

DISCLOSURE LETTER

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 insurer offering coverage ;

Trade Title : Gulf Sigorta A.Ş.
Register No : 857584
Place of Registry : Istanbul Trade Registry Office
Registered Office : Saray Mah.Dr.Adnan Büyükdeniz Cad. NO:4/2 K:4-5
Akkom Ofis Park Cessas Plaza Ümraniye / İstanbul
Web Address : www.gulfsigorta.com.tr
Customer Contact Center : 4441244
Tel : 0216 400 2 400
Fax : 0216 575 9777
Mersis No : 0871052362300018

B. WARNINGS

- This policy is issued based on the Health Insurance General Conditions with the General Exceptions stated on SECTION G-2. In order to get further information about the insurance, please read General Conditions of Health Insurance and the matters contained in relevant clauses carefully.

- In order to avoid future conflicts, please kindly request invoice during your premium payments(upfront or in installments)

- 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.

- **Processing And Protection Of Personal Data Disclosure:** This disclosure has been prepared for the purpose of informing the customers and fulfilling the disclosure

obligation within the scope of the Personal Data Protection Law (“KVKK”) No. 6698 of GULF SİGORTA A.Ş. (“GULF SİGORTA”) acting as the data controller

The personal data which are given by our Customers who have made contact with Head Office, Regional Offices, insurance intermediaries, call center, assistance service providers or who transacts on electronic environment, are processed, recorded, stored, protected and updated and transferred to Gulf Sigorta’s group companies, business partners, contracted corporations, reinsurance companies, support service companies, regulatory and supervisory authorities, related professional organizations, finance institutions, consulting firms regarding law, tax, etc, in the scope of the personal data processing conditions and purposes stated in the Article 5 and 6 in order to make risk analysis, fulfill the obligations stated in the contracts or legislations, answering your questions and complaints, using in a possible legal dispute, establishment or performance of the contract, compliance with a legal obligation to which the Gulf Sigorta is subject, and protecting of any right of Gulf Sigorta such as reducing the costs, efficient use of the sources, reviewing the quality of service, by taking reasonable measures. 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.

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.

You can send your requests under the Article 11 of KVKK within the framework of the principles stated in the "Gulf Sigorta A.Ş. Personal Data Owner Application Form" in the "Legal Practices" section of www.gulfsigorta.com.tr.

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

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).

Inpatient Medical Treatment Expenses due to COVID-19 Infection: Inpatient medical treatment expenses, due to diagnosis of the insured COVID-19 Infection after the insured’s entry from the customs of Turkish Republic, at a compatible hospital with the epidemic hospitals criteria of Republic of Turkey Ministry of Health is covered based on the Health Insurance General Conditions and with the exceptions stated on the policy special terms SECTION G.

Indemnity limitation of the treatment expenses exceeding policy period: In case the insured inpatient medical treatment, related with a covered event within the policy period, continues after the policy expiration date, the inpatient medical treatment expenses up to 10 days as of the policy ending date are covered within policy total limit.

Repatriation of Remains: In case the insured dies during the inpatient treatment due to COVID-19 infection, reasonable and customary expenses up to the Repatriation of Remains

expenses coverage limit relating to return of the corpse to the country or city of deceased's residence shall be paid by Insurer.

- 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.

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

- Indemnity payments will be deducted from the total limit per benefit. Any expenses exceeding total limit will not be covered.

- 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 the periods regulated by law and general conditions 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

The Policy Holder's
Name/Surname :
Signature :

The Insurer's : Gulf Sigorta A.Ş.
Signature:

