





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

SCHEDULE / CERTIFI CIVIL LIABILITY	CATE							الجدول / شهادة التأمين المسؤولية المدنية	
رقم الوثيقة.Policy No			رقم الوثيقة.RTA No				مدة التأمينPolicy Period		
09/601/66A/2025/34316		2566A34316					15/05/25 1	L2:45 to 14/06/26 23:59	
INSURED DETAILA بيانات المؤمن ل									
Name of Insured		AJMT SOHAJ	TECHNICAL WORKS	L.C			Î	اسم المؤمن له	
Address		ubai, 000			1			العنوان	
Owner TCN	5	1209378					×4	الرمز المروري للمالك	
E-Mail	n	notor15@n si	),ae					البريد الالكتروني	
Phone No	0	508463424						رقم هوية المؤمن له	
Identification No	-	260767						رقم الهاتف	
								0	
VEHICLE DETAILS	ت المرد	Control of the Contro		DI				5 1 0 1	
Chassis No			ne No	Plate N			ition Type	Engine Capacity	
رقم الهيكل / الشاصي		محرك	رقم الـ	م اللوحة	رق	سجيل	صفة الت	قوة المحرك	
JN6AE54S2CX028292		QR25 9	25347Q	A 0000	0	PRI	VATE		
Vehicle classification	Co	untry of	Manufacture	Body Ty	ne	Manufact	uring Year	No of Passenger + Driver	
فئة المركبة			بلد صنع	ل الهيكل		منع		دد الركاب + السائق	
Light Vehicle		. تعرجه		BUS		400	012	12+1	
-		_				_		12 + 1	
Purpose of use						& Model & Color			
						نوع المركبة			
PRIVATE		3,000	O KGS NISS			NISSA	N URVAN U	RVAN White	
Vehicle's Insured value AED 1.00 Total Agreed Premium AED 1,13			/- 0.00 /-+ VAT ( 56.50 ) = AED 1,186.50 /-					ة المركبة قيمة ه المتفق التأمين قسط إجمال	
Geographical Coverage Area	United Aral	Emirates Only				ة التغطية حدود			
Third Party Property Damage Limit AED 2,00			),000 /-					تصيب الأشياء والممتلكات - درهم حدود تغطية الأضرار التي	
CONDITIONS/RIDERS ببانات المؤمن له									
Personal Accident Driver Personal Accident Passengers (Individuals working for the Insured)									
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 وإع بياناتها في هذا الجدول مؤمنة لديه			
I read all the terms, conditions and ex and have agreed to it REFER TO POLIC FULL COVERAGE & EXCLUSIONS issue Regulation of Unifying Motor Vehicle II according to Insurance Authority Boan Decision No. (25) of 2016 dated 22.09			CY WORDINGS FO d pursuant to the nsurance Policies d of Directors'	DR <sup>'</sup> a	ت على كافة شروط واستثناءات وثيفة التأمين الرجاء مراجعة واحكام التغطية والإستثناءات الواردة في بيانات الوثيفة رة بموجب نظام توحيد وثائق التأمين على المركبات سندا" مجلس إدارة هيئة التأمين رقم (25 (لسنة بتاريخ ,ع 2016 22.09.2016 و وافقت عليها Ver1.3End0			بنود واحكام التغطية والإستَثناءات الصادرة بموجب نظام توحيد وثائق لفرار مجلس إدارة هيئة التأمين را	
Issued by & Issue date			BN5085 15/05/25 12:45				ر وتاریخ مرکز		
Signature & Company Name & Signature of I						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 (۱۹۹۲) الناديخ ٢ يتاير ١٩٩٢ للفاتون الاتحادي وقم(١) لسنة ٢٠٠٧ وتعديلانه، شهادة قيد رقم ١٤ بتاريخ ٢ يتاير ١٩٩٢ (Registered in the Insurance Companies Register Under Federal Low No. (6) of 2007 (As Amended), Certificate No. 64 Dated 5th January 1992







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 of compensation

1. Death or permanent total disablement

ss of all vision in both eyes Dh.200,000 /-

2. Total and incurable loss of all vision in both eyes

3. Total loss by physical severance at or above the wrist or ankle of both 1Dh.200,000 /- hands or both feet or of one together with one foot

Total loss by physical severance at or above the wrist or ankle of one

4. hand or one foot together with the total and incurable loss of one eye Dh.200,000 /-

5. Total and incurable loss of one eye vision

Dh.100,000 /-

Dh.200,000 /-

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

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

  Ver 1.0

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

NOBY OPP

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

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 للغانون الاتحادي رقم(١) لسنة ٢٠٠٧ وتعديد نه. شهادة فيد 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







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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

Death or permanent total disablement

Total and incurable loss of all vision in both eyes

Dh.200,000 /-

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 /-

Total loss by physical severance at or above the wrist or ankle of one

4 hand or one foot together with the total and incurable loss of one eye Dh.200,000 /-

5 Total and incurable loss of one eye vision Dh.100,000 /-

Total loss by physical severance at or above the wrist or ankle of one hand or one foot

Dh.100,000

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

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

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

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سجلت في سجل شركات التأمين طبقاً للغانون الاتحادي رقم(١) لسنة ٢٠٠٧ وتعديد نه. شهادة فيد 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





Proforma Invoice						
То:						
7142305 - NAJMT SOHAJ TEC	HNICAL WORKS L.L.C					
0508463424		Branch of issue	: DUBAI / 09			
		Department	: Motor			
		Our TRN	: 100013320500003			
Insured TRN	<u>:</u>		R			
Policy / Cert No.	: 09/601/66A/2025/34316	Policy From Date	:15/05/2025 12:45			
Date	: 2025-05-15 12:32:26.017	Policy To Date	: 14/06/2026 23:59			
Broker Code/Name	: BN 5085/NEW SHIELD INSURANCE	CE BROKERS LLC	1			
Line of Business Class	: Motor					
VEHICLE DETAILS :		A P				
Registration No.	: 00000	Engine No.	: QR25 925347Q			
Vehicle Make	: NISSAN URVAN	Chassis No.	: JN6AE54S2CX028292			
We would like to inform you	that your account has been DEBITED	with the following transaction	n(s):			
Description	1/2		Amount in AEI			
Being Insurance Premium on Policy No.09/601/66A/2025/3	ness 66A.	1,130.0				
Tax Code: SR-OT	10					
Taxable Amount	7		1,130.0			
VAT Rate	6		59			
VAT Amount	A		56.5			
Total Amount	>		1,186.5			
n Words: One Thousa	nd One Hundred and Eighty	Seven Dirham	5.400000			

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 & O.E

Authorized Signatory

دبي الوطنية للتأمين وإعادة التآمين ش.م.ع Pubai National Insurance & Reinsurance P.S.C. دبي الوطنية للتأمين وإعادة التآمين 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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1917 ريخ ٢ بيابريخ ٢ بي