

PUBLIC OFFER FOR ACCIDENT INSURANCE

This Public Offer (hereinafter referred to as the Offer) is an offer of NEO INSURANCE CORP JSC (hereinafter referred to as the Insurer) addressed to an indefinite number of individuals (hereinafter referred to as the Policyholder) to conclude an Insurance Contract (hereinafter referred to as the Insurance Contract) on the following insurance terms and conditions through the Insurer's information systems. The parties to the Contract shall be the Insurer, the Policyholder and the Beneficiary.

Acceptance of the terms and conditions of this Offer and payment of the agreed insurance premium shall be deemed as acceptance of its terms and conditions and the Policyholder's consent to conclude the Insurance Contract. Upon confirmation of the fact of payment of the insurance premium by the Policyholder, an electronic insurance policy shall be sent to the Policyholder and the Insurance Contract shall be deemed concluded.

Under the terms and conditions of this Offer, the Insured may be a natural person from 1 year old to 70 years old, whose property interests related to health are the object of insurance and in favour of whom the Insurance Contract has been concluded. The Insured Persons shall be indicated in the Insurance Policy.

The Insurance Contract shall not be concluded in respect of the following persons: disabled persons of group 1 and 2, persons registered in psychoneurological, oncological, skin and venereal dispensaries, persons under 1 year of age and over 70 years of age. If after the conclusion of the Insurance Contract the Insured falls under the restrictions specified in this Offer, the Insurance Contract shall be cancelled in respect of such person and the Insurance Premium to be refunded shall be calculated proportionally to the unused period and less the amounts paid for the Insurable Event.

In accordance with Article 370 of the Civil Code of the Republic of Uzbekistan, unconditional acceptance of the terms and conditions of this Offer shall be deemed to be Acceptance of the terms and conditions of the Offer, which expresses consent:

- to the terms and conditions of this Offer, including the terms and conditions of insurance set out therein;

- to the processing of personal data specified when filling in the application, including collection, systematization, accumulation, storage, clarification, use, depersonalization, blocking, destruction (without notification of destruction), by automated or non-automated processing for the purposes of insurance activities for a period of 5 years, as well as their transfer for the purposes of execution of the Insurance Contract, ensuring internal document flow, to third parties.

The Policyholder may be capable and legally capable individuals, citizens of Uzbekistan, stateless persons and foreign citizens, permanently or temporarily residing in the territory of the Republic of Uzbekistan, who have concluded an Insurance Contract with the Insurer on the terms and conditions of this Offer.

The Policyholder confirms his/her right and legal capacity, as well as realizes the responsibility for the obligations imposed as a result of conclusion of the Insurance Contract through the Insurer's Internet resource.

In order to conclude the Insurance Contract online on the Insurer's website, the Policyholder is required to have an e-mail address and mobile phone number.

The Insurance application shall be the Policyholder's entry of all information necessary and essential for conclusion of the Insurance contract on the Insurer's website.

The Insurer undertakes to ensure safety and non-disclosure of personal data of the Policyholder and other individuals specified in the Insurance Contract in accordance with the requirements of Article 62 of the Law of the Republic of Uzbekistan "On Insurance Activities".

References to "Offer", "Insurance Contract" and "Insurance Policy" hereinafter shall have the same meaning in relation to this electronic document.

SECTION 1. GENERAL TERMS AND CONDITIONS

1.1 Basic Terms:

1.1.1. Insurer - JSC "NEO INSURANCE CORP", carrying out insurance activities in accordance with the legislation of the Republic of Uzbekistan and on the basis of the License of the Ministry of Economy and Finance of the Republic of Uzbekistan.

1.1.2. Policyholder - a capable natural person who has concluded an Insurance Contract with the Insurer on the terms and conditions of this Offer.

1.1.3. Beneficiary - a natural person named in the insurance policy as a recipient of insurance coverage with the written consent of the Insured. In case of death of the Insured who has not named a Beneficiary in the insurance policy, the heirs of the Insured shall be recognized as the beneficiaries of the insurance cover.

1.1.4 The Insurance Policy is a document confirming the conclusion of the Accident Insurance Contract between the Policyholder and the Insurer on the terms and conditions of the Offer. The Insurance Policy shall be sent to the Policyholder's e-mail address after the Policyholder has paid the Insurance Premium in full.

1.1.5. Insured Event - an actually occurred event stipulated by this Offer and the Contract, occurring during the Insurance Period and in the Geographical Zone, upon the occurrence of which the Insurer's obligation to pay insurance indemnity to the Policyholder/Beneficiary arises.

1.1.6. Insurance Period - a period of time specified in the Insurance Policy during which the Insurer provides insurance cover (24 hours a day). The Insurance conditioned by this Offer shall apply only to events occurring during the specified period of time.

1.1.7. Sum Insured - the amount of money specified in the Insurance Policy and determined by agreement between the Policyholder and the Insurer, representing the limit of the Insurer's liabilities.

1.1.8. Insurance Premium - the insurance premium specified in the Insurance Policy, which the Policyholder is obliged to pay to the Insurer according to the procedure and on the terms and conditions stipulated in the concluded Contract.

1.1.9. Insurance payment - an amount of money paid by the Insurer to the Insured / Beneficiary within the limits of the Sum Insured, upon occurrence of an Insured Event provided for in this Offer.

1.1.10. Insured person - a natural person specified in the Insurance policy, whose property interests related to life and health are the object of insurance and specified in the Insurance policy.

1.1.11. Accident - a sudden short-term external event resulting in bodily injury or other disorder of internal and external functions of the body or death of the Policyholder/Insured, which is not a consequence of a disease or medical manipulation and which occurred during the insurance period regardless of the will of the Policyholder/Insured and/or Beneficiary, including: natural phenomenon, explosion, burns, frostbite, drowning, electric current, lightning, sunstroke, attack of intruders or animals, etc. Any forms of acute, chronic and hereditary diseases (including heart attack, stroke and other sudden organ damage caused by hereditary pathology or pathology as a result of disease development), anaphylactic shock, as well as infectious diseases, food toxic infection (salmonellosis, dysentery, etc.) are not considered accidents.

1.1.12. Geographical zone of insurance - the territory of the Republic of Uzbekistan.

1.1.13. Loss of ability to work (disability) - permanent damage to the Insured's health of irreversible nature caused by the consequences of an accident that occurred during the insurance period and led to the establishment of one of the disability groups stipulated in this Offer to the Insured. Establishment of the Insured Person's disability as a result of an accident within six months from the date of the accident shall be recognized as an Insured Event.

1.1.14. Insurance case report - a document serving as a basis for the insurance indemnity, drawn up by the Insurer and the Policyholder / Insured person / Beneficiary when the Insurer recognizes an event that has occurred to the Insured person as an insured event.

1.2 Procedure for conclusion and entry into force of the Insurance Contract:

1.2.1 This Insurance Offer shall be deemed an electronic document establishing the terms and conditions of sale and provision of insurance services by the Insurer to the Policyholder.

1.2.2 The Insurance Contract (insurance policy) shall be formed on the basis of the data submitted by the Policyholder to the Insurer using information systems;

1.2.3. The Policyholder shall fill in the mandatory fields of the electronic application independently and in strict compliance with the data of the original documents specified in the application;

1.2.4. The Policyholder assumes responsibility for the authenticity and identity of the original documents submitted, and agrees that in case of non-compliance of the submitted documents with their originals, upon occurrence of the insured event, the Insurer shall have the right to refuse to pay the insurance indemnity;

1.2.5. The data of the documents specified and entered in the application shall be automatically entered into the Insurance Contract (Insurance Policy).

1.2.6 If the Policyholder agrees with the insurance terms and conditions offered in the Offer, the Policyholder shall confirm their consent in the Insurer's information system and proceed to filling in the Application for conclusion of the Insurance Contract (hereinafter referred to as the Application) online by using the Insurer's information systems.

1.2.7 When filling in the Application, the Insurer shall specify all information necessary for the Insurer to determine the probability of occurrence of an Insured Event and the number of possible losses from its occurrence (insurance risk). All information must be indicated in strict compliance with the original documents.

1.2.8 After filling in the Application, the Insurer's information system automatically opens access to the button "Pay the Insurance Premium and issue the Insurance Policy".

1.2.9. The Parties to the Insurance Contract confirm that receipt of the Insurance Policy by the Policyholder is a proper signing of the Insurance Contract (Insurance Policy).

1.2.10. The date of acceptance of this Offer and conclusion of the Insurance Contract shall be the date of confirmation by the Insurer's information system of the fact of payment of the Insurance Premium by the Policyholder.

1.2.11. The Insurer's obligations (commencement of the Insurance) shall come into force upon payment of the Insurance Premium and shall be valid during the paid period.

1.3 Procedure for payment of the Insurance Contract (policies):

1.3.1 Payment for the Insurance Contract (policy) shall be made using the information systems (online) applied by the Insurer;

1.3.2. Confirmation of acceptance of the application for subsequent forwarding to the secure channel of the payment system shall be made by sending by the Insurer an SMS-message to the mobile phone number specified by the Policyholder when filling in the application;

1.3.3 Upon receipt of an SMS message with a confirmation code, the Policyholder shall select an electronic payment system, after which he/she will be automatically redirected to the website of the selected payment system to debit the calculated amount of the insurance premium to the Insurer's current account;

1.3.4 Upon receipt of the confirmation of payment of the Insurance Policy price, the Insurer's information system automatically executes the Insurance Policy in electronic form, sends it to the Policyholder's e-mail address, with subsequent notification of the Policyholder by sending an SMS message containing information about the series and number of the Insurance Policy; about the fact of electronic sending of the Insurance Policy.

1.3.5. The Insurer shall not be liable for actions/inaction of the Payment Provider, as well as for any losses and risks of the Policyholder related to payment via electronic payment system and internet.

1.3.6 Payment of the insurance premium by bank card must be made directly by the Policyholder (Beneficiary) - cardholder. If the Policyholder has transferred the bank card to another person for payment, the Policyholder shall assume all risks related thereto and agrees that payment of the insurance premium in this case shall be deemed to have been made by the Policyholder.

1.3.7 By pressing the button "Pay the insurance premium and issue the Insurance policy" in the Insurer's information system, as well as by paying the generated insurance premium, the person to whom the Offer is addressed, according to Article 370 of the Civil Code of the Republic of Uzbekistan expresses consent to the terms and conditions of this Offer.

1.4 Early termination of the Insurance Contract (insurance policy) at the initiative of the Policyholder. Refund of the Insurance Premium:

1.4.1 The Insurance Contract shall be terminated before the term for which it was concluded if after its entry into force the possibility of occurrence of an Insured Event has ceased and the existence of the Insured Risk has ceased due to circumstances other than an Insured Event.

1.4.2 Upon early termination of the Insurance Contract due to the circumstances specified in Clause 1.4.1, the Insurer shall be entitled to a part of the Insurance Premium in proportion to the time during which the Insurance has been in force.

1.4.3 Early termination of the Insurance contract (Insurance policy) on the initiative of the Policyholder shall be made by sending a written application for termination to the Insurer.

INSURER'S DETAILS:

Full name: "NEO INSURANCE CORP" JSC

Postal address: Republic of Uzbekistan, Tashkent city, 9A Mirabad str.

E-mail address: www.neoinsurance.uz / info@neoinsurance.uz

Information on state registration: The Company was registered by the Ministry of Justice of the Republic of Uzbekistan on 19 May 2023, registration number 938933.

Information about the license: License No. 101477 dated 12 July 2023, issued by the Ministry of Economy and Finance of the Republic of Uzbekistan.

SECTION 2. INSURED EVENT

2.1 In accordance with the terms, conditions and exclusions specified in this Offer and on the basis of a separately issued insurance policy, accidents (at work and at home) resulting in disability, physical injury (mutilation) or death of the Insured Person shall be recognized as insured events.

2.2 Accidents shall be recognized as insured events if their nature, time and place can be unambiguously determined, they took place during the insurance period, within the Geographical Zone and are confirmed by documents issued by the relevant authorities in accordance with the procedure established by law.

2.3 The events specified in clauses 2.1.1., 2.1.2. shall be recognized as insured if they have occurred during the validity period of the Contract and are confirmed by documents issued by the relevant authorities in accordance with the procedure established by law.

SECTION 3. GENERAL EXCLUSIONS

3.1 Under this Offer, the events specified in clause 2.1. shall not be recognized as an insured event, the direct or indirect cause of which was:

a) war and any kind of military actions or military activities and their consequences, other similar or equivalent events (regardless of whether war has been declared), mutiny, putsch, any civil unrest, strikes assuming escalation into civil or military uprising, riot, armed or other illegal seizure of power, as well as any other similar event related to the use and/or storage of weapons and ammunition, including terrorist act;

b) nuclear explosion, radiation and radioactive contamination;

c) deliberate acts and/or omissions of the Policyholder/Insured person aimed at the occurrence of the insured event, regardless of whether such persons were sane or insane at the time of committing such acts, except for actions related to the performance of their civic duty or protection of life, health, honor and dignity of the Policyholder/Insured person or third parties;

d) participation of the Insured in official sports events (competitions) or other events related to regular professional sports activities (training, demonstration performances, training camps, etc.), use of various aircrafts, parachute jumps, as well as other activities related to immediate increased danger to life and health;

e) alcohol intoxication / poisoning of the Insured, or toxic or narcotic intoxication and / or poisoning of the Insured.

In accordance with the terms and conditions of this Agreement, the Insured's refusal to undergo a medical examination for intoxication shall be equated to the presence of the conditions specified in this subparagraph.

f) voluntary use of any substitutes for alcohol, narcotic, psychotropic and toxic substances and actions (inactions) of the Insured related to these factors, except for taking medicines in exact accordance with the prescriptions of a duly qualified physician.

g) suicide or attempted suicide of the Insured, except for the case when the Insurance Contract has been in force for more than two years by that moment;

h) unfavorable consequences of diagnostic, therapeutic and preventive measures (including injections of medicines), if they were not related to the treatment of the consequences of the bodily injury;

i) gross violation of safety, labor protection and industrial sanitation rules;

j) exacerbation or attack of diseases of cardiovascular system, circulatory system (hypertension), diabetes, neurological diseases that the Insured had at the moment of conclusion of this Offer;

k) stroke, heart attack (heart attack is in no case considered as a consequence of an accident);

m) acute or chronic illness, occupational disease, which may occur or become acute during the period of validity of this Offer and the Contract;

n) work with explosive and flammable materials.

3.2 Accidents shall not be considered to be:

- all types of illnesses, including infectious diseases, including HIV infection, AIDS, any venereal disease, and health disorders resulting from the use of food or drugs;
- toxicosis and other complications of pregnancy of women, miscarriage / premature termination of pregnancy, childbirth, complications and diseases acquired during and after childbirth.

3.3 The events specified in Clause 2.1 of this Insurance Offer, in respect of which the Policyholder, the Insured and/or the Beneficiary have knowingly provided false information to the Insurer, shall not be insured events.

3.4 The Insurer shall also be released from the insurance payment in cases provided for by the current legislation of the Republic of Uzbekistan.

SECTION 4. LIABILITY OF THE PARTIES

4.1 The Insurer shall not be liable for the information provided by the Policyholder in the information system in a publicly available form.

4.2 The Insurer shall not be liable for negative consequences and losses resulting from events and circumstances beyond its competence, as well as for actions (inaction) of third parties, namely:

- in case of impossibility to fulfil the assumed obligations, due to unreliability, insufficiency and untimeliness of information and documents provided by the Policyholder (Beneficiary), or violation by the Policyholder of the terms of this Offer or document requirements;

- for authenticity and correctness of documents (reliability and completeness of information contained therein);

- for impossibility of execution by the Policyholder for reasons of disruption of communication lines, malfunction of the Policyholder's equipment.

4.3 The Parties shall be liable for failure to fulfil and/or improper fulfilment of their obligations under this Offer in the manner and on the terms defined by this Offer and the current legislation of the Republic of Uzbekistan.

4.4 The Parties shall be released from liability for improper performance or non-performance of obligations under this Offer in case of force majeure (force majeure).

4.5 Recognition by the court of invalidity of any provision of this Offer shall not entail invalidity of other provisions.

SECTION 5. RIGHTS AND OBLIGATIONS OF THE PARTIES

5.1 The Policyholder shall have the right to:

a) to receive consultations of the Insurer on insurance issues;

b) in case of occurrence of an insured event to demand fulfilment by the Insurer of the accepted obligations under this Offer.

c) to receive a duplicate of the Insurance policy in case of its loss.

5.2 The Policyholder shall be obliged to:

a) to pay (pay) the insurance premium in the order and terms established by this Offer;

b) to take all measures depending on him to prevent the possibility of occurrence of an insured event. In case of occurrence of an event having signs of an insured event to notify the Insurer of its occurrence within the term and in the manner specified in paragraph 6.1 of this Offer;

c) comply with safety and fire safety rules.

5.3 The Insurer shall have the right:

a) to check the information communicated by the Policyholder/Beneficiary, as well as the fulfilment by the Policyholder and Beneficiary of the requirements and conditions of this Offer;

b) refuse to pay the insurance indemnity if the Policyholder/Beneficiary:

- has not notified the Insurer about the accident in due time;

- has not submitted the documents and information necessary to recognize the occurred accident as an Insured event, as well as to clarify the causal relationship of such an event with the loss of working capacity, physical injury (mutilation) or death of the Insured within 3 months after the Insurer's request, or has submitted false evidence and information.

c) to demand cancellation of the Insurance Contract and compensation of losses caused by the cancellation of the Contract in case of non-fulfilment of the Policyholder's obligation stipulated in Clause 5.2. (c) of the Offer;

d) to carry out preventive measures aimed at reducing the probability of occurrence of an insured event;

e) to send to the injured Insured his/her authorized expert doctor to examine his/her condition and study his/her medical history;

f) to postpone the decision on the insurance payment (insurance coverage) in case the relevant law enforcement authorities have initiated criminal proceedings against the Policyholder, the Insured or the Beneficiary with regard to the circumstances that led to the occurrence of the insured event - until the investigation and/or court proceedings are completed;

g) unilaterally cancel this Offer in case of delay in payment of the insurance premium for more than 30 (thirty) calendar days.

5.4 The Insurer shall be obliged to:

a) to issue the Insurance policy within the terms established by this Offer;

b) after receipt of all necessary documents, according to this Offer, to make a decision on recognition/non-recognition of the declared event as an insured event, to make an insurance payment, to postpone or refuse to pay any sums of money;

c) in case of making a favourable decision on insurance payment, to make the insurance payment within the term established by this Offer;

d) to give consultations on insurance issues during the period of validity of the Contract;

e) to keep confidentiality of information received from the Policyholder/Beneficiary during the insurance period, except for cases when the Insurer is obliged to provide information to state authorities in accordance with the current legislation of the Republic of Uzbekistan.

SECTION 6. PROCEDURE FOR CONSIDERATION AND SETTLEMENT OF AN INSURANCE CLAIM

6.1 Upon occurrence of an event having the signs of an insured event, the Policyholder/Beneficiary shall be obliged to:

a) immediately, as soon as possible, but not later than 30 (thirty) days from the moment of occurrence of the event having the signs of an insured event, to send a written application to the Insurer indicating the reasons and circumstances that influenced the occurrence of this event;

b) if the Policyholder fails to submit the documents specified in Section 6 of this Offer within 3 (three) calendar months due to biased reasons, the Insurer shall have the right not to recognize the event as an insured event and refuse to pay the insurance benefit.

6.2 Insurance benefit shall be paid by the Insurer on the basis of the Policyholder's/Beneficiary's application for payment made in writing, with attachment of supporting documents specified in Clause 6.3 of this Offer and the form of the Insured Event Report established by the Insurer.

Along with the application for payment of insurance indemnity, the Policyholder shall be obliged to submit the following documents:

6.2.1 In case of bodily injury and/or other health disorder of the Insured:

a) the original of the insurance policy;

b) an identity document;

c) a certificate from a medical institution describing the diagnosis, causes, etc.;

d) a medical report on absence of alcoholic, narcotic or toxic intoxication at the time of the road traffic accident, in case the Insured/ Beneficiary was driving the vehicle;

e) in case the Insured receives a physical injury (mutilation) as a result of an accident, X-rays (in case of fractures).

6.2.2 In case of permanent damage to health (disability) of the Insured:

In addition to the documents submitted under clause 6.2.1, provides the Insurer with a conclusion of an authorized state body indicating the degree of disability.

6.2.3 In case of death of the Insured:

a) the original of the Insurance Policy;

b) an identity document of the Beneficiary;

c) a copy of the death certificate;

d) if the separate Insurance Policy does not specify the Beneficiary, the heirs of the Insured shall be appointed as the Beneficiary, and in their absence the Policyholder shall be the Beneficiary.

- to clarify the cause of death, if requested by the Insurer, a copy of the forensic medical examination report with the results of forensic chemical, forensic biological, histological examinations certified by an official and the seal of the Ministry of Internal Affairs/prosecutor's office or a copy of the pathological anatomical autopsy report with the seal of the medical institution;

6.3 The following documents shall be attached to the application:

- original and copy of the Insured's passport;
- an original extract (discharge epicrisis) from the medical record of an inpatient (from the date of the initial application for the claimed event) and/or a copy of the medical record of an inpatient certified by the medical institution (from the date of the initial application for the claimed event). In case of outpatient treatment - the original extract from the medical card of an outpatient (from the date of initial application under the event claimed) and/or a copy of the outpatient medical card of the Insured certified by a medical institution (from the date of initial application under the event claimed). The copy of the medical card must be certified by an official of the medical institution (with the attachment of documents confirming these authorizations) and the seal of the medical institution;

- in case of death of the Insured as a result of an accident, the original and a copy of the death certificate indicating the established cause of death;

- in order to clarify the cause of death, if requested by the Insurer, a copy of the forensic medical examination report with the results of forensic chemical, forensic biological, histological examinations certified by an official and the seal of the Ministry of Internal Affairs/prosecutor's office or a copy of the pathological anatomical autopsy report with the seal of the medical institution;

- in case the Insured has received a physical injury (mutilation) as a result of an accident, X-rays (in case of fractures);

- medical report on absence of alcoholic, narcotic or toxic intoxication in case of an accident, if the Insured / Beneficiary was driving a vehicle;

- In case of establishment of disability of the Insured, in addition to the above documents, a conclusion of an authorized state body indicating the degree of disability.

6.4 The Insurer shall have the right to request additional documents to exclude the possibility of occurrence of an Insured Event as a result of the events specified in Section 3 of this Offer.

6.5 Based on the documents indicating the causes and circumstances of the event having the signs of an insured event, the Insurer shall make a decision on recognizing or not recognizing it as an insured event. If the Insurer recognizes the Insurable Event, the parties shall draw up and sign an Act on the Insurable Event, in which the amount of the Insurance Indemnity shall be determined.

6.6 The Insurer's decision on refusal to pay the insurance benefit shall be notified to the Policyholder / Insured person / Beneficiary not later than 15 (fifteen) days after submission of all documents and shall contain a motivated justification of the reasons for the refusal. In case of disagreement with the Insurer's decision, the Policyholder may, at his/her own expense, request appointment of an independent expert to settle the claim.

6.7 In case a criminal case, civil proceedings or proceedings on imposition of administrative penalties are initiated in relation to the fact of occurrence of an accident, the Insurer shall have the right to postpone the issue of payment of the amounts due until the competent authorities make a relevant decision.

6.8 Proof of occurrence of the Insured Event shall be borne by the Policyholder / Insured Person / Beneficiary.

6.9. The insurance benefit shall be paid within 5 (five) banking days from the day of signing of the Insured Event Report.

SECTION 7. PROCEDURE OF PAYMENT OF THE INSURANCE INDEMNITY

7.1 In case of physical injury (mutilation) sustained by the Insured as a result of an accident - in the amount determined as a percentage of the Sum Insured according to the "Table of Insurance Benefits" (Appendix No. 1 to this Offer).

If the nature of damage indicated in the documents confirming the infliction of harm to life or health is not shown in the Table of Insurance Benefits, the Insurer's expert physician shall determine whether the nature of damage corresponds to one or another damage shown in the Table of Insurance Benefits. When determining whether the nature of the injury corresponds to one or another injury listed in the Table of Insurance Benefits, the most appropriate nature of the injury shall be selected.

7.2 If the Insured person is assigned a disability group within six months from the date of the accident, the insurance benefit shall be paid taking into account the amounts previously paid in connection with the insured events, in the amount determined as a percentage of the Insured person's sum insured, in the following order:

- in case of establishment of disability group, I to the Insured - 100 per cent of the sum insured;
- in case of establishment of disability group II to the Insured - 80 per cent of the Sum Insured;
- in case of establishment of disability group III to the Insured - 60% of the Sum Insured.

7.3 In case of death of the Insured, the amount of the insurance benefit is 100% of the sum insured established for the Insured, less the previously paid amounts of insurance indemnity in connection with the insured events for the Insured.

7.4 The total amount of the insurance benefit paid by the Insurer for one or several insured events that have occurred to one and the same Insured during the Insurance Period may not exceed the Sum Insured specified in the Insurance Policy.

7.5 The Insurance Indemnity shall be paid within 5 (five) banking days from the date of signing of the Certificate of Insured Event.

SECTION 8. GENERAL TERMS AND CONDITIONS

8.1 For failure to fulfil or improper fulfilment of the undertaken obligations, the parties shall be liable in accordance with the legislation of the Republic of Uzbekistan.

8.2 All disputes and disagreements arising from this Offer shall be resolved through negotiations between the parties, and in case of failure to reach an agreement in the manner prescribed by the legislation of the Republic of Uzbekistan.