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SCHEDULE / CERTIF	ICATE								/ شهادة التأمين ية المدنية	
رقم الوثيقة.Policy No			رقم الوثيقة.RTA No			مدة التأمينPolicy Period				
09/601/665/2025/357	99		2566S35799				17/05/25 15:10 to 16/06/26 23:59			
المؤمن لهINSURED DETAIL	بمانات									1
		SHLAM MUST	AFA ZAFAR IQBAL HASHMI							اسم المؤمن ا
Address		Oubai, 000	ALA ZALAN IQUAL NASHINI						N. C.	العنوان
Owner TCN	1	1646697					81		ي للمالك م	الرمز المرورة
E-Mail	F	lcb.ue99@gn	gmail.com			V			اني ا	البريد الالكترو
Phone No	C	568876943								رقم هوية المؤ
Identification No	7	8419768792	9048			V			7	رقم الهاتف
VEHICLE DETAILS a	. الم. ک	1:1						1)	
Chassis No	، المردب		la	Dia to M	la.	Domi	tuntion T		Engine Con	naitu
	Engine N						tration Ty	bie	Engine Capa	,
رقم الهيكل / الشاصي		فم المحرك		م اللوحة			صفة التسج		وة المحرك	ود
JTEBU25J395159049]	LGR57091	.11	A 000	0		PRIVATE			
Vehicle classification فئة المركبة	Country of Manufac بلد صنع المركبة			Body Type Mar شکل الهیکل			facturing ۱ سنة الصني	/ear	No of Passen Driver کاب + السائق	
Light Vehicle				STATION WAGON 2009			2009		6+1	
Purpose of use	Tor	nnage / W	oight	Make & Model & Color						
صفة الاستعمال		مولة / الوزر: مولة / الوزر:		نوع المركبة ولونه						
PRIVATE			TOYOTA LAND CRUISER PRADO LAND CRUISER PRADO White							
				TOTOTAL	AND CR	JIJLK F	NADO LAN	ID CK		
Vehicle's Insured value AED 1.00 Total Agreed Premium AED 865.0		/- 00 /- + VAT (43.25) = AED 908.25 /-						مة مين قسط إجمال	ة المركبة قيد ه المتفق التأ	
Geographical Coverage Area United Ara		Emirates Only							ة التغطية حد	
Third Party Property Damage Limit AED 2,000), 000 /-				تصيب الأشياء والممتلكات - درهم حدود تغطية الأضرار التي				
CONDITIONS/RIDER Personal Accident Dri CITY LIMIT)				NCE SILVER CO	OVER (LII	MITED 1	TO 3 SERV	ICES I	PER YEAR - WIT	HIN
Dubai National Insurance & Reinsurance P.S.C declares that the Motor Vehicle detailed above Schedule is insured with it according to the prothis Policy.			ن بأن المركبة الواردة أ in this				قر شركة دبب الوطنية للتأمين وإعادة التأمين بياناتها في هذا الجدول مؤمنة لديها وففا لأحك			
I read all the terms, conditions and exclusions and have agreed to it.REFER TO POLICY WORD FULL COVERAGE & EXCLUSIONS issued pursua Regulation of Unifying Motor Vehicle Insurance according to Insurance Authority Board of Dire Decision No. (25) of 2016 dated 22.09.2016			CY WORDI d pursuar nsurance d of Direc	ين الرجاء مراجعة nt to the المركبات سندا" بتاريخ		طلعت على كافة شروط واستثناءات وثيفة التأمي بنود واحكام التغطية والإستثناءات الواردة في بيا الصادرة بموجب نظام توحيد وثائق التأمين على لقرار مجلس إدارة هيئة التأمين رقم (25 (لسنة ش.م.ع 2016 22.09.2016 و وافقت عليها 10				
Issued by & Issue date Bi			BN5085	BN5085 17/05/25 15:10			ر وتاريخ مركز			
Signature & Company Stamp Name & Signature of Insured							قيع	سم وتو	لختم عن الشركة ا	



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







Dh.200,000 /-

Dh.200,000 /-

Dh.200,000 /

Dh.100,000 /

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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 Decembration		Scale 🔨 📜	o f
No. Description		compensation	

- Death or permanent total disablement
- Total and incurable loss of all vision in both eyes
- Total loss by physical severance at or above the wrist or 3. both 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
- hand or one foot together with the total and incurable loss of one Dh.200,000 /eye vision
- Total and incurable loss of one eye vision
- Total loss by physical severance at or above the wrist or ankle of one 6. Dh.100,000 /hand or one foot
- Permanent partial disability not mentioned in the table hereinabove: The value of compensation will be specified for the person on the Dh.200.000 /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 Ver 1.0 injury to such person.
- e) Total number of passengers including the divershall not exceed the authorized seating capacity of the vehicle at the time of accident Motor Dopt

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

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P.O. Box: 1806 Dubai, UAE, T: 04 596 9666, F: 04 295 6711, E: info@dni.ae, W: www.dni.ae

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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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. It' 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



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سجلت في سجل شركات التأمين طبقاً للفاتون الاتحادي رقم(۱) لسنة ٢٠٠٧ وتعديلاته، شعادة فيد رفم ١٤ بتاريخ ٦ يتابر ١٩٤٢ Registered in the Insurance Companies Register Under Federal Law No. (6) of 2007 (As Amended), Certificate No. 64 Dated 5th January 1992





Proforma Invoice				
To:				
10: 7143448 - GHLAM MUSTAFA	S ZACAD IODAL IJACUMI			
	CAFAR IQUAL MASIIMI	Total of leave	21211100	
0568876943		Branch of issue	: DUBAI / 09	
		Department	: Motor	
		Our TRN	: 100013320500003	
Insured TRN	:		OR	
Policy / Cert No.	: 09/601/66S/2025/35799	Policy From Date	:17/05/2025 15:10	
Date	: 2025-05-17 14:58:29.623	Policy To Date	: 16/06/2026 23:59	
Broker Code/Name	: BN5085/NEW SHIELD INSURANCE BR	OKERS LLC	L	
Line of Business Class	: Motor	1		
VEHICLE DETAILS :	: 0000	Engine No.	: 1GR5709111	
Vehicle Make	: TOYOTA LAND CRUISER PRADO	Chassis No.	: JTEBU25J395159049	
Vehicle Flanc	. TOTO IN DATE STORES.	Cyassis III.	. , , , , , , , , , , , , , , , , , , ,	
We would like to inform you	u that your account has been DEBITED with	the following transaction(s)	1	
Description	11		Amount in A	
Being Insurance Premium o Policy No.09/601/66S/2025/	n THIRD PARTY LIABILITY, Line Of business /35799.	66S.	865.0	
Tax Code: SR-OT	200			
Taxable Amount	9		865.0	
VAT Rate			5	
VAT Amount			43.:	
Total Amount			908.	

This is not availd 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