

M/s: Ms. Alunood Rashed Saeed Rashed Almarri / EMIRATES ISLAMIC BANK P.O Box 0, DUBAI, Dubai, UAE

Dear Sir,

REF: 0102010502476564

Further to issuance of captioned Policy, we additionally confirm:

- 1. EMIRATES ISLAMIC BANK is named as "assignee" under the policy.
- 2.We have received full premium payment for the tenure mentioned in the Policy. Any cheques received towards premium payment have been cleared.
- 3. The Policy will not be cancelled during the validity of its tenure without your written consent.

Yours faithfully,

For Sukoon Insurance PJSC





TAX INVOICE

TRN: 100258594900003

Customer Details

Name: Ms. ALUNOOD RASHED SAEED RASHED ALMARRI

Code: PO03123546

TRN:

Address: DUBAI,0,DUBAI,DUBAI

Country: UAE

Our Details

Name: Sukoon Insurance PJSC

Address: P.O. Box 5209, Dubai, United Arab Emirates

IBAN No: AE960330000010492100039

Account No: 10492100039 Account Currency: AED

Bank: Mashreq Bank, Murraqabat Branch, Dubai, UAE

SWIFT: BOMLAEAD

Doc. Number	BNCOU25000000106188
Reference Doc.	N/A
Doc. Currency	AED
Exchange Rate	1
Billing Date	25-Apr-2025
Payment Due Date	25-Apr-2025
Branch	HEAD OFFICE DUBAI
Department	Motor
Policy Number	0102010502476564000000

Intermediary Details

Name: POLICYBAZAAR MIDDLE EAST INSURANCE

BROKERS L.L.C Code: NPA0174

Transaction Details							
Sr. No		Qty	Unit price (AED)	Taxable Amount (AED)	Tax rate (%)	Tax Amount (AED)	Total Amount (AED)
1	Gross Premium Written Motor POLICY NO : 0102010502476564000000 25 April 2025 - 24 May 2026	1	5,645.00	5,645.00	5	282.25	5,927.25
Tot	tal Amount		5,645.00	5,645.00		282.25	5,927.25

Notes

- Amount In Words: United Arab Emirates Dirhams Five thousand Nine Hundred Twenty-Seven and Fils Twenty-Five
- Please include the invoice number on all remittances and include remittance copy with payment correspondence.
- Payment remittances will only be accepted in the invoiced currency or UAE Central Bank issued prevailing cross currency exchange rate.

For Sukoon Insurance PJSC





MEMO FOR AMOUNT TO BE PAID

Ms. Alunood Rashed Saeed Rashed Almarri

BRANCH : Head Office Dubai

Post Box No: 0, DUBAI

QUOTATION NUMBER : 0101010505304267000000

Dubai, Dubai

DOCUMENT DATE : 25/04/2025

UAE

DEPARTMENT : Motor

RECEIPT PARTY CODE: NPA0174

DETAILS	PAYMENT PURPOSE	AMOUNT(AED)
Amount to be Paid against mentioned Quotation : 0101010505304267000000		
	Gross Premium Written	5,645.00
	VAT on Gross Premium Written	282.25
	TOTAL	5,927.25

Amount in Words: United Arab Emirates Dirhams Five thousand Nine Hundred Twenty-Seven And Fils Twenty-Five only.

For Sukoon Insurance PJSC



Authorised Signatory

Notes:

1.Receipt to be issued using receipt party code mentioned above;

2. Please mention proper quotation reference while issuing receipt.



Motor Comprehensive

Policy Schedule

Policy Schedule Basics

 Policy Number
 0102010502476564
 Policy Issuance Date
 25 April 2025

Insurance Period 25 April 2025 15:22:10 - 24 May 2026 23:59:59

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

Insured Details

Insured Name ALUNOOD RASHED SAEED RASHED ALMARRI

Date of Birth02 May 1981GenderFemaleEmirates ID784-1981-5181492-2Country of Issuance of 1st Driving LicenseNot Applicable

Mobile Number 050 8463424 Licensed Driving experience Driving License held more than 12 months

Home Number Driving License Number 855262 Office Number **Driving License Expiration Date** 24 April 2035 PO Box 0 Profession Others Address DUBAI **Employer DUBAI Head Office Emirate**

Email Address motorsalesuae@gmail.com

Vehicle Details

Model Year 2023 Place of Registration Dubai Make & Model **INEOS GRENADIER STD Plate Category** Private SUV **Body Type** Vehicle Ownership Individual GCC **Seating Capacity** 5 **Vehicle Specification** Black Vehicle modified? Color Nο

Cylinders / Tonnage 6 Country of Manufacturer UNITED ARAB EMIRATES

 Plate Number
 Purpose of Use

 Chassis Number
 SC6GM1BA1PF004985
 Registration Type
 New

 Engine Number
 23297188B58B30M1
 Motor Vehicle Classification

Sum Insured AED 200,000 /- Financed by Emirates Islamic Bank

Cover Type, Deductible & Premium

Cover Type Motor Comprehensive

Cover Plan Gold

Repair Condition Premium Garage Network

Basic Deductible AED 1,000/Ancillary Deductible* (% of Agreed Claim Amount)

AED 1,000/Not Applicable

 Premium (excl. VAT)
 AED 5,645.00/

 Policy Fee (excl. VAT)
 AED 0.00/

 Total Premium (excl. VAT)
 AED 5,645.00/

Section	Standard Covers	Limit
1.0	Third Party Bodily Injury	Limit set by UAE Courts
1.0	Third Party Property Damage Limit	Up to AED 3,500,000/-
1.0	Ambulance Cover (limit / person)	AED 6,770/-
1.0	Third Party Loss of Use Allowance (maximum up to 15 days)	As per policy T&C
2.0	Loss or Damage of Vehicle	Up to AED 200,000/-

Rider Section	Additional Covers	Limit
3.1	Off-Road Cover (SUV with off-road capability only) **	Up to AED 200,000/-
3.2	Emergency Medical Expenses (max. limit / accident)	Up to AED 5,000/-
3.3	Personal Injury (of insured & spouse) (whilst embarking or disembarking from insured vehicle, total annual limit)	AED 30,000/-
3.4	Geographical Expansion Cover ** (Orange Card available upon request)	Oman & Qatar
3.5	Natural Disaster, Storm, Flood, Strike, Riot & Civil Commotion (SRCC)	Up to AED 200,000/-
3.6	Personal Belongings (total annual limit) (left in the car & lost/damaged due to fire, theft or accident)	Up to AED 5,000/-
3.7	Windscreen Damage (No Deductible payable, unless exceeding the total annual limit defined)	Up to AED 3,000/-
3.8	Replacement of Locks	Up to AED 1,000/-
3.9	Valet Parking Theft (Hotels/Shopping Malls)	Up to AED 200,000/-
3.10	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

Disclaimer

Policy fee and VAT is not refundable under any circumstances

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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.

Terms & 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:

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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

