



APPROVED

"BTA Insurance Company" SE

Board resolution No LV1-0002/02-03-03-2013-112 of 18.12.2013.

**Accident Insurance Terms and Conditions No 8.1
Annex 1**

**Table 1
The Amount of Insurance Indemnity Related to the Accident**

No	Damage	Insurance Indemnity % from the Sum Insured Specified in the Contract
Central Nervous System		
1	Traumatic brain and its membrane haemorrhages: a) subarachnoidal; b) epidural haematoma; c) subdural haematoma.	10 20 30
2	Perforated injury of the skull with damage of brain tissue (foreign body in the cavity of the skull, except for the operation materials)	18
3	Smashing of cerebral substance.	50
4	Cerebral concussion.	12
5	Cerebral trauma: a) cerebral concussion if the outpatient medical treatment lasts more than 10 days (for children until the age of 12 cerebral concussion if the outpatient medical treatment lasts more than 3 days); b) cerebral concussion if the inpatient medical treatment lasts from 24 hours to 7 days; c) cerebral concussion if the inpatient medical treatment lasts from 7 days to 14 days; d) cerebral concussion if the inpatient medical treatment lasts more than 14 days. <i>Note:</i> The insurance indemnity for the repeated brain concussion is paid out if it happens not sooner than in 6 months after the previous trauma.	1.5 2 3 5
6	Severe neurotropic poisoning, tick borne encephalitis (encephalomyelitis) or poliomyelitis, flash-burn, lightning trauma, tetanus, food poisoning with following medical treatment in an inpatient hospital: a) up to 7 days, inclusive; b) up to 21 days, inclusive; c) up to 30 days, inclusive; d) for more than 30 days.	5 10 15 25
7	Damage to the spinal cord at any level, including coccygeal bone damage:	

Clause 7 cont.	a) concussion;	5
	b) bruise;	10
	c) partial rupture, compression with permanent functional disorder;	50
	d) Complete rupture.	100
8	Cranial nerve damages.	10

Notes:

1. If due to the accident the Insured suffers several of the injuries referred to in Clauses 1-8, the insurance indemnity is paid out for each respective Clause not exceeding the sum insured specified in the insurance contract for traumas.

2. If due to the accident the Insured suffers several injuries referred to in the sub-clauses of a separate clause (a), b), c)...), the insurance indemnity is calculated in accordance with the most serious injury.

Peripheral Nervous System		
9	Damage to neck, shoulder, lumbar plexus:	
	a) traumatic plexopathy with limited movement functions;	10
	b) partial rupture of plexus;	40
	c) complete rupture of plexus.	50
	Level of nervous damage:	
	d) radius, ankle;	10
	e) forearm, shin;	20
f) shoulder, elbow, hip, knee joint;	40	
g) traumatic neuritis.	5	

Note:

1. If due to the accident the Insured suffers several injuries referred to in Clause 9, the insurance indemnity is calculated and paid out according to the most serious injury.

Skull and Face Bones		
10	Cranial bone fracture:	
	a) fracture of the external plate of cranial vault bones;	5
	b) cranial vault;	15
	c) cranial base;	20
	d) cranial vault and base.	30
11	Fracture of the nasal bone, frontal bone, upper jaw cavity:	
	a) non-displaced;	2
	b) displaced.	5
12	Jaw fractures, dislocations:	
	a) fractures of upper jaw, cheek bone, lower jaws;	5
	b) dislocation of the lower jaw.	3
	<i>Note:</i> If teeth are lost due to alveolar process fracture, the insurance indemnity is not paid out for the fracture.	
13	Habitual dislocation of the lower jaw if it develops after the trauma during the insurance period.	7
14	Jaw damages which have caused:	
	a) loss of a part of the jaw;	40
	b) loss of the jaw and teeth	80

Clause 14 cont.	<i>Note:</i> If the insurance indemnity is paid according to any of the sub-clauses of Clause 14, the indemnity is not paid for the loss of teeth (Clause 43).	
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Note:

1. If due to the accident the Insured suffers several of the damages referred to in Clauses 10 – 14, the insurance indemnity is paid only for one clause – the most serious damage.

Organs of Sight

15	Accommodation paralysis of one eye.	15
16	Hemianopsia of one eye.	15
17	Reduction of the visual field of one eye: a) non-concentric; b) concentric.	10 15
18	Pulsating exophthalmia of one eye.	20
19	Penetrating eyeball injuries, iridocyclitis, retina inflammation, haemorrhage trichiasis, eversion of the eyelid, iris defect, changes in the eye pupil.	10
20	Functional disorders of the tear duct of one eye.	5
21	Degree 2-3 burns, non-penetrating eyeball injuries, eyeball haemorrhage, lens displacement, non-magnetic eyeball and eye cavity foreign objects, keratitis, cicatricial eyeball layer that has not caused weakened eyesight, corneal erosion.	5
22	Eye damage that causes complete loss of vision of the only eye that had any level of vision or damage of both eyes with loss of vision irrespective of the initial vision.	100
23	Removal of the eyeball due to the trauma, if it had not had prior vision capacity.	10
24	Fracture of orbit.	5
25	Reduction of vision acuity (see the annex to Table 1).	

Note:

1. If due to the accident the Insured suffers several of the damages referred to in Clauses 15-25, the insurance indemnity is only paid for one clause – the most serious damage and the decision regarding the indemnity is made after completing the treatment, but no sooner than in 3 months after the trauma.

Hearing Organs

26	Damage to the pinna (including burn, frostbite) followed by: a) cicatricial deformation or loss of 1/3 of the ear; b) loss of 1/2 of the ear; c) complete loss of the pinna.	5 10 25
27	Damage to the ear followed by decrease in hearing: a) weakly heard speech from 1-3 m distance; b) weakly heard speech from less than 1 m; c) complete deafness (conversational speech 0).	5 15 25
28	Disruption of the eardrum of one ear because of trauma without decrease in hearing. Disruption of the eardrum due to the fracture of cranium base is not compensated.	5

29	Disruption of the eardrums of both ears because of trauma without decrease in hearing. Disruption of the eardrums due to the fracture of cranium base is not compensated.	6
30	Ear damage that has caused chronic post-traumatic otitis media with the hearing impairment during the validity period of the policy.	5
Note:		
1. If due to the accident the Insured suffers several of the damages referred to in Clauses 26 – 30, the insurance indemnity is paid only for one clause – the most serious damage.		

Thoracic Bones		
31	Fracture of the breastbone.	8
32	Fracture of the ribs:	
	a) one rib; b) every following rib; but no more than 7%.	3 2
Notes:		
1. If due to the accident the Insured suffers several of the damages referred to in Clauses 31 – 32, the insurance indemnity is paid for every respective clause.		

Breathing System		
33	Contusion of the lungs, subcutaneous emphysema, hemothorax, pneumothorax, serous pleurisy, foreign body in the cavity of the thorax:	
	a) unilateral; b) bilateral.	5 10
34	Damage to the lungs followed by:	
	a) removal of part of the lung; b) complete removal of one lung.	30 50
35	Penetrating injury of the thorax, thoracotomy due to trauma:	
	a) without damage to organs of the thorax; b) with damage to organs of the thorax. <i>Note:</i> If one lung or a part thereof is removed due to the injury of the thorax, Clause 35 is not applied.	10 20
36	Chemical or thermal II degree burn of respiratory tract, damage to the larynx and trachea, sublingual bone fracture, tracheostomy due to trauma, bronchoscopy to remove a foreign body.	10
37	Chemical or thermal III degree burn of respiratory tract, damage to the larynx, sublingual bone, thyroid gland, breathing disorders caused by post-traumatic tracheostomy, voice hoarseness or loss, permanent use of a tracheostomy tube. <i>Note:</i> If the insurance indemnity is paid according to Clause 36, Clause 37 is not applied.	20
Note:		
1. If due to the accident the Insured suffers several of the damages referred to in Clauses 33 – 37, the insurance indemnity is paid only for one clause – the most serious damage.		

Heart and Circulatory System		
38	Damage to the heart, pericardium and large arterial blood vessels.	20
39	Damage to the heart, pericardium and large arterial blood vessels which has caused heart and blood vessel insufficiency.	30

Clause 39 cont.	<i>Note:</i> If the doctor's certification does not specify the level of cardiac blood vessel insufficiency, the insurance indemnity is paid out in accordance with Clause 38.	
40	Damage to large peripheral blood vessels without blood circulation disturbances.	10
41	Damage to large peripheral blood vessels which has caused blood vessel insufficiency.	20
Note:		
1. If due to the accident the Insured suffers several of the damages referred to in Clauses 38 – 41, the insurance indemnity is paid only for one clause – the most serious damage.		

Digestive System		
42	Damage to the tongue which has caused: a) tongue cicatrices (irrespective of the size) followed by functional or sensation disorders; d) loss of the 1/3 of the tongue distal; c) loss of the 1/3 of the tongue middle; d) loss of the tongue at the root level or complete loss of the tongue.	5 15 30 60
43	Tooth loss: a) 1 tooth; b) 2-3 teeth; c) 4-6 teeth; d) 7-9 teeth; e) 10 and more teeth. <i>Note:</i> 1. In the event of loss milk-teeth, the insurance indemnity is paid out only to children under 5. 2. The loss of a tooth is considered from the loss of 1/2 of the crown or the bigger part of the tooth, or the broken tooth root, with the condition that the tooth was real and anatomically healthy on the moment of the damage occurrence. 3. If teeth fixating the permanent prosthesis are lost due to the trauma, the insurance indemnity is paid out only for the loss of these teeth. The insurance indemnity is not paid for the damage to the removable prosthesis and damage of the dental bridge. 4. If the lost tooth due to the trauma is implanted, the insurance indemnity is paid as for the loss of a tooth.	2 5 10 15 20
44	Damage to the oral cavity, throat, oesophagus, stomach, degree I-II thermal, chemical burns, oesophagogastroscopy performed to remove foreign bodies.	5
45	Damage to the oesophagus which has caused: a) narrowing of oesophagus; b) oesophagus impenetrability, but no sooner than 6 months after the trauma. <i>Note:</i> Pursuant to Clause 45 b, the insurance indemnity is determined no sooner than in 6 months after the trauma. Before the expiry of this period the primary payment is determined according to Clause 45 a and this percentage is deducted after making the final decision.	25 100
46	Damage to digestive organs due to toxic intoxication followed by:	

Clause 46 cont.	a) adhesion disease; cicatricial stomach, gut, rectum narrowing (deformation);	15
	b) gut, gut-vaginal fistula, pancreas fistula;	40
	c) anus prenaturalis (colostomy).	80
<i>Note:</i> In the events of trauma complications referred to in sub-clauses (a) and (b) the insurance indemnity is paid out no sooner than in 3 months after the damage. In the events referred to in sub-clause (c) – no sooner than in 6 months after the trauma.		
47	Traumatic hernia of the front wall of the abdomen or diaphragm, post-surgery hernia if the surgery has been made due to the trauma. <i>Note:</i> 1. The insurance indemnity is not paid out for physiological hernia of abdomen wall (umbilical, white line, groin and thigh) caused by lifting weights or due to physical work. 2. The insurance indemnity according to Clause 47 is paid out in addition to the insurance indemnity for the traumas of abdominal organs.	5
48	Traumatic damage to the liver, acute poisoning followed by: a) toxic hepatitis;	5
	b) fracture of the liver that requires surgery;	15
49	Removal of a part of the liver due to trauma.	30
50	Damage to the spleen followed by: a) subcapsular spleen rupture without operative intervention;	5
	b) removal of the spleen.	20
51	Damage to the stomach, pancreas, guts, mesentery followed by: a) pancreatic necrosis, suture, post-traumatic cyst;	15
	b) removal of the pancreas;	20
	c) removal of 1/3 of the stomach and intestinal canal;	30
	d) removal of 1/2 of the stomach and intestinal canal;	45
	e) removal of 2/3 of the stomach and intestinal canal;	60
	f) complete removal of the stomach.	80
52	Damages to abdominal organs, due to which the following procedures are performed: a) laparoscopy (laparocentesis);	5
	b) laparotomy if there is suspicion of the damages to abdominal organs, damage to the front wall of the abdomen followed by guts' resection;	10
	c) repeated laparotomy.	15
Note:		
1. If due to the accident the Insured suffers several of the damages referred to in Clauses 42 – 51, the insurance indemnity is paid for every respective clause.		
2. If the insurance indemnity is paid out for any of the Clauses 42 – 51, Clause 52 does not apply, but if the damaged organ is removed due to the trauma, the payment is made according to Clause 52 b.		
3. If due to the accident the Insured suffers several of the damages referred to in any one Clause (42, 43, 45, 46, 48, 50, 51, 52), the insurance indemnity is calculated in accordance with the most serious damage.		

Excretory and Sexual Organ System

53	Damage to the kidneys which has caused: a) kidney contusion – with kidney function disorders;	5
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Clause 53 cont.	b) removal of a part of the kidney;	25
	c) complete removal of the kidney.	50
54	Damage to the urinary system organs which has caused:	
	a) chronic cystitis, urethritis;	5
	b) pyelitis, pyelonephritis, pyelocystitis, decrease of the urinary bladder volume;	10
	c) narrowing of the ureters, urethra;	20
	d) renal failure;	35
	e) ureter impenetrability; urethra, urine-sexual organ fistulas.	40
55	Damages to the urinary system organs, due to which operative intervention is made:	
	a) if organ damage is present;	10
	b) repeated surgery made due to the trauma.	15
	<i>Note:</i> If the kidney or a part thereof is removed due to the trauma, Clause 55 does not apply.	
56	Damage to sexual organs which has caused:	
	a) loss of one ovary, ovary and oviduct;	15
	b) loss of both ovaries, testicles, part of the penis, both oviducts;	30
	c) loss of uterus for women under 40	50
	40 – 50 years of age	30
	older than 50 years of age	15
	d) loss of the penis	50
57	Rape of a person.	30
Note:		
1. If due to the accident the Insured suffers several of the injuries referred to in Clauses 53-55, the insurance indemnity is paid out for each respective Clause not exceeding the sum insured specified in the insurance contract for traumas.		
2. If due to the accident the Insured suffers several injuries referred to in one clause (52, 53, 54, 55) the insurance indemnity is calculated according to the most serious injury.		
3. If due to the accident the Insured suffers several of the damages referred to in Clauses 56 – 57, the insurance indemnity is paid only for one clause – the most serious damage.		

Soft Tissues, Burns and Frostbite		
58	Damage, burns and frostbite of soft tissues of the face, front-side and lateral surface of the neck, submandibular tissue which have caused:	
	a) 3-5 cm long bruises, cheloids, pigmentation changes with moderate cosmetic defect;	5
	b) bruises over 5 cm long, cheloids, pigmentation changes with severe cosmetic defect;	10
	c) face distortion.	40
	<i>Notes:</i>	
	1. Cosmetically discomforting cicatrices are considered cicatrices that differ in colour, are raised above the surrounding skin, tighten the tissues.	
	2. Face distortion is a pronounced change of human face symmetry and visual changes due to mechanical, chemical, thermal or other impact.	

Clause 58 cont.	3. The insurance indemnity is paid out according to Clause 58, if the complications referred to in Clause 58 are diagnosed no sooner than 3 months after the trauma.	
59	1. Damages to the hairy part of the head, body, hand and leg soft tissues (burns, frostbite, injury) that has caused scar tissues: a) from 5 sq. cm to 0.5%; b) 0.5-2%; c) 2-4%; d) 4-6%; e) 6-8%; f) 8-10%; g) 10% and more of the body surface.	5 10 15 18 25 30 35
	2. Damages to body, hand and leg soft tissues as well as 2 nd degree burns and frostbite that have caused formation of pigmentation spots: a) 1-2%; b) 2% and more of the body surface. <u>Notes:</u> 1. In the event of open fractures and surgeries, Clause 59 is not applied in regard to scars. 2. The insurance indemnity is paid out according to Clause 59, if the said complications are diagnosed no sooner than 2 months after the trauma.	1 3
60	a) Burn disease; burn, traumatic, haemorrhagic shock; b) Anaphylactic shock.	10 5
61	Closed soft tissue damage that has caused muscle hernia, complete or partial rupture of muscle fibres, muscle fascia or tendon rupture, post-traumatic periostitis, perichondritis, taking muscle or fascia transplant for plastic surgery due to trauma, as well as permanent foreign bodies in soft tissues, non-absorbed haematoma (more than 1 month after the trauma) or haematoma where the puncture was performed.	3.5
Notes:		
1. If due to the accident the Insured suffers several of the injuries referred to in Clauses 58-61, the insurance indemnity is paid out for each respective Clause not exceeding the sum insured specified in the insurance contract for traumas.		
2. If due to the accident the Insured suffers several injuries referred to in one clause (58 or 59) the insurance indemnity is calculated according to the most serious injury.		
3. Determination of the burn size:		
* Head – 9 %		
* Breasts, abdomen, back– 18 %		
* Arms – 9%		
* Back – 18%		
* Legs – 18%		
* Perinaeum – 1%		
* Hand – 1%		

Spinal Column		
62	1. Fracture of vertebral body, arch and articular processes (except sacrum and coccyx):	
	a) one - two vertebrae; b) for every next vertebrae,	12 5

Clause 62 cont.	but no more than	30
	2. Incomplete or complete transaction of intervertebral ligaments, vertebra dislocation (except coccyx), damage to ligaments of the cervical vertebrae.	5
	3. Fracture of spinous or transverse processes of a vertebra:	
	a) one, two;	5
	b) two and more vertebrae.	7
63	Fracture of coccyx, dislocation of coccygeal vertebrae.	8
64	Fracture of sacrum.	10
Notes:		
1. If due to the accident the Insured suffers several of the damages referred to in Clauses 62 – 64, the insurance indemnity is paid for every respective clause.		
2. If due to the accident the Insured suffers several of the damages referred to in Clause 62, the insurance indemnity is paid only for one sub-clause – the most serious damage.		
3. Insurance indemnity is not paid for hernia of the intervertebral disk, osteochondrosis, spondylosis, discogenic radiculitis and spondylolisthesis!		

Scapulae and Collarbone		
65	Scapulae:	
	a) fracture of one bone or rupture of one joint;	5
	b) fracture of two bones, rupture of two joints or fracture of one bone and rupture of one joint;	10
	c) non-united fracture, false joint, rupture of two joints and fracture of one bone, fracture of two bones and rupture of one joint.	15
66	Fracture of the collarbone:	
	a) fracture of one bone;	5
	b) fracture of two bones, rupture of two joints or fracture of one bone and rupture of one joint.	8
67	Scapular and collarbone joint:	
	a) incomplete rupture or dislocation;	5
	b) complete rupture.	10
68	Collarbone and breast-bone joint:	
	a) incomplete rupture or dislocation;	5
	b) complete rupture.	10
Note:		
1. If due to the accident the Insured suffers several of the damages referred to in Clauses 65 – 68, the insurance indemnity is paid only for one clause – the most serious damage.		

Shoulder Joints		
69	Damage to the shoulder joint:	
	a) complete or incomplete rupture of ligaments or articular capsule;	8
	b) fracture of head of the humerus, anatomical neck, greater tubercle.	10
70	Damages of the shoulder joint which have caused:	
	a) habitual shoulder dislocation;	15
	b) stiffness of the joint (ankylosis) no sooner than 3 months after the trauma;	25
	c) "unsteady" shoulder joint that has formed due to joint surface bone resection.	35

Note:

1. Additional indemnity is not paid for a transplant. The insurance indemnity is paid out for habitual shoulder dislocation only when this dislocation occurs due to the primary dislocation that happens during the validity period of the insurance contract. Diagnosis of the habitual shoulder dislocation must be confirmed by a medical institution that reduced it. In the event of the recrudescence of the habitual shoulder dislocation the insurance indemnity is not paid. If the insurance indemnity is just paid due to the joint trauma according to Clause 69 and then the complications referred to in Clause 70 occur, the insurance indemnity is paid according to the sub-clauses of Clause 70 deducting the payment that has been already made.

2. If due to the accident the Insured suffers several of the damages referred to in Clause 69, the insurance indemnity is paid only for one clause – the most serious damage.

3. The insurance indemnity for the repeated injury, mentioned in Clause 69 and 70, is not paid out.

Humerus

71	Fracture of the humerus at any level (except joints): a) non-displaced; b) displaced.	10 15
72	Traumatic amputation or severe damage to the upper arm resulting in amputation of: a) scapula, collarbone or a part thereof; b) shoulder at any level.	70 65
73	Fracture of the humerus with formation of a false joint.	35

Note:

1. If due to the accident the Insured suffers several of the damages referred to in Clauses 71 – 72, the insurance indemnity is paid only for one clause – the most serious damage.

2. The insurance indemnity is paid out according to Clause 73 no sooner than 9 months after the trauma. If the insurance indemnity for the fracture of the shoulder joint has been already paid, it is deducted from the insurance indemnity to be paid out according to Clause 73.

Elbow Joints

74	Damages to the elbow joint area - complete or incomplete rupture of ligaments, articular capsule, dislocation of the forearm with immobilization	5
75	Fracture of bones that form the elbow joint: a) fracture of one bone without shiver displacements, incomplete or complete rupture of ligaments, haemarthrosis, dislocation; b) fracture of two bones without shiver displacement; c) fracture of the bone (bones) with shiver displacement.	5 7 10
76	Damages of the elbow joint area which have caused: a) joint stiffness; b) "unsteady" shoulder joint (due to joint surface bone resection).	25 30

Note:

1. If due to the accident the Insured suffers several of the damages referred to in Clauses 74 – 76, the insurance indemnity is paid only for one clause – the most serious damage.
2. The insurance indemnity for repeated haemarthrosis, partial or complete rupture of ligaments, dislocation is paid if this occurred not faster than 6 months after previous trauma and it is determined in amount of 50% of calculated insurance indemnity.

Forearm		
77	Fracture of the forearm bones:	
	a) one bone; b) two bones, fracture of one bone and dislocation of the other bone.	7 10
78	Traumatic amputation or severe damage that has caused amputation of the forearm at any level.	50
79	Fracture of forearm bone among the distal metaphysis:	
	a) One bone; b) Two bones, fracture of one bone and dislocation of the second bone.	5 8
80	Fracture of one or both bones of the forearm with formation of a false joint:	
	a) one bone; b) both bones.	10 15
Note:		
1. In the event of a false joint the decision is made no sooner than 9 months after the trauma.		
2. If due to the accident the Insured suffers several of the damages referred to in Clauses 77 – 80, the insurance indemnity is paid only for one clause – the most serious damage.		

Radius and Wrist Joint		
81	Complete or incomplete rupture of forearm ligaments, hand dislocation with immobilization.	5
82	Traumatic damage to the radius and wrist joint (bone fractures, rupture of the joint capsula, rupture of ligaments).	10
Note:		
1. If due to the accident the Insured suffers several of the damages referred to in Clauses 81 – 82, the insurance indemnity is paid only for one clause – the most serious damage.		

Hand, Fingers		
83	Fractures or dislocations of the carpal bones:	
	a) one bone (except the scaphoid bone);	3
	b) two bones; c) three and more bones, the scaphoid bone.	5 8
84	Fractures or dislocations of the metacarpal bones:	
	a) one bone; b) two bones and more bones;	2 4
85	Traumatic amputation or severe hand injury that has caused its amputation at the metacarpal or carpal level.	40
86	Thumb of the hand:	
	a) traumatic tear of the nail or surgical removal thereof due to the trauma, damage to soft tissues of the phalanx with suturing.	2
	b) complete or incomplete rupture of the finger tendon (tendons), rupture, dislocation of the joint capsula. c) fracture of a finger.	3 5
87	Damages to the thumb of the hand that have caused stiffness:	
	a) of one joint; b) of two joints.	5 10

88	Traumatic amputation of the thumb of the hand of damage that has caused finger amputation:	
	a) at the level of nail phalanx and middle phalanx joint;	10
	b) at the level of metacarpophalangeal joint (loss of a finger).	20
89	Hand 2nd, 3rd, 4th or 5th fingers:	
	a) traumatic tear of one nail or surgical removal thereof due to the trauma, damage to soft tissues of the phalanx.	1.25
	b) complete or incomplete rupture of one finger tendon (tendons), rupture, dislocation of the joint capsula.	2
	for every next finger,	2
	but in total no more than.	6
	c) fracture of one finger.	3
for every next finger,	2	
but in total no more than.	6	
90	Traumatic amputation of one finger (2nd, 3rd, 4th or 5th) or damage that has caused the surgical amputation of the finger:	
	a) at the nail phalanx level (loss of the phalanx);	5
	b) at the level of the middle phalanx (loss of two phalanges);	10
	c) at the metacarpophalangeal level (loss of the finger);	13
	d) at the level of metacarpus.	15
91	Traumatic amputation of all fingers of one hand or damage that has caused surgical amputation of the fingers.	50

Note:

1. If due to the accident the Insured suffers several of the damages referred to in Clauses 83, 84, 86, 89 the insurance indemnity is paid for every respective clause.
2. If the Insured suffers several of the damages referred to in one clause (83, 84, 86, 89), the insurance indemnity is paid only for one clause – the most serious damage.

3. If the Insured suffers the damages referred to in Clauses 85, 87, 88, 90, 91, the insurance indemnity is paid only for one clause – the most serious damage. If the insurance indemnity has been already paid for any of the damages referred to in Clauses 83, 84, 86, 89, it is deducted from the insurance indemnity paid for Clause 85, 87, 88, 90 or 91.

Pelvic Bones and Hip Joint		
92	Fracture of pelvic bones:	
	a) fracture of the wing of ilium bone;	5
	b) fracture of the pubis, ischium, ilium, hip joint cavity	10
	c) fracture of two or more bones.	20
93	Rupture of the pubic, sacrum - iliac crest bone joint:	
	a) one joint;	10
	b) two joints;	20
	c) three joints.	30
94	Fracture of the femur head, neck, dislocation of the hip joint, complete or incomplete rupture of the ligaments:	
	a) complete or incomplete rupture of ligaments.	5
	b) dislocation of the hip joint;	10
	c) fracture of the femur head, neck;	18
95	Traumatic damage of the hip joint which has caused:	

Clause 95 cont.	a) joint stiffness;	30
	b) "unsteady" joint (due to resection of the femur head, joint cavity);	40
	c) endoprosthesis.	35
<i>Note:</i> The insurance indemnity is paid out according to Clause 95 only in the event when 9 months after the trauma the Insured repeatedly submits to the Insurer a new certification regarding the listed complications.		

Note:

1. If due to the accident the Insured suffers several of the damages referred to in Clauses 92, 93, 94 and 95, the insurance indemnity is paid only for one sub-clause of one clause – the most serious damage.

Hip		
96	Fracture of the hip at any level (except joint):	
	a) non-displaced shivers; b) displaced shivers.	20 25
97	Traumatic amputation or severe damage that has caused amputation of the extremity at any hip level:	
	a) one extremity; b) the only extremity.	50 100
98	Fracture of the hip with formation of a false joint (non-united fracture) no sooner than 9 months after the trauma. If the insurance indemnity for the fracture of the hip has been already paid, it is deducted from the insurance indemnity to be paid out according to Clause 98.	50

Note:

1. If due to the accident the Insured suffers several of the damages referred to in Clauses 96, 97 and 98, the insurance indemnity is paid only for one clause – the most serious damage.

Knee Joint		
99	Damage of the knee joint which has caused:	
	a) haemarthrosis;	2
	b) fibrocartilage damage, complete or partial rupture of ligaments;	3
	c) tearing away of bone fragments;	5
	d) fracture of the patella;	5
	e) fracture of the bones that form the knee-joint (distal epiphysis of thighbone and proximal epiphysis of the tibia).	8
100	Damages of the knee joint which have caused:	
	a) joint stiffness; b) unsteady knee joint due to joint surface bone resection.	30 35

Note

1. If due to the accident the Insured suffers several of the damages referred to in Clauses 99 and 100, the insurance indemnity is paid only for one clause – the most serious damage.
2. If the Insured suffers several of the damages referred to in one clause (99, 100), the insurance indemnity is paid only for one sub-clause – the most serious damage.
3. The insurance indemnity for repeated haemarthrosis, fibrocartilage damage, partial or complete rupture of ligaments, dislocation is paid if this occurred not faster than 6 months after previous trauma and it is determined in amount of 50% of calculated insurance indemnity.

Shin		
101	Fracture of shin bones: a) fibula; b) tibia; c) both bones.	5 10 12
102	Traumatic amputation or severe damage that has caused surgical amputation of the shin at any level.	50
103	Fracture of one or both shin bones that has caused formation of a false joint (non-united bone) no sooner than 9 months after the trauma: a) fibula; b) tibia; c) both bones; d) fracture of the fibula and united fracture of the tibia; e) fracture of the tibia and united fracture of the fibula;	10 15 20 12 18

Note

1. If due to the accident the Insured suffers several of the damages referred to in Clauses 101, 102 and 103, the insurance indemnity is paid only for one clause – the most serious damage.

Shin Foot Joint		
104	Complete or incomplete rupture of the shin foot joint ligaments, dislocation with immobilization in plaster for at least 10 days. <i>Note:</i> The insurance indemnity in amount of 50% is paid out for the repeated complete or incomplete rupture of the foot joints, dislocation on the background of joint capsule or ligaments apparatus damage, if it occurs no sooner than 1 year after the previous trauma.	3
105	Shin: a) fracture of one ankle or side of tibia; b) fracture of both ankles, fracture of the ankles and side of tibia, rupture of tibiofibular syndesmosis; c) fracture of both ankles and side of tibia and rupture of syndesmosis.	7 10 15
106	Damage of the shin foot joint which has caused: a) joint stiffness (ankylosis); b) unsteady shin and foot joint (due to joint surface bone resection).	20 40
107	Achilles tendon disruption, rupture: a) with conservative treatment; b) with surgical treatment. <i>Note:</i> The insurance indemnity is paid out according to sub-clause (a) of this Clause provided that the Insured required inpatient treatment for at least 24 hours.	7 10

Note

1. If due to the accident the Insured suffers several of the damages referred to in Clauses 104, 105, 106 and 107, the insurance indemnity is paid only for one clause – the most serious damage.

Foot, Toes of the foot		
108	Dislocation of foot bones, complete or partial fracture of ligaments.	3
109	Fracture of foot bones: a) fracture of one or two bones, except for an sesamoid bone; b) fracture of three or more bones, fracture of the heel bone; c) not-united fracture, false joint, no sooner than 9 months after the trauma.	5 10 12
110	Fracture of the arch of foot (MTT): a) one bone; b) two and more bones.	2 5
111	Traumatic amputation or severe foot damage that has caused surgical amputation of the foot: a) at the toe phalanx joint level (loss of all toes); b) tarsal bone; c) at the level of foot – heel bone, shin and foot joint.	20 30 40
112	Traumatic tear of the nail or surgical removal thereof due to the trauma	1
113	Fractures of phalanges, dislocations, tendon damages: a) fracture of one or two phalanges, damages or dislocations of one or two toe tendons; b) fractures of three – five phalanges, damages or dislocations of three – five toe tendons;	3 5
114	Traumatic amputation or damage that has caused surgical amputation of toes. Hallux: a) at the nail phalanx level (loss of the nail phalanx); b) at the base phalanx level (loss of the toe); 2nd, 3rd, 4th, 5th toes: a) at the level of toe nail or middle phalanx for one, two toes b) at the base phalanx level of one, two toes (loss of the finger) c) at the level of toe nail or middle phalanx for three, four toes b) at the base phalanx level of three, four toes (loss of the toes)	5 8 3 5 10 15
Note: 1. If due to the accident the Insured suffers several of the damages referred to in Clauses 108, 109, 110, 111, 112, 113 and 114 the insurance indemnity is paid only for one clause – the most serious damage.		

Other		
115	Damages that have caused post-traumatic thrombophlebitis, lymphostasis, osteomyelitis, trophic disorders. Note: Clause 115 is applied for thrombophlebitis, lymphostasis and trophic disorders due to upper or lower extremity trauma (except for damages to arterial peripheral blood vessels and nerves) no sooner than 6 months after the trauma. Clause 115 is not applied to pyogenic inflammation of fingers and toes.	10
116	Bites of animals diseased with rabies	15

117	<p>Sprains, which should be treated not less than 7 days; I degree burns, excluding sun burns, not less than 5% of body surface; Bruises, lacerated and cuted wounds with suturing, animal bites, puncture wounds, foreign body of outer eye shell.</p> <p>The insurance indemnity for the injuries listed in Clause 117 is paid only once per a period of agreement validity and only in that case, if no insurance indemnity is paid according to any other Clause of this table.</p> <p>The insurance indemnity is not paid for a second time for the same sprain, for which the insurance indemnity had been already paid.</p>	1
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Note:

1. In case then injury, that is mentioned in this table, as well as in the type of insurance coverage "Disability", will occur with the Insured, BTA shall pay insurance indemnity according to one of types of insurance coverage.

Annex to Table 1
The Insurance Indemnity in the Event of Visual Impairment due to Trauma

Vision Acuity		Insurance Indemnity	Vision Acuity		Insurance Indemnity
Before Trauma	After Trauma	%	Before Trauma	After Trauma	%
1.0	0.9	3	0.9	0.8	3
	0.8	3		0.7	3
	0.7	3		0.6	3
	0.6	5		0.5	5
	0.5	5		0.4	5
	0.4	5		0.3	5
	0.3	8		0.2	8
	0.2	8		0.1	15
	0.1	15		0.1	15
Lower	0.1	15	Lower	0.1	15
	0.0	20		0.0	20
0.8	0.7	3	0.7	0.6	3
	0.6	3		0.5	3
	0.5	5		0.4	5
	0.4	5		0.3	5
	0.3	5		0.2	5
	0.2	8		0.1	8
	0.1	15		0.1	15
	0.1	15		0.0	15
	0.0	20			
0.6	0.5	3	0.5	0.4	3
	0.4	3		0.3	3
	0.3	5		0.2	5
	0.2	5		0.1	5
	0.1	8		0.1	8
	0.1	15		0.0	10
	0.0	15			
0.4	0.3	3	0.3	0.2	3
	0.2	3		0.1	3
	0.1	5		0.1	5
	0.1	8		0.0	8
	0.0	10			
0.2	0.1	3	0.1	0.1	5
	0.1	5		0.0	8
	0.0	8			
lower than 0.1	0.0	8	-----	-----	-----

Note:

1. Complete blindness (0.0) is considered to be vision acuity lower than 0.01 and light sense (number of fingers at the face).
2. If the vision acuity of the damaged eye before the trauma is not known it is considered as the vision acuity of the non-damaged eye, in turn, if the vision acuity of a non-damaged eye appears to be lower than the damaged eye vision acuity, it is assumed that the vision acuity of the damaged eye before the trauma was 1.0.
3. If both eyes are damaged due to the trauma and it is not possible to obtain data on vision acuity before the trauma, it is assumed that the vision acuity before trauma was 1.0.