

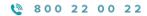
# **Motor Insurance Policy Schedule**

# جدول التأمين على المركبات

		على المركبات	جدول التامير				
Policy Details					تفاصيل وثيقة التأمين		
Policy No		30/1/1/2025/678					
Policy Type	Motor Comprehensive	e Takaful	لمدنية	ضد الفقد و التلف و المسؤولية ال	التغطية / نوع التأمين		
Policy Period	From 16/04/2025 To 15/05/2026				مدة التأمين		
Policy Premium Includes VAT	1228.5AED				قسط التأمين شامل الضريبة تفاصيل المؤمن		
Insurance Details							
Insurance Name	RAJ KUMAR KARKI			RAJ KUMAR KARKI	اسم المؤمن له		
Mortgage					جهة الرهن		
Contact Number/ P. O Box		05678	84519/		رقم التواصل/صندوق البريد		
Traffic Number		11500	10801		رقم الرمز المروري		
Vehicle Details	_				تفاصيل السيارة		
Make of Vheicle	Toyota Yaris			تويوتا ياريس	نوع المركبة		
Type of Body /Cylinders	Saloon 4 Cylinder			صالون سلندر4	نوع هيكل المركبة/السلندر		
Color:	White			ابیض	اللون		
Use of Vehicle	Motorcycle	- 11: e		دراجة نارية	صنف اللوحة		
Registration Number	2044		Seats + driver	5	عدد المقاعد يشمل السائق		
Year of Model	2014		Weight (kg)	0	وزن المركبة		
Chassis No			9E1050959		رقم الشاسيه		
Engine No			382902		رقم المحرك		
Vehicle Value Agreed By Insu	rea Ana Insurer		O AED	من له	قيمة السيارة المتفق عليها بين المؤمن و المؤ		
Deductible		350	AED	116 11 11	التحمل		
Repair Condition	Non-Agency			خارج الوكاله			
Cover Details	1 \ / a   a   a	•	V	1	تفاصيل التغطية		
Loss or Damage to Insured	venicie		Yes		الخسارة أو الضرر للمركبة المؤمن عليه		
Fire and Theft Cover		,	Yes		تغطية الحريق والسرقة		
Third Party Liability – Bodily Injury		,	Yes	ؤولية المدنية تجاه الغير - اصابات جسدية			
Third Party Property damage AED 2,000,000/-		,	Yes	، الثالث لحد اقصى -/	مسؤولية تجاه أضرار ممتلكات الطرف الثالث لحد اقصى -/		
Personal Accident Benefit	for Driver		Yes	ة الحوادث الشخصية للسائق			
Personal Accident Benefit for Passengers			Yes		منفعة الحوادث الشخصية للركاب		
Waiver of excess for windscreen damage up to			Yes	الضرر لحد اقصى -/	تغطية الزجاج الأمامي للمركبة في حالة		
Emergency Medical Expen	ses up to AED 2000/	<u>'-</u>	Yes	200 در هم	النفقات الطبية الطارئه لحد اقصى - / 0		
Ambulance Cover AED 6,7	70/-	·	Yes	6770 در هم	خدمة الاسعاف الوطني لحد اقصى -/ (		
Storm, Flood, Riot and Stri	ke	,	Yes	نات وأعمال الشغب	التغطية الناجمة عن العواصف والفيضا		
Geographical Cover : Unite	ed Arab Emirates	1	Yes	تحدة	الحدود الجغرافية : الامارات العربية الم		
Oman Cover* - the coverage is limited to the		,	Yes	المؤمنه لدينا فقط شريطه	تغطية عمان : التغطية الخاصة للمركبة		
UAE and Oman Roadside Assistance		<u> </u>	Yes	ان ) -	خدمة مساعدة الطريق ( الامارات +عم		
24 Hours Accident Recovery		<u> </u>	Yes	والحوادث على مدار 24	خدمة سحب المركبة في حالة الاعطال و		
Emergency Vehicle Towing Service		<u> </u>	Yes	ى	خدمة قطر المركبات في حالات الطؤار:		
Battery Boost Service		,	Yes		خدمة تحسين اداء البطارية		
Fuel Delivery Service		<del> </del>	Yes		خدمة توصيل الوقود		
Lock Out Service		,	Yes		خدمة فتح اقفال المركبة		









Flat Tire Service	Yes			خدمة الاطارات المفرغة
Toll Free Number for Roadside-Assistance	,	Yes		الرقم المجاني لخدمة المساعدة على الطريق -600575751
Personal Belongings up to AED 2000/-		Yes		الممتلكات الشخصية حتى -/2000 در هم
Special Conditions  It is hereby declared and agreed that the under-mentioned vehicle is covered with us as per the Terms, conditions and exclusions of the Unified Insurance Policy in accordance with the Ministerial Order No.54 for the year 1987.				شروط خاصة تشهد الشركة بأن المركبة المذكورة أوصافها أدناه مغطاة لدينا ضد الأخطار التي ن وفقاً للقرار الوزاري رقم (54) لسنة 1987 بشأن وثائق التامين على السيارات و
Limit of Liability as expressed hereunder  1- The maximum authorized repair limit as perClause (3) of Section One: Nil.  2- The company's maximum liability in respect of Paragraph (a) of clause (1) of Section Two in respect of any one claim or series of claims resulting from one accident is the sum awarded by the court whatever it may be.		تحديد المسؤولية -1 الحد الأقصى لتكاليف الإصلاح المصرح بها وفقاً للبند 3 من الفصل الأول: لا شيء -2 الحد الأقصى لمسؤولية الشركة بالنسبة للفقرة (أ) من البند (1) من الفصل الثاني من أية مطالبة أو جملة مطالبات نشأت عن حادث واحد هو قيمة ما يحكم به قضائيا من تعويض مهما بلغت قيمته		
3- The Company's maximum liability in respect of Paragraph (b) of Clause (1) of Section Two in respect of any one claim or series of claims resulting from one accident is Dhs. 2,000,000		-3 الحد الأقصى لمسؤولية الشركة بالنسبة للفقرة (ب) من البند (1) من الفصل الثاني من أية مطالبة أو جملة مطالبات نشأت عن حادث 2,000,000 در هم		
Licensed Driver: The Covered Member or any person driving with his permission provided that the person driving holds a license for that vehicle in accordance with the traffic laws & regulations and not had his license withdrawn by order of a court of law or traffic regulations.  Limitations of Use: The Covered member must not use the vehicle except for the purpose for which it was licensed.  In addition to an additional deductible of 10% of the value of the payable claim amount in case it is proved that the age of the driver at the time of the accident is less than 25 years of age.		السائق المرخص له: المؤمن له أو أي شخص يقود المركبة بإذن أو بأمر المؤمن له بشرط أن يكون السائق المرخص له: المؤمن له بشرط أن يكون السائق مرخصا له بقيادة المركبة طبقا لقانون السير و المرور و القوانين واللوائح الأخرى وأن لا يكون النرخيص الممنوح له قد ألغي بأمر من المحكمة أو بمقتضى قوانين ولوائح المرور. قيود الإستعمال: يجب على المؤمن له أن لايستعمل المركبة إلا المغرض المرخص من أجله تحمل إضافي نسبته 10% من قيمة التعويض المستحق إذا ما ثبت أن عمر السائق يوم وقوع الحادث أقل من خمسة و عشرون عام		
I read all the terms and exclusions of the policy and have agreed to it Signature of Covered Members	Sign	ature		اطلعت على كافة شروط واستثناءات وثيقة التأمين ووافقت عليها

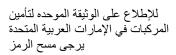
To register a claim please contact us 800889

motor\_claims@yastakafulae

للابلاغ عن مطالبات الحوادث يرجى الاتصال بنا او ارسال بريد الكتروني 800889 motor\_claims@yastakafulae











## **Motor Comprehensive**

## **Policy Schedule**

### **Policy Schedule Basics**

0102010502471720 **Policy Number Policy Issuance Date** 17 April 2025

17 April 2025 12:32:46 - 16 May 2026 23:59:59 Insurance Period

POLICYBAZAAR MIDDLE EAST INSURANCE BROKERS L.L.C **Intermediary Name** 

**Insured Details** 

**Home Number** 

**Emirate** 

SAEED JUMA ABDULLA JMAIE ALGHFELI **Insured Name** 

ABU DHABI

Date of Birth 01 January 1974 Male Gender 784-1974-3039541-4 **Emirates ID** Country of Issuance of 1st Driving License Not Applicable

**Mobile Number Licensed Driving experience** Driving License held more than 12 months

> **Driving License Number** 2588

> > **Head Office**

Office Number **Driving License Expiration Date** 19 August 2030

PO Box 0 Profession Others **Address** ABU DHABI **Employer** 

**Email Address** 

insworld2024@gmail.com

AED 3,040.00/-

Vehicle Details

**Model Year** 2008 Place of Registration Abu Dhabi Make & Model TOYOTA LAND CRUISER GXR TOP **Plate Category** Private

SUV **Body Type** Vehicle Ownership Individual GCC **Seating Capacity** 8 Vehicle Specification Pearl White Vehicle modified? Color Nο

UNITED ARAB EMIRATES Country of Manufacturer Cylinders / Tonnage 6

Purpose of Use Plate Number 76673 **Chassis Number** JTEBU25J285132360 Registration Type **Engine Number** 1GR5613556 **Motor Vehicle Classification** 

**Sum Insured** AED 56,000 /-Financed by Not Applicable

Cover Type, Deductible & Premium

**Cover Type** Motor Comprehensive

Premium (excl. VAT) Cover Plan Gold Policy Fee (excl. VAT) AED 0.00/-

Repair Condition Premium Garage Network Total Premium (excl. VAT) AED 3,040.00/-

**Basic Deductible** AED 350/-Ancillary Deductible\* (% of Agreed Claim Amount) Not Applicable

Section **Standard Covers** Limit Limit set by UAE Courts 1.0 Third Party Bodily Injury 1.0 Third Party Property Damage Limit Up to AED 3,500,000/-

AED 6,770/-1.0 Ambulance Cover (limit / person) 1.0 Third Party Loss of Use Allowance (maximum up to 15 days) As per policy T&C 2.0 Up to AED 56,000/-Loss or Damage of Vehicle

Rider Section	Additional Covers	Limit
3.1	Rent A Car	Up to 10 days per policy period
3.2	Off-Road Cover (SUV with off-road capability only) **	Up to AED 56,000/-
3.3	Emergency Medical Expenses (max. limit / accident)	Up to AED 5,000/-
3.4	Personal Injury (of insured & spouse) (whilst embarking or disembarking from insured vehicle, total annual limit)	AED 30,000/-
3.5	Geographical Expansion Cover ** (Orange Card available upon request)	Oman & Qatar
3.6	Natural Disaster, Storm, Flood, Strike, Riot & Civil Commotion (SRCC)	Up to AED 56,000/-
3.7	Personal Belongings (total annual limit) (left in the car & lost/damaged due to fire, theft or accident)	Up to AED 5,000/-
3.8	Windscreen Damage (No Deductible payable, unless exceeding the total annual limit defined)	Up to AED 3,000/-
3.9	Replacement of Locks	Up to AED 1,000/-
3.10	Valet Parking Theft (Hotels/Shopping Malls)	Up to AED 56,000/-
3.11	Road Side Assistance (Free Toll 8006565)	Gold Plan

Basic Deductible - Applicable as per policy T&C

Under Age Excess - If vehicle driver's age at the time of accident is less than 25 years then 10% of claim amount is deductible in addition to Basic Deductible.

Ancillary Excess \* - Applicable if stated in above schedule. In case if both Under Age Excess and Ancillary Excess is applicable in a single claim then, Under Age Excess or Ancillary Excess whichever is higher is applicable in addition to Basic Deductible.

\*\* Double the basic deductible applicable

Policy fee and VAT is not refundable under any circumstances

Page 1 of 2



It is hereby declared and agreed that with the acceptance of premium payment, regardless of payment method or schedule, the Insured / Policy Holder named in this policy schedule unconditionally confirms that he/she has read, understood and accepted the Terms & Conditions of this policy, which are in accordance with the Unified Motor Vehicle Insurance policy in UAE without the need of physical signature.

In the event that any untrue or inaccurate or mismatching or incomplete or un-updated information has formed the basis of underwriting and issuance of this Insurance Policy, then Sukoon Insurance PJSC ("Sukoon") at its sole discretion shall retain the full right to reject any claim(s) submitted under such issued policy and/or treat the policy or any section of it as voidable. Should any issue arise out of the above, please refer to the Terms & Conditions that form part of this insurance policy and shall prevail in case of dispute.

is & Conditions are available online and should be thoroughly reviewed to understand the full scope of the available covers

Conditions as per standard Motor Policy approved by the Insurance Authority

### Pre-existing Damage Exclusion

Sukoon will not take responsibility for any pre-existing damage to the subsequently insured vehicle at any point in time. Any damages claimed under subsequent insurance must clearly have arisen during the insurance cover of Sukoon. Otherwise claims will be rejected.

# VAT Notice (A) Premium Payments:

For the avoidance of doubt, all premium amounts mentioned herein are exclusive of Value Added Tax (VAT). VAT and any other taxes currently applicable or which will be applicable in connection with this insurance policy shall solely be borne by the Insured/Policyholder.

The Insured/Policyholder hereby agrees to pay to the Insurer the applicable VAT and or any other taxes, upon the due date of payment shown on the invoice. Failing which, the Insured/Policyholder shall be considered to be in material breach of the Policy's terms and conditions and, the Insurer shall be within its right to invoke legal remedies available to the Insurer including to terminate the policy and/or offsetting such VAT or other tax amounts from any other amount which the Insured/Policyholder to receive from the Insurer without the need to obtain any further consent from the Insured/Policyholder and/or any court judgment/order. The Insured/Policyholder hereby unconditionally accepts to the same.

In the event that VAT/any other tax treatment as assessed by relevant tax authorities is different from that assigned by the Insurer on our tax invoice/invoice to you and/or the invoice generated/computed by the Insurer is incorrect/, the Insurer/ Policyholder hereby agrees to pay immediately and on demand the differential balance of any VAT/tax to the Insurer.

### (B) Claim settlements - where Sukoon agree to pay the policyholder:

When Sukoon Insurance PJSC ("Sukoon" or "we") pays a claim, your VAT registration status will determine the amount we pay you.

### When you are

1. Not registered for VAT, the amount we pay will be the sum insured/limit of indemnity or any other limits of insurance cover, including VAT;
2. Registered for VAT, the amount we will pay will be the sum insured/limit of indemnity or any other limits of insurance coverage and where you are liable to pay an amount of VAT in respect of an acquisition relevant to your claim, we will pay the VAT amount. However, we will reduce the VAT amount we pay for by the amount of any input tax credits to which you are or would be entitled to if you had made the relevant acquisition. In such instances, the input tax credit would be claimable by you upon the filing of your VAT return.

All policyholders making a claim with Sukoon must declare their VAT registration status and provide their VAT registration number. Any VAT liability arising from your incorrect declaration is and will be payable by you (the Insured/Policyholder). Where the settlement amount of your claim is less than the sum insured/limit of indemnity or any other limits of insurance cover, we will only pay an amount of VAT (less any entitlement to an input tax credit) applicable to the settlement amount.

Governing Law:
This insurance policy will be governed by and construed in accordance with the federal laws of United Arab Emirates (which for the avoidance of doubt excludes the laws of the DIFC or the ADGM or of any offshore and/or any other free zone authorities).

### Jurisdiction:

San Party submits to the exclusive jurisdiction of the onshore local Courts of the United Arab Emirates (which for the avoidance of doubt excludes the DIFC Courts/the ADGM Courts and/or any other Courts of any offshore and/or any other free zone authorities or Courts).

Name and signature of the Insured or their representative



www.methaq.ae

RTA Response: 3001: Your insurance policy information has been successfully uploaded to RTA. The vehicle chassis number is MDHBN7AD2DG028836 with plate number 43657 Private AA. The policy details are- PolicyNo: 2523120442, insuranceType: Third Party, policyStartDate: 17-04-2025, policyExpiryDate: 16-05-2026, ModelYear: 2013. Please print and attach this Message to the Insurance Policy.



## شهادة تأمين مركبة Certificate of Motor Insurance

## **Motor Third Party Liability**

Policy Number: 2523120442			رقم الوثيقة: 2523120442
Name of the Participant	ADS CONTRACTING & DECORATION L.L.C	ADS CONTRACTING & DECORATION L.L.C	اسم المؤمن له
Traffic Code/License No	50356588	50356588	رقم رخصة القيادة/الرمز المروري
Address	Dubai, United Arab Emirates	دبى الامارات العربية المتحدة	العنوان
Methaq Reference Number	W/02/4030/2025/120442	W/02/4030/2025/120442	رقم مينًاق المرجعي
Date of Issue	17 Apr 2025 12:44	17 Apr 2025 12:44	ناريخ الإصدار
Commencement of Cover	17 Apr 2025 12:44	17 Apr 2025 12:44	تاريخ بدء التأمين
Expiry Date of Cover	16 May 2026 23:59	16 May 2026 23:59	تاريخ انتهاء التأمين
Type of Cover	Third Party Liability Only	ضد المسؤولية المدنية فقظ	نوع التأمين
Make and Model of the Insured Vehicle	Nissan - Sunny	نيسان صنى	نوع المركبة المؤمنة
Type of Body	Saloon	صالون	نوع الهيكل
Seating Capacity	5+1	5+1	عدد المقاعد
Color	White	أبيض	اللون
Model Year / Registration Date	2013 / Apr 17, 2014	2013 / Apr 17, 2014	سنة الصنع/ تاريخ التسجيل
Registration No.	43657	43657	رقم اللوحة
Type of Registration (Private/Commercial)	Private	خصوصني	نوع الترخيص - خاص / تجاري
Chassis No.	MDHBN7AD2DG028836	MDHBN7AD2DG028836	رقم الشاسي
Engine No.	HR15795966A	HR15795966A	رقم المحرك
Total Contribution(incl. VAT 5%).	AED 653.10	653.10 درهم	إجمالي قيمة الإشتراك شاملاً ضريبة القيمة المضافة
Geographical Area	United Arab Emirates	الإمارات العربية المتحدة	المنطقة الجغرافية

We hereby Certify having issued an Insurance policy as per details given above, covering the liabilities reqired by the Unified Motor Policy of the United Arab Emirates

نشهد بهذا أننا قمنا بإصدار وتيقة التأمين حسب التفاصيل أعلاه، والتي تغطى المسؤوليات المطلوبة بموجب وتيقة تأمين السيارات الموحدة بدولة الإمارات الحربيةالمتحدة

### Important Notice:

- In the event of an accident, please inform the Traffic Department and the Company immediately and obtain a police report.
- In the event of change in ownership of the vehicle, the cover will not be transferred to the buyer automatically. Please return this certificate to the Company immediately and the buyer must arrange for new cover.
- Subject otherwise to the terms, conditions, exclusions and limitations of the Unified Motor Policy in use.

## ملاحظة هامة:

- في حالة وقوع حادث، بادر فورا لإبلاغ شرطة المرور و مراجعة شركة التأمين واحصل على تعرير الحادث
- 2. في حالة نقل ملكية مركبة فإن التَعْطية التَّمْونية لا تتعَل ألبا للمالك الجديد الرجاء إعادة سهادة التمين للشركة فورا وعلى المالك الجديد القيام بإجراءات الحصول على تَعْطيته الجديدة
- أحكام وشروط هذه الوئسقة تخضع الأحكام وشروط البوليصة الموحد في دولة الإمارات العربية المتحدة
- 4. بموجب هذا الاتفاق أصرح و أوافق على أن قيمة الاتئراك المذكورة في وتيقة التأمين هذه لا تتمل ضريبة القيمة المصافة على هذه الوتيقة سواء تتمل ضريبة القيمة المصافة على هذه الوتيقة سواء بتر مستكلى أو بتر رجعي اعتبارا من تاريخ تطبيق ضريبة القيمة المصافة (أي في 1 ينابر 2018). فسيتمل المشرك قيمة هذه الضريبة بالكامل. ويحتفظ المؤمن بالحق في تحصيلها وفقا للقوانين واللوائح المحمول بها في ضريبة القيمة المضافة في دولة الامارات الحربية المددد

التاريخ Date 17 Apr 2025 12:44

For and On behalf of Methaq Takaful Insurance Company ميثاق للتأمين التكافلي

Abu Dhabi: Delma 13th St, Behind Judicial Court, Opp:Al Fara'a Corporate Tower, Building Number: C54, P.O. Box 32774, Ph; +971 2 6565 334, Fax: +971 2 6565 334, Dubai:Nouf Tower Plot No 126-129 One Business Village Port Saeed Deira. P.O. Box 186964. Dubai: ILAF. Tel: +971 4 2601 601 Fax: +971 4 2601 600



## TAX INVOICE RAISED BY BUYER

From:

**Emirates Insurance Company (PSC)** Invoice number BCN300/25805590

P.O.Box: 3856, Abu Dhabi Product Third Party Liability **United Arab Emirates** Date 17/04/2025 11:45:05 TRN Number 100000473700003 300/4101/44/25/003798

Tel No. 00971 - 26440400End'mnt No. Not Applicable

**Email** Branch Dubai info@eminsco.com

## **Details**

To:

**NEW SHIELD INSURANCE BROKERS** A/C number 14000218

> Vehicle Make MITSUBISHI Vehicle Model CANTER P/UP

Policy No.

TRN Number 100008154500003 Reg No. 14993/A

SKY TRANSPORT BY TRUCKS Insured Chassis JL7BCE1K64K009439

AND MACHINERY EQUIPMENT RENTAL L L

**Policy From** 17/04/2025 11:22:58 **Policy To** 16/05/2026 23:59:59

Ref	Description	Amount
1	Being 10.00%Brokerage Commission on premium <b>CREDITED</b> under Motor - Third Party Liability Policy No. 300/4101/44/25/003798.	AED 115.00
2	VAT 5% on Commission	AED 5.75
3	TOTAL	AED 120.75

**Authorized Signatory** 







Please note this is a system generated document. Kindly scan the QR code above to ensure accuracy of this document يرجي ملاحظة أن هذا المستند تم إنشاؤه بواسطة النظام يرجي مسح رمز الإستجابة أعلاه للتأكد من دقة هذا المستند

SCHEDULE / CERTIFIC	CATE					الجدول / شهادة التأمين المسؤولية المدنية
رقم الوثيقة.Policy No		وثیقة،RTA No	رقم اا		Policy P	eriodمدة التأمين
09/601/66S/2025/3385	5	2566S338 <b>5</b> 5			17/04/25	12:10 to 16/05/26 23:59
ات المؤمن لهINSURED DETAIL	بيان					
Name of Insured	SALEETH PAN	NNIANKUZHI SALAM PA	ANNIANKUZHI			اسم المؤمن له
Address	Dubai, 000					العنوان
Owner TCN	16436496					الرمز المروري للمالك
E-Mail	Nimra@relia	nceins.ae				البريد الالكتروني
Phone No	0508463424					رقم هوية المؤمن له
Identification No	7841994989	84509				رقم الهاتف
كبة VEHICLE DETAILS	بيانات المر					
Chassis No	Engi	ne No	Plate No	Registrat	ion Type	Engine Capacity
رقم الهيكل / الشاصي	بحرك	رقم الم	رقم اللوحة			ُ قوة المحرك
RKLBC42E0B4580378		022902	AA 63558		ATE	
Vehicle classification	Country of	Manufacture	Body Type	Manufacti	ırina Year	No of Passenger + Driver
فئة المركبة		بلد صنع ا	شكل الهيكل		_	دد الركاب + السائق
Light Vehicle			SEDAN	20		4+ 1
Purpose of use	Toppage	e / Weight		odel & Color		
صفة الاستعمال المستعمال		الحمولة / الحمولة /	مركبة ولونها			
PRIVATE	ויפנט		مرتبه وتوتها			COROLLA White
	1.55 1.00			TOTOTA	CONOLLA	
Vehicle's Insured value Total Agreed Premium	AED 1.00 AED 600.	/- 00 /- + VAT ( 30.00	) = AED 630	.00 /-		ة المركبة قيمة ه المتفق التأمين قسط إجمال
Geographical Coverage Area	Emirates Only				ة التغطية حدود	
ممتلکات - درهم حدود AFD 2.000.000 /-						
CONDITIONS/RIDERS	انات المؤمد. له					
Personal Accident Drive CITY LIMIT)			LVER COVE	R (LIMITED 1	ΓΟ 3 SERV	ICES PER YEAR - WITHIN
Dubai National Insurance & Reinsurance P.S.C company declares that the Motor Vehicle detailed above in this Schedule is insured with it according to the provisions of this Policy.				قر شركة دبي الوطنية للتأمين وإعا بياناتها في هذا الجدول مؤمنة لديها		
I read all the terms, conditions and exclusions of the and have agreed to it.REFER TO POLICY WORDINGS FULL COVERAGE & EXCLUSIONS issued pursuant to tRegulation of Unifying Motor Vehicle Insurance Polici according to Insurance Authority Board of Directors' Decision No. (25) of 2016 dated 22.09.2016			OR as	طلعت على كافة شروط واستثناءات وثيقة التأمين الرجاء مراجعة بنود واحكام التغطية والإستثناءات الواردة في بيانات الوثيقة الصادرة بموجب نظام توحيد وثائق التأمين على المركبات سندا" لقرار مجلس إدارة هيئة التأمين رقم (25 (لسنة بتاريخ ش.م.ع 2016 22.09.2016 و وافقت عليها Ver1.3End0		
Issued by & Issue date		BR2595 17/04/25 12:10			ر وتاریخ مرکز	
Signature & Company 9 Name & Signature of Ir						التوقيع والختم عن الشركة اسم وتو المؤمن له Ver 1.0



دبي الوطنية للتأمين وإعادة التأمين ش.م.ع Pubai National Insurance & Reinsurance P.S.C.

P.O. Box: 1806 Dubai, UAE, T: 04 596 9666, F: 04 295 6711, E: info@dni.ae, W: www.dni.ae







Please note this is a system generated document. Kindly scan the QR code above to ensure accuracy of this document برجي ملاحظة أن هذا المستند تم إنشاؤه بواسطة النظام برجي مسح رمز الإستجابة أعلاه للتأكد من دقة هذا المستند

### **Policy Specific Conditions**

MT0033 - Personal Accident Driver

It is hereby understood and agreed that in consideration of the payment of an additional premium the company undertakes to pay compensation on the scale provided hereunder for death or bodily injury as hereinafter defined sustained by The Insured And/Or any licensed driver in direct connection with any motor car described in the schedule hereto whilst mounting into or dismounting from or traveling in the insured car caused by violent accidental external and visible means, which independently of any other cause (excepting medical or surgical treatment consequent upon such injury ) shall within three calendar months of the occurrence of such injury result in :

No.	Description	Scale compensation	0
1.	Death or permanent total disablement	Dh.200,000 /-	
2.	Total and incurable loss of all vision in both eyes	Dh.200,000 /-	
3.	Total loss by physical severance at or above the wrist or ankle of both hands or both feet or of one together with one foot	Dh.200,000 /-	
4.	Total loss by physical severance at or above the wrist or ankle of one hand or one foot together with the total and incurable loss of one eye vision	Dh.200,000 /-	
5.	Total and incurable loss of one eye vision	Dh.100,000 /-	
6.	Total loss by physical severance at or above the wrist or ankle of one hand or one foot	Dh.100,000 /-	
7.	Permanent partial disability not mentioned in the table hereinabove: The value of compensation will be specified for the person on the basis of percentage for the permanent partial disability approved by medical board multiplied by insurance amount	Dh.200,000 /-	

### **Conditions:**

- a) Compensation shall be payable under one item only of item (1) to (6) for item (7) separately in addition to items (5) or (6) above in respect of each person arising out of one occurrence and the total liability of the company shall not in the aggregate exceeding the sum of Dhs. 200,000/during any one period of insurance.
- b) the legal representative for the dead person And/Or the injured person undertake to provide the company with the death certificate or final disability report issued by governmental hospital in addition to the required traffic penal documents.
- c) No compensation shall be payable in respect of death or injury indirectly or directly wholly or partially arising out of or resulting form or traceable to :
  - 1. Intentional self-injury or attempted suicide, physical and/or mental defect or infirmity.
  - 2.An accident happening whilst such person is under the influence of intoxicating liquor or drugs.
- 3. Number of vehicle passengers at the time of the accident exceed the authorized seating of the vehicle capacity.
- d) Compensation shall be payable only with the approval of the insured and directly to the injured person or to his legal personal representative whose receipt shall be a full discharge in respect of Ver 1.0 injury to such person.
- e) Total number of passengers including the divershall not exceed the authorized seating capacity of the vehicle at the time of accident Motor Dept.

Subject otherwise to the same terms, conditions exceptions and limitations of the side policy.

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MT6841 - ROADSIDE ASSISTANCE SILVER COVER (LIMITED TO 3 SERVICES PER YEAR - WITHIN CITY LIMIT)

This policy includes road sides assistance cover and additional benefits as per the list below provided by a third party service provider "International Motoring Club" (IMC) for the Insured vehicle including the following:

- 1.Free Accidental Towing Service (Within the same Emirates)
- 2. Free Mechanical Breakdown Towing Service (Within the same Emirates)
- 3. Free Battery Boosting Service
- 4.Free Flat Tyre Fixing
- 5.Free Lock-out Service

Dubai National Insurance and Reinsurance has appointed "IMC" to provide the above services as optional for the insured. It's hereby understood and agreed that the insured will have the right to accept or reject any of these service benefits before utilizing the same under his own personal responsibility. Dubai National Insurance and Reinsurance should not be held responsible or liable for any losses, damages or any sort of inconveniences as a result of utilizing any of the IMC services benefits.

To avail these services, the insured should contact IMC directly on 600 575751

Ver 1.0



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