

**SCHEDULE / CERTIFICATE  
LOSS DAMAGE & CIVIL LIABILITY****الجدول / شهادة التأمين  
الفقد والتلف / والمسؤولية المدنية**

|                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             |                                            |                                  |                                                |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------|------------------------------------------------|-------------|
| <b>Policy No.</b>                                                                                                                                                                                                                                                                                                                                                                        | رقم الوثيقة                                                                                                 | <b>RTA No.</b>                             | رقم الوثيقة                      | <b>Policy Period</b>                           | مدة التأمين |
| 09/601/655/2025/33955                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             | 2565533955                                 |                                  | 15/05/25 12:15 to 14/06/26 23:59               |             |
| <b>INSURED DETAIL</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             |                                            |                                  |                                                |             |
| بيانات المؤمن له                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                            |                                  |                                                |             |
| Name of Insured                                                                                                                                                                                                                                                                                                                                                                          | WAJID HUSSAIN BHATTI ANWAR                                                                                  |                                            |                                  |                                                |             |
| Address                                                                                                                                                                                                                                                                                                                                                                                  | Dubai, 00                                                                                                   |                                            |                                  |                                                |             |
| Owner TCN                                                                                                                                                                                                                                                                                                                                                                                | 12827912                                                                                                    |                                            |                                  |                                                |             |
| E-Mail/Phone No                                                                                                                                                                                                                                                                                                                                                                          | motor15@nsib.ae/0508463424                                                                                  |                                            |                                  |                                                |             |
| Bank Name                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                            |                                  |                                                |             |
| Identification No                                                                                                                                                                                                                                                                                                                                                                        | 784198772170860                                                                                             |                                            |                                  |                                                |             |
| <b>VEHICLE DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                            |                                  |                                                |             |
| بيانات المركبة                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |                                            |                                  |                                                |             |
| Chassis No<br>رقم الهيكل / الشاسي                                                                                                                                                                                                                                                                                                                                                        | Engine No.<br>رقم المحرك                                                                                    | Plate No.<br>رقم اللوحة                    | Registration Type<br>صفة التسجيل | Engine Capacity<br>قوة المحرك                  |             |
| JTMA888J9N4057328                                                                                                                                                                                                                                                                                                                                                                        | V35A0112085                                                                                                 | C 30721                                    | PRIVATE                          | 3.5 L                                          |             |
| 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                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             | STATION WAGON                              | 2022                             | 6+ 1                                           |             |
| Purpose of use<br>صفة الاستعمال                                                                                                                                                                                                                                                                                                                                                          | Tonnage / Weight<br>الحمولة / الوزن                                                                         | Make & Model & Color<br>نوع المركبة ولونها |                                  |                                                |             |
| PRIVATE                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             | TOYOTA LAND CRUISER                        | Gray                             |                                                |             |
| Vehicle's Insured value<br>Total Agreed Premium                                                                                                                                                                                                                                                                                                                                          | AED 250,000.00 /-<br>AED 4,925.00 /- + VAT ( 246.25 ) = AED 5,171.25 /- (Subject to Value Added Tax clause) |                                            |                                  |                                                |             |
| Geographical Coverage Area                                                                                                                                                                                                                                                                                                                                                               | United Arab Emirates + OMAN (Only for Own Damage, Orange card required for outside UAE)                     |                                            |                                  |                                                |             |
| Third Party Property Damage Limit                                                                                                                                                                                                                                                                                                                                                        | AED 3,000,000 /-                                                                                            |                                            |                                  |                                                |             |
| <b>CONDITIONS/RIDERS</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                            |                                  |                                                |             |
| بيانات المؤمن له                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                            |                                  |                                                |             |
| Geographical Ext. (Oman-LD) Medical Exp.(Limit AED 5000) No Agency Repair Off Road Personal Accident Driver Personal Accident Passengers<br>(Individuals working for the Insured) Personal Effects (OD) (Limit AED 4000) Personal Effects (OD) (Limit AED 5000) ROAD SIDE ASSISTANCE-IMC<br>GOLD COVER (UNLIMITED SERVICES- INTERCITY LIMIT) Windscreens (Limit AED 3500)                |                                                                                                             |                                            |                                  |                                                |             |
| <b>DEDUCTIBLES</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                             |                                            |                                  |                                                |             |
| التحمل                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                            |                                  |                                                |             |
| Basic Deductible                                                                                                                                                                                                                                                                                                                                                                         | AED 500/-                                                                                                   |                                            |                                  |                                                |             |
| Ancillary Deductible                                                                                                                                                                                                                                                                                                                                                                     | 10% of Claim amount (If Drivers age is less than 25)                                                        |                                            |                                  |                                                |             |
| Additional Deductible is applicable as depreciation on new original parts replaced in lieu of damaged parts in case insured is at fault during accident as per the table of depreciation according to date of first registration of use, except Taxi, Public Transport, Rental Vehicles for which a separate set of deductible applies. This is in accordance with unified motor policy. |                                                                                                             |                                            |                                  |                                                |             |
|                                                                                                                                                                                                                                                                                                                                                                                          | <b>Year</b>                                                                                                 | <b>Percentage</b>                          |                                  |                                                |             |
|                                                                                                                                                                                                                                                                                                                                                                                          | First                                                                                                       | -                                          |                                  |                                                |             |
|                                                                                                                                                                                                                                                                                                                                                                                          | Second                                                                                                      | 5%                                         |                                  |                                                |             |
|                                                                                                                                                                                                                                                                                                                                                                                          | Third                                                                                                       | 10%                                        |                                  |                                                |             |
|                                                                                                                                                                                                                                                                                                                                                                                          | Fourth                                                                                                      | 15%                                        |                                  |                                                |             |
|                                                                                                                                                                                                                                                                                                                                                                                          | Fifth                                                                                                       | 20%                                        |                                  |                                                |             |
|                                                                                                                                                                                                                                                                                                                                                                                          | Sixth & above                                                                                               | 30%                                        |                                  |                                                |             |
| 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 وفقاً 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 والاستثناءات الواردة في بيانات الوثيقة الصادرة بموجب نظام توحيد وثائق التأمين على المركبات سندا لقرار مجلس إدارة هيئة التأمين رقم (25) (للسنة بتاريخ ش.م.ع 2016 22/09/2016 وافقت عليها                                                                                                                     |                                                                                                             |                                            |                                  |                                                |             |
| Issued by & Issue date                                                                                                                                                                                                                                                                                                                                                                   | BN5085 15/05/25 12:15                                                                                       |                                            |                                  |                                                |             |
| Signature & Company Stamp<br>Name & Signature of Insured                                                                                                                                                                                                                                                                                                                                 | ر وتاريخ مركز                                                                                               |                                            |                                  |                                                |             |
| التوقيع والختم عن الشركة اسم وتوقيع المؤمن له                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                            |                                  |                                                |             |

**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 (7) لسنة ٢٠٠٧ وتعديلاته، شهادة قيد رقم ٦ بتاريخ ١ يناير ١٩٩٢  
Registered in the Insurance Companies Register Under Federal Law No. (6) of 2007 (As Amended), Certificate No. 64 Dated 6th January 1992

**Policy Specific Conditions****MT0006 - Geographical Ext. (Oman-LD)**

Notwithstanding anything contained herein to the contrary, it is hereby declared and agreed that the geographical area stated in the Schedule of the Policy is amended to cover United Arab Emirates and Sultanate of Oman from the effective date of the Policy endorsement up to the expiry of the original period.

1. Liability of the company shall be extended to Own Damage ONLY.
2. The insurer shall not be liable for the first AED 1,500/- (One Thousand Arab Emirates Dirhams) or equivalent amount in other currency in respect of own damage for any accident occurring outside the United Arab Emirates.

**MT6738 - Medical Exp.(Limit AED 5000)**

Notwithstanding anything contained herein to the contrary, it is hereby declared and agreed that the coverage under this policy is extended to include Emergency Medical Expenses following Car Accident as below:

The driver and / or any passenger of the motor vehicle describe in the schedule hereto shall in direct connection with such motor vehicle sustain bodily injury by violent accidental external and visible means, the company will pay him / them the medical expenses in connection with such injury excluding any amounts recoverable from any medical aid society up to Dhs.5000/- in respect of each person injured.

**MT0004 - No Agency Repair**

Notwithstanding anything contained herein to the contrary, it is hereby declared and agreed that in the event of a claim the company is under no obligation to repair the vehicle insured under the within-written policy at the Dealers workshop.

**MT0042 - Off Road**

DNI will cover loss or damage to your vehicle whilst being driven off road subject to the following:

1. The insurance policy is a fully comprehensive one covering loss & damage as well as third party liability
2. Only private use 4x4/SUV vehicles with 4WD capability are eligible for this extension of cover.
3. You are not participating in a desert safari, 'dune bashing' or a competitive race or events of any kind, This cover is applicable for private vehicles only and not for any business purpose.
4. Accidents happen within a distance limit of a maximum of 500 meters off regular roads Police report will be required for any claim occurring under this benefit
5. Accidents happening only within UAE will be covered with an additional deductible of AED 1,500 apart from what is mentioned in the policy
6. Cover is not extended to loss and/or damage to personal belongings, enhancements on vehicle and modification of any kind for off road driving
7. Cover provided under this extension will exclude all failure or breakdown of any component or deployment of Air Bags without any collision undefined

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Registered in the Insurance Companies Register Under Federal Law No. (6) of 2007 (As Amended), Certificate No. 64 Dated 6th January 1992

**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.

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**MT0044 - Personal Accident Passengers (Individuals working for the Insured)**

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 Individuals working for the Insured who under his sponsorship 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, They also undertake to provide the company with the legal documents proving that they are working for the insured at the time of the accident.

c) 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:

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.

e) Total number of passengers including the driver shall not exceed the authorized seating capacity of the vehicle at the time of the accident. Subject otherwise to the same terms, conditions exceptions and limitations of the side policy.

**MT6736 - Personal Effects (OD) (Limit AED 4000)**

Notwithstanding anything contained herein to the contrary, it is hereby noted and agreed that the coverage granted under this policy is extended to include the following: Loss of or damage to rugs, clothing and personal effects whilst such property is in the insured vehicle where such a loss or damage is occasioned by fire, lightning or external explosion or theft by violent and forcible means or accident external means, provided that:

1. The maximum amount payable under this benefit shall not exceed AED 4,000/- in respect of any one claim or series of claims resulting from one accident.

2. The company shall not be liable in respect of:

a. Any such property carried in open, top or convertible vehicle or any vehicle incapable of being securely locked or unlocked vehicle or open to the elements

b. Any such property insured under any other insurance policy

c. Jewelry and articles of gold, silver and the like

d. Money, stamps, tickets, securities, documents, cards of every kind and description e. Goods or samples carried in connection with any trade or business

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**MT6736 - Personal Effects (OD) (Limit AED 5000)**

Notwithstanding anything contained herein to the contrary, it is hereby noted and agreed that the coverage granted under this policy is extended to include the following: Loss of or damage to rugs, clothing and personal effects whilst such property is in the insured vehicle where such a loss or damage is occasioned by fire, lightning or external explosion or theft by violent and forcible means or accident external means, provided that:

1. The maximum amount payable under this benefit shall not exceed AED 5,000/- in respect of any one claim or series of claims resulting from one accident.
2. The company shall not be liable in respect of:
  - a. Any such property carried in open, top or convertible vehicle or any vehicle incapable of being securely locked or unlocked vehicle or open to the elements
  - b. Any such property insured under any other insurance policy
  - c. Jewelry and articles of gold, silver and the like
  - d. Money, stamps, tickets, securities, documents, cards of every kind and description
  - e. Goods or samples carried in connection with any trade or business

**MT6742 - ROAD SIDE ASSISTANCE-IMC GOLD COVER (UNLIMITED SERVICES- INTERCITY 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
2. Free Mechanical Breakdown Towing Service
3. Free Battery Boosting Service
4. Free Flat Tyre Fixing
5. Free fuel Delivery Service
6. Free Lock-out Service
7. Free Car Registration Service (1/year)
8. Free Off Road Assistance (Limited to 3 times a year)
9. Discounted International Driving License
10. Geographical Coverage - United Arab Emirates & GCC
11. Onsite battery replacement service
12. Automobile related Discount Offers
13. Automobile Service (2/year)

Dubai National Insurance and Reinsurance has appointed "IMC" to provide the above services as optional for the insured. Its 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

**MT6727 - Windscreen (Limit AED 3500)**

Notwithstanding anything contained herein to the contrary, it is hereby noted and agreed that the coverage under this policy is extended to include the following:

Any claim up to Dhs.3500/- for the cost of reinstating the Wind Screen / Windows, forming a portion of the motor vehicle in the schedule hereto, as a result of accidental breakage where no other damage is caused to the insured vehicle with a Nil deductible. Any payment under this section shall not constitute a claim within the meaning of the "No Claim Record" provided that this concession shall not apply to the breakage of Windscreen / Windows arising from an incident in which other damage is sustained to the vehicle.

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## Validation Link

<https://www.insdubai.com/internal/uploaded-policies/6825a42d71cad-33955.pdf>


## Proforma Invoice

To:

7142277 - WAJID HUSSAIN BHATTI ANWAR

0508463424

Branch of issue : DUBAI / 09

Department : Motor

Our TRN : 100013320500003

Insured TRN :

Policy / Cert No. : 09/601/655/2025/33955

Policy From Date : 15/05/2025 12:15

Date : 2025-05-15 11:45:08.493

Policy To Date : 14/06/2026 23:59

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

Line of Business Class : Motor

## VEHICLE DETAILS :

Registration No. : 30721

Engine No. : V35A0112085

Vehicle Make : TOYOTA LAND CRUISER

Chassis No. : JTMABBBJ9N4057328

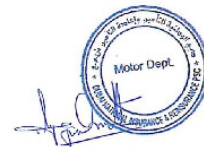
We would like to inform you that your account has been DEBITED with the following transaction(s):

| Description                                                                                      | Amount in AED |
|--------------------------------------------------------------------------------------------------|---------------|
| Being Insurance Premium on COMPREHENSIVE, Line Of business 65S. Policy No.09/601/655/2025/33955. | 4,925.00      |
| Tax Code: SR-OT                                                                                  | -             |
| Taxable Amount                                                                                   | 4,925.00      |
| VAT Rate                                                                                         | 5%            |
| VAT Amount                                                                                       | 246.25        |
| Total Amount                                                                                     | 5,171.25      |

In Words: Five Thousand One Hundred and Seventy One 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.

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سجلت في سجل شركات التأمين طبقاً للقانون الاتحادي رقم (1) لسنة ٢٠٠٧م وتعديلاته، شهادة قيد رقم ٦ بتاريخ ٦ يناير ١٩٩٢  
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