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Director General
NEO INSURANCE CORP JSC**

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2023**RULES
OF ATHLETES AGAINST ACCIDENTS****1. GENERAL TERMS**

These Rules of Accident Insurance for Athletes (hereinafter - Rules) are developed in accordance with the current legislation of the Republic of Uzbekistan, Class 1 of the General Insurance industry, and determines the terms of insurance against risks that may occur as a result of injury during professional sports.

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

2. DEFINITIONS

The terms used in this Regulation shall have the following meanings:

2.1. **Insurance Policy** - a document certifying the fact of conclusion of the Contract and issued to the Policyholder after payment of the insurance premium.

2.2 **The Sum Insured is an** amount of money representing the limit of the Insurer's liabilities

2.3 **Insurance premium - the insurance premium** paid by the Policyholder to the Insurer.

2.4. **Insured (athlete)** - a natural person professionally engaged in sports, whose property interests related to life, health and professional activities are the object of insurance and in favor of whom the Insurance Policy has been issued.

2.5. **Beneficiary** - a natural person specified in the Insurance Policy as a beneficiary of the insurance benefit with the written consent of the Insured. In case of death of the Insured who has not appointed a Beneficiary, the heirs of the Insured shall be recognized as the beneficiaries of the insurance benefit.

2.6. **Insured event** - traumatic injury or death of the Insured as a result of an accident that occurred during a sports competition during the insurance period, upon the occurrence of which the Insurer's obligation to make an insurance payment arises.

2.7. **Accident is a** sudden, short-term event independent of the Insured's will, which externally affects the human body and causes traumatic injuries or death.

2.8. **Insurance benefit** - money paid to the Insured/ Beneficiary within the limits of the Sum Insured upon occurrence of the Insurable Event.

2.9. **Insurance Period** - a period of time during which the Insurance Policy is valid. The Insurer shall be liable for Insured Events that have occurred during the Insurance Period specified in the Insurance Policy.

3. INSURANCE COVERAGE

3.1 In accordance with these Rules, insurance coverage is provided to the Insured Persons against accidents that have occurred to them during participation in sports competitions (unless otherwise agreed separately) and have resulted in:

3.1.1. traumatic injuries of the Insured;

3.1.2. death of the Insured.

3.2 The consequences of an accident provided for in clause 3.1.2. occurring within six months from the date of the accident are also covered by this insurance, but provided that the accident occurred during the Insurance Period.

4. GENERAL EXCEPTIONS

4.1 Under these Regulations, events that have occurred as a result of the following shall not be recognized as an insured event:

(a) Military action or military activities of any kind and their consequences, popular unrest and strikes, seizure of power by the military or unlawful seizure of power, acts of a group of miscreants or persons acting on behalf of or in collaboration with political organizations, conspiracy;

b) nuclear explosion, radiation and radioactive contamination;

c) deliberate actions and/or inaction of the Policyholder/Insured person aimed at occurrence of the insured event, except for actions related to performance of their civic duty or protection of life, health, honor and dignity of the Policyholder, Insured person or third parties;

d) Proven doping;

e) the Insured being under the influence of alcohol, drugs or toxic intoxication at the moment of the accident.

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

5. SUM INSURED AND INSURANCE PREMIUM

5.1 Under these Regulations, the sum insured and the insurance premium shall be set according to the tariffs approved by the Insurer for this type of insurance and shall be specified in the Policy.

5.2 The date of payment of the insurance premium shall be deemed to be:

a) the date of transfer of the Insurance Premium to the Insurer's authorized representative or the date of crediting the Premium to the Insurer's bank settlement account in case of its payment in cash;

b) the date of transfer of funds to the Insurer's bank settlement account

5.3 All mutual settlements under this Agreement shall be made in Uzbek sums.

6. INSURANCE PERIOD, TERM OF VALIDITY OF THE INSURANCE POLICY

6.1 The Insurance Period shall be set within the time period specified in the Insurance Policy.

6.2 The Policy shall be valid for the insurance period specified therein.

7. RIGHTS AND OBLIGATIONS OF THE PARTIES

7.1 In accordance with these Rules:

7.1.1 The Insured has the right to:

a) when issuing the Insurance Policy, name a Beneficiary at his/her discretion;

b) upon occurrence of an Insurable Event, to demand performance by the Insurer of the obligations assumed under the Policy issued in its favor;

c) to receive consultations from the Insurer on insurance issues during the Policy period;

d) receive a duplicate copy of the Policy in case of its loss.

7.1.2 The Insurer shall have the right:

a) to demand from the Insured Person/Beneficiary to fulfill obligations under these Regulations, including the obligations incumbent on the Policyholder but not fulfilled by him/her, when the Insured Person/Beneficiary submits a claim for insurance payment. The risk of consequences of non-fulfillment or untimely fulfillment of obligations that should have been fulfilled earlier shall be borne by the Insured Person/Beneficiary;

b) to demand recognition of the Insurance Policy as invalid and application of consequences stipulated by the current legislation of the Republic of Uzbekistan, if it is established after execution of the Insurance Policy that the Policyholder has knowingly provided false information to the Insurer.

The Insurer may not demand that the Insurance Policy be recognized as invalid if the circumstances that the Policyholder has omitted to mention have already passed away;

c) to send a trusted expert physician to the injured Insured to examine his/her condition and study his/her medical history;

d) to refuse to pay out in case of non-fulfillment or improper fulfillment of obligations assumed by the Policyholder under these Regulations;

7.1.3. The Insurer shall be obliged to:

a) to issue an insurance policy to the Policyholder within the prescribed time limits;

b) after receiving all necessary documents and recognizing the fact of occurrence of the insured event, make the insurance payment according to the procedure and within the terms stipulated in these Regulations;

c) advise the Policyholder on insurance issues upon his/her request;

d) to keep confidentiality of information received from the Policyholder during the period of validity of the Policy, except for cases when the Insurer is obliged to provide information to state authorities in accordance with the legislation of the Republic of Uzbekistan.

7.1.4 The Policyholder shall have the right to:

a) upon request to receive consultations of the Insurer on insurance matters;

b) receive a duplicate copy of the Insurance Policy in case of its loss

7.1.5. The Policyholder shall be obliged to:

a) upon issuance of the Policy, inform the Insurer of all circumstances known to the Insurer that are material for determining the probability of occurrence of an Insured Event and the amount of possible losses from its occurrence;

b) to pay the insurance premium in due time;

d) to familiarize the Insured and the Beneficiary with their rights and obligations under these Regulations.

8. INSURANCE CLAIM HANDLING

8.1 Upon occurrence of an event that could justify a claim to the Insurer for payment of insurance indemnity under these Terms and Conditions, the Insured Person/Beneficiary shall be obliged to:

- within 30 (thirty) calendar days after the occurrence of the event, send a written application to the Insurer indicating the reasons and circumstances of the event.

8.2 In order to consider the insurance claim, the Insured / Beneficiary must submit the following documents:

8.2.1. in case of traumatic injury and/or other health disorder of the Insured:

- (a) The original or a copy of the insurance policy;
- b) an identity document;
- c) A 195 form certificate from a medical institution;
- d) an accident report;

8.2.2. in case of permanent damage to health (disability) of the Insured:

In addition to the previously submitted document under clause 8.2.1, the Company shall submit to the Company the VTEK conclusion indicating the degree of disability;

8.2.3. in case of death of the Insured if there is a Beneficiary in the Insurance Policy:

- (a) Original Insurance Policy;
- b) an identity document of the Beneficiary;
- c) a copy of the death certificate;
- d) an accident report.

e) if no Beneficiary is specified in the Policy, the heirs of the Insured shall be appointed as the Beneficiary, in their absence the Policyholder shall be the Beneficiary

8.3 After examining all circumstances related to the event, the Insurer shall make a decision on recognizing or not recognizing the event as an Insurable Event.

In case of disagreement with the Insurer's decision, the Policyholder may request appointment of an independent expert to settle the claim.

8.4 If criminal or civil proceedings have been initiated in relation to the occurrence of the Insurable Event, the Insurer shall have the right to postpone the issue of payment of the amounts due until the competent authorities have made a decision.

9. PROCEDURE FOR THE EXECUTION OF THE INSURANCE PAYMENT

9.1 In case of temporary disability of the Insured as a result of an accident covered by these Regulations, the insurance benefit shall be paid according to the table of benefits, but not more than 50% of the personal sum insured, if the injuries sustained are not described in the table of benefits, the insurance benefit shall be paid at the rate of 0.5% of the personal sum insured for each day of disability, and shall be paid for a period not exceeding 90 (ninety) days.

9.2 In case of establishment of a disability group to the Insured within six months from the date of the industrial accident, the insurance benefit shall be paid taking into account the amounts previously paid in connection with the insured event specified in clause 3.1.1. of these Regulations, but not more than the personal sum insured, in the following order:

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

9.3 In case of establishment of a higher disability group to the Insured during the period of validity of the Insurance Policy, the insurance benefit shall be paid taking into account the amounts previously paid in connection with the insured event specified in clause 3.1.2. hereof, but not more than the personal sum insured specified in the Insurance Policy.

9.4 In case of death of the Insured, the insurance benefit shall be 100% of the personal sum insured specified for the Insured in the Policy. The insurance benefit shall be paid to the Beneficiary.

9.5 The total amount of insurance payments made by the Insurer for one or several insured events that have occurred to the same Insured during the insurance period may not exceed his/her personal sum insured specified in the Insurance Policy.

9.6. Insurance benefit shall be paid within 15 (fifteen) days from the day of submission by the Insured Person/Beneficiary of all necessary documents requested by the Insurer and the Insurer recognizes the fact of occurrence of the Insurable Event.

The Insurer's decision to refuse the insurance payment shall be notified not later than within 15 (fifteen) days after the Insured Person/Beneficiary has applied for the insurance payment with submission of all necessary documents requested by the Insurer and shall contain a motivated justification of the reasons for refusal.

10. CANCELLATION AND TERMINATION OF THE INSURANCE POLICY

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

10.2 Upon early termination of the Insurance Policy under the circumstances specified in Clause 10.1 of these Terms and Conditions, the Insurer shall be entitled to a part of the Insurance Premium in proportion to the time during which the Insurance was in force.

10.3 The Policyholder (beneficiary) shall have the right to refuse the Insurance Policy at any time, if by the time of refusal the possibility of occurrence of the Insurable Event has not ceased due to the circumstances specified in Clause 10.1 of this Insurance Contract.

In this case (in case of early withdrawal of the policyholder or beneficiary from the insurance contract), the insurance premium paid to the insurer is not subject to refund.

11. LIABILITY OF THE PARTIES

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

11.2 For delayed insurance payment, the Insurer shall pay a penalty at the rate of 0.2% of the overdue amount for each day of delay, but not more than 50% of the amount payable under the Policy. Payment of the penalty shall not release the Insurer from the obligation to make the insurance benefit.

11.3 For unreasonable full or partial refusal to fulfill the accepted obligations under the Insurance Policy, the party that has violated its obligations shall pay to the other party a fine in the amount of 15% of the amount it has refused or evaded to pay

11.4 The Parties shall be exempt from liability in case if failure to fulfill their obligations under these Rules was caused by force majeure circumstances (force majeure). The Party subjected to force majeure circumstances shall immediately notify the other Party of the occurrence and possible duration of the said circumstances.

12. DISPUTE RESOLUTION PROCEDURE

12.1 In case of any disputes, claims or disagreements on the issues stipulated by this Agreement or in connection with it, the Parties shall take measures to resolve them through negotiations.

12.2 If it is impossible to resolve disputes, disagreements or claims arising out of or in connection with this Agreement, including those relating to its execution, breach, termination or invalidity through negotiations, they shall be resolved in accordance with the current legislation of the Republic of Uzbekistan.