

## RULES.

### insurance of persons traveling in the Republic of Uzbekistan

#### 1. GENERAL PROVISIONS

1.1 These Rules of Insurance of Persons Traveling in the Republic of Uzbekistan of JSC "NEO INSURANCE CORP" (hereinafter referred to as the Rules) are developed in Russian, Uzbek and English languages. An active hyperlink to the Insurance Terms and Conditions is placed on the Insurance Policy.

1.2 These Insurance Regulations are developed in accordance with the current legislation of the Republic of Uzbekistan, on the basis of the Regulations on Class 1 "Accident Insurance", Class 2 "Sickness Insurance" of the general insurance industry, and determines the procedure and conditions of insurance of persons traveling (Insured Persons) in the Republic of Uzbekistan.

1.3 On the basis of these Insurance Terms and Conditions, the Company shall provide insurance coverage to the Insured Persons in case of occurrence of an insured event stipulated by these Insurance Terms and Conditions in the form of organization of medical, medical-transport and other services to the Insured Persons as a result of an accident and/or sudden illness occurring during the insurance period and in the territory of the Policy.

#### 2. DEFINITIONS

2.1 Definition of terms used in these Rules:

**Policyholder** - a legal or legally capable natural person, who, entering into contractual relations with the Insurer, pays the insurance premium in the manner and on the terms defined in these Regulations.

**Insurance policy** - a document generated by the Insurer's Automated Information System at the moment of issuing an insurance policy, containing a unique insurance policy identification code (UICC), in a format suitable for printing such image on a printing device or for viewing and verifying it by scanning it on an electronic user device, confirming the conclusion of an insurance contract between the Insurer and the Policyholder on the terms and conditions of these Regulations and the Public offer in respect of a particular Insured person. The insurance policy shall be issued after payment of the insurance premium in full.

**Insurance period** - a period of time specified in the Insurance policy during which the Insurer's obligations to pay the insurance benefit are valid.

**Trip** - a tourist trip of the Insured within the Republic of Uzbekistan and during the Insurance Period specified in the Insurance Policy. Tourist trip shall be confirmed by documenting by submitting nominal air, rail or transport documents and documents for accommodation in the place of temporary stay.

**Customer Support Center (CSC)** - a round-the-clock service of the Insurer providing information support and assistance to the Insured in case of occurrence of insured events specified in these Regulations and the Insurance Program. Contact details and coordinates of the CSC are specified in the Insurance Policy.

**Medical Expenses** - Expenses for treatment administered or prescribed by a qualified physician.

**Institution** - a medical or other institution (pharmacy, diagnostic center, etc.) providing services on the basis of a separate contract concluded with the Insurer.

**Trauma** - damage to organs and tissues of the body with violations of their integrity and functions caused by the impact of environmental factors (mechanical, thermal, chemical, radiation of any kind, electric current and changes in atmospheric pressure).

**Sudden illness** - an illness that has occurred unexpectedly during the insurance period and in the insurance territory, which is not a consequence of a chronic illness and/or an illness that existed before the beginning of the trip, regardless of whether it has been treated or not, which requires emergency treatment and is not designated as an exception in these Terms and Conditions.

**Poisoning (intoxication)** - a disease that develops as a result of exposure of the body to toxic doses of chemicals (including medicines), plant and insect poisons, bacteria, etc.

**Emergency form of medical care** - medical care provided in case of sudden acute diseases, conditions, exacerbation of chronic diseases without obvious signs of threat to the patient's life.

**Chronic disease** - a long-lasting disease with damage to organs and systems of the human body, characterized by periods of exacerbation and remission.

**Chronic disease exacerbation** - manifestation of characteristic symptoms of a chronic disease, including those for which emergency care is needed.

**Accident** - a sudden, short-term and independent of the Insured's will event that externally affects the Insured's body and causes traumatic injuries and/or other health disorder of the Insured or his/her death.

**Medical evacuation** is a set of measures necessary to move the Insured Person by any available and adequate means of transportation from one place to another accompanied by medical personnel, if necessary. Medical evacuation is carried out only in the absence of medical contraindications and with a doctor's authorization.

**The territory of insurance** is the Republic of Uzbekistan.

The Policyholder, concluding an insurance contract on the basis of these Regulations, expresses to the Insurer his/her consent to the processing of his/her personal data and data of the Insured Person contained in documents submitted to the Insurer for the purpose of promotion of goods, works, services in the market, as well as for the purpose of assessing the quality of services by means of direct contacts of the Insurer with the Policyholder or the Insured Person by means of means of communication in order to ensure the execution of the concluded insurance contract, notification of new insurance programs and insurance services. In addition, the Policyholder (Insured person) shall release doctors from confidentiality obligations (medical secrecy) to the Insurer as far as the insured event is concerned.

Personal data shall be processed by means of collection, systematization, accumulation, storage, clarification (update, change), use, distribution (including transfer), depersonalization, blocking, destruction of personal data both on paper and electronic media. The said consent of the Policyholder shall be valid during the Insurance Period and the following 5 (five) years after the end of the Insurance Period. This consent may be withdrawn by the Policyholder by sending a corresponding written application to the Insurer.

The list of medical, medical-transport and other services provided to the Insured upon occurrence of an insured event under the terms and conditions of this Contract shall be determined in accordance with the Insurance Program selected by the Policyholder and specified in the Insurance Policy.

### **3.INSURED EVENT**

3.1 An Insured Event is an event that has occurred during the Insurance Period and in the Insurance, Territory specified in the Insurance Policy, caused by injury, poisoning, sudden illness, exacerbation of a chronic disease, accident or death of the Insured due to an accident, as a result of which the Insured or the Beneficiary has to pay the following expenses:

- 3.1.1. medical expenses for outpatient and/or inpatient treatment;
- 3.1.2. expenses for emergency dental care:
  - 3.1.2.1. when a tooth is injured as a result of an accident;
  - 3.1.2.2. in acute inflammation of the tooth and surrounding tissues;
- 3.1.3. medical transportation/evacuation expenses;
- 3.1.4. postmortem repatriation expenses (return of the body/remains).

### **4. EXCEPTIONS**

4.1 The insurance benefit/insurance cover shall not be provided upon occurrence of an event that has the characteristics of an insured event but is a direct or indirect consequence of any of the following factors:

- 4.1.1. expenses incurred due to deterioration of health condition or death of the Insured during the travel, despite the existence of direct medical contraindications;
- 4.1.2. if upon occurrence of the accident the presence of narcotic or psychotropic substances or the use of medications not prescribed by a doctor has been detected in the Insured's body, which may be reflected in medical reports, witness statements and other documents related to the event;
- 4.1.3. mental diseases and conditions, epilepsy (primary and symptomatic), neuroses (panic attacks, depression, hysterical syndromes, etc.), as well as diseases of the central nervous system;
- 4.1.4. any events/consequences directly related to pregnancy (except for the case stipulated in clause 9.1.2 of this Agreement), childbirth and/or abortion, as well as costs for services related to family planning and infertility treatment;
- 4.1.5. sexually transmitted diseases and their consequences, venereal diseases, AIDS and all diseases caused by HIV infection;
- 4.1.6. oncological diseases, neoplasms (malignant and benign), regardless of whether the Insured was aware of it or not;
- 4.1.7. providing services that are not medically necessary or not prescribed by a physician, as well as surgical procedures that are not emergencies;
- 4.1.8. expenses for rehabilitation measures;
- 4.1.9. expenses for organ transplantation;
- 4.1.10. expenses incurred as a result of the Insured's voluntary refusal to comply with the prescriptions of the attending physician received by the Insured in connection with the treatment of the insured event;
- 4.1.11. any preventive measure, vaccination, disinfection, sanatorium-resort treatment, rehabilitation and recovery treatment, heliotherapy, hydrotherapy, physiotherapy, manual therapy, massage of any kind, etc.;

4.1.12. treatment by unconventional methods of medicine, without specifying the diagnosis or treatment that does not correspond to the established diagnosis;

4.1.13. cosmetic/plastic surgery, treatment related to elimination of appearance defects or bodily anomalies, as well as any types of prosthetics, including dental and eye prosthetics;

4.1.14. expenses for treatment of the Insured due to aggravation or complications of hereditary and/or congenital diseases, anomalies and malformations of organs and their complications;

4.1.15. chronic diseases and/or their exacerbations/complications, and/or other forms and types of their manifestations. In case of exacerbation/complication of chronic diseases of the Insured, the Company shall organize services and within the limits of the Sum Insured until the exacerbation is removed;

4.1.16. circulatory system diseases (except for arterial hypertension and hypotension) requiring complex treatment and/or prolonged hospital stay, including cardiac surgical treatment (including angiography, angioplasty, bypass surgery, etc.), as well as treatment of early and late complications arising from previous circulatory system diseases and surgical interventions;

4.1.17. diseases (heart attack, stroke, diabetes mellitus, renal failure, tuberculosis, liver cirrhosis, viral hepatitis, any type of aneurysm, endocrine diseases, etc.) that occur over a long period of time and/or in connection with the presence of other diseases that require complex treatment and/or prolonged stay in a medical institution. In case of initial detection of the above-mentioned diseases, the Company will organize services and/or pay the expenses of the Insured for the organization of emergency medical care;

4.1.18. occupational diseases and diseases for the treatment of which the trip was undertaken;

4.1.19. provision of devices to improve vision (glasses and frames, lenses, magnifying glasses, etc.), as well as other aids (prostheses, crutches, wheelchair, etc.);

4.1.20. purchase of vitamins, food supplements, nutritional enrichments, products of plant origin, homeopathic remedies;

4.1.21. expenses of the Insured in connection with such particularly dangerous and tropical diseases as: plague, cholera, smallpox, yellow fever, hemorrhagic fever, anthrax, typhus, etc;

4.1.22. events that occurred while driving motorized vehicles (except for an ATV, motor scooter, moped, scooter, water scooter, car and/or riding motorized vehicles as a passenger);

4.1.23. medical treatment expenses that took place after the Insured's return to the country of permanent residence, as well as after the end of the insurance period.

4.2 The Insurer shall not pay the expenses and the event shall not be recognized as insured if the insured event has occurred to the Insured:

4.2.1. in case of a suicide attempt or suicide;

4.2.2. while performing official duties in any military structure;

4.2.3. performing physical work, unless "Work" is specified in the "Special Conditions" column in the Application Form and in the Policy;

4.3 The Insurer shall not pay for expenses that are directly or indirectly caused by:

4.3.1. a terrorist act (an act which is expressed in the use of force and violence or the threat thereof by or on behalf of any person or group of persons acting alone or in connection with any organization or government, carried out for political, religious, ideological or ethnic reasons and containing the intention to influence the government or threaten society or any part thereof), including the damage caused by measures to prevent a terrorist act shall not be compensated;

4.3.2. an act of war, invasion of a foreign enemy, military actions (whether war is declared or not), civil wars, insurrections, revolutions, riots and civil unrest;

4.3.3. accidents resulting from the participation of the Insured in bets and crimes, as well as in a fight, except for actions related to the performance of his/her civic duty or protection of his/her life, health, honor and dignity (or third parties);

4.3.4. accidents that have occurred to the Insured as a result of driving the vehicle in the state of alcoholic, narcotic, toxic or other intoxication and/or without the relevant permission/right to drive the vehicle, as well as when the Insured transfers the driving of the vehicle to a person in the above mentioned state and/or without the above mentioned permission/right;

4.3.5. committing an unlawful act by the Insured which has caused the occurrence of the Insured Event;

4.3.6. providing documents with knowingly false information regarding the Insured's health condition or medical and related services rendered to the Insured;

4.3.7. failure to submit the necessary documents that confirm the occurrence of the insured event and the amount of losses caused as a result of the insured event;

4.3.8. failure to submit the documents requested by the Insurer, stipulated in Clauses 12.6 - 12.8 hereof;

4.3.9. in other cases stipulated by the legislation of the Republic of Uzbekistan.

4.4 In accordance with the terms and conditions of this Contract, the Insurer shall be released from liability and shall not cover indirect losses, lost profit, penalties, fines, forfeits and other financial sanctions, as well as moral damage.

## **5. SUM INSURED AND INSURANCE PREMIUM**

5.1 The Sum Insured shall be the amount of money specified in the Insurance Policy, within the limits of which the Insurer shall be liable for fulfillment of its obligations under the terms and conditions of these Regulations.

5.2 Insurance premium is the insurance premium that the Policyholder is obliged to pay to the Insurer under the terms and conditions of these Terms and Conditions.

5.3 The Sum Insured and the Insurance Premium shall be determined depending on the Insurance Program selected by the Policyholder and shall be specified in the Insurance Policy.

5.4 The Insurance premium shall be paid by the Policyholder in a single payment for the whole period of insurance of the Insured prior to issuance of the Insurance policy in the national currency of the Republic of Uzbekistan or in foreign currency by bank card through the payment systems specified on the Insurer's website.

5.5. The Insurance Premium shall be deemed paid from the day of receipt of funds to the bank account of the Insurer or its authorized person (Insurance Agent).

5.6 All insurance payments shall be made by the Insurer directly to the Institution, which has rendered services to the Insured, except for the cases stipulated in these Regulations.

5.7 In cases stipulated in paragraph 9.9 of these Rules, the insurance payment shall be paid by the Insurer directly to the Insured in the foreign currency specified by the Applicant at the exchange rate of the Central Bank of the Republic of Uzbekistan on the day of payment of the insurance premium, by a one-time transfer of funds to the bank account of the Applicant (Insured Person/Beneficiary). At the same time, if the exchange rate of foreign currency, in which the expenses are required, is not established by the Central Bank of the Republic of Uzbekistan, the Insurer at its discretion shall determine the source of establishing the exchange rate of this currency in relation to the national currency of the Republic of Uzbekistan - Sum, which shall be indicated in the relevant decision of the Insurer on recognition of the insured event and making the insurance payment.

## **6. INSURANCE PERIOD**

6.1 The insurance period shall be set according to the period of stay of the Insured in the territory of the Republic of Uzbekistan, but not more than one year.

6.2 The insurance period shall start at 00:00:00 hours of the day specified in the Policy as the date of the beginning of the Policy period, but not earlier than the moment when the Insured crosses the border of the Policy territory (the mark of border services in the passport upon entering the Republic of Uzbekistan).

6.3 The Insurance Period shall end on the date specified in the Insurance Policy as the date of expiry of the Insurance Period.

## **SECTION 7. INSURANCE PROGRAM (SCOPE OF INSURANCE LIABILITY)**

7.1 The insurance program including the scope and list of medical and other services rendered to the Insured in case of occurrence of an insured event (scope of insurance liability) shall be determined in accordance with the Annex to these Regulations and shall be specified in the Insurance Policy.

## **8. SUM INSURED AND INSURANCE PREMIUM**

8.1 The Sum Insured shall be specified in the Insurance Policy and set in accordance with the Insurer's approved tariffs.

8.2 The Insurance Premium shall be set by the Insurer in accordance with the Insurance Program, Insurance Period and tariff rates developed by the Insurer. The amount of the Insurance Premium shall be specified in the Insurance Policy. When calculating the insurance premium, the Insurer shall be entitled to apply both increasing and decreasing coefficients to the tariffs.

8.3 The Insurance Premium shall be paid by the Policyholder in a single payment for the entire term of the Insurance Policy. The payment may be made by bank transfer or in cash. The insurance premium shall be set in sums or in another currency equivalent to a certain sum in sums. If the insurance premium is set in foreign currency (conventional units), the insurance premium shall be paid in sums at the official exchange rate of foreign currencies of the Central Bank of the Republic of Uzbekistan as of the date of the Insurance Policy, unless otherwise provided by the Insurance Terms and Conditions.

## **9. INSURANCE BENEFIT AND INSURANCE COVERAGE**

9.1 Upon occurrence of an insured event provided for in this Agreement, the following services shall be payable within the sum insured for each service included in the Insurance Program, namely:

9.1.1. emergency medical care in a medical institution, including expenses for medical services (consultations), diagnostic and laboratory tests prescribed by a doctor, medicines prescribed by a doctor (by prescription), dressings and fixation means (plaster, bandage, etc.) until the moment when discharge from the institution becomes possible;

9.1.2. emergency care in case of complications/forced termination of the Insured's pregnancy, provided that the pregnancy term does not exceed 32 (thirty-two) weeks and that this event occurred as a result of an accident;

9.1.3. for emergency dental care;

9.1.4. for outpatient treatment;

9.1.5. for inpatient treatment;

9.1.6. medical evacuation of the Insured from the place of accident to the nearest institution or to the nearest doctor, or from one institution to another (within the Republic of Uzbekistan). In this case the decision on expediency of medical evacuation shall be made only by authorized doctors of the Company, provided that emergency assistance is necessary. In case medical evacuation is organized by a third party without coordination with the Insurer, the Insurer will pay expenses within the minimum possible amount for which medical evacuation could have been provided by the Insurer with the assistance of the CPC of the minimum amount that could have been spent to organize repatriation with the assistance of the CPC.

9.2 The Insurer shall pay medical expenses for surgical operations only on condition that this manipulation was urgent and could not be performed after the organization of medical evacuation in the country of permanent residence of the Insured, i.e. payment shall be made only when the immediate failure to perform the operation threatens the life of the Insured or there is a possibility of serious disruption of his/her health.

9.3 The Insurer shall pay for the purchase of medicines only if they have been purchased according to prescriptions issued by a doctor.

9.4 The Insurer's obligations to make an insurance payment/insurance cover shall be valid in respect of insured events that have occurred during the insurance period and in the territory of validity of the Policy.

9.5 The Insurer shall bear the obligation to make an insurance benefit/insurance coverage up to the sum insured for each service included in the Insurance Program.

9.6 If necessary, the Insurer shall have the right to verify the provided data, request information from organizations that have information about the circumstances of the insured event, as well as conduct a medical examination of the Insured.

9.7. Each invoice paid by the Insurer to the Insured for the services rendered to the Insured shall reduce the Sum Insured for each service included in the Insurance Program by the amount of the paid invoice.

9.8 The total insurance benefit paid by the Insurer for one or several insured events may not exceed the sum insured for each service included in the Insurance Program.

9.9. If the Insured reports the Insurable Event in violation of the requirements of the provisions of these Terms and Conditions, it is his/her obligation to prove to the Insurer that it is impossible to report the Event sooner.

9.10. The Insured shall not have the right to transfer his/her Insurance Policy to other persons. If it is established that the Insured has transferred his/her Insurance Policy to another person for the purpose of receiving medical services, the Insurer shall have the right to terminate this Insurance Policy before the expiry date.

At the same time, in case of detection of this fact before the moment of rendering medical services, the Insurer shall have the right to refuse to render medical services to an improper person.

If as a result of the transfer of the Insurance Policy by the Insured to an uninsured person it has been established that medical services have been rendered to such uninsured person, the Insured shall be obliged to reimburse the Institution for the full cost of medical services received by the said uninsured person on the day when the Insured receives such services from the Institution.

9.11. In case the Insured (Policyholder) has unreasonably called a doctor and used sanitary transport not for medical reasons, the Insured (Policyholder) shall be obliged to reimburse the Institution for the full cost of such medical services on the day when the Insured receives such services from the Institution/Insurer.

In this case, the Insurer shall be entitled to terminate the Insurance Policy of the Insured ahead of time.

An unreasonable challenge shall be deemed to be:

- A call that was not made for medical services;
- false call (if there is a medical and economic expertise report, in such cases, e.g. the call was made to the Insured not in need of medical care, the Insured or his/her representative was absent from the address without any reason);
- a call made by the Insured (Policyholder) to provide medical services to a person who is not the Insured.

9.12. In case the Insured (Policyholder) has unreasonably called a doctor, ambulance or emergency medical aid and used sanitary transport not for medical indications and if this call was not coordinated and/or organized by the CPC, the Insurer has the right to refuse to pay the cost of medical services and the Insured (Policyholder) is obliged to reimburse the Institution for the full cost of these medical services on the day of receipt of such services.

9.13. In case of establishment of circumstances specified in subparagraphs 9.11, 9.12 and 9.13 of these Regulations, the Insurer shall have the right to suspend the Insurance Policy until receiving a relevant notification from the Institution on reimbursement of the respective amounts. Suspension of the validity of the Insurance Policy for a specified period of time shall not be considered as a reason for changing the Insurance Period specified in the Insurance Policy.

The validity of the Insurance Policy in respect of the Insured shall be renewed as of the moment of repayment of the debt by the Insured. In case of non-payment of the invoice within the term established by these Regulations, the Insurer shall have the right to terminate the Insurance contract by terminating the Insurance policy unilaterally, and the paid Insurance premium shall not be refunded.

#### **10. PROCEDURE FOR CONSIDERATION OF AN INSURANCE CLAIM**

10.1 Upon occurrence of an insured event, the Insured or his/her representative shall contact the CPC by the telephone numbers or other means of communication specified in the Policy and, if possible, inform the operator about the event, providing the following data:

- the surname and name of the Insured Person in need of assistance;
- the policy number and the period of insurance;
- the name of the Insurer;
- a description of the circumstances of the event and the nature of the assistance required;
- location and contact telephone number for feedback.

10.2 Upon receipt of the information, the CPC shall organize the provision of the necessary services to the Insured as provided for in this Agreement and shall pay the Insured's expenses in accordance with the terms and conditions of the Policy.

10.3 If it is impossible to call the CPC before consulting a doctor or being sent to a clinic, the Insured must call the CPC at the first opportunity. In any case, before paying the bills/expenses, the Insured must inform the CPC or the Insurer about the incident and show the medical personnel the Policies.

#### **14. TERMINATION AND TERMINATION OF THE CONTRACT (POLICY)**

14.1. The Insurance Contract (Insurance Policy) shall be terminated in cases stipulated by the current legislation of the Republic of Uzbekistan.

14.2. The Insurance Contract (Insurance Policy) may be prematurely terminated at any time upon written application of the Policyholder.

14.3. The insurance premium shall be refunded in the following procedure and case:

- if the Policyholder has declared a refusal of insurance before the beginning of the period of validity of the Insurance Policy - the Insurer shall refund the paid Insurance Premium in full;
- if the Policyholder has declared a refusal after the beginning of the Insurance policy period - the Insurer will refund the insurance premium for the unexpired insurance period;
- Refund of the insurance premium in case of termination of the Insurance policy upon the Policyholder's application shall be made within 5 (five) working days after receipt of such application in the currency in which the insurance premium was paid.

14.4 The insurance premium shall not be refunded in cases of:

- if during the insurance period an insured event specified in these Terms and Conditions has occurred for which the Insurer has fulfilled or is fulfilling its obligations;
- The Policyholder has declared a refusal of insurance after the end of the insurance period specified in the Insurance Policy.

**APPENDIX 1  
to the  
insurance of persons,  
traveling on  
Republic of Uzbekistan**

**INSURANCE PROGRAMS AND THE TERRITORY OF VALIDITY OF THE POLICY**

Insurance program is a set of services with corresponding sums insured that can be provided to the Insured within the framework of these Insurance Terms and Conditions.

The Policyholder, depending on the country of travel, chooses one of the following Insurance Programs to be indicated in the Policy:

*All sums insured are stated in the national currency of the Republic of Uzbekistan - Sum*

<b>Insurance programs</b>		<b>BASIC</b>	<b>PREMIUM</b>
<b>Total Sum Insured:</b>		8,000,000.00 UZS	80,000,000.00 UZS
<b>№</b>	<b>List of services</b>	<b>Sums insured for each service</b>	
1.	Health care services, including:	<b>up to UZS 6,000,000.00</b>	<b>up to 20,000,000.00 UZS</b>
1.1	Emergency dental care	up to UZS 1,000,000.00	up to UZS 2,000,000.00
2.	Medical transportation and other services, including:	<b>up to UZS 2,000,000.00</b>	<b>up to UZS 60,000,000.00</b>
2.1	Medical evacuation	up to UZS 2,000,000.00	up to UZS 5,000,000.00
2.3	Repatriation	Not covered	up to 55,000,000.00 UZS
<b>insurance premium</b>		<b>5,000.00</b> per day of stay in the territory of Republic of Uzbekistan	<b>10,000.00</b> per day of stay in the territory of the Republic of Uzbekistan