



RULES.
INSURANCE OF PERSONAL DOCUMENTS OF
CITIZENS
"MENING HUJJATIM"

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dated: 14.02.2024.

RULES
MENING HUJJATIM PERSONAL DOCUMENTS

SECTION 1. GENERAL PROVISIONS

1.1. These Rules of insurance of personal documents of citizens "MENING HUJJATIM" (hereinafter - Rules) are developed in accordance with the current legislation of the Republic of Uzbekistan and determine the terms of insurance against the risks specified in these Insurance Rules.

1.2. Under the terms of these Regulations, the Insurer undertakes to pay insurance indemnity to the Policyholder and/or Beneficiaries upon occurrence of an insured event in the procedure and to the extent specified below, provided that the Policyholder undertakes to pay the insurance premium

SECTION 2. GENERAL TERMS

2.1 The following terms used in these Insurance Terms and Conditions shall have the following meaning:

Insurer - Joint Stock Company "NEO INSURANCE CORP", operating in accordance with the legislation of the Republic of Uzbekistan and on the basis of the License issued by the National Agency of Perspective Projects of the Republic of Uzbekistan.

Policyholder - a capable natural person (citizen of the Republic of Uzbekistan, stateless person or a person of a foreign country), whose property interests are insured in case of losses incurred as a result of unforeseen expenses caused by loss of his/her personal documents and who has concluded an Insurance Contract (Policy) with the Insurer.

Beneficiary - a person who has the right to receive the insurance indemnity.

Personal document - an official document certifying the Policyholder's identity, rights, duties, official or social status, and which contains other information of biographical nature. In accordance with the Regulations, personal documents of the Policyholder shall include: identification ID-card of the citizen of Uzbekistan, biometric passport of the citizen of Uzbekistan, biometric passport for traveling abroad, national driving license in plastic form, vehicle registration certificate, as well as other documents with personal characteristics specified in the insurance contract (policy), the loss of which is associated with the risk of the Policyholder's financial expenses.

Identification ID-card of a citizen of the Republic of Uzbekistan - a document certifying the identity and citizenship of the Republic of Uzbekistan of the ID-card holder in the territory of the Republic of Uzbekistan, containing an electronic carrier (chip) with personal biographic and biometric data of its holder.

Biometric passport of a citizen of the Republic of Uzbekistan - a document certifying the identity of its holder in the territory of the Republic of Uzbekistan and citizenship of the Republic of Uzbekistan, containing an electronic information carrier (chip) with personal biographical data and biometric parameters of the passport holder.

Biometric passport of a citizen of the Republic of Uzbekistan for traveling abroad - a document certifying the identity and citizenship of the Republic of Uzbekistan of its holder when traveling abroad and entering the territory of the Republic of Uzbekistan, as well as staying abroad, containing an electronic information carrier (chip) with personal biographical data and biometric parameters of the passport holder.

National driving license in plastic form (hereinafter - "driving license") - an official document confirming the right of a citizen of the Republic of Uzbekistan, a stateless person or a person of a foreign state to drive the relevant categories of vehicles.

Vehicle registration certificate - an official document confirming that the vehicle has been permanently registered and that it belongs to a particular owner.

Loss - a condition when the Policyholder has lost the ability to possess personal documents belonging to him/her against his/her own will.

Sum Insured - the amount within the limits of which the Insurer undertakes to pay the Insurance Indemnity under the Insurance Policy.

Insurance premium - a payment for insurance, which the Policyholder is obliged to pay to the Insurer according to the procedure and within the terms set out in the insurance policy.

Application form - an online application form (electronic application) on the official website or in the Insurer's Internet service, filled in by the Policyholder in real time by entering his/her personal data necessary and essential for the conclusion of the insurance contract. An electronically filled in Application Form shall be equal to a written application for insurance, provided that it is duly filled in.

Insurance Terms and Conditions - insurance terms and conditions approved by the Insurer and available for review at the Insurer's offices, as well as for downloading at the official website www.neoinsurance.uz or internet services or by scanning a QR code, on the basis of which the Insurance Contract (Policy) is concluded. Under the terms and conditions of the Regulations, the Insurance Contract shall be concluded by issuing an Insurance Policy by the Insurer to the Policyholder on the basis of his/her Application Form or oral application.

Insurance Policy - a document confirming the conclusion of the Insurance Contract between the Policyholder and the Insurer on the terms and conditions of the Insurance Terms and Conditions. The Insurance Policy shall be valid only



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during the Insurance Period specified therein and shall be deemed valid subject to timely payment of the agreed Insurance Premium.

Public offer (Offer) - an offer of the Joint Stock Company "NEO INSURANCE CORP" addressed to an indefinite number of individuals to conclude a Contract of insurance of personal documents of citizens under the insurance product "MENING HUJJATIM" on the terms and conditions specified in the Offer through the official website or Internet service (mobile application, automated information system) of the Insurer.

An insured event is an event that has the characteristics of an insured event and has occurred during the insurance period.

Insured event - an insured event specified in the policy, with the occurrence of which the Insurer's obligation to pay the insurance indemnity arises.

Insurance period - a period of time during which the insurance policy is valid, provided that the Policyholder timely pays the insurance premium in full. The Insurer shall be liable for insured events occurring during the insurance period specified in the insurance policy.

Insurance Territory - the territory specified in the Insurance Contract (Policy) to which the Insurance applies.

Insurance Indemnity - an amount of money paid by the Insurer within the Sum Insured to cover the loss incurred by the Policyholder upon occurrence of an Insurable Event.

Insurance case report - a document drawn up by the Insurer after recognizing an insured event as an insured event and serving as a basis for payment of insurance indemnity.

All definitions used in this document have the meaning defined for them in these Rules. If there is no meaning to the definition (term) in the Insurance Terms and Conditions, their meaning shall be determined in accordance with the laws and regulations of the Republic of Uzbekistan.

SECTION 3. OBJECTS AND SUBJECTS OF INSURANCE

3.1. Insurance objects are property interests of the Policyholder, not contrary to the legislation of the Republic of Uzbekistan, related to the risk of unforeseen expenses of the Policyholder caused by loss of personal documents specified in the Insurance Contract (Policy).

3.2. The Insurer and the Policyholder (Beneficiary) shall be recognized as subjects of insurance.

SECTION 4. INSURED EVENT, EXCLUSIONS FROM COVERAGE

4.1. An insured event is an event that has occurred during the insurance period and in the insurance territory specified in the Insurance Contract (Policy), confirmed in accordance with the established procedure by documents in accordance with the Insurance Terms and Conditions, upon the occurrence of which the Insurer's obligation to pay the insurance indemnity arises.

4.2. Under these Regulations, an insured event shall be the occurrence of unforeseen expenses of the Policyholder in the form of payment of state duty and fees when restoring documents through the relevant authorized state bodies, in connection with the loss of personal documents as a result of their loss (loss) or deterioration.

4.3. An insured event shall not be the occurrence of losses as a result of the following circumstances:

- exposure to nuclear explosion, radiation or radioactive contamination;
- military operations, as well as maneuvers or other military activities;
- civil war, popular unrest of any kind or strikes;
- withdrawal, confiscation, requisition, seizure or destruction of the personal document specified in the Insurance Contract (Insurance Policy) by order of state authorities;
- the Policyholder has committed willful acts that have caused the occurrence of an insured event.

4.4. Loss of the Policyholder's personal documents shall not constitute an insured event:

- not specified in the Insurance Contract (Policy);
- expired (if the personal document has an expiration date);
- due to scheduled replacement of a personal document or replacement of the Policyholder's personal data.

4.5. The following expenses of the Policyholder related to restoration of personal documents shall not be indemnified:

- (a) The costs of mediation, consulting or legal services related to the loss and recovery of personal documents;
- b) accommodation, transportation and travel expenses incurred due to loss of personal documents;
- c) expenses directly or indirectly related to obtaining personal documents to replace the lost ones, the compensation of which is not provided for in the Insurance Contract (Insurance Policy).

4.6. Under these Regulations, moral damage, lost profit, downtime, loss of income and commercial losses of the Policyholder shall not be indemnified.

4.7. The Insurance shall be valid 24 hours a day only within the insurance territory specified in the Insurance Contract (Policy).

SECTION 5. SUM INSURED AND INSURANCE PREMIUM, PROCEDURE AND FORM OF PAYMENT THEREOF

5.1. The Sum Insured is an amount of money within the limits of which the Insurer is liable for fulfillment of its

obligations under the Insurance Contract (Policy).

5.2. The amount of the Sum Insured shall be determined by agreement between the Policyholder and the Insurer and shall be specified in the Insurance Contract (Policy).

5.3. No deductible shall be applied under the terms and conditions of insurance.

5.4. When calculating the amount of the insurance premium payable under the Insurance Policy, the Insurer shall apply the insurance tariffs approved by the Insurer, which determine the insurance premium taking into account the nature of the insured risk, the scope of insurance liabilities, and the insurance term.

5.5. The Insurance Premium shall be paid by the Policyholder as a lump sum by transfer or remittance of funds by means of payment system operators to the Insurer's settlement account.

5.6. The fact of payment of the insurance premium by the Policyholder simultaneously confirms his/her agreement with all the terms and conditions of the Offer

5.7. The currency of mutual settlements is the national currency of the Republic of Uzbekistan - "Sum".

SECTION 6. INSURANCE CONTRACT AND ITS VALIDITY PERIOD. TERMINATION OF THE INSURANCE CONTRACT (POLICY)

6.1. The insurance contract shall be concluded for a period of 1 (one) year.

6.2. The Insurance Contract (Policy) shall come into force upon full payment of the Insurance Premium by the Policyholder. The insurance period shall start from 00.00 hours of the next day from the date of receipt of the insurance premium and shall continue until the date of expiry of the insurance period specified in the Insurance Policy (both dates inclusive).

6.3. The validity of the Insurance Contract (Policy) shall be terminated in cases:

(a) Expiration of the insurance period;

b) fulfillment by the Insurer of its obligations in full. Fulfillment of obligations in full shall mean payment of 100% of the sum insured for insured events in accordance with the terms and conditions of the Insurance Contract (Policy);

c) the Policyholder's refusal from the Insurance Contract (Policy);

d) termination of the Insurance Contract (Policy) upon agreement between the Policyholder and the Insurer;

e) if after entry into force of the Insurance Contract (Policy) the possibility of occurrence of the Insurable Event has ceased and the existence of the Insurable Risk has ceased due to circumstances other than the Insurable Event;

f) death of the Policyholder;

g) in other cases stipulated by the legislation of the Republic of Uzbekistan, the Insurance Terms and Conditions and the Offer.

6.4. Mutual settlements of the parties upon termination of the Insurance Contract (Policy) shall be made in the following order:

- in case of early termination of the Insurance Contract (Policy) on the grounds stipulated in clauses 6.1. d) of the Regulations. 6.1. d) of the Regulations, the Insurer shall refund the insurance premium in proportion to the unexpired insurance period less the Insurer's business expenses in the amount not exceeding 25% (twenty-five percent) of the paid insurance premium. At the same time, if the insurance indemnity has been paid or is payable under the Insurance Contract (Policy) earlier, the paid insurance premium shall not be refunded;

- in case of termination of the Insurance Contract (Policy) on the grounds stipulated in clauses 6.1 a), b), c). 6.1. a), b), c) the Insurance Premium shall not be refunded;

- in case of early termination of the Insurance Contract on the grounds stipulated in clauses 6.1. e). 6.1. e), mutual settlements of the parties shall be made upon written request of the Policyholder in accordance with the current legislation of the Republic of Uzbekistan upon submission by the Policyholder of documents confirming the occurrence of relevant circumstances.

SECTION 7. RIGHTS AND OBLIGATIONS OF THE PARTIES

7.1. The insurer is obligated to:

a) in case of an insured event, to make the insurance payment within the term set forth in these Terms and Conditions;

b) not to disclose information about the Policyholder and his/her property status, unless it will not come into contradiction with legislative acts of the Republic of Uzbekistan;

b) to advise the Policyholder on insurance issues upon his/her request.

7.2. The insurer shall have the right to:

a) to demand recognition of the Insurance Contract (Policy) as invalid and application of invalidity consequences provided for by the current legislation of the Republic of Uzbekistan, if the Policyholder has knowingly provided false information about the insurance object to the Insurer when concluding the Contract (when drawing up the Policy);

b) to send requests to the competent authorities to provide relevant documents and information confirming the fact and cause of occurrence of the insured event;

c) to refuse to pay the insurance indemnity if the Policyholder has not fulfilled or improperly fulfilled the obligations stipulated in the Regulations and the Offer;

d) perform other actions stipulated by the Rules, the Insurance Contract (Policy), the Offer and the legislation of the



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7.3. The policyholder is obligated to:

- a) to comply with the terms and conditions of the Offer, the Regulations and the Insurance Contract (Policy);
- b) when concluding the Insurance Contract (Policy), to inform the Insurer of all circumstances known to the Insurer that are relevant for assessment of the insured risk;
- c) use and keep personal documents with care;
- d) within 30 (thirty) days from the date of payment of expenses for restoration of personal documents, submit to the Insurer a written application for payment of insurance indemnity and hand over to the Insurer the documents specified in clause 8.2. hereof, necessary and sufficient to confirm the fact of occurrence of the insured event and the amount of loss.

7.4. The policyholder has the right to:

- a) familiarize with the Insurance Terms and Conditions and the Offer;
- b) to demand from the Insurer to fulfill obligations under the Insurance Contract (Policy);
- c) early termination of the Insurance Contract (Policy) in accordance with the Offer, Insurance Regulations and the legislation of the Republic of Uzbekistan;
- d) to receive information about the Insurer in accordance with the current legislation of the Republic of Uzbekistan.

SECTION 8. AMOUNT AND PAYMENT OF INSURANCE

8.1. Upon occurrence of an adverse event that may be subsequently recognized as an insured event, the Policyholder shall be obliged to:

- orally notify the Insurer or its representative in a convenient way (telephone, e-mail, messengers, etc.), allowing to identify the sender and the date of notification;
- to notify the Insurer immediately if the lost documents have been found or if the Policyholder has become aware of their location.

Failure to immediately notify the Insurer of the occurrence of an insured event shall entitle the Insurer to refuse to pay the insurance indemnity.

8.2. In case of an insured event, the insurance indemnity shall be paid after the Policyholder has restored the documents at his/her own expense. For compensation of incurred expenses the Policyholder shall submit the following documents:

- a) application for payment of insurance indemnity with a description of the insured event and bank details of the Policyholder for transfer of insurance indemnity;
- b) an identity document of the Policyholder;
- c) a copy of the Policyholder's personal document received to replace the lost one;
- d) copies of documents confirming payment of expenses (fees, payments) of the Policyholder (invoices for document replacement/restoration services, receipts, etc.) and containing information on the fact, amount, date of payment and purpose of the paid funds.

8.3. The Insurer shall have the right to decide at its own discretion whether the documents actually submitted are sufficient and request missing documents/information/information.

8.4. The Insurer shall have the right to suspend consideration of an event that has signs of an insured event, if the Policyholder had the opportunity but has not provided the Insurer with the documents and information necessary to assess the causes of the insured event or has provided false information. Further the Insurer shall resume consideration of the event that has signs of an insured event from the moment of receipt of all necessary documents.

8.5. If a criminal case has been initiated or a trial has been started on the facts that caused the insured event, the decision on the insurance benefit may be postponed until the investigation or trial is completed.

8.6. Insurance indemnity shall be paid out as a lump sum in the form of coverage of expenses incurred by the Policyholder for replacement and restoration of documents confirmed by documents according to clause 8.2. of the Regulations. Regulations, but not more than the sum insured under the Insurance Contract (Policy):

- a) expenses for payment of the state duty (fees, charges) in the legally established amount for obtaining a temporary or duplicate personal document to replace a lost one;
- b) other expenses, the necessity of which is established by the authorized bodies for obtaining a personal document to replace the lost one.

8.7. Payment of insurance indemnity shall be made by non-cash transfer to the bank account specified by the Policyholder within 10 (ten) banking days after approval of the act on the insured event, confirmation of this fact by the documents provided by the Policyholder and determination of the amount of indemnity made on the basis of the relevant documents.

8.8. After payment of the insurance indemnity, the insurance amount under the Insurance Contract (Policy) shall be reduced by the amount of the paid insurance indemnity.

8.9. The total amount of payments for one or several insured events may not exceed the sum insured under the Insurance Contract (Policy).

8.10. The Insurer shall be entitled to refuse the insurance benefit on the following grounds if the Policyholder:

- has knowingly provided false information about circumstances that are material to determining the degree of risk;

- has committed intentional actions (inaction) aimed at the occurrence of an insured event;
- failed to timely notify of the occurrence of an event having the signs of an insured event;
- has not submitted documents and information necessary to establish the causes, nature of the event having the signs of an insured event and its connection with the occurred consequences, or has submitted false documents and information.

8.11. The Insurer's decision on refusal to pay insurance indemnity shall be notified to the Policyholder not later than within 15 (fifteen) days after the Policyholder's application for payment of insurance indemnity and shall contain a motivated justification of the reasons for refusal.

SECTION 9. FORCE MAJOR

9.1. The Parties shall be released from liability for partial or full non-fulfillment of obligations under these Insurance Terms and Conditions, if such non-fulfillment was caused by force majeure circumstances, which arose after conclusion of the Insurance Contract as a result of extraordinary events, which the Parties could neither foresee nor prevent by reasonable measures.

9.2. Force majeure circumstances include events which the Party cannot influence and for the occurrence of which it is not liable, e.g. strike, governmental acts or decisions of state bodies, military actions of any nature preventing the fulfillment of the subject of the Insurance Contract (Policy).

SECTION 10. DISPUTE RESOLUTION PROCEDURE

10.1. For non-fulfillment or improper fulfillment of undertaken obligations, the parties shall be liable in accordance with the current legislation of the Republic of Uzbekistan

10.2. All disputes and disagreements arising from these Insurance Terms and Conditions 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.