Dubai National Insurance
دبي الوطنية للتأمين



**SCHEDULE / CERTIFICATE**
**CIVIL LIABILITY**

**الجدول / شهادة التأمين**
**المسؤولية المدنية**

| Policy No.رقم الوثيقة | RTA No.رقم الوثيقة | Policy Periodمدة التأمين |
|---|---|---|
| 09/601/66S/2025/34594 | 2566S34594 | 26/04/25 18:40 to 25/05/26 23:59 |

| INSURED DETAILبيانات المؤمن له | | |
|---|---|---|
| Name of Insured | HAIKEL BEN NEJMA | اسم المؤمن له |
| Address | Dubai, 00000 | العنوان |
| Owner TCN | 11622357 | الرمز المروري للمالك |
| E-Mail | motor15@nsib.ae | البريد الالكتروني |
| Phone No | 0507151254 | رقم هوية المؤمن له |
| Identification No | 784197815393505 | رقم الهاتف |

**VEHICLE DETAILS بيانات المركبة**

| Chassis No<br>رقم الهيكل / الشاصي | Engine No<br>رقم المحرك | Plate No<br>رقم اللوحة | Registration Type<br>صفة التسجيل | Engine Capacity<br>قوة المحرك |
|---|---|---|---|---|
| WDD2193561A125216 | NIL | M 97743 | PRIVATE | |
| **Vehicle classification<br>فئة المركبة** | **Country of Manufacture<br>بلد صنع المركبة** | **Body Type<br>شكل الهيكل** | **Manufacturing Year<br>سنة الصنع** | **No of Passenger + Driver<br>دد الركاب + السائق** |
| Light Vehicle | | SEDAN | 2008 | 3+ 1 |
| **Purpose of use<br>صفة الاستعمال** | **Tonnage / Weight<br>الحمولة / الوزن** | **Make & Model & Color<br>نوع المركبة ولونها** | | |
| PRIVATE | | MERCEDES BENZ CLS-CLASS CLS-CLASS White | | |

| | | |
|---|---|---|
| Vehicle`s Insured value<br>Total Agreed Premium | **AED 1.00 /-**<br>**AED 680.00 /- + VAT ( 34.00 ) = AED 714.00 /-** | ة المركبة قيمة<br>ه المتفق التأمين قسط إجمال |
| Geographical Coverage Area | United Arab Emirates Only | ة التغطية حدود |
| Third Party Property Damage Limit | **AED 2,000,000 /-** | تصيب الأشياء والممتلكات - درهم حدود<br>تغطية الأضرار التي |

**CONDITIONS/RIDERSبيانات المؤمن له**

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

| | |
|---|---|
| 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 وإعادة التأمين بأن المركبة الواردة بياناتها في هذا الجدول مؤمنة لديها وفقا لأحكام هذه الوثيقة |
| I read all the terms, conditions and exclusions of the policy and have agreed to it.REFER TO POLICY WORDINGS FOR FULL COVERAGE & EXCLUSIONS issued pursuant to the Regulation of Unifying Motor Vehicle Insurance Policies according to Insurance Authority Board of Directors' Decision No. (25) of 2016 dated 22.09.2016 | 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 22.09.2016 2016 و وافقت عليها Ver1.3End0 |

| | | |
|---|---|---|
| Issued by & Issue date | BN5085 26/04/25 18:40 | ر وتاريخ مركز |
| Signature & Company Stamp<br>Name & Signature of Insured | | التوقيع والختم عن الشركة اسم وتوقيع<br>المؤمن له |

Ver 1.0

Motor Dept.

Dubai National Insurance & Reinsurance P.S.C. دبي الوطنية للتأمين وإعادة التأمين ش.م.ع
P.O. Box: 1806 Dubai, UAE, T: 04 596 9666, F: 04 295 6711, E: info@dni.ae, W: www.dni.ae

## 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 of compensation |
|---|---|---|
| 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 injury to such person.

Ver 1.0

e) Total number of passengers including the driver shall not exceed the authorized seating capacity of the vehicle at the time of accident.

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

Motor Dept.

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. Itâ€™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

Motor Dept.

# Proforma Invoice

To:

7132072 - HAIKEL BEN NEJMA

0507151254

**Branch of issue** : DUBAI / 09

**Department** : Motor

**Our TRN** : 100013320500003

**Insured TRN** :

**Policy / Cert No.** : 09/601/66S/2025/34594

**Policy From Date** :26/04/2025 18:40

**Date** : 2025-04-26 18:31:08.387

**Policy To Date** : 25/05/2026 23:59

**Broker Code/Name** : BN5085/NEW SHIELD INSURANCE BROKERS LLC

**Line of Business Class** : Motor

**VEHICLE DETAILS :**

**Registration No.** : 97743

**Engine No.** : NIL

**Vehicle Make** : MERCEDES BENZ CLS-CLASS

**Chassis No.** : WDD2193561A125216

We would like to inform you that your account has been DEBITED with the following transaction(s):

| Description | Amount in AED |
|---|---|
| Being Insurance Premium on THIRD PARTY LIABILITY, Line Of business 66S. Policy No.09/601/66S/2025/34594. | **680.00** |
| Tax Code: SR-OT | **-** |
| Taxable Amount | **680.00** |
| VAT Rate | **5%** |
| VAT Amount | **34.00** |
| Total Amount | **714.00** |

**In Words: Seven Hundred and Fourteen Dirham**

This is not a valid tax invoice and cannot be used to claim input VAT. Decree-Law No (8) of 2017 on Value Added Tax and the related Executive Regulations will be sent to you within 14 days

Approved By

Motor Dept.

E & O.E

Authorized Signatory