

**PUBLIC OFFER**  
**for Voluntary Individual Life Insurance of the Borrower**

**Tashkent city**

**Version 28.03.2025**

This Public Offer (hereinafter referred to as the Offer) is a proposal from JSC “TBC Sug‘urta” (hereinafter referred to as the Insurer), acting on the basis of license No. 660718 issued by the National Agency for Perspective Projects of the Republic of Uzbekistan on March 12, 2025, addressed to prospective clients (hereinafter referred to as the Insured) to conclude an Insurance Contract (hereinafter referred to as the Insurance Contract) under below terms and conditions and using information systems (hereinafter referred to as the Information Systems). The parties to the Agreement are the Insurer, the Insured, and the Beneficiary.

The Insurance Contract is a public offer and is concluded in accordance with the Article 367, Part 2 of the Article 369, and the Article 370 of the Civil Code of the Republic of Uzbekistan (hereinafter referred to as the Offer), and under Life Insurances classes I and V and General Insurance class 1. The Insurance Contract comes into force when Client performs certain actions as specified in this Offer, and which signify his/her unconditional acceptance of the Offer without any exceptions or restrictions.

The Insurance Contract is concluded (accepted) after Client accepts terms and conditions of this Offer and pays Insurance Premium using Beneficiary's Information Systems (hereinafter referred to as “Acceptance”).

According to the terms of this Offer, eligible for insurance are citizens of the Republic of Uzbekistan, foreign citizens permanently or temporarily residing in the territory of the Republic of Uzbekistan, and stateless persons whose property interests related to health and life are subject matter of the insurance hereunder.

By accepting the terms of this Offer and paying Insurance Premium, the Insured confirms his/her legal capacity to enter into contractual relationship and acknowledges obligations imposed under the Insurance Contract.

## **1. TERMS AND DEFINITIONS**

If the meaning of any term or definition cannot be stipulated or defined based on the legislation, such term and/or definition shall be used in its usual lexical meaning.

Basic terms and definitions used in this Offer are as follows:

**Insurer** - “TBC Sug‘urta” JSC (INN: 311448947, Registration address: 1 Abdulla Qodiriy Street, Yunusabad District, Tashkent city).

**Insured** - a legally competent individual who concludes an Insurance Contract with the Insurer and assumes the obligation to pay the Insurance Premium in the amount and terms stipulated in the Insurance Contract. According to the terms of this Offer, the Insured can be citizens of the Republic of Uzbekistan, foreign citizens permanently or temporarily residing in the territory of the Republic of Uzbekistan, as well as stateless persons.

**Insured Person** - according to the terms of this Offer, an Insured Person may be a legally competent individual capable of independently performing daily actions necessary for life, aged 18 years, but who has not reached 79 years by the end of the insurance period, whose property interests related to life and health are the object of insurance, and in respect of whom an Insurance Contract is concluded.

According to the Insurance Contract, the Insured Person is the Insured.

Insured Persons are indicated in the Insurance Policy.

**Beneficiary** - a commercial bank specified in the Insurance Policy that issues a loan (credit) to the Insured and is a recipient of the Insurance Compensation upon the occurrence of an Insurance Event.

**Geographic Zone** - the territory within which an Insured Event may entail the occurrence of the Insurer's obligations to pay the Insured Compensation. As part of this Public Offer, the entire world is a geographical zone.

**Insurance Contract** - an agreement under which the Insurer undertakes, upon the occurrence of an Insured Event, in accordance with the terms and exceptions stipulated in the Insurance Contract, to pay the Insured

Reimbursement to the Beneficiary.

The Insurance Policy, all appendices and amendments to the Insurance Contract, as well as the information submitted to the Insurer by the Insured through Information Systems, are an integral part of the Insurance Contract.

**The Representative of the Insured Person** - in case of death, disability, or incapacity of the Insured Person, the heir of the Insured Person, or any other individual providing information/documents relating to the Insured Event.

**Loan Agreement** - an Agreement concluded between the Borrower (Insured) and the Beneficiary through Information Systems, including all additions, amendments and appendices, and serving as the basis for conclusion of the Insurance Contract.

**Personal Accident** - an accidental, sudden, and unforeseen event that occurs during the validity period of the Insurance Contract, it has an external character and is not dependent on the will of the Insured Person, and may result in injury, health disorder, disability, or death of the Insured Person.

**Insurance Event** - an event occurrence of which may lead to the occurrence of an Insurance Case.

**Insurance Case** – occurred Insurance Event, upon the occurrence of which the Insurer has an obligation to make a payment of the Insured Compensation to the Beneficiary.

**Insurance Period** - the period during which the Insurance Contract is valid. The Insurer bears the obligations for Insurance Cases that occur during the Insurance Period. The insurance period is specified in the Insurance Policy.

**Disability** - a Group I disability that occurs during the Insurance Period due to an Personal Accident that occurred during the Insurance Period and confirmed by relevant documents. Within the framework of this Offer, Group I disability refers to a permanent and complete loss of working capacity, which does not include temporary, full, and/or permanent partial disability.

**Insurance Compensation** - monetary funds paid by the Insurer to the Beneficiary upon the occurrence of the Insurance Case stipulated in the Insurance Contract, within the limits of the Insurance Amount stipulated in the Insurance Contract.

**Insurance Premium** - the value of insurance coverage expressed in the amount of funds that the Insured undertakes to pay to the Insurer at once for the entire Insurance Period, within the timeframes stipulated in the Insurance Contract.

**Insurance Amount** - the amount stipulated by the Insurance Contract and representing the limit of the Insurer's obligations to pay Insurance Compensation within the framework of the Insurance Contract. The Insurance Amount is fixed in accordance with the terms of the Insurance Contract and is specified in the Insurance Policy.

**Insurance Policy** - a document certifying the conclusion of an Insurance Contract in favor of the Insured Person and issued to the Insured after they have paid the Insurance Premium.

**Information Systems** - the System of Remote Banking Service for Beneficiary's Clients and/or the System of Remote Service for Insurer.

## 2. SCOPE

- 2.1. The subject of this Insurance Contract is the Insurer's obligation during Insurance Case in accordance with the terms of this Offer to pay the Insurance Compensation to the Beneficiary in the manner and amount established by this Offer.

## 3. PROCEDURE FOR CONCLUSION AND VALIDITY PERIOD OF THE INSURANCE CONTRACT

- 3.1. The Insurance Contract shall enter into force upon the Insured's Acceptance of the Offer. In this case, the Insurer's obligations to pay the Insurance Compensation shall enter into force from the date of commencement of the Insurance Policy, but not earlier than the date of payment of the Insurance Premium by the Insured.

- 3.2. The term of the Insurance Contract ends at 24:00 of the final date specified in the Insurance Policy, except for cases of cancellation and early termination based on the Insured's request or as a result of early repayment of the Loan Agreement, but not earlier than the parties fully fulfill their obligations.
- 3.3. The Insurance Contract is drawn up on the basis of data submitted by the Insured to the Insurer through the Beneficiary's Information System.
- 3.4. By accepting the terms of this Offer and paying the Insurance Premium, the Insured assumes responsibility for the accuracy and correctness of the data and information submitted during legalization of the Insurance Contract. All data must be indicated in strict accordance with the original documents.
- 3.5. Data submitted by the Ensured to the Insurer through the Beneficiary's Information System is automatically entered into the Insurance Policy.
- 3.6. The Parties of this Insurance Contract confirm that the Acceptance of this Offer and payment of the Insurance Premium by the Insured, as well as the receipt of the Insurance Policy by the Insured (via sending an SMS message by the Insurer to the Insured's mobile phone number indicating the link to the Insurance Policy specified by the Insured when filling out the application), is a proper conclusion of the Insurance Contract.
- 3.7. Payment for the Insurance Contract (Policy) is carried out through Information Systems.
- 3.8. The insurance period may be set for a period of one year or more.

#### **4. THE PROCEDURE FOR TERMINATING THE INSURANCE CONTRACT**

- 4.1. The Insurance Contract is invalid, and the Insurer is released from all obligations under the Insurance Contract in the following cases:
  - a) Insured intentionally provided false data and/or information to obtain Insurance Compensation;
  - b) Insured is incapacitated on the date of registration of the Insurance Contract;
  - c) if the Beneficiary makes a decision to cancel the loan due to the requirements of the legislation and/or the decision of the Beneficiary's authorized body;
  - d) Insured does not undergo due diligence by the Beneficiary and/or the Insurer, and the Insured's funds are blocked/frozen/cancelled;
  - e) in other cases stipulated by the current legislation of the Republic of Uzbekistan.
- 4.2. If the Insurance Contract is invalid, the Insurance Policy is subject to cancellation from the date of its issuance. In this case, the Insurance Premium is not subject to return, except for the cases specified in Clause 4.1. (c) and (d). In these cases, the Insurance Premium is subject to transfer the loan debt to the Beneficiary for fully covering.
- 4.3. The Insurance Contract is terminated in the following cases:
  - a) when the Insurer fulfills its obligations under this Insurance Contract in full;
  - b) when the Insured fulfills obligations under the Loan Agreement completely early or closes the Loan Agreement completely early in connection with obtaining a new loan, for an increased amount;
  - c) recognition of this Insurance Contract as invalid by a court decision;
  - d) when the Insured reaches the age of 79;
  - e) establishing a Group I disability for the Insured Person during the Insurance Period, if, on the date of concluding this Insurance Contract, the Insured Person already had a Group II or III disability;
  - f) End of the Insurance Period;
  - g) liquidation of the Insurer;
  - h) early termination of the Insurance Contract at the initiative of the Insured. At the same time, withdrawal from the Insurance Contract is possible at any time if, by the time of withdrawal, the Insurance Case has not occurred, and payments have not been made under it.
  - i) in other cases, stipulated by the legislation of the Republic of Uzbekistan.

- 4.4. The validity of this Insurance Contract may be terminated early at the initiative of the Insured based on the Insured's application through the Insurer's Information Systems. In case of early termination based on the Insured's application, the calculation of the Refundable Insurance Premium is carried out as follows:
- 4.4.1 if the Insured applies within 48 (forty-eight) hours after the conclusion of the Insurance Contract, 100 (one hundred) percent of the paid Insurance Premium is subject to refund;
  - 4.4.2 if the Insured applies within 48 (forty-eight) hours after the conclusion of the Insurance Contract, 90 (ninety) percent of the Insurance Premium for the unexpired Insurance Period is subject to refund. In this case, the unexpired Insurance Period is a period of time that begins from the date following the date of application through the Information Systems and ends with the last date of the Insurance Period specified in the Insurance Policy.
- 4.5. In case of early termination of this Insurance Contract, the paid Insurance Premium by the Insured shall be returned within 10 working days from the moment the Insured duly notifies the Insurer.
- 4.6. Upon early termination of this Insurance Contract by the Insurer due to the full execution of obligations by the Insured under the Loan Agreement, the Insurance Premium is not subject to return, except in cases where full early repayment of the loan is made within 24 hours after the conclusion of the Loan Agreement and there is an application from the Insured for the return of the Premium. In this case, 100 (one hundred) percent of the Insurance Premium paid is subject to refund. Upon application after 24 (twenty-four) hours after conclusion of the Loan Agreement, the Premium is not subject to return, unless otherwise provided by the agreement of the Parties.
- 4.7. In the event of repayment of the Insured's loan in connection with obtaining a new loan for an increased amount, the Insurer automatically terminates the current Insurance Contract early and, for paying the new Insurance Policy, carries out mutual settlement by transferring a part of the paid Insurance Premium (contribution) under the current Insurance Contract, proportional to the unfulfilled loan amount, to the new Insurance Contract under the same conditions. The unfulfilled volume of obligations in this case is the amount of the actual balance of the Insured's principal debt under the current Loan Agreement at the time the Insured sends a request for a new Loan using the Beneficiary's Information Systems.
- 4.8. If the Loan Agreement is terminated regardless of the reasons for termination, the Insurer's obligations under this Agreement regarding the implementation of Insurance payments also terminate from the date of termination of the Loan Agreement, regardless of the date of actual notification of the Insurer about the termination of the Loan Agreement.
- 4.9. If the Insured demands early termination of this Insurance Contract due to the Insurer's breach of its obligations, the paid Insurance Premium shall be returned to the Insured in full.

## **5. INSURANCE EVENTS AND INSURANCE CASES**

- 5.1. If there is an Insured Event that entails the occurrence of an Insured Case, the Insurer undertakes to pay the Insurance Compensation to the Beneficiary within the limits of the Insurance Amount and in accordance with the terms, conditions, and exceptions specified in this Insurance Contract.
- 5.2. In accordance with this Offer the Insured Case is the occurrence of one of the following events, provided it occurred during the Insurance Period and within the Geographic Zone:
- a) assignment of a Group I disability to the Insured person as a result of a Personal Accident that, in turn, occurred during the Insurance Period, except for the cases specified in Section 6 of this Offer. Within the framework of this Insurance Contract, Group I disability is understood as the permanent and complete loss of the Insured's work capacity, which does not include temporary full and/or permanent partial disability. The date of establishment of disability is the date of issuance of the relevant document by the authorized body;
  - b) death of the Insured Person for any reason, except for the cases specified in Section 6 of this Offer.
- 5.3. The events specified in Clause 5.2 of this Offer are recognized as Insured Events only if they are confirmed by documents issued by authorized bodies and submitted to the Insurer in the manner and within the

timeframes specified in Section 9 of this Insurance Contract.

## **6. EXCEPTIONS FROM INSURANCE COVERAGE**

- 6.1. The Insurer is released from the obligation to pay Insurance Compensation if the Insurance Case is directly or indirectly caused or occurred as a result of the following events:
- a) military actions, maneuvers, civil unrest, uprisings or other military measures;
  - b) exposure to nuclear explosion, radiation or radioactive contamination, chemical or bacteriological contamination;
  - c) use of narcotic, toxic, psychotropic substances or alcohol and any of their complications; also, if the Insured Person is under the influence of alcohol and/or narcotic, and/or toxic, and/or psychotropic substances at the time of the Insurance Case, except in the cases where narcotic and/or psychotropic substances are prescribed by a licensed physician in accordance with the existing health condition;
  - d) intentional actions of third parties who may have an interest in the occurrence of an Insurance Case under the Insurance Contract, or the heirs of the Insured, as well as persons acting on their behalf and directed towards the occurrence of an Insurance Case;
  - e) suicide or the consequences of attempted suicide, if by this time the Insurance Contract had been in effect for less than two years;
  - f) the performance by the Insured of actions in which signs of a deliberate offense have been established by investigative bodies or the court, except in cases where these actions are related to the performance by the Insured of his civic duty or the protection of his life, health, honor and dignity, or the life, health, honor and dignity of third parties;
  - g) Participation of the Insured Person in activities related to increased risk: combat sports, hunting, extreme and professional sports, aviation and air sports;
  - h) driving a vehicle and/or other mechanical vehicle without a corresponding driver's license, and/or driving a vehicle and/or other mechanical vehicle while intoxicated by alcohol, drugs, toxins, or psychotropic substances;
  - i) Service or participation of the Insured Person in the police, navy, army, air force, or military operations/training;
  - j) professional activity of the Insured Person related to explosive materials and military equipment, petroleum products, hazardous chemical substances;
  - k) establishing a Group I disability for the Insured Person during the Insurance Period, if, on the date of concluding this Insurance Contract, the Insured Person already had a Group II or III disability.
- 6.2. The Insurer is also exempt from the insurance payment in the following cases:
- 6.2.1. if the information provided during the conclusion of the Insurance Contract and/or the occurrence of the Insurance Event does not correspond to the originals of the documents;
  - 6.2.2. The Beneficiary/Insured Person/The Representative of the Insured Person provided false information and/or documents as confirmation of the occurrence and/or circumstances and/or reasons for the occurrence of the Insurance Case;
  - 6.2.3. The documents specified in Section 9 of this Insurance Contract are not provided to the Insurer in the manner and within the time limits established in Section 9 of this Insurance Contract;
  - 6.2.4. in other cases stipulated by the current legislation of the Republic of Uzbekistan.
- 6.2. Under no circumstances shall the Insurer be liable for obligations not established or reflected in this Insurance Contract. The Insurer shall not assume any obligations for events that occurred before the entry into force of the Insurance Policy and after its expiration.

## 7. RESPONSIBILITY OF THE PARTIES

- 7.1. The Insurer is not liable for the negative consequences and losses resulting from events and circumstances outside its competence, as well as for the actions (inaction) of third parties, namely:
- If it is impossible to fulfill the assumed obligations due to the inaccuracy, insufficiency, or untimely submission of information and documents provided by the Insured/Representative of the Insured, or violation by the Insured/Representative of the terms of this Insurance Contract or requirements for documents;
  - for the authenticity and correctness of documentation (the reliability and completeness of the information contained in them).
- 7.2. The Parties shall be liable for failure to fulfill and/or improper fulfillment of their obligations under this Offer in the manner and under the conditions defined by this Offer and the current legislation of the Republic of Uzbekistan.
- 7.3. The Parties shall be released from liability if their failure to fulfill their obligations under this Offer because of force majeure circumstances. A party subjected to force majeure circumstances is obliged, at the first opportunity, to notify the other party of the occurrence and possible duration of the specified circumstances, but no later than the expiration of 30 (thirty) calendar days after the occurrence of such circumstances.
- 7.4. The court's recognition of any provision of this Offer as invalid does not entail the invalidity of the other provisions.

## 8. RIGHTS AND OBLIGATIONS OF THE PARTIES

### 8.1. Insured has the right to:

- a) receive consultations from the Insurer regarding the terms of the Insurance Contract during its validity period;
- b) demand from the Insurer fulfillment of the obligations assumed by him under the Insurance Contract;
- c) terminate the Insurance Contract early by applying to the Insurer in the manner prescribed by the Insurer.

### 8.2. Insured / Representative of the Insured Person shall:

- a) pay the Insurance Premium in the amount and within the timeframes stipulated in the Insurance Contract;
- b) at the time of concluding the Insurance Contract, submit all essential information and data required for concluding the Insurance Contract, as well as ensure the correctness and reliability of the provided information;
- c) upon the occurrence of an event that may, within the framework of the Insurance Contract, entail a claim against the Insurer for the payment of Insurance Compensation, immediately notify the Insurer of its occurrence and provide all documents specified in Clause 9.1 of this Offer within the timeframes and in the manner specified in Clause 9.1 of this Offer.

### 8.3. Insurer has the right to:

- a) demand from the Beneficiary the fulfillment of obligations under the Insurance Contract, including obligations that are borne by the Insured, but not fulfilled by him, when the Beneficiary submits a claim for the Insurance Payment. The risk of the consequences of the Insured's failure to fulfill or untimely fulfillment of obligations that should have been fulfilled earlier is borne by the Beneficiary;
- b) demand the invalidation of the Insurance Contract and the application of the consequences stipulated by the current legislation of the Republic of Uzbekistan, if, after concluding the Insurance Contract, it is established that the Insured has informed the Insurer of knowingly false information about the circumstances specified in Clause 8.2 (b) of this Offer;

- c) refuse payment if the Beneficiary has not submitted the documents and information necessary to establish the Insurance Case within the period specified in Clause 9.1 of this Offer;
- d) postpone the adoption of a decision on the Insurance Payment until the completion of the investigation or judicial proceedings in relation to the Insured Person, or the establishment of the Insured Person's innocence, if, based on the facts that served as the cause of the Insurance Case, a criminal case has been initiated or a judicial process has been initiated;
- e) make amendments and additions to the Insurance Contract by agreement of the Parties. In this case, the Insurer is released from the obligation to coordinate changes with the Insured and/or Beneficiary, if these changes improve the terms of the Agreement for the Insured;
- f) during the validity period of the Insurance Contract, request information from the Beneficiary - on the state of the Insured's solvency (in accordance with the requirements of the Loan Contract), the current execution of the Loan Contract, and the changes being made to it.

#### **8.4. Insurer is obliged to:**

- a) to issue an Insurance Policy to the Insured;
- b) upon the occurrence of an Insurance Case, to pay the Insurance Compensation to the Beneficiary in the manner and within the time limits established by the Insurance Contract;
- c) not to disclose information received as a result of their professional activity about the health and property status of the Insured, as well as information of the Beneficiary regarding the commercial terms contained in the Loan Agreement;
- d) upon the written request of the Beneficiary, provide him with information on the progress of the Insured's fulfillment of the terms of the Insurance Contract;
- e) within reasonable timeframes, but not exceeding 30 (thirty) calendar days, to notify the Insured and the Beneficiary in writing of their intention to amend and supplement the Insurance Contract or terminate it;
- f) inform the Beneficiary in the event of circumstances affecting the Insured's ability to fulfill their obligations under the Insurance Contract, as well as in the event of circumstances significantly affecting the increase in the degree of risk under the Insurance Contract.

#### **8.5. Beneficiary has the right to:**

- a) demand from the Insurer fulfillment of the obligations assumed by him under the Insurance Contract;
- b) apply to the Insurer in writing with a request to amend and supplement the Insurance Contract;
- c) during the validity period of the Insurance Contract, request information from the Insurer on the fulfillment by the Insured of the terms of the Insurance Contract;
- d) receive consultations from the Insurer regarding the terms of the Insurance Contract during its validity period;
- e) if the Beneficiary makes a decision to cancel the loan, to demand from the Insurer the early termination of the Insurance Contract, notifying the Insurer of this through the Information Systems.

#### **8.6. Beneficiary is obliged to:**

- a) fulfill the obligations stipulated in the Insurance Contract;
- b) notify the Insurer of the early termination of the Loan Agreement;
- c) upon the occurrence of an event with signs of an Insured Event, within the time limits established by Clauses 9.1 and 10.3 of this Offer, notify the Insurer of its occurrence, providing all necessary documents;
- d) provide, at the request of the Insurer, information on the state of the Insured's solvency (in accordance with the requirements of the Loan Agreement), the current execution of the Loan Agreement and changes made to it.

- 8.7. Conclusion of an Insurance Contract in favor of the Beneficiary does not release the Insured from fulfilling their obligations under the Insurance Contract.

## **9. CONSIDERATION OF THE INSURANCE CLAIM**

- 9.1. Upon the occurrence of an event that may result in the Insurer's obligation to pay the Insured Compensation, the Insured and/or the Representative of the Insured Person shall immediately, but no later than 30 (thirty) calendar days from the moment of its occurrence or receipt of documents confirming its occurrence, submit to the Insurer, in writing, through the Insurer's Information Systems, an application for payment of the Insured Compensation, stating the causes and circumstances of the event, as well as attach the following documents:
- a) in the event of the death of the Insured Person, the original or copy of the death certificate with the attachment of the original or copy of the medical certificate of death;
  - b) upon onset of a Group I disability, the original or a copy of the VTEK certificate confirming the establishment of Group I disability, certified by the issuing organization, confirming the full permanent loss of working capacity;
  - c) if death or disability occurred as a result of a Personal Accident, the original or copy of the document certifying the fact of the accident and containing information about the place, circumstances, and causes of the incident;
  - d) the original or a copy of the Certificate signed by the Beneficiary, on the amount of outstanding debt by the Insured for the principal debt and accrued interests under the Loan Agreement at the time of the Insurance Case.
- 9.2. If necessary, the Insurer has the right to request additional information and documentation related to the Insurance Case, as well as originals or notarized copies of documents previously submitted to the Insurer.
- 9.3. If necessary, the Insurer has the right to request information and documentation related to the Insurance Case from law enforcement agencies and/or other institutions and organizations that possess such information, as well as to independently investigate the causes and circumstances of the Insurance Case.
- 9.4. After receiving the specified documents, the Insurer investigates the declared event in the prescribed manner and receives confirmations of the reliability of the submitted documents from the institutions/instances that issued them, after which it decides on the compliance of the occurring event with the definition of the Insurance Case.
- 9.5. The Insurer may decide on the recognition or non-recognition of the Insurance Event as an Insurance Case without requiring the full list of documents specified in Clause 9.1 of this Offer.
- 9.6. The decision is made within 15 (fifteen) working days after receiving all necessary documents, including the additionally requested information (data, findings) necessary to clarify the circumstances of the incident and/or determine its compliance with the Insurance Case definition and/or determine the amount of damage caused, including from the third-party organizations.
- 9.7. If, due to the facts that served as the cause of the Insurance Case, a criminal case has been initiated or a court proceedings have been initiated, the Insurer has the right to postpone the decision on the Insurance Compensation until the completion of the investigation or court proceedings, or the establishment of the innocence of the Insured Person or Beneficiary.
- 9.8. In case of refusal to pay Insurance Compensation, the Insurer must notify the Beneficiary of this no later than 15 (fifteen) working days after the decision is made on the Insurance Case. The refusal must contain a reasoned justification of its reasons.

## **10. THE AMOUNT AND PROCEDURE OF INSURANCE PAYMENT**

- 10.1. The amount of Insurance Compensation is determined as the Insured's debt to the Beneficiary under the

Loan Agreement in terms of the principal debt (both current and overdue debt) and interest (both accrued and overdue, except for fines, penalties, and any other arising obligations and/or payments related to loan repayment), as of the date the Insurer receives a document confirming the occurrence of the Insured Event.

- 10.2. The amount of Insurance Compensation under the Insurance Contract is limited by the Insurance Amount.
- 10.3. In this case, if the Beneficiary receives a document confirming the occurrence of the Insurance Case, the Beneficiary must provide this document to the Insurer no later than the next business day from the date of its receipt.
- 10.4. After deciding on the Insurance Case, within 3 (three) business days the Insurer shall draw up an Insurance Case Settlement Act, based on which it shall pay the Insurance Compensation within 5 (five) business days after signing the Act by the Parties, by transferring funds to the Beneficiary's settlement account.

## **11. PROCEDURE FOR CONSIDERATION OF DISPUTES**

- 11.1. If there are disputes, claims, or disagreements arising on matters stipulated in this Offer or in connection with it, the Parties shall take measures to resolve them through negotiations. The claim procedure is mandatory.
- 11.2. If it is impossible to resolve disputes, disagreements, or claims arising from or in connection with this Offer, including those related to its execution, violation, termination, or invalidity, through negotiations, they must be reviewed by the subordinate court at the Insurer's location.

## **12. MISCELLANEOUS**

- 12.1. All additions and amendments to the concluded Insurance Contract must be made in writing with the mutual consent of the parties, except in cases where the amendments improve the terms of the Contract for the Insured.
- 12.2. By concluding an Insurance Contract, the Insured/Insured Person expresses to the Insurer own consent to:
  - 12.2.1. processing of their personal data, including full name, passport and contact details, IPIN, TIN, data constituting medical secrets, other data corresponding to the purposes of this agreement contained in the documents transferred to the Insurer and its partners for concluding and fulfilling the terms of the Insurance Contract, conducting marketing research, as well as developing new products and services, including together with partner organizations. Personal data processing means collection, systematization, accumulation, storage, clarification (renewal, modification), use, depersonalization, blocking, destruction, as well as performing other actions with personal data to fulfill obligations under the Agreement;
  - 12.2.2. transfer of data constituting the secrecy of insurance (including data on insured, insured persons and beneficiaries, the health status of Insureds and insured persons, the insured amount) to the Insurer and its partners;
  - 12.2.3. transfer of data contained in the Insurance Contract, as well as other related documents, to the Credit Bureau. Consent has been given, including in accordance with the Law of the Republic of Uzbekistan "On Personal Data" and the Law of the Republic of Uzbekistan "On Insurance Activities" as well as the Law of the Republic of Uzbekistan "On Loan Information Exchange".
- 12.3. The Parties undertake to immediately notify of changes in their details to the Insurance Contract, including addresses, by sending a written notification and concluding an additional agreement. Without proper notification and conclusion of an additional agreement, all notifications within the framework of the Insurance Contract shall be sent to the original address/requisites, and the Party that does not notify of the change of its address shall bear the associated risks.
- 12.4. Relationships between parties not described in the Insurance Contract are regulated by the current legislation of the Republic of Uzbekistan.

#### 12.5. AML Requirements:

- The Insurer does not enter into business relationships with individuals included in the sanctions lists of OFAC, FATF, EU, UN, the French Sanctions List (Ministries of Economy and Finance), as well as the UK sanctions lists.
- When ensuring its activities the Insurer does not intend to establish or maintain relations with the Insured with a legal or physical person in accordance with the applicable sanctions regimes.
- The Insurer refrains from entering into relations with individuals affiliated with the governments of the countries subject to sanctions.
- In addition, the Insurer shall use other sanctions lists defined by local law and/or lists related to the jurisdiction or scope of the Insurer's activities.
- The Insurer does not enter into business relations and does not provide services to persons subject to sanctions established by the UN Security Council Resolution No. 1373 (2001). Other prohibitions and restrictions arising from various sanctions regimes are established by the Insurer's internal documents in accordance with local legislation, sanctions requirements, identified risks, and resources for managing these risks.
- The Insurer has the right to demand from the Insured submission of information and documents that allow identifying the Insured and confirming the legality of transactions made on the account.
- The Insurer has the right to suspend operations on the Insured's accounts in cases stipulated by the current legislation of the Republic of Uzbekistan.
- Based on the request of the Insurer the Insured undertakes to provide information and documents requested in accordance with the norms of the current legislation and local acts of the Insurer. In this case, the responsibility for the correctness and reliability of the information contained in the instructions and the information requested from the Insured is imposed on the Insured.
- After the initial identification, carried out in accordance with the requirements of the current legislation, the Insurer may identify the Insured through electronic channels using the Insured's identification means, as well as the Insured's identification data specified in the application and/or any document available to the Insurer.
- Repeated and each repeated identification of the Insured may be carried out in cases of doubt regarding the accuracy of the information received from the Insured.
- The Insurer may not provide services if the Insured's identification is unsuccessful.
- The Insured is not directly or indirectly involved in any illegal activity (including, but not limited to, money laundering, arms trafficking, drug trafficking, and/or terrorism), which contradicts the legislation of any jurisdiction;
- The Insurer has the right to conduct due diligence in accordance with the Internal Control Rules for Combating the Legalization of Proceeds from Criminal Activity, the Financing of Terrorism, and the Financing of the Proliferation of Weapons of Mass Destruction in Commercial Banks.
- The Insurer has the right to suspend operations and the operation of the Insured's accounts in the event of the Insured providing false information, as well as in other cases stipulated by the current legislation of the Republic of Uzbekistan, these Guidelines, this suspension is valid until the Insured provides a written explanation.
- Refuse to provide insurance services to the Insured if there is a risk of imposing financial/economic sanctions on the Insured.

### **13. CONTACT AND BANK DETAILS**

Joint-Stock Company “TBC Sug‘urta”

Address: 26A, Parkent str., Mirzo Ulugbek District, Tashkent city

Tel.: +998 71 209 77 66

s/a 2020 8000 0050 7599 5001

Bank: PJSC “Invest Finance Bank” OPERD

Bank Code: 01041

TIN: 306 416 877