

## DISCLOSURE FORM

Issued in two copies, this form has been prepared based on the Regulation as to Informing in Insurance Agreements that has come into effect being issued at Official Gazette no. 26684 and dated 28.10.2007 with the purpose of giving general purpose information on some important matters as to insurance agreement to be made to the policy owner and other persons to benefit from the insurance.

### A. INFORMATION AS THE INSURER

- Of the insurance agent acting as intermediary for the contract;

Trade Title : HSBC BANK A.Ş.  
Register No : 268376  
Registered Office : Esentepe Mah. Büyükdere Cad.D Blok No:128 Şişli 34394 İstanbul  
Place of Registry : İstanbul Trade Registry Office  
Web Address : www.hsbc.com.tr  
Contact Details : Tel : 850 2110111 - Fax: 212 2674794

- Of the insurer offering coverage ;

Commercial Name : GULF SİGORTA A.Ş.  
Register No : 857584  
Place of Registry : İstanbul Trade Registry Office  
Registered Office : Saray Mah. Dr. Adnan Büyükdeniz Caddesi No:4/2 K:4-5 AKKOM OFİS  
PARK CESSAS PLAZA 34768 Ümraniye İstanbul  
Web Address : www.gulfsigorta.com.tr  
Customer Contact Center : 4441244 Customer Contact Center  
Tel : 0216 400 2 400  
Fax : 0216 575 9777  
Mersis No : 0871052362300018

### B. WARNINGS

- Coverage will be valid upon HSBC Bank's blockage of the policy premium amount on insured's credit card and provision taken for the first installment on behalf of GULF Sigorta A.Ş.
  - In order to avoid future conflicts, please kindly request invoice during your premium payments (upfront or in installments)
  - In cases where policy premium is agreed to pay in installments and Premium installment is not paid in a timely manner, the policyholder falls into default; the insurer acts in accordance with Article 1434 of the Turkish Commercial Code No. 6102 without prejudice to the other rights of the Turkish Code of Obligations.
  - On the cancellations of the policy, day-based partial cancellation shall be made at the number of days for which coverage is valid from starting date until the date of cancellation.
  - Policyholder has the right of withdrawal within 30 days following the date of issuance of the insurance contract. Please contact to the insurer for the withdrawal requests by calling our customer service number 0 850 211 01 11. If the insurance contract is terminated upon withdrawal request of the insured within 30 days by the inception date policy premium will be fully refunded.
  - Please avoid providing the insurer with incomplete or incorrect information during execution of the contract, in the course of policy period or upon happening of the risk. In the contrary case, indemnity payment period may extend or insured may come up against non-payment or short-payment of indemnity.
  - All sorts of losses that happened before policy commencement date and consequential damages arising from them are out of the scope of the coverage.
  - Critical Illnesses claims diagnosed and/or occurred within 90 days following the starting date of the policy are not included in coverage.
  - For the insured to benefit from Critical Illnesses coverage, it is necessary for him to be alive for 30 days following diagnosis and/or occurrence of one of Critical Illnesses.
- By signing related documents, policy holder & insured authorizes, with risk evaluation and claim handling purposes, receiving medical information, policy information and other information from Insurance Information and Supervision Center, Social Security Institution, Health Ministry, health institutions and insurance companies and transferring related information to (SBGM) Insurance Information and Supervision Center, Insurance companies and with authorized parties by related regulations.

### C. GENERAL INFORMATION

- Only listed below coverages are provided within limits stated in the policy as the content of the cover is defined on Health Insurance General Conditions (article 1).
- Cancer :** While this policy is in force, the insurer shall provide the benefits stated on the policy when the insured is diagnosed to be suffering from a Cancer (except skin cancer) .
- Cancer :** Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue.  
The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).  
For the above definition, the following are not covered:  
All cancers which are histologically classified as any of the following:
- pre-malignant;
  - non-invasive;
  - cancer in situ;
  - having borderline malignancy; or
  - having low malignant potential;
- Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).
- Paralysis :** Total and irreversible loss of muscle function to the whole of any 2 limbs.
- Blindness :** Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.
- Daily Hospital Cash :** In cases where the insured is treated in a hospital as an in-patient by reason of Critical Illness diagnosis, Daily Hospital Cash coverage limit, as indicated in the policy, shall be paid to the insured for each full day (24 hours) of the hospitalization period.
- Second Opinion :** Due to a serious injury or illness, insured can get a "Second Opinion" service regarding diagnosis from well-known doctors.

- The parties have the right to agree on special conditions in addition to general conditions of the insurance provided that they do not violate applicable laws or ethical values and that they are not advantageous to the insured.
- For Critical Illnesses coverage, situations stated in article 2 of Health Insurance General Conditions an Policy Part G are out of coverage.
- Critical Illnesses coverage is valid in all the world.

**D. RISK OCCURENCE**

- Please receive the list of necessary information and documentation for indemnity application from the insurer after issuance of the policy or at the time of loss following relevant notice.
- Upon happening of the risk, please notify the insurer without delay through address and telephone details indicated on the front page. Insurer will guide you with the required information and documentation.
- Please act in line with the instructions given by the insurer in the course of notice process.
- Upon happening of the risk, the insurer is liable to pay indemnity pursuant to general and special conditions of the policy.

**E. LIMITS**

- The limit is the amount which is indicated in the policy and refers to maximum amount of coverage that the insurer undertakes to pay upon occurring of the risk.

**F. INDEMNITY PAYMENT RULES**

- Please pay attention to whether or not the contract includes any exemption (or co-insurance, which comes to mean that the loss is shared with the insurer). If the loss exceeds above-written ratio or amount, then the insurer shall the exceeding part.
- Upon happening of the risk, the indemnity shall be paid after being calculated over the sum indicated in the policy and according to relevant reports.
- Within 15 business days at the latest from the complete delivery of all necessary information and documentation to the insurer, all necessary investigations shall be conducted and the indemnity-related procedure shall be completed by the insurer.

**G. COMPLAINTS AND INFORMATION REQUESTS**

All sorts of information requests and complaint can be communicated to the insurer through below-written address and telephone details. The insurer must respond to such requests within 15 business days from receipt of such application.

**Arbitration** : We are a member to arbitration system as per insurance legislation; detailed information is available on [www.sigortatahkim.org](http://www.sigortatahkim.org).

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 CESSAS PLAZA 34768 Ümraniye İstanbul  
 Tax Office / No : Büyük Mükellefler / 8710523623  
 Web Address : [www.gulfsigorta.com.tr](http://www.gulfsigorta.com.tr)  
 Tel : 444 1 244 - 0216 400 2 400  
 Fax : 0216 575 9777  
 E-mail : [iletisim@gulfsigorta.com.tr](mailto:iletisim@gulfsigorta.com.tr)

**The Policy Holder's**

Name/Surname :  
 Signature :

**The Insurer's/Agent's**

Seal :  
 Signature :