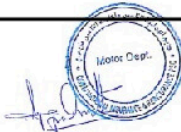




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يرجى ملاحظه ان هذا المستند تم انشاؤه بواسطة النظام يرجى مسح رمز الاستجابة اعلاه للتأكد من دقة هذا المستند

SCHEDULE / CERTIFICATE CIVIL LIABILITY		الجدول / شهادة التأمين المسؤولية المدنية	
Policy No. رقم الوثيقة	RTA No. رقم الوثيقة	Policy Period مدة التأمين	
09/601/66A/2025/33898	2566A33898	06/05/25 11:50 to 05/06/26 23:59	
<b>INSURED DETAIL بيانات المؤمن له</b>			
Name of Insured	OMRAN GROUP FZCO	اسم المؤمن له	
Address	Dubai, 000	العنوان	
Owner TCN	50087821	الرقم المبروري للمالك	
E-Mail	motor15@nsib.ae	البريد الالكتروني	
Phone No	0508463424	رقم هوية المؤمن له	
Identification No	6232	رقم الهاتف	
<b>VEHICLE DETAILS بيانات المركبة</b>			
Chassis No رقم الهيكل / الشاسي	Engine No رقم المحرك	Plate No رقم اللوحة	Registration Type صفة التسجيل
3TMCZ5AN2MM374400	NIL	A 0000	PRIVATE
Vehicle classification فئة المركبة	Country of Manufacture بلد صنع المركبة	Body Type شكل الهيكل	Manufacturing Year سنة الصنع
Light Vehicle		PICKUP UPTO 1 TON	2021
Purpose of use صفة الاستعمال	Tonnage / Weight الحمولة / الوزن	Make & Model & Color نوع المركبة ولونها	No of Passenger + Driver دد الركاب + السائق
PRIVATE	2,000 KGS	TOYOTA TACOMA TACOMA Gray	3+ 1
Vehicle's Insured value Total Agreed Premium	AED 1.00 /- AED 1,100.00 /- + VAT ( 55.00 ) = AED 1,155.00 /-		ه المركبة قيمة ه المتفق التأمين قسط إجمال
Geographical Coverage Area	United Arab Emirates Only		ه التغطية حدود
Third Party Property Damage Limit	AED 2,000,000 /-		تصيب الأشياء والممتلكات - درهم حدود تغطية الأضرار التي
<b>CONDITIONS/RIDERS بيانات المؤمن له</b>			
Personal Accident Driver			
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.		فر 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 وأحكام التغطية والاستثناءات الواردة في بيانات الوثيقة الصادرة بموجب نظام توحيد وثائق التأمين على المركبات سنداً لقرار مجلس إدارة هيئة التأمين رقم (25) (لجنة بتاريخ 22.09.2016 و وافقت عليها Ver1.3End0	
Issued by & Issue date	BN5085 06/05/25 11:50		ر وتاريخ مركز
Signature & Company Stamp Name & Signature of Insured			التوقيع والختم عن الشركة اسم وتوقيع له/01/05/2025



دبي الوطنية للتأمين وإعادة التأمين ش.م.ع. Dubai 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

**RESTRICTED**

سجلت في سجل شركات التأمين طبقاً للقانون الاتحادي رقم (6) لسنة 2007 (معدل)، شهادة قيد رقم 14 بتاريخ 6 يناير 1992  
Registered in the Insurance Companies Register Under Federal Law No. (6) of 2007 (As Amended), Certificate No. 64 Dated 6th January 1992



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### 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:

- 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.
- 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.
- No compensation shall be payable in respect of death or injury indirectly or directly wholly or partially arising out of or resulting from or traceable to :
  - Intentional self-injury or attempted suicide, physical and/or mental defect or infirmity.
  - An accident happening whilst such person is under the influence of intoxicating liquor or drugs.
  - Number of vehicle passengers at the time of the accident exceed the authorized seating of the vehicle capacity.
- 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.
- 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.

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

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سجلت في سجل شركات التأمين طبقاً للقانون الاتحادي رقم (6) لسنة 2007 وتعديلاته، شهادة قيد رقم 11 بتاريخ 6 يناير 1992  
Registered in the Insurance Companies Register Under Federal Law No. (6) of 2007 (As Amended), Certificate No. 64 Dated 6th January 1992

**Validation Link**

<https://www.insdubai.com/internal/uploaded-policies/6819c0611a9f7-33898.pdf>



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Ver 1.0



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

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سجلت في سجل شركات التأمين طبقاً للقانون الاتحادي رقم (٦) لسنة ٢٠٠٧ وتعديلاته، شهادة قيد رقم ١٤ بتاريخ ٦ يناير ١٩٩٢  
Registered in the Insurance Companies Register Under Federal Law No. (6) of 2007 (As Amended), Certificate No. 64 Dated 6th January 1992



## Validation Link

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Proforma Invoice			
To:			
7137327 - OMRAN GROUP FZCO			
0508463424		Branch of issue	: DUBAI / 09
		Department	: Motor
		Our TRN	: 100013320500003
Insured TRN		:	
Policy / Cert No.	: 09/601/66A/2025/33898	Policy From Date	: 06/05/2025 11:50
Date	: 2025-05-06 11:05:52.360	Policy To Date	: 05/06/2026 23:59
Broker Code/Name	: BN5085/NEW SHIELD INSURANCE BROKERS LLC		
Line of Business Class	: Motor		
VEHICLE DETAILS :			
Registration No.	: 0000	Engine No.	: NIL
Vehicle Make	: TOYOTA TACOMA	Chassis No.	: 3TMCZ5AN2MM374400
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 66A, Policy No.09/601/66A/2025/33898.	1,100.00		
Tax Code: SR-OT	-		
Taxable Amount	1,100.00		
VAT Rate	5%		
VAT Amount	55.00		
Total Amount	1,155.00		
In Words: One Thousand One Hundred and Fifty Five 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



E &amp; O.E

Authorized Signatory

**دبي الوطنية للتأمين وإعادة التأمين ش.م.ع. Dubai 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

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سجلت في سجل شركات التأمين طبقاً للقانون الاتحادي رقم (1) لسنة ٢٠٠٧ وتعديلاته، شهادة قيد رقم ١٤ بتاريخ ٦ يناير ١٩٩٢  
Registered in the Insurance Companies Register Under Federal Law No. (6) of 2007 (As Amended), Certificate No. 64 Dated 6th January 1992