

**2024-year 12 February
1- Appendix
to Order No._____****"I APPROVE."
Director General
NEO INSURANCE CORP JSC**

F.R. Khasanov**"MY PET"
INSURANCE RULES.****SECTION 1. GENERAL PROVISIONS**

These MY PET Pet Insurance Rules (hereinafter referred to as the Rules) are developed in accordance with the current legislation of the Republic of Uzbekistan and determine the terms and conditions of insurance against the risks specified in these Insurance Rules.

Under the terms of these Regulations, the Insurer undertakes to pay insurance indemnity to the Beneficiary upon occurrence of an insured event in the manner and to the extent specified below, provided that the Policyholder undertakes to pay the insurance premium

SECTION 2. GENERAL TERMS

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

2.1. **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 for insurance activity and concluding contracts of insurance of property interests of individuals with Policyholders

2.2. **Policyholder** - a legally capable natural person who is a citizen of the Republic of Uzbekistan, a foreign citizen or a stateless person, who has concluded an Insurance Contract with the Insurer.

2.3. **The beneficiaries are:**

- in the part of property insurance - a person in favor of whom the Insurance Contract has been concluded, who has an interest based on the law, other legal act or contract in preservation of the insured animal (including a person keeping the animal and incurring expenses for veterinary and other assistance to the insured animal);
- for civil liability insurance - a third party whose life, health or property has been harmed;
- in terms of financial risk insurance - the Insured Person.

2.4. **Insured Person:**

- in terms of civil liability insurance (the person whose risk of liability for causing damage is insured) - the owner of the insured animal whose civil liability to third parties is insured;
- with regard to accident insurance of the insured animal - a natural person - the owner of the insured animal, whose property interests related to the life and health of the insured animal are the object of insurance and in favor of whom the Insurance Contract is concluded.

Domestic animals (Animals) - animals that have been domesticated by man and which he keeps by providing them with shelter and food. Agricultural, exotic animals and animals bred on an industrial scale shall not be categorized as domestic animals and shall not be insured under these Terms and Conditions. Dogs and cats of all breeds from 1 to 5 years of age shall be insured under these Regulations.

Accident - a sudden short-term external event resulting in bodily injury or other disorder of internal and external functions of the body, resulting in death of the Insured's animal, which is not a consequence of a disease or medical manipulation and which occurred during the insurance period independently of the will of the Policyholder/Insured animal and/or the Beneficiary.

Third parties (hereinafter also referred to as Persons Injured, Victims) - persons who may be harmed by the Insured's animals.

Veterinary assistance - a complex of measures including veterinary and other services, organizational and technical measures, medicinal provision, provision of medical products aimed at restoring the damaged condition of the Insured's animal.

Veterinary and other institution (Veterinary clinics) - an enterprise, institution, organization providing paid veterinary or other related services, or a private practicing veterinarian.

Company's website - the official website of JSC "NEO INSURANCE CORP" in the Internet, located at: www.neoinsurance.uz The official website of the Insurer may also be used as an information system that provides the exchange of information in electronic form between the Policyholder and the Insurer, which is the operator of this information system, including for sending information about the stage and results of consideration of the application for insurance payment, including information about the implementation of insurance payment.

Personal account - a personal section of the Policyholder on the Insurer's official website in the Internet, formed by

the or by the Insurer on behalf or with the consent of the Policyholder, which can be used for creation and exchange of information between the Parties in electronic form for conclusion, execution, amendment, early termination of the Insurance contract, as well as for other purposes not contradicting these Rules and the current legislation of the RUz.

Insurance Program - An **insurance program** that provides a list of veterinary and other services provided by the Service Company.

Service Company means a specialized company with which the Insurer has contractual relations and which, on behalf of the Insurer, ensures the receipt and processing of documents related to the occurrence of an Insured Event and/or provides veterinary and other services provided for in the Insurance Programme. The Insurance Contract may provide for a different meaning of the term "Service Company".

2.5. **Insurance Indemnity** - monetary funds paid by the Insurer to the Insured and/or Beneficiaries within the Sum Insured in case of occurrence of an Insured Event provided for in these Regulations.

2.6. **Electronic Insurance Policy** - an electronic document certifying the fact of entry into force of the Insurer's obligations under these Insurance Terms and Conditions, which is issued to the Policyholder after payment of the insurance premium by means of automatic generation through the Insurer's online database.

2.7. **Insurance Period** - the period of time specified in the Insurance Policy.

2.8. **Insurance Territory** - The insurance shall cover insured events that have occurred in the territory specified in the insurance contract (hereinafter referred to as the insurance territory). Events occurring outside the insurance territory that have caused damage or losses shall not constitute insured risks and insured events.

SECTION 3. OBJECTS OF INSURANCE

3.1. In accordance with these Rules the objects of insurance may be property interests not contrary to the legislation of the Republic of Uzbekistan:

3.1.1. In terms of property insurance - property interests of the Policyholder (Beneficiary) related to causing harm to life and health of the Insured's animal;

3.1.2. In terms of civil liability insurance - property interests of the Policyholder (Insured) related to the risk of liability for causing harm to life, health or property of citizens, property of third parties by the Insured's animal.

3.2. In the absence of direct indication in the insurance contract of the events specified in clause 4.3. hereof, they shall not be recognized as insured events and insurance indemnity shall not be paid.

3.3. The insurance contract may set limits for animals that are not accepted for insurance based on the specifics of the insurance conditions.

SECTION 4. INSURANCE RISK. INSURED EVENT

4.1. An insured risk is an anticipated event against the occurrence of which insurance is taken out. An event considered as an insured risk must have the characteristics of probability and randomness of its occurrence.

4.2. An Insured Event is an event that has occurred and is stipulated in the Insurance Contract, upon the occurrence of which the Insurer's obligation to make an Insurance Indemnity arises.

4.3. When insuring under the terms and conditions of these Terms and Conditions, the Insurance Contract may specify as insured events:

4.3.1. Damage to the life and health of an animal that occurred as a result of one of the following events or as a result of a combination/cumulative of them.

4.3.1.1. **"Disease"** is a disorder of normal vital activity of the animal organism caused by functional and morphological changes arising in response to the action of pathogenic factors.

Diseases may include:

4.3.1.1.1. infectious disease - a disease caused by the penetration of pathogenic (disease-causing) microorganisms (including fungi) into the body, capable of being transmitted from an infected animal to a healthy one;

4.3.1.1.2. invasive disease - a disease whose causative agents are living (animal) organisms such as protozoan mites, helminths, arthropods and other parasites;

4.3.1.1.3. epizootic - wide spread of contagious (infectious or invasive) disease of animals, significantly exceeding the level of usual (sporadic) morbidity typical for the given territory. The fact of the beginning of epizootic shall be established by the order of the authorized bodies;

4.3.1.1.4. acute non-infectious disease is a sudden onset and rapidly developing non-infectious disease without the involvement of pathogenic microorganisms. viruses, etc. factors;

4.3.1.1.5. chronic disease is a long-term current disease (from several months and more) characterized by alternating periods of remission (weakening of the disease or disappearance of symptoms) and relapse (new manifestation of the disease after its apparent or incomplete cessation, exacerbation of the disease, manifestation of symptoms with worsening of the body condition), which with time may tend to progression of pathology, is not cured;

4.3.1.1.6. poisoning - disorder of vital activity of the animal organism, resulting from ingestion of poison or toxin.

4.3.1.2. **"Trauma"** - violation of anatomical integrity or physiological functions of organs and tissues of the animal, resulting from external impact. Depending on the type of damaging factor, mechanical (contusions, fractures, etc.), thermal (burns, frostbite), chemical traumas, barotraumas (under the action of sudden changes in atmospheric pressure), electrical traumas, and so on, as well as combined are distinguished;

4.3.1.3. **"Tick bite"** - a disorder of vital activity of the animal's organism (including skin damage) resulting from a tick bite.

4.3.1.4. **"Disruption of vital activity"** - a disruption of normal vital activity of the animal's organism that has necessitated the animal owner to apply for veterinary and other services provided for in the Insurance Program (Appendix No. 1 to these Regulations).

The insurance contract may be concluded for the occurrence of all events (their totality), in any combination of events or for individual events.

4.3.2. **"Civil liability"** - infliction of harm to life, health and/or property of third parties to the animals specified in the Insurance contract, which resulted in accordance with the legislation of RUz The Policyholder (Insured person) has civil liability and obligation to compensate for the harm caused, subject to the following conditions:

4.3.2.1 The damage has occurred during the insurance period.

4.3.2.2 At the time of conclusion of the Insurance Contract the Policyholder (Insured) is not aware of any circumstances that may serve as a basis for third party claims against him/her.

4.3.2.3 The occurrence of civil liability of the Policyholder (Insured) is recognized by him with the written consent of the Insurer, on the basis of a claim submitted in accordance with the legislation of RUz, or on the basis of a court decision that has come into force.

4.3.2.4. the damage is caused as a result of an event of a sudden and accidental nature (cases when the Policyholder or the Insured pushes animals against third parties are not recognized as insured events).

4.3.2.5 The fact of causing harm to life, health and property of third parties must be confirmed by a court decision or documents of competent authorities in accordance with the legislation of RUz.

4.4. Expenses indemnified by the Insurer upon occurrence of an insured event as a result of events stipulated in clause 4.3.1 of these Regulations. 4.3.1 of these Regulations:

4.4.1. outpatient treatment, including costs for veterinary services, diagnostic tests, remote consultations/consultation and home treatment, and medications prescribed by a veterinarian;

4.4.2. hospital stay and treatment, including expenses for veterinary services, surgeries, diagnostic tests, and payment for medications prescribed by a veterinarian;

4.4.3. Payment for veterinarian-prescribed dressings and fixation aids;

4.4.4. dental care;

4.4.5. performance of necessary veterinary manipulations related to removal of the tick and elimination of negative consequences related to the tick bite, if the tick bite has caused a disease of the animal (including expenses for removal of the tick and administration of necessary medicines) - if the respective insured event "Tick bite" is expressly provided for in the Insurance Contract.

4.5. With regard to civil liability insurance (clause 4.3.2 of the Rules) in case of occurrence of an insured event the Insurer indemnifies losses in the amount of expenses (costs) for compensation of the caused damage in the amount determined in accordance with the current legislation of RUz, within the limits of the sum insured.

4.5.1. In case of injury to health of a natural person or death of a natural person, the costs of indemnification shall include:

4.5.1.1. earnings, which the Injured Person has lost due to loss of working capacity, or the amount of its reduction as a result of the caused injury or other damage to health, within the limits of the Sum Insured.

4.5.1.2. a part of the earnings (income) of the deceased, which the persons entitled to compensation for damage in case of death of the Victim (breadwinner) in accordance with the current legislation of RUz received or had the right to receive for their maintenance, within the limits of the sum insured.

4.5.1.3. necessary and reasonable funeral expenses of the Injured Person, within the limits of the Sum Insured.

4.5.2. In case of damage to the property of an individual or legal entity in case of civil liability insurance, the indemnification expenses shall include:

4.5.2.1. the value of the destroyed property, less depreciation and the value of salvage (in case of total loss of property);

4.5.2.2. the amount of expenses necessary to bring the damaged property to the condition it was in before the insured event (in case of property damage).

SECTION 5. EXCEPTIONS.

5.1. Expenses not reimbursed by the Insurer:

5.1.1. Any measures aimed at diagnosis and treatment of infertility, including suspected infertility in animals, as well as improvement of reproductive function (fertility) for the purpose of further production of offspring (including artificial insemination), including for further profit, measures for obstetrics;

5.1.2. services rendered after the death of an animal, including services for disposal of the animal corpse (cremation, burial, etc.), pathological examination/ autopsy;

5.1.3. preventive services not related to an insured event;

5.1.4. diagnostics, treatments, procedures, plastic surgeries performed for aesthetic or cosmetic purposes, including dentistry, or for the purpose of improving the increase in the market value of the Insured Animal, including tail buying, ears according to breed standards/aesthetic considerations.

5.2. Insurance Exclusions.

5.2.1. Veterinary services rendered to the animal in case of the following diseases and related complications shall not constitute an insured event shall not be paid by the Insurer:

5.2.1.1. particularly dangerous animal diseases, including: rabies, smallpox, anthrax, foot-and-mouth disease, Aujeszky's disease, brucellosis, infectious (viral/herpes viral) Rhino tracheitis, campylobacteriosis, leptospirosis, listeriosis, Q fever, necrobacillosis, parainfluenza, various types of pasteurellosis, pseudomonosis, salmonellosis, trichinellosis, tuberculosis, chlamydia, carnivore plague (Kerr's disease);

5.2.1.2. immunodeficiency viruses, immunodeficiency states and diseases;

5.2.1.3. tularemia, tetanus, smallpox, viral fevers transmitted by arthropods (except for vector-borne diseases caused by the bite of a blood-sucking tick, if the Insurance Contract expressly provides for the insured event "tick bite") and viral hemorrhagic fevers;

5.2.1.4. viral leukemia (leukemia), infectious peritonitis, including that caused by coronavirus, parvovirus enteritis (including feline panleukopenia (feline distemper));

5.2.1.5. calicivirus, toxoplasmosis;

5.2.1.6. malignant neoplasms, hemoblastosis;

5.2.1.7. cerebral palsy, encephalitis, myelitis, encephalomyelitis;

5.2.1.8. systemic autoimmune diseases, including systemic lesions of connective tissue;

5.2.1.9. chronic or hepatic insufficiency requiring regular hemodialysis;

5.2.1.10. acute and chronic hepatitis, including viral hepatitis;

5.2.1.11. mental and behavioral disorders;

5.2.1.12. deafness, blindness;

5.2.1.13. genetic, congenital and hereditary diseases and anomalies, including organ and tissue development and related costs, as well as diseases and injuries related to the breed predisposition of the animal.

5.2.2. Veterinary services rendered to an animal in case of diseases, injuries, other disorders of normal life activity of animals and related complications shall not be recognized as an insured event and shall not be paid for in the following cases:

5.2.2.1. diseases associated with and/or resulting from improper care of the animal (including failure to follow the diet recommended by the veterinarian, underfeeding);

5.2.2.2. injuries, diseases and conditions resulting from the use of the insured animal in races, fights, other competitions and contests, in guarding, for experiments on it, including laboratory experiments, as well as due to its use for other purposes for profit.

5.3. Upon conclusion of the Insurance Contract, the Parties shall have the right, subject to the application of the relevant coefficients to the tariff rate, to agree on narrowing the scope of insurance coverage under a particular Insurance Contract by changing the list of veterinary care organized and paid for by the Insurer and included in a particular Insurance Contract, as well as the scope and procedure for providing veterinary care to the animal.

5.4. The Insurer shall be released from payment of the insurance indemnity. if the insured event has occurred as a result of:

5.4.1. intent of the Policyholder, the Insured, the Beneficiary. The Insurer shall not be released from the insurance payment under civil liability insurance for causing harm to life or health, if the harm has been caused through the fault of the person responsible for it;

5.4.2. exposure to nuclear explosion, radiation or radioactive contamination;

5.4.3. military operations, as well as maneuvers or other military activities;

5.4.4. civil war, popular unrest of any kind or strikes, as well as lockouts, actions caused by labor conflicts.

5.5. The Insurer shall be released from indemnification of losses incurred due to the fact that the Policyholder, Insured, Beneficiary has deliberately failed to take reasonable and available measures to reduce possible losses.

5.6. The Insurer shall be released from the insurance payment if the Policyholder, the Insured, the Beneficiary has waived their right of claim to the person responsible for the losses indemnified by the Insurer, or the exercise of this right has become impossible due to the fault of the Policyholder, the Insured, the Beneficiary.

5.7. Expenses incurred by the Policyholder shall not constitute an insured event and shall not entail the Insurer's obligation to pay insurance indemnity:

5.7.1. in connection with the animal receiving traumatic injury or other health disorder that has occurred as a result of the Policyholder's (Beneficiary's, Insured person's) intentional act that is in direct causal relationship with the claimed event;

5.7.2. in case of damage to the animal that occurred before the beginning of the insurance period under the Insurance contract;

5.7.3. for veterinary or other assistance that is not related to an insured event or expenses that have not been documented;

5.7.4. the indemnification of which is not provided for in these Regulations and/or the Insurance Contract;

5.7.5. in connection with seeking veterinary care and other services outside the term of validity of the Insurance Contract;

5.7.6. in connection with seeking veterinary care and other services at an institution not agreed with the Insurer;

5.7.7. in connection with application for veterinary care and other services on grounds other than those provided for in Section 4 of these Rules.

5.8. The Insurer shall also be exempted from payment of insurance indemnity in cases stipulated by the current legislation of the Republic of Uzbekistan.

SECTION 6. SUM INSURED AND PREMIUM

6.1. **Sum Insured** - an amount of money determined by the Insurance Contract upon its conclusion, within which the Insurer is liable for payment of the Insurance Indemnity and on the basis of which the amount of the Insurance Premium (Insurance Premiums) and the amount of the Insurance Indemnity upon occurrence of the Insurable Event are determined.

6.2. The Sum Insured under the Insurance Contract shall be set by agreement of the Parties separately for each risk group.

The Insurance Contract may stipulate the Sum Insured under the Insurance Contract as a whole or for individual Insured Events. The Insurance Contract may stipulate limits and sub-limits of insurance indemnity (limit of the Insurer's liability) for individual insured events.

6.3. **Insurance premium** is the insurance **premium** that the Policyholder is obliged to pay to the Insurer and is calculated by the Insurer based on the total sum insured under the Insurance contract, insurance tariff and insurance term.

6.4. **Insurance tariff** is the rate of insurance premium per unit of the sum insured, taking into account the insurance object and the nature of the insured risk, as well as other insurance terms and conditions. The insurance tariff is specified in Appendix No. 1 of these Terms and Conditions.

6.5. The insurance tariff for a particular insurance contract shall be determined by agreement of the parties and shall be specified in the insurance contract. When determining the amount of the insurance premium payable under the Insurance Contract, the Insurer shall be entitled to apply the insurance tariffs developed by the Insurer, which determine the premium to be charged per unit of the Sum Insured or per insurance object, taking into account the data submitted by the Policyholder on the peculiarities of risk and factors affecting the probability of occurrence of the Insured Event and the amount of possible loss.

6.6. The Insurance Premium shall be paid to the Insurer in a lump sum, cashless via payment platforms.

6.7. The day of payment of the insurance premium from the moment of receipt of funds to the Insurer's account in the payment platforms shall be considered the Insurance day.

6.8. In case of increase of the Sum Insured during the period of validity of the Insurance Contract, the Policyholder shall pay an additional insurance premium.

6.9. All mutual settlements under these Rules are made in the national currency of RUZ in sums.

SECTION 7. PROCEDURE FOR CONCLUSION AND TERMINATION OF THE INSURANCE CONTRACT

7.1. To conclude the Insurance Contract, the Policyholder shall fill in the insurance application form via the Insurer's website, in which he/she shall specify the surname, name, patronymic, date and place of birth, citizenship, details of the identity document: series and number, date of issue, name of the authority that issued the document, as well as the necessary information of the animal.

7.2. The Insurance Contract may be drawn up and sent to the Policyholder in the form of an electronic document - a Policy signed with the Insurer's enhanced qualified electronic signature. The Policy signed by the Insurer's electronic digital signature may be sent to the Policyholder to the e-mail address specified by the Policyholder by placing it in the Personal Cabinet formed by the Policyholder or by the Insurer on behalf or with the consent of the Policyholder, as well as by other means not contradicting the current legislation of the RUZ.

7.3. The Insurer shall have the right to provide on its official website in the information and telecommunication network "Internet" the possibility for the Policyholder (the Insured, the person whose risk of liability for the infliction of harm is insured, the Beneficiary) to create and send to the Insurer information in electronic form (including applications concerning the conclusion and/or amendment and/or early termination of the insurance contract and / or insurance payment and related documents / information).

7.4. The Policyholder shall be liable for the accuracy of the data specified in the insurance application and its annexes in accordance with the current legislation of the Republic of Uzbekistan.

7.5. When concluding the insurance contract in the form of an electronic document, the Policyholder shall provide through the official website or mobile application copies of documents in electronic form (including in the form of electronic files in the format specified by the Insurer (pdf, jpg, etc.)) on the basis of the Insurer's electronic request formed into an electronic document - the Policyholder's application for insurance.

7.6. The term of validity of the insurance contract is 1 (one) year.

7.7. The insurance contract shall be terminated:

7.7.1. upon expiry of its validity period specified in the insurance contract as the date of its expiry - at 24.00 hours 00 minutes of the date specified in the insurance contract as the date of its expiry;

7.7.2. in case of fulfillment of obligations under the insurance contract by the Insurer in full (including making insurance payment in the amount of the sum insured) - from 00:00 hours 00 minutes of the day following the day of

fulfillment of obligations under the insurance contract by the Insurer.

7.7.3. by agreement of the Parties to the insurance contract - from 00:00 a.m. on the day specified as the date of early termination of the insurance contract. Return of the insurance premium or its part (if the Parties have agreed on such return) shall be regulated by the respective agreement of the Parties. When refunding the paid insurance premium, the Insurer shall withhold a part thereof in proportion to the period during which the insurance was in force, which has elapsed since the date of commencement of the insurance, as well as the Insurer's business expenses within the limits of the tariff rate structure approved by the Insurer. In case of losses claimed under the contract, the insurance premium shall not be refunded. In this case, the Parties shall send a written notice to each other at least 30 (thirty) working days prior to the expected date of termination of the insurance contract.

7.7.4. if after entry into force of the Insurance Contract the possibility of occurrence of the Insurable Event has ceased and the existence of the Insured Risk has ceased due to circumstances other than the Insurable Event, in particular, in case of loss of property due to reasons other than the Insurable Event.

SECTION 8. RIGHTS AND OBLIGATIONS OF THE PARTIES

8.1. The insurer is obligated to:

- a) to explain the provisions contained in the Regulations and the Insurance Contract upon request of the Policyholder, Beneficiary, Insured persons, as well as persons intending to conclude the Insurance Contract, as well as to provide information in accordance with the legislation of the Republic of Uzbekistan;
- b) not to disclose information about the Insurance contract, Policyholder, Beneficiary, Insured person, including their property status, except for cases stipulated by the legislation of the Republic of Uzbekistan;
- c) in case of recognizing the occurred event as an insured event, to make an insurance payment within the terms and on the terms and conditions stipulated in the Contract and the Insurance Terms and Conditions;
- d) at the request of the Policyholder, Beneficiary, Insured to provide calculations of changes in the insurance amount during the validity period of the insurance contract, calculations of insurance payout;
- e) after receiving a notification from the Policyholder (Beneficiary) about occurrence of an event having signs of an insured event, to identify the Policyholder (Beneficiary). Upon request of the Policyholder (Beneficiary), the Insurer shall be obliged to inform the Policyholder (Beneficiary) about all necessary actions provided for in the Insurance Contract and (or) these Regulations, which the Policyholder (Beneficiary) shall undertake, about all documents, the submission of which is mandatory for consideration of the issue of recognizing the event as an insured event and determining the amount of insurance payment, about the terms of these actions and submission of documents, about the form and methods of making the insurance payment. Informing shall be carried out in the same form in which the Policyholder's request was made or in the form specified in the request (verbal, paper or electronic);
- f) upon oral or written request of the Policyholder (Beneficiary), including those received in electronic form, within a period not exceeding 30 (thirty) days from the date of receipt of such request after the decision on insurance payout is made, to provide the applicant with information on the calculation of the insurance payout amount, including: the amount of insurance indemnity to be paid out; the procedure for calculating the insurance payout; an exhaustive list of legal norms and (or) terms and conditions of the Insurance Contract and Insurance Regulations, circumstances and documents on the basis of which the calculation of the insurance payout amount was made; and
- g) to comply with other obligations stipulated by these Rules, the insurance contract and the current legislation of the Republic of Uzbekistan.

8.2. The insurer shall have the right to:

- a) inspect and examine the animal in respect of which the Insurance Contract is concluded, including for the purpose of clarifying the causes, amount of damage and circumstances of occurrence of the event having the characteristics of an Insurable Event;
- b) in case of an increase in the degree of risk, to request amendment of the terms and conditions of the Insurance contract or payment of an additional insurance premium;
- c) to independently find out the reasons and circumstances of occurrence of an event having the signs of an insured event, as well as to request from the Policyholder the information necessary to establish the insured event and the amount of damage, including information constituting a commercial secret;
- r) make written recommendations for loss mitigation, if necessary;
- e) to send requests to the relevant competent authorities for the provision of information confirming the occurrence of the event having the characteristics of an insured event;
- f) to postpone the insurance benefit in the cases provided for in these Regulations;
- g) to verify the accuracy of the information provided by the Policyholder;
- h) to demand fulfillment of the conditions stipulated by law and the insurance contract;
- and) exercise other rights provided for by these Rules, the insurance contract and the current legislation of the Republic of Uzbekistan.

8.3. The Policyholder (Beneficiary) shall be obliged:

- a) when concluding the insurance contract, to inform the Insurer of all circumstances known to him/her that are relevant for assessment of the degree of the insured risk, as well as of all insurance contracts concluded or to be concluded in relation to the insured object.

- b) to pay the Insurance Premium in the amount and within the terms stipulated in the Insurance Contract;
- c) ensure that the Insurer's representatives can inspect the animal at any time upon request;
- r) during the period of validity of the Insurance Contract immediately notify the Insurer of any significant changes in the circumstances that have become known to the Insurer and that entail an increase in the degree of the insured risk;
- e) to observe sanitary and hygienic rules of keeping and feeding of animals and to take necessary measures to prevent and reduce damage to the insured animal;
- f) comply with the procedure for veterinary care provided for in the Insurance Contract;
- g) comply with the veterinarian's instructions received in the course of providing veterinary care, as well as the regulations established by the veterinary and other institutions. Upon receipt of the insurance indemnity, ensure the Insurer's right of claim against the person responsible for causing the damage, and in case the said amount is received directly from the guilty person, immediately notify the Insurer thereof;
- h) to return to the Insurer the received insurance indemnity (or its respective part), if within the limitation period stipulated by the legislation of the Republic of Uzbekistan such circumstance is discovered, which by law or under these Rules fully or partially deprives the Policyholder (Beneficiary) of the right to the amount of insurance indemnity;
- i) to inform the Insurer about all insurance contracts concluded and to be concluded (during the validity period of the insurance contract) with other insurance organizations in relation to the Insured Animal;
- j) to familiarize the Insured specified in the Insurance Contract with these Regulations and terms and conditions of the Insurance Contract;
- k) to comply with other obligations stipulated by the Rules, the Insurance Contract and the current legislation of the Republic of Uzbekistan.

8.4. The policyholder has the right to:

- a) to demand explanation of the provisions of the Insurance Terms and Conditions and the terms and conditions of the Insurance Contract;
- b) in accordance with the current legislation of the Republic of Uzbekistan and these Rules to withdraw from the Insurance Contract, if by the time of withdrawal the possibility of occurrence of the Insurable Event has not disappeared due to circumstances other than the Insurable Event;
- c) to receive from the Insurer a duplicate of the Insurance Contract and/or insurance policy in case of their loss;
- d) to receive an insurance benefit for the events recognized by the Insurer as insured in accordance with the terms and conditions of the Insurance Contract and these Regulations;
- e) to conclude an insurance contract in favor of a third person who has an interest based on law or another legal act in preserving the object of insurance or the right to receive an insurance benefit;
- e) once during the validity of the Insurance Contract to request from the Insurer free of charge copies of the valid Insurance Contract and other documents that are an integral part thereof, except for non-disclosable information.
- f) once during the validity of the Insurance Contract to receive free of charge printed copies of electronic documents, including the Insurance Contract (Policy) and Insurance Terms and Conditions, on paper and certified by the Insurer;
- g) during the validity of the Insurance Contract replace the Beneficiary named in the Insurance Contract with another person by notifying the Insurer thereof in writing, unless the Beneficiary named in the Insurance Contract has fulfilled any of the obligations under the Insurance Contract or has made a claim to the Insurer for payment of the Insurance Indemnity;
- h) exercise other rights provided for in the insurance contract and the current legislation of the Republic of Uzbekistan.

SECTION 9. INTERACTION OF THE PARTIES UPON OCCURRENCE OF AN EVENT HAVING THE CHARACTERISTICS OF AN INSURED EVENT

9.1. Upon occurrence of an event having signs of an insured event, the Policyholder (Beneficiary, Insured) shall be obliged:

- a) immediately, but in any case not later than 24 hours (unless another term is stipulated in the Insurance Contract), from the moment when the Policyholder (Beneficiary, Insured Person) became aware of the occurrence of an event having the characteristics of an Insured Event, to notify the Insurer (its representative) of the occurrence of such event by any means allowing to record the fact of notification (by e-mail, letter, etc. means of communication), after which to follow the Insurer's written instructions, if any.

Failure to notify the Insurer of the Insured Event in due time shall entitle the Insurer to refuse the Insurance Indemnity, unless it is proved that the Insurer has learned about the occurrence of the Insured Event in due time, or that the Insurer's lack of knowledge thereof could not affect its obligation to pay the Insurance Indemnity.

- b) to send to the Insurer within three working days a written notice of occurrence of the event having the signs of an insured event (such notice shall contain information on the number and date of the contract; date of the event, place/address, estimated amount and type of loss/damage, etc.), and to provide the Insurer with all necessary information and documentation regarding the occurrence of the event to establish the fact, causes and circumstances of occurrence of the insured event and to determine the amount of damage/damage caused in accordance with Section 10 of these Regulations,

c) cooperate with the Insurer in its investigations, including, but not limited to, providing all necessary information, as well as ensuring the conditions for obtaining any additional information about the event having the characteristics of an insured event;

d) to take all reasonable and available measures under the circumstances to reduce the occurred loss (damages), if it is possible. When taking such measures, the Policyholder (Beneficiary, Insured) shall follow the Insurer's instructions, if they have been communicated;

e) ensure that the event is documented with the competent authorities and documents confirming the amount of loss/damage/harm.

9.2. In order to receive the insurance indemnity in the part of animal insurance, the Policyholder (Beneficiary, Insured person) shall submit to the Insurer a written application on occurrence of the insured event, including cell phone number, e-mail address, as well as the following documents:

9.2.1. copy of the Policyholder's (Beneficiary's) identity document;

9.2.2. documents containing information about the diagnosis, date and state of health of the insured animal when seeking help, the manipulations performed and the duration of treatment (veterinary card or other document issued by a veterinary or other institution);

9.2.3. prescriptions issued by a veterinarian in connection with this disease with a pharmacy stamp and cost of the purchased medicines;

9.2.4. Referrals for laboratory and diagnostic tests, including dates, names, justifications and costs of services;

9.2.5. invoices of veterinary institutions for the services rendered (on letterhead and with the appropriate stamp) indicating information about the insured animal (policy number, nickname, passport (if available), species and breed, etc.), duration of treatment, list of services rendered with a breakdown by date and cost, as well as the total amount payable;

9.2.6. certificates of the competent authorities confirming the occurrence of a natural hazard and (or) natural disaster, adverse natural phenomenon, fire and (or) lightning strike, traffic accident, etc., as a result of which the insured event occurred;

9.2.7. documents confirming payment of invoices for expenses reimbursed under these Rules.

9.3. The following documents must be submitted to the Insurer by the Policyholder (Beneficiary) in order to receive insurance payment in the part of civil liability insurance:

9.3.1. application for insurance payment, including cell phone number, e-mail address;

9.3.2. copy of the Policyholder's (Beneficiary's) identity document;

9.3.3. documents establishing the existence and form of the Policyholder's guilt in causing damage and the causal link between the actions of an animal belonging to the Policyholder and the damage caused, namely: acts of judicial authorities (if the case is considered in court), a copy of the resolution on initiation or refusal to initiate criminal proceedings on the fact of causing damage (if the Ministry of Internal Affairs, prosecutor's office and other law enforcement authorities were involved in the investigation of the facts of causing damage);

9.3.4. The Victim's original claim;

9.3.5. documents confirming the amount of damage caused to the Victim's property as a result of the event;

9.3.6. documents confirming the costs of conducting the case in court, if the case was referred to the court;

9.3.7. documents of a medical institution signed by the chief physician or the conclusion of a medical and social expert examination bureau establishing the degree of disability of the Injured Person (in the case of harm to the health of an individual);

9.3.8. documents confirming the rights of the person who made the claim for compensation for harm to compensation for harm in the event of the death of the Victim;

9.3.9. a court decision establishing the Insured's obligation to compensate for the harm caused.

9.4. The following documents shall also be provided at the Insurer's request:

9.4.1. consent to the processing of personal data (provided at the request of the Insurer in cases where, according to the legislation of the Republic of Uzbekistan, the Insurer is not entitled to process personal data without such consent);

9.4.2. additional documents confirming the right to receive the insurance benefit (if applicable).

9.4.3. documents, the requirement to provide which is conditioned by the Insurer's compliance with the legislation of the Republic of Uzbekistan (including tax legislation, regulatory legal acts in the field of combating legalization (laundering) of proceeds of crime and financing of terrorism) when making an insurance payment;

9.4.4. valid Insurance Contracts in respect of the insured animal, concluded with other insurers (if any);

9.4.5. by agreement of the parties in a particular insurance contract the list of documents specified in clause 9.4 of these Regulations may be reduced or specified.

9.5. The Insurer shall have the right to reduce the list of documents specified in clause 12.2, clause 12.3 of these Regulations, if it is possible to establish the fact and causes of occurrence of the insured event and the amount of damage caused from the available documents.

If the terms and conditions of a particular Insurance Contract or according to the Insurer's official notification posted on its official website or according to other notifications from the Insurer, its authorized representative, provide for the possibility of submitting information and documentation by the Policyholder (Beneficiary) to receive the insurance benefit in electronic form, the Policyholder (Beneficiary) may submit to the Insurer the documents mentioned in clause 9.2, clause 9.3 of these Regulations in the form of electronic documents.

The signature requirement shall be deemed fulfilled if a method established by the Insurer or its authorized representative and accepted by the Policyholder has been used that allows to reliably identify the person who has expressed his/her will as the Policyholder (Beneficiary).

To receive the documents required to receive the insurance payment, including software components of mobile applications (including the website) of the Insurer (its authorized representative) or the Service Company may be used.

If it is allowed by the Insurance Contract or an agreement between the Parties, the Insurer may accept the documents required to receive the Insurance Indemnity by e-mail.

In this case, the Insurer is entitled to make a decision on the reported event on the basis of documents signed/authenticated by electronic signature of the Policyholder (Beneficiary) / sent by e-mail (if it is stipulated by the Insurance Contract or agreement of the Parties), or to request from the Policyholder (Beneficiary) the originals or copies of documents submitted by the Policyholder (Beneficiary) in the form of electronic documents certified by the Policyholder (Beneficiary) / by e-mail (if it is stipulated by the Insurance Contract or by the agreement of the Parties), or to request from the Insurer (Beneficiary) the originals or copies of documents certified by the relevant competent authorities, submitted by the Policyholder (Beneficiary) in the form of electronic documents certified by the Policyholder (Beneficiary) / by e-mail (if it is stipulated by the Insurance Contract or by the agreement of the Parties)

If the Insurer requests the originals or copies of the documents certified in the relevant competent authorities, the term of insurance payment shall be calculated from the moment of receipt by the Insurer of the originals or copies of the documents specified in clause 9.2 and clause 9.3 of these Regulations certified in the relevant competent authorities.

The insurer shall have the right to authorize the policyholder to submit documentation for insurance benefit electronically in cases other than those provided for in paragraph 2 of this clause.

If the Policyholder (Beneficiary) submits the application for insurance payment and documents on the reported event electronically, the Insurer shall have the right to send to the Policyholder (Beneficiary) the calculation of the insurance payment made by the Insurer before the insurance payment is made by any available means (SMS-message to the phone, by e-mail, by posting in the Policyholder's personal cabinet, etc.).

In this case, the Policyholder (Beneficiary) shall be obliged to notify of their agreement or disagreement with the amount of insurance indemnity calculated without providing original or certified copies of documents in the relevant competent authorities not later than 2 (two) working days from the date of submission of the relevant calculation by the Insurer. If the Policyholder (Beneficiary) agrees with the Insurer's calculation, the term of insurance indemnity payment shall be calculated from the date of receipt of the respective consent; if the Policyholder (Beneficiary) disagrees with the calculation of the amount of insurance indemnity calculated without submitting the originals or copies of documents certified by the relevant competent authorities, the Policyholder (Beneficiary) shall immediately submit to the Insurer the originals or copies of documents previously submitted to the Insurer in the form of signed copies certified by the relevant competent authorities. In the latter case, the term of insurance payment shall be calculated from the moment of receipt by the Insurer of the originals or copies of the documents certified by the relevant competent authorities.

9.6. If the Insurer discovers that the documents submitted by the Policyholder or his/her representative are insufficient for making a decision on making the insurance benefit, and (or) such documents are improperly executed, the Insurer shall accept them and within 15 (fifteen) working days notify the applicant thereof, indicating the list of missing and (or) improperly executed documents. At the same time, the decision-making period shall not start to run until the last of the required and duly executed documents is submitted.

In cases of reconciliation and/or examination of the invoices (other documents) issued for payment for their compliance with the insured event and the scope of insurance coverage, as well as in cases of necessity for the insured animal to undergo additional examination and/or submission of documents confirming the state of health of the insured animal, the period of decision-making and payment may be extended up to 90 (ninety) working days. The Insurer shall notify the Policyholder about the use of the right to postpone payment.

9.7. The Insurer shall have the right to verify the accuracy of information provided by the Policyholder (Beneficiary, Insured) in the application for insurance payment and in the attached documents, and based on the results of the verification within a period not exceeding 10 (ten) working days from the date of receipt of documents in electronic form (unless another period is provided for by the parties' agreement), to send a request to the Policyholder to provide the original documents. The request may be sent in the form of an electronic document certified by an enhanced qualified electronic signature of the Insurer.

If it is not possible to establish the fact, causes, circumstances of the occurred event, the amount and nature of the caused losses on the basis of the submitted documents, the Insurer shall have the right, taking into account the specific circumstances of the event, to reasonably request the information necessary to confirm the fact and causes of the insured event and the amount of the insurance payment from the competent authorities (Ministry of Internal Affairs, Ministry of Emergency Situations, Roshydromet, prosecutor's office, local authorities, emergency technical services, state, departmental and other commissions and other bodies, m

9.8. The Insurer shall have the right to make an insurance payment in case of absence of any documents specified in clauses 9.2, 9.3 of these Regulations, if their absence does not affect the possibility of establishing the fact, cause, circumstances of the insured event, amount and nature of the losses incurred.

9.9. The insurance contract may stipulate other conditions under which it is not obligatory to contact the competent authorities and submit documents.

SECTION 10. PROCEDURE FOR DETERMINING THE AMOUNT OF DAMAGE AND PAYMENT OF INSURANCE INDEMNITY

10.1. After submission by the Policyholder, Insured, Beneficiary of all necessary documents specified in the Regulations and/or the Insurance contract, which allow to judge the causes and circumstances that led to the occurrence of the event having the signs of an insured event, and the amount of loss (damage) caused, the Insurer shall make one of the following decisions within 15 (fifteen) working days (unless another term is stipulated in the insurance contract) from the date of submission by the Policyholder (Beneficiary) of all necessary documents

10.1.1. to recognize the reported event as an insured event.

In this case, within the term specified in Clause 10.1 of these Regulations, the Insurer shall approve the Insurance Report and make the Insurance Indemnity within 10 (ten) working days from the date of its approval, unless other terms are stipulated in the Insurance Contract;

10.1.2. on non-recognition of the declared event as an insured event.

In this case, within 3 (three) working days from the moment of making such a decision, a written notice shall be sent to the Policyholder with a motivated justification of the reasons for such decision, unless other terms are stipulated in the Insurance Contract;

10.1.3. about conducting an insurance investigation.

The Insurer shall have the right, having notified the Policyholder in writing, to make a reasoned decision on postponing the decision on recognizing or not recognizing the event as an insured event or on refusing to pay the insurance indemnity, if:

criminal proceedings have been initiated or legal proceedings have been started in relation to the facts that caused the insured event - until the end of the criminal proceedings or legal proceedings (until the event that will occur earlier);

there is a need for expert examination of the submitted documents. Postponement is possible if the Insurer has motivated doubts about the authenticity of the documents confirming the Insurable Event;

the documents received by the Insurer and stipulated in the Insurance Contract do not confirm the existence of the Insurable Event and/or the amount of the caused damage or in other cases stipulated in the Regulations, due to which it has become necessary to request additional documents. In this case the Insurer shall be entitled to request additional documents from the Policyholder and/or competent authorities and/or organizations. At that, the Insurer shall be obliged to justify in its request the necessity to provide it with such documents.

The insurance investigation shall be conducted within 30 (thirty) working days after receipt of all necessary information in accordance with this clause of the Insurance Terms and Conditions.

The decision to recognize or not to recognize the event as an insured event or to refuse to pay the insurance indemnity shall be made within 30 (thirty) working days after the completion of the insurance investigation.

10.2. In case of the insured event "Life Disorder" (clause 4.3.1.4 of these Terms and Conditions), the insurance indemnity shall be paid by organizing and paying for consulting services in accordance with the procedure and on the terms and conditions stipulated in Appendix No. 1 to these Terms and Conditions.

10.3. The amount of the insurance indemnity for civil liability insurance shall be determined depending on the terms and conditions set out in the specific insurance contract and shall include:

10.3.1. amounts of compensation for damage caused to the life and health of individuals, calculated in accordance with the requirements of civil legislation (funeral expenses);

10.3.2. amounts of compensation for damage caused in the form of loss (destruction) of property damage.

10.4. The payment of the insurance indemnity in the part of damage indemnity shall be made to the Beneficiary.

10.5. If the Policyholder (Insured) with the written consent of the Insurer has independently compensated the harm caused to the injured person (Beneficiary), the insurance indemnity shall be paid to the Policyholder, Insured.

10.6. Where the damage caused as a result of an insured event is compensated to the Beneficiary by a person guilty of causing the damage who is not the Policyholder or the Insured, the Insurer shall indemnify only the difference between the amount to be indemnified under the insurance contract and the amount received by the Beneficiary.

10.7. If after payment of insurance indemnity a circumstance is discovered that deprives the right of the , Insured, Beneficiary to receive insurance indemnity under the insurance contract, the Policyholder, Insured, Beneficiary shall immediately (within a period not exceeding 5 (five) working days) return the received insurance indemnity to the Insurer.

10.8. In case of disagreements and/or disputes between the Insurer, Policyholder, Insured, Beneficiary about the causes and amount of the caused damage, each of the parties shall have the right to apply to independent expert organizations for expert examination. The expert examination shall be carried out at the expense of the party applying for it.

SECTION 11. SUBROGATION.

11.1. After payment of the insurance indemnity, the Insurer shall acquire (within the limits of the paid amount) the right of claim for compensation of damage, which the Policyholder/Beneficiary has against the persons responsible for causing the damage.

The Policyholder shall be obliged to hand over to the Insurer all documents and take all actions necessary for the realization of the right of claim against the responsible person in the occurrence of an insured event.

11.2. If due to the fault of the Policyholder/Beneficiary it is impossible to exercise the right of claim (missing the

deadline for filing a claim to the persons responsible for the loss, etc.), the Insurer shall be released from the obligation to pay the insurance indemnity, and in case of already paid indemnity, the Policyholder shall be obliged to return the received indemnity to the Insurer within 5 (five) working days from the date of receipt of the Insurer's claim.

SECTION 12. FORCE MAJOR

12.1. 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.

12.2. Force majeure circumstances include events that cannot be influenced by the Party and for the occurrence of which the Party is not liable, e.g. strike, governmental acts or decisions of state authorities, military actions of any nature preventing the fulfillment of the subject of the Insurance contract.

SECTION 13. DISPUTE RESOLUTION PROCEDURE

13.1 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.



**Appendix No. 1
to the Insurance Terms and Conditions
pets
"MY PET."**

| № | Insurance programs | Amounts of insurance amounts and insurance premiums, in thousands of UZS | | | | | |
|---|--------------------|--|---------------------|---|------------------|--------------------|--------------------------|
| | | Veterinarian consultation services (online) | Clinical procedures | Liability for causing damage to a third party | Accidental death | Total Sum Insured: | Total Insurance Premium: |
| 1 | Basic | 400,0 | 600,0 | 5 000,0 | 20 000,0 | 26 000,0 | 700 |
| 2 | Comfort | 700,0 | 800,0 | 9 000,0 | 39 500,0 | 50 000,0 | 1 200 |
| 3 | Lux | 1 500,0 | 2 500,0 | 20 000,0 | 60 000,0 | 84 000,0 | 2 600 |

INSURANCE PROGRAM

1. This Insurance Program includes consulting services of a veterinarian (hereinafter referred to as the Service) rendered in respect of the insured animal of the Policyholder (Beneficiary) (hereinafter referred to as the Client) upon occurrence of the insured event "Life Disorder" set forth in clause 4.3.1.4 of the Insurance Terms and Conditions. 4.3.1.4 of the Insurance Terms and Conditions.

1.1. The method of receiving the Service is audio counseling by telephone or video counseling by video link.

1.2. Means of receiving the Service - any telecommunication device (telephone, personal computer or any mobile communication device of the Customer - hereinafter referred to as Equipment) with the possibility to make an audio or video call. The Customer is solely responsible for the operability of the Equipment used by him/her to receive the Service.

1.3. Procedure for obtaining the Service:

In order to receive the Service, the Client or the person keeping the insured animal must authorize on the Insurer's website and make a preliminary appointment for a free time slot with a veterinarian.

1.4. Based on the results of the communication with the Client, the veterinarian shall prepare a detailed report providing recommendations and a plan of veterinary activities for the Client's insured animal within 1 (one) year.

1.5. The number of requests for the Service available during the period of validity of the Insurance Contract - in accordance with the terms and conditions of the Insurance Contract and on the basis of the agreement between the Insurer and the Service Company.

1.6. Time limits for the Customer to apply for the Service - in accordance with the terms and conditions of the Insurance Contract and on the basis of the agreement between the Insurer and the Service Company within 365 days from the date of entry into force of the Insurance Contract.

1.7. The territory of the Service provision is the Republic of Uzbekistan.

1.8. The basis for rendering the Service is the Customer's application for the Service.

1.9. The service includes:

Gathering a history of the Client's insured animal within thirty (30) minutes.

Following the interview with the Client, the veterinarian prepares a Report which includes:

- A plan for preventive vaccinations and treatments with timelines;
- recommendations for preventive procedures, health checks of the insured animal;
- A castration timeline plan outlining the preparation - as needed;
- plan of mating dates, if the animal has breeding value - as required;
- age, breed predispositions and diseases, diseases due to disturbances in housing;
- feeding recommendations, including transfer formulas to new rations;
- recommendations on home first-aid kit (list of first-aid preparations and consumables, standard first-aid literacy in case of wounds, frostbite, insect bites, immediate allergic reactions, thermometry, assessment of visible mucous membranes, capillary refill rate).
- reminders of events, according to the developed plans, in the form of SMS reminders or notifications to the e-mail address specified by the Client.

1.10. Rules for organizing the provision of the Service:

1.10.1. The insurance does not cover costs associated with vaccination and preventive measures to protect the Customer's insured animal.

2. Upon inclusion of the insured event "Disturbance of vital activity" in the Insurance Contract, the insurance shall cover insured events related to the following diseases of the insured animal caused by vaccinations:

- for cats: panleukopenia, viral Rhino tracheitis, calicivirus;
- for dogs: plague of carnivores, viral hepatitis, parvovirus enteritis, parainfluenza.

At the same time, insured events shall be recognized as diseases of the insured animal prevented by standard vaccines and occurring despite strict compliance by the Policyholder (Beneficiary) with vaccination recommendations.

3. In cases where the provisions of this Insurance Program contradict the provisions of the Insurance Terms and Conditions, the provisions of this Insurance Program shall prevail