of service of Travel Agency. Method of calculation, calculation table where apply to refund rates in case of lacking of service are in the TURSAB Tourism Consumers Application Assessment Table (Kütahya Table).

Coverages are bounded by the rates at TURSAB Tourism Consumers Application Assessment Table (Kütahya Table) with their own package tour fee providing in the limits of the policy certificate per participant and bounded by within the coverage per tour which is mentioned at policy certificate for all participants.

Liability coverage of the insurer is limited in case of not including the components specified on the package tour certificate or not including the minimum conditions due to the certificate inherently of content and service of the package tour which is sold.

EXCLUSIONS

No benefit will be paid, if it was caused by the following:

- War, terror, revolution, insurrection, rebellion, pandemic or internal conflicts arising from them,
- Natural disasters such as earthquakes, floods, volcano eruptions and landslides,
- Package tours with cruise tours, - Losses covered by another insurance policy,
- Moral losses,
- Losses caused by the participant's reasons,
- Any event caused deliberately by travel agent,
- Losses regard to services which are taken from 3rd party except any liability of Travel Agency or under the scope of the package tour certificate

- Claims related with tours that have not been realized for any reason, date amendment, not-participated or canceled,
- Payment of the services outsourced to third parties within the scope of the package tour agreement is made by the travel agency, however third parties become unable to perform the service specified due to measures implemented by the relevant public authorities, as the responsibility will on third parties in line with the amount paid, as much as the amount paid, Losses of participant is out of coverage, if the contracted travel is revoked in the event of any possibility to service by reason of strike, lock out, civil commotions and malicious acts or the situations of discontinuation of activities or preventive measure by public authority due to public safety or gone out of business, unfulfilled the specified service.

24 HOURS CONSULTANCY SERVICES

Gulf Sigorta Assistance Services will provide the following Services as described below.

Medical Assistance: As soon as Gulf Sigorta Assistance Services is notified of a medical emergency resulting from insured's accident or sickness, Gulf Sigorta Assistance Services will contact the medical facility or location where insured are located and confer with the doctor at that location to determine the best course of action to be taken. If possible and if appropriate, insured's family doctor will be contacted to help arrive at a decision as to the best course of action to be taken. Gulf Sigorta Assistance Services will then organize a response to the medical emergency, doing whatever is appropriate, including, but not limited to, recommending or securing the availability of services of a local doctor and arranging hospital confinement of insured where, in its discretion, Gulf Sigorta Assistance Services deems such confinement appropriate.

Medical Evacuation Organization: When, in the opinion of Gulf Sigorta Assistance Services's medical panel, it is judged medically appropriate to move insured to another location for treatment or return insured to insured's residence or country of citizenship, Gulf Sigorta Assistance Services will arrange the medical evacuation, utilizing the means best suited to do so, based on the medical evaluation of the seriousness of insured's condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by Gulf Sigorta Assistance Services. Evacuations which are not in the scope of policy cover will be organized upon the approval of the insured and the cost shall be paid by the insured.

Death Repatriation: Gulf Sigorta Assistance Services agrees to make the necessary arrangements for the return of insured's remains to insured's country of citizenship in the event insured dies while this service agreement is in effect as to insured.

Legal Assistance: If insured are arrested or are in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to insured, Gulf Sigorta



Assistance Services will, if required, provide insured with the name of an attorney who can represent insured in any necessary legal matters.

Lost Luggage or Lost Passport: If insured, outside insured's country of citizenship, notify Gulf Sigorta Assistance Services that insured's luggage or passport has been lost, Gulf Sigorta Assistance Services will endeavor to assist insured by contacting the appropriate authorities involved and providing direction for replacement.

General Assistance: Gulf Sigorta Assistance Services will serve as a central point for translation and communication for insured during emergencies. Gulf Sigorta Assistance Services agrees to provide to insured advice on contacting and using services available from consulates, government agencies, translators and other service providers that can help with travel problems. In addition, Gulf Sigorta Assistance Services will provide insurance coordination, verifying coverage of insured, guaranteeing payment to the medical provider, based on confirmation of benefits, a charge to credit card(s) and coordinating the payments, documentation and translation to ease claim filing when insured return to insured's permanent place of residence.

Pre-Departure Services: Prior to insured's departure, Gulf Sigorta Assistance Services will provide hazard information about foreign locations, information about immunization requirements and passport or visa requirements, general information about weather and State Department and private service warnings about travel to certain locations. Gulf Sigorta Assistance Services will also arrange for special medical care en-route (i.e. dialysis, wheelchairs, etc.).

Emergency Travel Agency: Gulf Sigorta Assistance Services agrees to provide insured with 24 hour travel agency service for airline and hotel reservations. Gulf Sigorta Assistance Services will also arrange payment for insured's airline tickets and other travel services, using insured's credit cards. Prepaid ticket pickup at airline counters or ticket delivery by mail or courier will also be arranged by Gulf Sigorta Assistance Services for the insured.

SECTION F: WAITING PERIODS

Coverage is provided within the scope of Personal Accident Insurance General Conditions, and no waiting period is applicable to this policy.

SECTION G: EXCLUSIONS

This policy is issued in accordance of the exclusions stated in Article 4, 5, 6 of Personal Accident Insurance General Conditions and Article 9 of Travel Health Insurance General Conditions.

International Trade Controls and Economic Sanctions: No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations

resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

This policy will not cover any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Cuba, Iran, Syria, Sudan, North Korea, or the Crimea region.

This policy offers coverage only to individuals ordinarily resident in the Republic of Turkey and is null and void as to nonresidents of Republic of Turkey.

Postponement of Effective Date: No insurance provided by this policy is effective if insured or insured's dependent(s) is (are) hospital confined or disabled, meaning unable to perform the usual and customary duties of a person of like age and sex.

The coverage will take effect seven (7) days after such hospital confinement or disability terminates subject to the pre-existing condition.

SECTION H: COVERAGE TERRITORY

This insurance policy shall only be effective :

-At home in domestic policies which are purchased together with a domestic flight ticket or as standalone on website (www.thy.com) of Turk Hava Yolları A. O.

-Within the borders of the country (excluding Afghanistan, Cuba, Democratic Republic of Congo, Iran, Syria, Sudan, North Korea or the Crimea region) to which the insured goes by any plane of Türk Hava Yolları A. O., in policies which are purchased together with an international flight ticket or as standalone on website (www.thy.com) of Turk Hava Yolları A.O.

SECTION I: COMMON PROVISIONS

Validity of the Contract: This insurance policy shall be valid as the origin of the travel is within the borders of the Republic of Turkey.

Effective Date: This is the date stated in the application as the contracted departure date; except Section Trip Cancellation where cover shall commence on the date the insurance certificate has been countersigned and the total premium has been paid.

Declaration: In this policy, which has been issued on the basis of the insured's declaration, the insured is obliged to answer all the questions correctly, and to declare all the matters that may affect the assessment of the risks constituting the subject matter of the insurance to the best of his/her knowledge. If the insured has made false or incomplete declaration; insurer may terminate the policy. Insurer gets the right of premium for the covered period. If false or incomplete declaration by the insured or the policyholder is known after occurrence of the loss and if the loss has a risk relation with incomplete declaration, then no indemnity payment shall be made. If the loss has no risk relation with the false or incomplete declaration, then the indemnity shall be paid after deducting the difference between the premium that has become due and the premium that was paid.

Concealment or Fraud: The entire policy will be void if, whether before or after a loss, insured have, related to this insurance, If insured behave as follows with respect to the insurance, this insurance policy shall fall void before or after occurrence of loss.

- a. intentionally concealed or misrepresented any material fact or circumstance;
- b. engaged in fraudulent conduct; or made false statements.

In unintentional cases, if insured misrepresent, then the insurer shall be entitled to choose to keep insurance policy effective by collecting premium difference of the risk in proportion to its weight, or to terminate the policy. If the insurer prefers to terminate, it shall notify the insured within one month about the grounds of termination. The insurance shall draw to close after 15 days at 12:00 a.m. following the posting of termination notice and the amount of premium relating to non-operating insurance period shall be reimbursed. The right of termination which is not used in due time shall be forfeited. If misrepresentation and defective statement is learned after the occurrence of loss, events caused by intentional action of the policyholder shall not be covered; in unintentional cases, a deduction shall be made from the coverage in proportion of effectuated premium to the premium to be effectuated.

Pecuniary Indemnity / Claims: insured's written request for pecuniary indemnity shall be submitted to insurer within 5 days after the occurrence of loss. If insured's goods covered by this insurance policy incur damages or losses, then insured have to do the following:

- a. To claim to the insurer within the shortest possible time,
- b. To take immediate measures so as to preserve, safeguard and/or regain the goods covered by insurance policy,
- c. Immediately to give notice to the carrier of luggage office which is or may be responsible for the said loss or damage,
- d. In case of burglary or robbery, to give information to the police office or other relevant authorities within 24 hours and to prepare necessary documents.

After any injury covered by the insurance policy has occurred, indemnity claim should be submitted to the insurer in a reasonable manner and within the shortest possible time which should be less than 20(twenty) days.

Proof of Loss: In the event of any loss indemnity covered by this insurance policy for any periodic payment, written evidence of loss should be submitted to insurer within 90 days after the period which insurer is responsible for, expires. Claim for loss indemnity should be made within 90 days following the date of such occurrence. Not providing such evidence in due time, shall not make the indemnity invalid or reduce the amount of indemnity, if submission of such evidence is impossible in the said period. However, this evidence should be submitted to insurer within the shortest possible time.

Valuation of Lost Goods: Insurer will not pay more than the actual cash value of the property at the time of loss. Damage will be estimated according to actual cash value with proper

deduction for depreciation. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

Misstatement of Age: In case of false declaration of insured's age, the following principles shall apply:

- In case of a claim if the actual age of insured is higher than declared, then the indemnity shall be reduced in the ratio of the paid premium to the premium that should have been paid.
- any surplus premium that has been paid due to incorrect declaration of age shall be returned to the insured without any interest.
- In cases where the insurer determines that the insured's actual age is higher than the maximum age covered under the policy then the policy will be cancelled and the insurer will notify the insured in writing of the cancellation and refund any premium collected, and any claim that has become present therewith shall not be satisfied by the insurer.

Reasonable Care and Assistance: The insured is obliged to take all reasonable precautions to abstain from any loss or damage or decrease it as much as possible and try to recover the loss. In addition, insured have to assist the insurer for a reasonable request regarding the entry into force or protection of the subrogation rights that insurer may be authorized, or execution or examination of a request.

Loss Occurrence:

- a) Please receive the list of necessary information and documentation for claiming an indemnity under this policy from insurer after issuance of the policy or at the time of loss following relevant notice.
- b) Upon happening of the loss, please apply to the insurer through address and telephone details indicated on the front page together with necessary information and documentation as soon as possible.
- c) Please act in line with the instructions given by the insurer in the course of claim process.

Competent Court: If the lawsuit is filed on the behalf or opposition of the insured or the policyholder competent court shall be the court located in the place of residence of the insured/policyholder, as indicated in the policy.

Medical Examination: During the period of claim handling and at reasonable intervals, the insurer shall be entitled to demand additional evidence at the insurer's cost, to request the insured to undergo medical examination (examinations), and to have autopsy performed in case of death unless such autopsy is forbidden by laws.

Premium being due and payable: If any claim made under this policy is payable, the amount of premium past due and within the grace period on this policy shall become due and payable and it shall be deducted from the amount of indemnity to be paid.

Amendments: Any matter set out in this policy can be changed or amended only by those who hold the authority to sign for and on behalf of the insurer.

This policy, together with any amendment and the documents enclosed herewith, constitutes the entire insurance contract. Any amendment to this policy shall not become valid and effective unless the same is approved by the insurer and such approval is supplemented to the policy.

Fraudulent and/or Falsified and/or Misleading Claims: If the claim is fraudulent, falsified or misleading in nature or if the claim is made by the insured, policyholder or any other person acting for or on their behalf or with the authorization of the insured or policyholder by way of fraudulent, falsified or misleading means or instrument(s), then the insurer shall not be liable to make any payment under this policy in connection with such claim.

Claim rights: According with the article 1420 of the Turkish Commercial Code, all types of claims arising out of this insurance contract shall be forfeited within two years by claim's due date and insurer's rights under the article 1482 of the Turkish Commercial Code remaining reserved, all claims related with the insurance indemnity and benefit shall be forfeited within 6 (six) years by the risk occurrence. **Arbitration:** Insurer is a member to arbitration system as per insurance legislation; detailed information is available on www.sigortatahkim.org.

Data Disclosure: Insurer transfers and receives necessary personal information belonging to its policyholders with several governmental and professional organizations and authorities, notably with Insurance Information and Supervision Center, as per applicable legislation. You can access other personal data sharing matters from the attached Disclosure Letter or the Processing And Protection of Personal Data Disclosure policy available at www.gulfsigorta.com.tr. In case the insurer asks for information or action from the insured, insured's representative or beneficiary as per Article 1412 of the Turkish Commercial Code no 6102, any misleading or incorrect information to be provided by these persons shall be deemed as a violence of the insured's duty to give information, which is regulated by laws, and in such case, the insurer's rights under Article 1435 and the subsequent articles of the Turkish Commercial Code no 6102 shall remain reserved.

The documents which indicate scope of all coverage items, general conditions, special conditions, clauses, exceptions, and the things to do in case of a loss, and which are inseparable part of this document have been received by the proposer / insured / policyholder as attached to this form.

All reasonable costs and expenses to be incurred by the policyholder / insurer / beneficiary in good faith in order to determine the scope of risk, indemnity and the duty to pay shall be notified to the insurer in advance and the documents evidencing such costs and expenses shall be communicated to the insurer so that such costs and expenses are predictable by the insurer.

The insurer reserves its right to ask for further information from the insured in addition to the declarations made in the proposal from until execution of the insurance contract. If the policyholder fails to inform the insurer about any change that has occurred from the date of

proposal until its approval by the insurer and that may potentially affect the insurer's decision to enter into insurance contract or the terms and conditions thereto, the policyholder shall be deemed to have violated its duty to give information, and the insurer's rights that are exercisable against the policyholder under applicable laws shall remain reserved.

Parity Clause: All premium, deductibles and indemnity payments are made in Turkish Lira with the Turkish Central Bank Selling Rate of Exchange.

SECTION J: INDEMNITY PAYMENT

Information and documents that may be asked for by the insurer: Within the scope of the claim file created for a loss covered by this policy, the insurer, whenever it deems necessary, may ask for all types of medical/financial information and documentation pertaining to the insured from competent authorities on behalf of the insured; in this respect, prior consent of the insured is deemed to be automatically obtained by this policy.

Notice of Claim: Upon the occurrence of a loss, a written notice of claim must be made to the insurer. With respect to any late notice of claim due to force majeure events, the insurer shall be entitled to reduce the indemnity in line with the increase of loss caused by late notice.

Time of Indemnity Payment: All indemnities and benefits payable hereunder shall be paid within the periods in line with regulation after all necessary evidences of loss have been submitted and accepted by the insurer.

Persons eligible for being indemnity payee: All benefits that may arise out of this policy shall be paid to the insured or proxy holders designated by them or to their lawful heirs in case of death. In the event insured is a minor, incompetent or otherwise unable to give a valid release for the claim, insurer may make arrangements to pay claims to insured's guardian, committee or other qualified representative. Any payment made in good faith will discharge insurer's liability to the extent of the claim.

Indemnity Claim Forms and Allowed Time for Submission of Evidence:

In cases where the loss has occurred or is to likely occur, the policyholder/insured shall inform beforehand the insurer about reasonable costs and expenses that he/she has made in order to prevent, mitigate or hinder the enlargement of loss or to protect the insurer's rights to recourse to third parties so that such costs and expenses are predictable by the insurer and the insurer can provide the policyholder/insured with necessary instructions aimed at preventing/mitigating potential losses where necessary. The policyholder/insured is obliged to follow aforesaid instructions as long as they are practicable and/or performance of such instructions do not aggravate his/her conditions and/or such instructions do not violate the duty of the policyholder/insured to prevent/mitigate potential losses and/or such instructions are efficacious in nature.

The policyholder has to provide all necessary and satisfactory documentary evidence of the loss which would be expected from the policyholder and it must be submitted to the insurer within reasonable time. The policyholder/insureds have to provide their consents to relevant

authorities / medical institutions to release relevant to claim information to the insurer and they are responsible to take any required actions in order to enable the insurer to receive this information. In case of violation of this responsibility, the insurer shall be entitled to reduce the indemnity in line with the expected reduction of insurer's liability should the required information have been received. All insurer's rights in accordance with the Turkish Commercial Code of Conduct are reserved.

SECTION K: AUTOMATIC RENEWAL

Coverage of this policy will terminate per SECTION L CANCELLATION OF THE INSURANCE CONTRACT / TERMINATION item. It is non-renewable.

SECTION L: CANCELLATION OF THE INSURANCE CONTRACT/TERMINATION

Policy coverage shall expire on the terms stated on the SECTION C: COVERAGE PERIOD of the policy and/or upon the earliest of the following:

1. If the Insured does not pay the premium stated on the policy fully, insurance coverage and liability of the Insurer shall not start,
2. Upon cancellation request of the Insured within the conditions stated on the item Cancellation of Insurance Policy,
3. Upon the end of the Insured's Trip,
4. Upon the entrance to his/her Residency City border
5. On the expiry date of insurance period as stated on the policy.

Cancellation of Insurance Policy: Travel insurance policies purchased with Türk Hava Yolları A.O flight ticket will be cancelled and premium will be refunded as per written cancellation request of the Insured within 24 hours period after the policy issuance date and earlier than the inception date of the policy.

In cases where insurance premiums are paid by credit card, the insurer's liability shall commence with the date on which the policy first premium deposit is withdrawn from the insured's credit card.

Only the Turkish policy is valid. In case of any discrepancy between the Turkish policy and its English version with regards to their interpretation or understanding, solely the Turkish policy shall be binding upon the Parties. Since the transaction has a foreign element the negotiations and interactions during the formation of this policy have been conducted in English. Thus an English version of the Turkish policy is also drafted upon request.

- Disclosure Letter On Processing And Protection Of Personal Data: This disclosure letter has been prepared for the purpose of informing the customers and fulfilling the disclosure obligation of GULF SİGORTA A.Ş. ("Our Company" or "Gulf Sigorta") acting as the data controller within the scope of the Personal Data Protection Law no. 6698 ("KVKK")

The personal data and health data as a special category of personal data which are given by our Customers who have made contact through Head Office, Regional Offices, Branch, insurance intermediaries, businesses that provide goods and services, call, center, assistance

service providers or who transacts on electronic environment, are processed and being saved safely in physical or electronic environment within the appropriate time in accordance to the processing purpose and being processed within the scope of the Turkish Commercial Code, Insurance Law and other relevant legislation, complying with the fundamental principles stated in KVKK, for the purposes of providing our Company's operational activities, business relations, using in insurance services and using for policy issuance, renewal, risk and proposal works, calculation of statistics and possibilities, management of collection processes, payment of premium, commission and service fees, development works, carrying out the processes of fronting, reinsurance and coinsurance, recording incoming calls, using the records to increase the service quality, fulfilling the obligations arising from the legislation and legal notifications, conducting the legal follow-up processes, following the identity, address and necessary information to determine the information of the person who made the transaction being able to provide products and services to you in the most appropriate way, ensuring the continuity of marketing and technical processes, carrying out our work to ensure the commercial security of our Company, organizing all records and documents that will be the basis for the transaction in paper form or electronic environment (internet / mobile and similar) complying with the information storage, reporting and information obligations stipulated by the legislation, the Ministry of Treasury and Finance, MASAK (Financial Crimes Investigation Board) and other relevant authorities, offering the products/services requested from our Company; informing our customers about the services offered to our customers by our business partners, advertising and promoting insurance products, carrying out financial and accounting transactions, providing services arising from the performance of the insurance contract, fulfilling the requirements of the contract you have concluded or has been conducted on your benefit and providing the consistency of the information of our Customers. Our company acts in accordance with the obligations stipulated in all relevant legislation, especially in the KVKK.

In the meantime, your personal data may be shared with the Gulf Sigorta Regional Offices, domestic reinsurance companies and in line with this purposes to the brokers, contracted institutions and actuaries, support service providers, Human Resources and/or relevant unit of the insured in case of the request about the employee of the policy holder which is a corporate, real persons and legal entities with whom there is proxy relationship to provide resolution of legal disputes, persons and organizations that have permission, right and authority to request and process personal data as permitted by all national/international legislation and/or within the scope of such legislation or contracts of which it is a party, especially to the extent in question; T.C. (Republic of Turkey) Insurance and Private Pension Regulation and Supervision Agency (SEDDK), Financial Crimes Investigation Board (MASAK), Insurance Information and Surveillance Center (SBM), Central Registry Agency (MKK), Assurance Account, judicial and administrative authorities, institutions authorized to audit or supervise, financial institutions, contracted banks, professional organizations, business partners and from time to time other third parties and financial organizations listed in Article



31/A of the Insurance Law in order to carry out insurance activities and provide technical and organizational services supporting the insurance policy

Moreover, the personal data made public by you as you participated in contests and social media, is processed in the scope of KVKK.

Your personal data, besides the above mentioned ones, may be processed in order to offer all kinds of products and services special for you related to the products and services you purchased and communicate with you and to be used for promotions, offering product/services, marketing and campaign and developing convenient products for you, working on customer satisfaction, working on existing or new product, marketing survey, and determining target customer.

You can submit your requests within the scope of Article 11 of the KVKK titled "Rights of the Data Subject" within the framework of the principles specified in the "Gulf Sigorta Anonim Şirketi Personal Data Owner Application Form" in the "Legal Practices" section of www.gulfsigorta.com.tr.

Your Personal Data will be processed in any case as long as the above legitimate purposes are not eliminated, taking into account the mandatory terms and sectoral practices.

In accordance with Article 4 of the KVKK, Gulf Sigorta has an obligation to keep your personal data accurate and up-to-date. In this context, in order to fulfill our obligations arising from the current legislation, our customers are required to share their accurate and up-to-date data with our Company. If your data is changed in any way, we ask you to update your data by contacting us through the communication channels listed below.

HEAD OFFICE

Commercial Name: Gulf Sigorta A.Ş.

Head Office Address: Saray Mah. Dr.Adnan Büyükdeniz Cad.Akkom Ofis Park Cessas Plaza
No:4 Kat 4-5 Ümraniye / İSTANBUL

Trade Registry Number: İstanbul, 857584

Central Registration System Number: 0871052362300018

Phone: +90 0216 400 2 400

Web Site: www.gulfsigorta.com.tr

As stated in the "Personal Data Protection and Processing Policy" on our company's website, in accordance with Article 12 of the KVKK, our Company takes all necessary technical and administrative measures to ensure the security level, to prevent the illegal processing of personal data, illegal access to personal data, and to provide the protection of personal data.

For more details, please read the Personal Data Protection and Processing Policy at www.gulfsigorta.com.tr .