



**UNISON**  
INSURANCE COMPANY

**HEALTH AND ACCIDENT OF INCOMING  
TOURISTS COMPULSORY INSURANCE  
TERMS IN GEORGIA**

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**WE TAKE CARE OF EVERYTHING THAT'S IMPORTANT TO YOU**

**Health and Accident of Incoming Tourists**  
**Compulsory Insurance Terms in Georgia**

These Terms are developed on the basis of and in compliance with Decree No. 602 of the Government of Georgia dated 26 December 2025, “On the Approval of the Rules and Conditions of Mandatory Health and Personal Accident Insurance for Tourists Entering Georgia.”

These Terms and Conditions are valid in conjunction with the insurance policy issued by the insurer, which reflects the characteristics of the purchased product and other special reservations. In the event of a conflict between these Terms and the terms and conditions established by the policy, the insurance policy shall prevail.

<b>SERVICES</b>	<b>COVERAGE / LIMIT</b>
Emergency Outpatient Clinic	10,000 GEL
Emergency Hospitalization	20,000 GEL
Medical evacuation during a sport injury	2000 GEL
Resuscitation	500 GEL/Per Day
Emergency inpatient treatment	500 GEL/Per Day
Emergency Dentistry	500 GEL
Repatriation	5,000 GEL
Total limit	30,000 GEL

№	Name	Health and Accident of Incoming Tourists Compulsory Insurance Terms in Georgia
1	Parties to the Agreement	<p>Insurer: JSC "Unison Insurance Company" (I/N 404393152);</p> <p>Insured: A tourist in respect of whom compulsory health and accident insurance is carried out;</p> <p>Policyholder: A person who agrees to these terms and conditions and purchases the policy in favor of the insured on the basis of payment of the relevant premium.</p>
2	Subject of the Agreement	<p>The subject of this Agreement is the insurer's obligation to compensate for the damage caused by the insurance accident in exchange for the payment of the insurance premium by the Policyholder/insured, in accordance with the rules and amount determined by these Terms and the Insurance Policy.</p>
3	Definition of Terms	<p>Compulsory Insurance Policy (hereinafter referred to as the Policy) - a document certifying compulsory health and accident insurance, issued in electronic or material form;</p> <p>Insurance Territory - only the territory of Georgia (except for the occupied territories);</p> <p>Insurance period - the period specified in the insurance policy, during which the insurance is valid. It is calculated for the period of time from the entry of a tourist into Georgia to leaving the territory of Georgia, but not more than 1 (one) year;</p> <p>Note:</p> <ul style="list-style-type: none"> <li>➤ An insurance policy can be purchased for a period of at least 1 day, and the insurance period should not be less than the period of travel.</li> </ul>

		<p>Insurance premium - the cost of the insurance policy payable by the insured/insured to the insurer. The insurance premium is paid one-time, when the policy is issued. The paid premium is non-refundable;</p> <p>Insurance amount - the maximum limit of reimbursement specified in the insurance policy, which is at least 30 000 (thirty thousand) GEL and within the framework of which the insurer undertakes to reimburse the insured for the expenses caused by the insurance accident.</p> <p>Insured event - the insured event will be considered to cover the expenses of medical services and repatriation caused by travel to Georgia and sudden illness or accident during the insurance period.</p> <p>Deductible - the amount of money that is not reimbursed by the insurer and is deducted from the amount of insurance compensation.</p> <p>Accident - implies a sharp deterioration / death of the health condition as a result of sudden exposure to external forces (physical, mechanical, thermal, chemical).</p>
4	Insurance coverage	<p>This insurance covers the costs of medical care and repatriation caused by sudden illness or accident. In particular:</p> <p>24/7 hotline - provides round-the-clock telephone insurance consultation, resolution of issues related to insurance provided for by this agreement.</p> <p>Emergency inpatient service - provides for the reimbursement of necessary medical expenses (including diagnostic tests, medicines, surgical and conservative treatment) due to medical indications, accidents or sudden illnesses, related to a deterioration of the insured's health condition, during which a delay of medical services for more than 24 hours will result in the death of the insured,</p>

disability, or health Significant deterioration of the condition and which requires a delay of more than 24 hours in a medical facility;

\*Treatment in the intensive care unit is financed with a maximum sublimit of 500 GEL per bed.

\*\*Emergency inpatient treatment is financed with a maximum sub-limit of 500 GEL per bed day, at the same time, the maximum amount of reimbursement days is determined no more than the last day of validity of the policy.

Emergency outpatient services - (Deductible 100 (one hundred) GEL per case - provides for the reimbursement of necessary medical expenses (including clinical, instrumental, laboratory examinations and outpatient manipulations, medicines) related to the deterioration of the health condition of the insured due to an accident or sudden illness, the postponement of which for more than 24 hours will result in the death of the insured. Disability or significant deterioration of the health condition and which requires a delay of less than 24 hours in a medical institution; (Taking into account the Deductible).

Emergency dental services (extraction, anesthesia) - provides for the financing of the costs of emergency dental services (tooth extraction, anesthesia) of the insured in a licensed dental clinic during the validity period of the insurance policy (taking into account the Deductible).

Medical evacuation - provides for emergency transportation of the insured from the scene of the accident or from a medical institution to another medical institution or to a border checkpoint in Georgia, within the limits specified in the policy

		Repatriation - provides for urgent transportation of the insured from the scene of an accident or from a medical institution to another medical institution or to a border checkpoint in Georgia, within the limits specified in the policy;
5	Additional Coverage	Additional coverages, if any, should be included in the insurance policy.
6	Signing an insurance contract	<p>6.1 An insurance contract can be concluded electronically using a remote communication medium;</p> <p>6.2 The insurance policy is issued on the basis of an insurance application completed electronically by the policyholder;</p> <p>6.3 The issuance of an insurance policy by the insurer confirms the conclusion of the insurance contract;</p> <p>6.4 The insurance is valid from 24 hours on the first day of the date specified in the insurance policy and is valid until 24 hours on the last day of the term provided for by the policy, unless otherwise provided for by the insurance policy.</p> <p>6.5 The insurance of the insurer in another insurance company of the same interest must be agreed with the insurer. If the insurer has signed double insurance for the purpose of obtaining illegal income, then all contracts concluded for this purpose will be considered invalid.</p>
7	Prerequisites for the issuance of insurance indemnity	<p>7.1 Insurance indemnity shall be issued in monetary form, not exceeding the actual amount of loss and within the limits of the sum insured, subject to the fulfillment of the following conditions:</p> <p>7.1.1 There are no exceptions to these Terms.</p> <p>7.1.2. The Insurer will reimburse the costs of any insured event excluding the deductible specified in the policy.</p>

8	Exceptions	<p>The insurer is not obliged to issue insurance indemnity if:</p> <p>8.1. There is a case that occurred before the entry into force of the insurance and or the event caused by a cause existing before the entry into force of the insurance;</p> <p>8.2. Expenses related to all types of damage caused by exposure to a radioactive source;</p> <p>8.3. Treatment costs caused by injuries received while participating in maneuvers and training exercises of the Armed Forces;</p> <p>8.4. Any expenses related to treatment and examination in an unlicensed medical institution, expenses related to treatment with a private person, experimental treatment, non-traditional medicine (acupuncture, homeopathy, manual therapy, etc.), self-medication;</p> <p>8.5. Expenses for the diagnosis and treatment of insured events caused by illegal acts, self-injury, suicide attempt, deliberate and/or gross negligence, alcoholism, drug addiction, toxicomania and their complications caused by illegal action, self-injury, suicide attempt, deliberate and/or gross negligence, alcoholism, drug addiction, substance abuse and their complications. Medical expenses related to an insured event that occurred during the period of imprisonment;</p> <p>8.6. Medical care costs related to all types of damage caused by epidemics/pandemics, environmental pollution, radioactive irradiation, natural disasters;</p> <p>8.7. Expenses related to insured events arising from participation in professional sports;</p> <p>8.8. Expenses arising from accidents arising during war, hostilities, invasion of foreign troops (regardless of whether war is declared or not), civil war, rebellion, civil unrest, revolution, military coup or usurpation of government, terrorist acts.</p> <p>8.9. A case that occurred within 6 hours of the purchase of the policy.</p> <p>8.10. The fact of misrepresentation, incorrect description or cover-up of any important fact by the Insured is revealed;</p>

		<p>8.11. The term specified in the contract for leaving a notice and submitting documents is not observed, regardless of whether the said insurer would influence the decision;</p> <p>8.12. The insured event did not occur on the territory of Georgia and/or during the insurance period;</p>
9	<p>Procedure for Issuing Insurance Indemnity</p>	<p>9. Insurance reimbursement is issued after the following occurs:</p> <p>9.1.1. Determination of the fact of the insured event and the amount of damage;</p> <p>9.1.2. Determination of the form and amount of remuneration;</p> <p>9.1.3. Qualification of the accident as an insured event;</p> <p>9.1.4. It will be determined that the policyholder does not accrue the insurance premium debt.</p> <p>9.1.5. The insurer reserves the right to postpone the decision on insurance compensation if a criminal case has been initiated against the insured/insured in connection with the fact of incurring an insurance risk.</p> <p>Note: The insurer will reimburse the costs of the insured event by deducting the deduction of the deduction specified in the policy.</p>
10	<p>Rights, Duties and Responsibilities of the Parties</p>	<p>10. The insured/insured is obliged to:</p> <p>10.1.1. Pay insurance premiums;</p> <p>10.1.2. In the case of double insurance, notify the insurer immediately in writing and indicate in the relevant written notification the identity of other insurers and the amount of the insured amount.</p> <p>10.1.3. If the policyholder wishes to terminate the insurance prematurely, the policyholder is obliged to apply to the insurer in writing, the desire expressed orally or by telephone notification shall not be the basis for the cancellation of the insurance.</p> <p>10.1.4. Inform the insurer of accurate information both before the receipt of the policy and during its validity period, which affects the assessment of the degree of risk/subsequent change;</p> <p>10.1.5. pay a penalty in case of failure to fulfill the obligations assumed by the insurer within the established time limits or improper fulfillment.</p> <p>10.2. After the occurrence of an accident (i.e., illness, accident), the insurer/insurer is obliged to:</p>

10.2.1. The insured person or anyone with him should call the Assistance number (+995 32) 2 991 991 within 24 hours and inform the call center about the policy number, address, phone number and existing problems.

10.2.2. In any case, when applying to a medical institution, the insured must show the doctor or medical staff this policy and, if necessary, apply to the representative of the medical institution so that the latter can call the insurer's hotline - (+995 32) 2 991 991 - leave a notification

Note: At JSC "Unison Insurance Company", the insured are served by the insurer's hotline 24 hours a day, where the insured will receive all the necessary information about the rules for the use of medical services provided for by the insurance policy.

10.3. After the occurrence of an accident (implying the need for emergency medical care), the insurer/insurer is obliged to:

10.3.1. Immediately contact the insurer's hotline at (+995 32) 2 991 991. If you are unable to make a notification due to your health condition, ask anyone next to you about it.

10.3.2. The insurer is exempt from insurance reimbursement if it receives information about the occurrence of an accident 24 hours after the occurrence of this accident.

10.4. The Insured is obliged to submit to the insurer within 10 calendar days after the occurrence of the accident:

10.4.1. Application;

10.4.2. Insurance policy;

	<p>10.4.3. Passport, where the date of crossing the border will be indicated;</p> <p>10.4.4. Medical and financial documentation confirming the receipt of services;</p> <p>10.4.5. The type and cost of medical services/assistance provided; Diagnosis (according to ICD-10 codes);</p> <p>10.4.6. Document(s) confirming the payment of the cost of the service;</p> <p>10.4.7. Accident certificate issued by law enforcement agencies; (If a criminal case is initiated in connection with the incident – the documentation (case materials) available for the investigation in connection with the incident);</p> <p>10.4.8. Documentation issued by licensed medical service providers and medical institutions in accordance with the procedure established by the legislation of Georgia, including originals or duplicates of reports.</p> <p>Note: The list of this documentation can be clarified by the insurer and notified to the insurer in writing. The insurer is obliged to submit the documentation specified by the insurer within the time limits specified in these conditions, after the insurer notifies the insurer in writing of such clarification.</p> <p>10.5. The insurer is entitled to:</p> <p>10.5.1. Request any related additional information/documentation.</p> <p>10.5.2. Request a translation of the submitted documentation. The insured is obliged to ensure the submission of a notarized translation of the documentation.</p> <p>10.5.3. Based on the request of the insurer, the insured is obliged to grant the insurer the right to obtain the necessary information from third parties</p>
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		<p>(doctors, any medical institution, transport service, etc.) in accordance with the procedure established by law.</p> <p>10.5.4. To reimburse the proportional amount of the claimed insurance indemnity, which is calculated taking into account the insurance policy with each such risk coverage.</p> <p>10.5.5. Refuse to issue insurance compensation, taking into account the terms of the contract.</p>
11	Subrogation Rule	<p>If the policyholder can make a claim for compensation for damage to a third party, then this claim shall be transferred to the insurer if he/she compensates the policyholder for damage. If the policyholder waives his/her claim against a third party or the right to secure his/her claim, then the insurer shall be exempt from the obligation to compensate for losses in the amount that it could have received to reimburse its expenses in connection with the exercise of the right or the filing of the claim.</p>
12	Validity of the Agreement and Conditions of Termination (Termination)	<p>12.1. The validity of the insurance policy/travel insurance contract will be considered terminated:</p> <p>12.1.1 In case of expiry of the policy (insurance period).</p> <p>12.1.2. In case of exhaustion of the insurance limit provided for by the policy.</p> <p>12.1.3. On the basis of a written agreement of the parties;</p>

13	Sanctions arising from the termination of the contract	<p>13.1. In case of non-payment of a one-time or regular insurance premium determined by the insurance policy within the established time limits, the insurer shall be entitled to demand from the policyholder a penalty in the amount of 0.1% of the unpaid amount for each overdue day, but not more than the total amount of the insurance premium determined by the policy;</p> <p>13.2. In case of early termination of insurance at the initiative of the insurer:</p> <p>13.2.1. The insurer is obliged to pay the premium earned in all cases; If the premium earned by the Insurer has already been paid at the moment of termination of the insurance, the said amount is not refundable by the Insurer, only the unearned premium is refunded, except for clause 13.2.2</p> <p>13.2.2. If the policy is reimbursed for losses, then the policyholder is obliged to pay the insurance premium in full. If the full insurance premium has already been paid by the insurer, the said amount is not subject to refund by the insurer.</p> <p>13.3. In case of early termination of insurance at the initiative of the insured/insured:</p> <p>The insurer is entitled to additionally require the policyholder to pay 10% of the full insurance premium;</p>
14	Insurance premium and payment terms	The amount of the insurance premium and the method of payment are indicated in the insurance policy.
15	Dispute Resolution Rules	Any dispute arising around the contract (including those related to the existence, interpretation, performance and enforcement of the contract) shall be resolved through negotiations. In case of failure to resolve the dispute, the parties shall apply to the court.
16	Communication between the parties	<p>16.1. The insurer shall provide the insurer (insured) with a notification by means of a short text message, by e-mail or a photo message, and/or by the requisites specified by the insured in the application/insurance policy. However, the insurer is not responsible if the specified requisite is incorrect or has been changed and it is not notified that the notification was not sent incorrectly or unintendedly. The notification will be considered delivered from the moment it is sent;</p> <p>16.2. In the event that the notification was sent by the insurer to the insurer to an e-mail address other than the one specified in the insurance</p>

		<p>application/policy, the notification is considered to have been delivered on the day of its receipt by the insured/insured if the receipt of the notification is confirmed by the insured/insured;</p> <p>16.3. The insurance policy certified and issued by the insurer with an electronic signature or electronic seal is equal to the original, as well as the consent made by the insurer with the insurer by electronic communication is equivalent to the insurer's signature on the insurance terms. The insurance policy and the relevant agreement can be concluded in material written form, as well as in any corporate e-mail completed with the insurer's unison.ge - the confirmation is equivalent to a signature.</p>
19	Processing of personal data	<p>19.1. The Insurer is authorised to ensure the processing of personal data (including special categories of personal data) received within the scope of insurance in accordance with the requirements of the Law of Georgia on Personal Data Protection.</p> <p>19.2. The Policyholder agrees that the Insurer is authorised to process the personal data of the Insured/Insured in accordance with the legislation of Georgia, including special categories of data, within the framework of and to the extent of this Agreement, for the purposes of the Agreement and, if necessary, to transfer it to third parties. The Insurer is also entitled to process the personal data of the Insured/Insured for marketing purposes, including for direct marketing purposes.</p> <p>19.3. When concluding this contract/policy, the insured authorizes the insurer to obtain the necessary information from third parties (doctors, any medical institution, transport service, etc.) and releases the latter persons from the obligation to keep the information confidential.</p> <p>19.4. The data subject has the right to request the insurer at any time to terminate the use of data about him/her for direct marketing purposes, in the same form in which the said communication is carried out - by written or telecommunication means.</p>
20	Final Provisions	<p>20.1. A claim can be made to the following e-mail address of the insurer: <a href="mailto:complaints@unison.ge">complaints@unison.ge</a> or by leaving a message on the insurer's hotline 0 32 2 991 991;</p> <p>20.2. Any changes/additions to these Terms are provided for (clarified) in the insurance policy or in the relevant agreement concluded between the parties. The agreement of the parties is not required to make changes/additions to these Terms if the said amendment is derived from the current legislation of Georgia;</p>

21	Terms agreed upon differently from the terms of this Agreement	21.1. The parties agree that the terms and conditions set forth in this article constitute special reservations that differ from the standard terms of the contract. 21.2. The clauses agreed upon by this article shall prevail over the general and standard terms and conditions of the Agreement;
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