



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

SCHEDULE / CERTIFICATE CIVIL LIABILITY							الجدول / شهادة التأمين المسؤولية المدنية		
رقم الوثيقة.Policy No		رقم الوثيقة،RTA No				Policy Pe	لتأمينriod	مدة التأمينiod	
09/601/66S/2025/35899		2566S35899				20/05/25	10:35 to 19/06/26 23:59		
INSURED DETAILa ببانات المؤمن لم									
Name of Insured		LLA MOHD AHMAD	MAD ALBANNA					اسم المؤمن له	
Address	Dubai, 000						العنوان		
Owner TCN	10492191						الرمز المروري للمالك 🔨		
E-Mail	motor15@nsi	b.ae					البريد الالكتروني		
Phone No	0508463424						بة المؤمن له		
Identification No	78419795039	96404							
VEHICLE DETAILS بيانات المركبة									
Chassis No	Fngi	ne No	Plate No		Registration Type		Engine Capacity		
رقم الهيكل / الشاصي		رقم الد	رقم اللوحة		صفة التسجيل		قوة المحرك		
WMWLV7C02P2S69664			A 0000			/ATE) oj-	
	NIL			-		$\overline{}$			
_		Manufacture						senger + Driver	
فئة المركبة	المركبة	بلد صنع	كل الهيكل	يع 📗 شكل الهيكل		سنة ا	لسائق	دد الركاب + اا	
Light Vehicle			НАТСНВА	CK	20)23		4+1	
Purpose of use	Tonnage	/ Weight	Make & M	ke & Model & Color					
صفة الاستعمال	نوع المركبة ولونها الحمولة								
						IDMAN Cro	an an		
PRIVATE MINI CLUBMAN CLUBMAN Green									
Vehicle`s Insured value Total Agreed Premium	/- 10 /- + VAT (31,50) ⊜ AED 661.50 /-					11.	ة المركبة قيمة ه المتفق التأمين قسط إجم		
Geographical Coverage Area	Emirates Only					ة القطية حدود ة التغطية حدود			
	•					تصيب الأشياء والممتلكات - درهم حدود			
Third Party Property Damage Lin	,000 /-					تعليب السياد والسسمات الرهم عدود تغطية الأضرار التي			
CONDITIONS/RIDERS ببانات المؤمن له									
Personal Accident Driver ROADSIDE ASSISTANCE SILVER COVER (LIMITED TO 3 SERVICES PER YEAR - WITHIN									
CITY LIMIT)									
Dubai National Insurance & Reinsurance P.S.C company									
declares that the Motor Vehicle detailed above in this المركبة الواردة التأمين وإعادة التأمين وإعادة التأمين واعادة التأمين بأن المركبة الواردة							ق شركة ديم المطني		
Schedule is insured with					_ عرب سرعة دبي أتوطيه عقائين وإحادة العائين بــــــــــــــــــــــــــــــــــــ				
ي هذا الجدول هوهة لايها وقعة الجدول الله العداد ال							بيادها دي شدا ادبدو		
ا read all the terms, conditions and exclusions of the policy عليه المراجعة التأمين الرجاء مراجعة المراجعة المراجعة المراجعة على المراجعة							طلعت على كافة شر		
and have agreed to it.REFER TO POLICY WORDINGS FOR FULL COVERAGE & EXCLUSIONS issued pursuant to the							بنود واحكام التغطية		
Regulation of Unifying Mo	i pursuant to the "I, I c II				التأمين علي	م توحيد وثائق	الصادرة بموجب نظاه		
								لقرار مجلسَ إدارة ه	
ار مجلس إدارة هيله الله ين وافقت عليها according to Insurance Authority Board of Directors' م.ع 2016 22.09.2016 ووافقت عليها Ver1.3End0 (25) of 2016 dated 22.09.2016								ش.م.ع 2.09.2016	
Issued by & Issue date	BN5085 20/05/25 10:35				ر وتاریخ مرکز				
Signature & Company St					التوقيع والختم عن الشركة اسم وتوقيع				
Name & Signature of Insi							المؤمن له		
	Ver 1.0								



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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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

compensation

Death or permanent total disablement

Dh.200,000 /-

2. 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 3. 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

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

Total and incurable loss of one eye vision 5.

Dh.100,000 /-

Total loss by physical severance at or above the wrist or ankle of one 6. 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

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 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 Dept.

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

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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 PRIMITIMA ALIA

Ver 1.0



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Proforma Invoice

To:

7144495 - FAISAL ABDULLA MOHD AHMAD ALBANNA

0508463424 **Branch of issue** : DUBAI / 09

Department : Motor

Our TRN : 100013320500003

Insured TRN :

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

Line of Business Class : Motor

VEHICLE DETAILS:

Registration No. : 0000 Engine No. : NIL

Vehicle Make : MINI CLUBMAN Chassis No. : WMWLV7C02P2S69664

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

Description

Being Insurance Premium on THIRD PARTY LIABILITY, Line Of business 66S.
Policy No.09/601/66S/2025/35899.

Tax Code: SR-OT

Taxable Amount

630.00

VAT Rate

5%

VAT Amount

31.50

Total Amount

In Words: Six Hundred and Sixty Two 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

Motor Dept.

E & O.E Authorized Signatory

