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 / CERTIFICATE
CIVIL LIABILITY

الجدول / شهادة التأمين
المسؤولية المدنية

Policy No.رقم الوثيقة	RTA No.رقم الوثيقة	Policy Periodمدة التأمين
09/601/66A/2025/34495	2566A34495	19/05/25 14:30 to 18/06/26 23:59

INSURED DETAIL بيانات المؤمن له		
Name of Insured	NAJMA ALBUSTAN FOR PAINTING CONTRACTING EST.	اسم المؤمن له
Address	Dubai, 0000	العنوان
Owner TCN	51306306	الرمز المروري للمالك
E-Mail	motor15@nsib.ae	البريد الالكتروني
Phone No	0508463424	رقم هوية المؤمن له
Identification No	1008349	رقم الهاتف

VEHICLE DETAILS بيانات المركبة

Chassis No رقم الهيكل / الشاصي	Engine No رقم المحرك	Plate No رقم اللوحة	Registration Type صفة التسجيل	Engine Capacity قوة المحرك
JTGJX02P2A5016895	2TR8233713	AA 79438	PRIVATE	
Vehicle classification فئة المركبة	**Country of Manufacture بلد صنع المركبة**	**Body Type شكل الهيكل**	**Manufacturing Year سنة الصنع**	**No of Passenger + Driver دد الركاب + السائق**
Light Vehicle		BUS	2010	12+ 1
Purpose of use صفة الاستعمال	**Tonnage / Weight الحمولة / الوزن**	**Make & Model & Color نوع المركبة ولونها**		
PRIVATE	3,000 KGS	TOYOTA HIACE HIACE White		

Vehicle`s Insured value Total Agreed Premium	**AED 1.00 /-** **AED 1,130.00 /- + VAT (56.50) = AED 1,186.50 /-**	ة المركبة قيمة 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 تغطية الأضرار التي

CONDITIONS/RIDERS بيانات 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 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 22.09.2016 2016 و وافقت عليها Ver1.3End0 ش.م.ع

Issued by & Issue date	BN5085 19/05/25 14:30	ر وتاريخ مركز
Signature & Company Stamp Name & Signature of Insured		التوقيع والختم عن الشركة اسم وتوقيع المؤمن له

Ver 1.0

PREMIUM AED 1186 - VALIDATION LINK ON TOP

Motor Dept.

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.

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.

Motor Dept.

PREMIUM AED 1196 - VALIDATION LINK ON TOP

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

Ver 1.0

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Motor Dept.

Proforma Invoice

To:

7144073 - NAJMA ALBUSTAN FOR PAINTING CONTRACTING EST.

0508463424

Branch of issue : DUBAI / 09

Department : Motor

Our TRN : 100013320500003

Insured TRN :

Policy / Cert No. : 09/601/66A/2025/34495

Policy From Date :19/05/2025 14:30

Date : 2025-05-19 14:16:18.990

Policy To Date : 18/06/2026 23:59

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

Line of Business Class : Motor

VEHICLE DETAILS :

Registration No. : 79438

Engine No. : 2TR8233713

Vehicle Make : TOYOTA HIACE

Chassis No. : JTGJX02P2A5016895

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/2025/34495.	**1,130.00**
Tax Code: SR-OT	**-**
Taxable Amount	**1,130.00**
VAT Rate	**5%**
VAT Amount	**56.50**
Total Amount	**1,186.50**

In Words: One Thousand One Hundred and Eighty Seven Dirham

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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