

NOTICE OF INFORMATION ON KASKO ARAÇ INSURANCE

This form arranged as at least two transcripts, for those that want to be a counterparty to the insurance agreement and other people to provide benefit from the insurance, has been arranged in regard to the 8th article of the Briefing in Insurance Agreements Regulation with the aim of providing general information to do with some important aspects of the insurance agreement to be done.

A. INFORMATION TO DO WITH THE INSURANCE COMPANY AND INTERMEDIARY

1. Insurance agency/broker mediating the agreement ;

Title/Name :
Registration No:
Address :
Tel & Fax No :
E-Mail :

2. Assuring insurance company ;

Title/Name : CAN SİGORTA LTD.
Registration No: MŞ08276
Address : Aliriza Efendi Caddesi, Müdüroğlu Apt.
: ORTAKÖY - LEFKOŞA
Tel & Fax No : 228 7333, Fax: 228 6920
E-Mail : bilgi@cansigorta.com

B. GENERAL INFORMATION/WARNINGS

To receive more detailed information on the insurance, read the General Conditions for Comprehensive Private Car Insurance and the clauses to be provided by the insurance company in the case of request.

1. In payments of the entirety of the insurance premium or in instalments, the first instalment of the premium must be paid the moment the policy is delivered. In the case that the premium is not paid, unless agreed otherwise, the insurance company's responsibility does not start.
2. To prevent certain disputes that may come forth, don't forget to take a receipt of payment in premium payments (in advance or in instalments).
3. According to the 32nd article of the Insurance Services Arrangement and Regulation Law numbered 60/2010, the collection of compulsory premium payments in advance is fundamental. In insurances besides compulsory insurances, in the premium payment, in the cases of words such as "absolutely" and "certain" being used to agree upon the fixed term, in the case of the premium or premium instalment not being paid on time, the agreement expires without warning.
4. In the case of the annulment of the agreement, the premium corresponding to the duration of the responsibility of the insurance company is calculated upon the number of days until more is assured and refunded or missing premiums unpaid up until this date are calculated upon the number of days to the insurance company.
5. During the completion of the agreement, during the duration of the insurance and in the case of risk occurring, refrain from providing insufficient or wrong information to the insurance company and the intermediary. Otherwise, the compensation payment duration may overrun and cases of receiving insufficient compensation or not receiving compensation may arise.
6. Any modifications to be made in the insurance contract shall be shown with an endorsement.
7. In case of reaching to an agreement to make a policy; that policy not be automatically renewed. It will be renewed only if the insured demands so, The Insurance Company keeps the right to abort the renewal of the policy in case of change, damage or payment for the risk.

C. ASSURANCES

1. The assurances below are provided with this insurance:
 - * Clash of the vehicle to other motor or non-motor vehicles on the road, the accidents that happen beyond the will of the insured either the vehicle is moving or stable as a result of sudden and external effects or the vehicle's hit, fall or tumble down, bad intention and vehicle, theft or attempt to steal the vehicle. South Cyprus risks are added to the coverage.
2. The counterparties, in addition to the general insurance conditions, have the right to agree upon special conditions as long as they are not against laws or morals and not against the

insured.

3. Apart from assurances provided with a policy, the below written risk/damage or values, can be included within a compensation with an additional agreement and an additional premium.
* Earthquake, Flood, Hail, Storm, Strike, Lockout, Riot, Civil Commotion, Malicious Acts and Terrorism, Republic of Turkey, Personal accident coverage for the driver, Personal accident coverage for the passengers, Assistance Services
4. Please refer to the General Conditions for Comprehensive Private Car Insurance and the information in the policy for those subject matters which are not covered.

D. THE ACTUALISATION OF THE RISK

Ask for the list to do with the information and documents necessary for the application for compensation, and for the arrangement of the policy from the following insurance company and the intermediary.

1. In the case of the actualisation of a risk, apply to the insurance company whose address and telephones are found on the front page within 2 work days.
2. During notification, move according to the instructions given by the insurance company.
3. In the case of the actualisation of the risk, the compensation payment debt belongs to the insurance company.

E. COMPENSATION

1. While making the agreement, make sure to check that the insurance amount is equal to the insurance value. The insurance amount is the maximum amount of the compensation that is written in the policy and the insurance company has guaranteed to pay in the case of a risk. The insurance value is the actual value of the insured valuables.
2. In the case that payment of compensation comes into question, the insurance value is determined the moment the risk happens. In this case the insurance value is the current value of the insured valuable.
3. In the case of the value written in the policy being higher than the real (current) value, over-insurance comes into question. In this case, despite you paying extra premiums, the insurance company's maximum responsibility is limited to the amount written in the policy. However, the refund of an amount which passes the insurance value towards the aimed premium can be requested from the insurance company.
4. In the case of the value written in the policy being lower than the real (current) value, during the making of the agreement, under-insurance comes into question. In this case the insurance company pays a rationally lower compensation.
5. To prevent disputes that may arise from the cases of under and over insurance, insurance can be made upon the value to be determined by an expert. (if an agreed value has been made)
6. In the case of the actualisation of a risk, the insured has the right to freely appoint an expert.

F. COMPENSATION PAYMENT

1. Please take care about the deductibles (excess) of each assurance given by this product. An Excess (deductible) means that, the insured is responsible from a proportion of the loss. i.e. The Insurance Company will not cover the entirety of the loss. The amount or ratio of the excess (deductibles) are written on your policy.
PLEASE ASK YOUR INSURER ABOUT THE EXCESS (DEDUCTIBLE) CONDITIONS OF YOUR INSURANCE PRODUCT.
2. Compensation in the case of total damage;
* It will be paid based on the current value at the moment of the actualisation of the risk. You should understand that if the claim is valid, it will only pay up to the maximum amount that you have as cover on your policy. Any amount above the level of cover is your responsibility and you will be liable to pay this direct to the hospital. In the event that your cover has been paid in full then your policy will automatically be cancelled.
3. After the necessary information and documents have been delivered in full to the insurance company, the necessary examinations will be done within a maximum of 30 days and the compensation processing will be completed.

G. COMPLAINTS AND INFORMATION REQUESTS

It is possible to apply to the address and telephones written below for all types of information requests and complaints to do with insurance. The insurance company is required to answer requests within 15 work days of it reaching them.

Address : Aliriza Efendi Caddesi, Müdüroğlu Apt.
: ORTAKÖY - LEFKOŞA
Tel & Fax No : 228 7333 Fax: 228 6920
E-Mail : bilgi@cansigorta.com

I ACCEPT MY VEHICLE TO BE INSURED WITH THE SUM INSURED VALUE OF TL. 20000.-

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**I HEREBY CONFIRM THAT I HAVE RECEIVED THE INSURANCE POLICY AND ITS COLLATERAL DOCUMENTS,
I HAVE ALSO DECLARE THAT I HAVE READ AND UNDERSTOOD ALL SECTIONS AND ITS ATTACHED CONDITIONS.**

Policy Owners'
Name-Surname & Signature

Date: ____/____/____

Seal and authorised signature of
Insurance Company/Agency/Broker

Date: ____/____/____