

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

- In order to get further information about the insurance, please read General Conditions of Personal Accident Insurance and the matters contained in relevant clauses carefully.
 - 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.
- 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 stated in Personal Accident Insurance General Conditions (article 8) are provided within limits stated in the policy.

Accidental Death : If an accident covered in this policy gives rise to the death of the insured immediately or in one year as from date of the accident, then the limit shall be paid to beneficiaries indicated in this policy or, if none, to legal inheritors.

Permanent Disability : If an accident covered in this policy disables the insured immediately or in two years as from date of the accident, the limit for permanent disability shall be paid to the insured in proportion with the percentages stated in Personal Accident General Conditions and after the final confirmation of permanent disability.

Medline Ambulance : This benefit covers the transportation and assistance expenses that might be caused by transportation of the insured by ground ambulance operating under a local license from his/her location to the nearest general hospital within the borders of the Turkish Republic due to an accident or illness related emergency case.

Medline Medical Consulting Assistance : Upon request of the insured to the Medline Medical Processing Center, based on the information given by the insured on the telephone, consultants of the Medical Processing Center will provide telephone medical consultation to the insured without any actual medical treatment.

- 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.

- Apart from the items of coverage granted by the policy, below-mentioned risks, which are indicated as an exclusion in Personal Accident Insurance General Conditions, are included in the scope of coverage.

1) Earthquake coverage

2) Terrorism coverage

- Situations stated in articles 5 and 6 of Personal Accident Insurance General Conditions are out of coverage.

- This policy provides worldwide coverage.

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

- Accidental Death and Disability coverage indicated in the line of insured in this policy stands for the total amount of indemnity that can payable in consequence of any incident. Total amount of this indemnity shall be paid to the child/children, who are intended to benefit from this policy, in the form of Accidental Death cover with an equal amount of annual limits, which is indicated in the line corresponding to their names throughout the indemnity period on a yearly basis with equal installments, provided that the child/children survive.

- 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.

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Tel : 444 1 244 - 0216 400 2 400
Fax : 0216 575 9777
E-mail : iletisim@gulfsigorta.com.tr

The Policy Holder's

Name/Surname :
Signature :

The Insurer's/Agent's

Seal :
Signature :