

دائرة السيارات

فرع: المركز الرئيسي - دبي

هاتف: +971 4 233 7777

شهادة تأمين

نشهد بأن المركبة المذكورة أوصافها أدناه مؤمنة لدينا ضد مخاطر: (الفقد والتلف والمسؤولية المدنية)
طبقاً لشروط الوثيقة الموحدة الصادرة عن وزارة الاقتصاد والتجارة

رقم الوثيقة: 0102010502497491
تاريخ الاصدار: 00:00:00 2025/05/24
اسم المؤمن له: DIYAA ALHAK ABDULLA TALEB
العمر: 45 المهنة: Others
العنوان: P.O Box 1111, DUBAI, Dubai, UAE
جهة الرهن: N/A
إلى: 23:59:59 2026/06/23 المدة (13 شهر)
تاريخ صدور رخصة القيادة: 2000/11/08
بلد إصدار رخصة القيادة الأولى: Not Applicable

بيانات المركبة المؤمن عليها:

رقم اللوحة المعدنية: 77357-L-دبي
سنة الصنع: 2019
لون المركبة: بني
الغرض من الترخيص: خصوصي
عدد الركاب بما فيهم السائق: 8
تأمين السائق: مغطى
مبلغ التأمين: 91,375.00 درهم
التحمل الإجمالي: 500.00 درهم
نوع المركبة: HONDA , ODYSSEY, EXL
شكل المركبة: MPV
رقم الشاصي: 5KBRL6863KB701390
رقم المحرك: J35Y72111878
عدد الاسطوانات: 6
تأمين أفراد العائلة/العاملين: مغطى
قسط التأمين: حسب الاتفاق
الحدود الجغرافية: دولة الامارات + سلطنة عمان ودولة قطر (يمكن اصدار البطاقة البرتقالية عند الطلب)

N/A

التحمل الإضافي:

يتحمل المؤمن له مبلغ إضافي قدره 10% من قيمة الحادث الذي وقع لسيارته إذا كان عمر السائق أقل من 25 سنة وقت وقوع الحادث ، و يتم الاخذ بالنسبة الاعلى في حال تعدد نسب التحمل للحادث

التحمل الاجباري خارج حدود الامارات العربية المتحدة: 1,000.00 درهم
التغطية خارج حدود دولة الامارات العربية المتحدة يسري عن المدة من: 11:40:48 2025/05/24 إلى: 23:59:59 2026/06/23

ملاحظات

- أصدرت هذه الشهادة فقط لأغراض الترخيص لدى دوائر المرور وتخضع لشروط وأحكام واستثناءات وثيقة التأمين المذكور رقمها أعلاه.
- بناءً على طلب المؤمن له فإن إصلاح السيارة سيكون لدى: أي كراج لاختيار الشركة
- تم إجراء التأمين في الساعة: 11:41:08 اليوم: Saturday بتاريخ: 2025/05/24

أقر وأعترف بأنني استلمت وتفهممت شروط وملحقات الوثيقة المذكورة أعلاه وعليه أوقع.

توقيع المؤمن له أو طالب التأمين

توقيع المؤمن له أو طالب التأمين

التاريخ: 2025/05/24

Issued By: ANITHA KIRAN Date :24/05/2025 11:41:08



PAYMENT REFERENCE

TRN: 100258594900003

Supplier Details

Name: INTERNATIONAL MOTORING CLUB
Code: PT734100
TRN: 100474426200003
Address: Office No # 902, IT Plaza Building, Dubai Silicon
Oasis, 87712, DUBAI, DUBAI
Country: UAE

Doc. Number	BNCIU250000000225275
Reference Doc.	N/A
Doc. Currency	AED
Exchange Rate	1
Billing Date	24-May-2025
Payment Due Date	24-May-2025
Branch	HEAD OFFICE DUBAI
Department	Motor
Policy Number	0102010502497491000000

Our Details

Name: Sukoon Insurance PJSC
Address: P.O. Box 5209, Dubai, United Arab Emirates

Transaction Details

Sr. No	Description	Qty	Unit price (AED)	Taxable Amount (AED)	Tax rate (%)	Tax Amount (AED)	Total Amount (AED)
1	Assistance Fee Motor POLICY NO : 0102010502497491000000 24 May 2025 - 23 June 2026	1	15.00	15.00	5	0.75	15.75
Total Amount			15.00	15.00		0.75	15.75

Notes

- Amount In Words:** United Arab Emirates Dirhams Fifteen and Fils Seventy-Five

For **Sukoon Insurance PJSC**



PREMIUM AED 32777 - VALIDATION LINK ON TOP

TAX INVOICE

TRN: 100258594900003

Customer Details

Name: Mr. DIYAA ALHAK ABDULLAH T DIYAA ALHAK
ABDULLAH T
Code: PO03139483
TRN:
Address: DUBAI,1111,DUBAI,DUBAI
Country: UAE

Doc. Number	BNCOU250000000137669
Reference Doc.	N/A
Doc. Currency	AED
Exchange Rate	1
Billing Date	24-May-2025
Payment Due Date	24-May-2025
Branch	HEAD OFFICE DUBAI
Department	Motor
Policy Number	0102010502497491000000

Our Details

Name: Sukoon Insurance PJSC
Address: P.O. Box 5209, Dubai, United Arab Emirates
IBAN No: AE960330000010492100039
Account No: 10492100039
Account Currency: AED
Bank: Mashreq Bank, Murraqabat Branch, Dubai, UAE
SWIFT: BOMLAHAD

Intermediary Details

Name: RELIANCE INSURANCE BROKERS LLC(PORTAL
ACCOUNT)
Code: NPA0095

Transaction Details							
Sr. No	Description	Qty	Unit price (AED)	Taxable Amount (AED)	Tax rate (%)	Tax Amount (AED)	Total Amount (AED)
1	Gross Premium Written Motor POLICY NO : 0102010502497491000000 24 May 2025 - 23 June 2026	1	3,277.00	3,277.00	5	163.85	3,440.85
Total Amount			3,277.00	3,277.00		163.85	3,440.85

Notes

- Amount In Words:** United Arab Emirates Dirhams Three thousand Four Hundred Forty and Fils Eighty-Five
- Please include the invoice number on all remittances and include remittance copy with payment correspondence.
- Payment remittances will only be accepted in the invoiced currency or UAE Central Bank issued prevailing cross currency exchange rate.

For Sukoon Insurance PJSC



MEMO FOR AMOUNT TO BE PAID

Mr. Diyaa Alhak Abdullah T Diyaa Alhak Abdullah T
Post Box No: 1111, DUBAI
Dubai, Dubai
UAE

BRANCH : Head Office Dubai
QUOTATION NUMBER : 0101010505326022000000
DOCUMENT DATE : 24/05/2025
DEPARTMENT : Motor
RECEIPT PARTY CODE : NPA0095

DETAILS	PAYMENT PURPOSE	AMOUNT(AED)
Amount to be Paid against mentioned Quotation : 0101010505326022000000	Gross Premium Written	3,277.00
	VAT on Gross Premium Written	163.85
	TOTAL	3,440.85
Amount in Words : United Arab Emirates Dirhams Three thousand Four Hundred Forty And Fils Eighty-Five only.		

For Sukoon Insurance PJSC



Authorised Signatory

Notes:-

- 1.Receipt to be issued using receipt party code mentioned above;
- 2.Please mention proper quotation reference while issuing receipt.

Date:24/05/2025

Payment Instruction

Quote No : 0101010505326022

Sum Insured : AED 91,375.00/-

Please debit my/our Credit Card/Debit Card/Bank Account Number with the total amount shown below for the purchase of below Insurance:

(please tick applicable)

	Motor Comprehensive
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Please note that the below needs to be filled only in case of Non Electron Cards

Amount in Words (Including VAT) : United Arab Emirates Dirhams Three thousand Four Hundred Forty-One Only.

3.440.85/-

VISA ☐ MASTER ☐ Bank Name Expiry Date :

[illegible]

Card/Account Holder's Name : **P.O. Box :** **Emirate :** **Mobile:**

Signature

I/We hereby declare that the information given above is true and complete and request Sukoon Insurance PJSC to issue the policy based on the information provided.

Issued By: ANITHA KIRAN on 24/05/2025 11:40

Motor Comprehensive

Policy Schedule

Policy Schedule Basics

Policy Number	0102010502497491	Policy Issuance Date	24 May 2025
Insurance Period	24 May 2025 11:40:47 - 23 June 2026 23:59:59		
Intermediary Name	RELANCE INSURANCE BROKERS LLC(PORTAL ACCOUNT)		

Insured Details

Insured Name	DIYAA ALHAK ABDULLAH T DIYAA ALHAK ABDULLAH T		
Date of Birth	03 July 1979	Gender	Male
Emirates ID	784-1979-7074795-8	Country of Issuance of 1st Driving License	Not Applicable
Mobile Number	050 5084634	Licensed Driving experience	Driving License held more than 12 months
Home Number	-	Driving License Number	541310
Office Number	-	Driving License Expiration Date	10 November 2025
PO Box	1111	Profession	Others
Address	DUBAI	Employer	-
Emirate	DUBAI	Head Office	-
		Email Address	khalid@relianceins.ae

Vehicle Details

Model Year	2019	Place of Registration	Dubai
Make & Model	HONDA ODYSSEY EXL	Plate Category	Private
Body Type	MPV	Vehicle Ownership	Individual
Seating Capacity	8	Vehicle Specification	GCC
Color	Brown	Vehicle modified?	No
Cylinders / Tonnage	6	Country of Manufacturer	UNITED ARAB EMIRATES
Plate Number	77357	Purpose of Use	-
Chassis Number	5KBRL6863KB701390	Registration Type	Renewal
Engine Number	J35Y72111878	Motor Vehicle Classification	-
Sum Insured	AED 91,375 -/-	Financed by	Not Applicable

Cover Type, Deductible & Premium

Cover Type	Motor Comprehensive	Premium (excl. VAT)	AED 3,277.00/-
Cover Plan	Gold	Policy Fee (excl. VAT)	AED 0.00/-
Repair Condition	Premium Garage Network	Total Premium (excl. VAT)	AED 3,277.00/-
Basic Deductible	AED 500/-		
Ancillary Deductible* (% of Agreed Claim Amount)	Not Applicable		

Section	Standard Covers	Limit
1.0	Third Party Bodily Injury	Limit set by UAE Courts
1.0	Third Party Property Damage Limit	Up to AED 3,500,000/-
1.0	Ambulance Cover (limit / person)	AED 6,770/-
1.0	Third Party Loss of Use Allowance (maximum up to 15 days)	As per policy T&C
2.0	Loss or Damage of Vehicle	Up to AED 91,375/-

Rider Section	Additional Covers	Limit
3.1	Off-Road Cover (SUV with off-road capability only) **	Up to AED 91,375/-
3.2	Personal Accident Benefit - Passenger (max total annual reimbursable limit)	Up to AED 200,000/-
3.2	Personal Accident Benefit - Driver	Up to AED 200,000/-
3.3	Emergency Medical Expenses (max. limit / accident)	Up to AED 5,000/-
3.4	Personal Injury (of insured & spouse) (whilst embarking or disembarking from insured vehicle, total annual limit)	AED 30,000/-
3.5	Geographical Expansion Cover ** (Orange Card available upon request)	Oman & Qatar
3.6	Natural Disaster, Storm, Flood, Strike, Riot & Civil Commotion (SRCC)	Up to AED 91,375/-
3.7	Personal Belongings (total annual limit) (left in the car & lost/damaged due to fire, theft or accident)	Up to AED 5,000/-
3.8	Windscreen Damage (No Deductible payable, unless exceeding the total annual limit defined)	Up to AED 3,000/-
3.9	Replacement of Locks	Up to AED 1,000/-
3.10	Valet Parking Theft (Hotels/Shopping Malls)	Up to AED 91,375/-
3.11	Road Side Assistance (Free Toll 8006565)	Gold Plan

Basic Deductible - Applicable as per policy T&C

Under Age Excess - If vehicle driver's age at the time of accident is less than 25 years then 10% of claim amount is deductible in addition to Basic Deductible.

Ancillary Excess * - Applicable if stated in above schedule. In case if both Under Age Excess and Ancillary Excess is applicable in a single claim then, Under Age Excess or Ancillary Excess whichever is higher is applicable in addition to Basic Deductible.

** Double the basic deductible applicable

Disclaimer

Page 1 of 2

Issued by: ANITHA KIRAN on 24 May 2025 11:41

Policy fee and VAT is not refundable under any circumstances

It is hereby declared and agreed that with the acceptance of premium payment, regardless of payment method or schedule, the Insured / Policy Holder named in this policy schedule unconditionally confirms that he/she has read, understood and accepted the Terms & Conditions of this policy, which are in accordance with the Unified Motor Vehicle Insurance policy in UAE without the need of physical signature.

In the event that any untrue or inaccurate or mismatching or incomplete or un-updated information has formed the basis of underwriting and issuance of this Insurance Policy, then Sukoon Insurance PJSC ("Sukoon") at its sole discretion shall retain the full right to reject any claim(s) submitted under such issued policy and/or treat the policy or any section of it as voidable. Should any issue arise out of the above, please refer to the Terms & Conditions that form part of this insurance policy and shall prevail in case of dispute.

Terms & Conditions are available online and should be thoroughly reviewed to understand the full scope of the available covers

Conditions as per standard Motor Policy approved by the Insurance Authority

Pre-existing Damage Exclusion

Sukoon will not take responsibility for any pre-existing damage to the subsequently insured vehicle at any point in time. Any damages claimed under subsequent insurance must clearly have arisen during the insurance cover of Sukoon. Otherwise claims will be rejected.

VAT Notice

(A) Premium Payments:

For the avoidance of doubt, all premium amounts mentioned herein are exclusive of Value Added Tax (VAT). VAT and any other taxes currently applicable or which will be applicable in connection with this insurance policy shall solely be borne by the Insured/Policyholder.

The Insured/Policyholder hereby agrees to pay to the Insurer the applicable VAT and or any other taxes, upon the due date of payment shown on the invoice. Failing which, the Insured/Policyholder shall be considered to be in material breach of the Policy's terms and conditions and, the Insurer shall be within its right to invoke legal remedies available to the Insurer including to terminate the policy and/or offsetting such VAT or other tax amounts from any other amount which the Insured/Policyholder is to receive from the Insurer without the need to obtain any further consent from the Insured/Policyholder and/or any court judgment/order. The Insured/Policyholder hereby unconditionally accepts to the same.

In the event that VAT/any other tax treatment as assessed by relevant tax authorities is different from that assigned by the Insurer on our tax invoice/invoice to you and/or the invoice generated/computed by the Insurer is incorrect/, the Insured/ Policyholder hereby agrees to pay immediately and on demand the differential balance of any VAT/tax to the Insurer.

(B) Claim settlements - where Sukoon agree to pay the policyholder:

When Sukoon Insurance PJSC ("Sukoon" or "we") pays a claim, your VAT registration status will determine the amount we pay you.

When you are:

1. Not registered for VAT, the amount we pay will be the sum insured/limit of indemnity or any other limits of insurance cover, including VAT;
2. Registered for VAT, the amount we will pay will be the sum insured/limit of indemnity or any other limits of insurance coverage and where you are liable to pay an amount of VAT in respect of an acquisition relevant to your claim, we will pay the VAT amount. However, we will reduce the VAT amount we pay for by the amount of any input tax credits to which you are or would be entitled to if you had made the relevant acquisition. In such instances, the input tax credit would be claimable by you upon the filing of your VAT return.

All policyholders making a claim with Sukoon must declare their VAT registration status and provide their VAT registration number. Any VAT liability arising from your incorrect declaration is and will be payable by you (the Insured/Policyholder). Where the settlement amount of your claim is less than the sum insured/limit of indemnity or any other limits of insurance cover, we will only pay an amount of VAT (less any entitlement to an input tax credit) applicable to the settlement amount.

Governing Law :

This insurance policy will be governed by and construed in accordance with the federal laws of United Arab Emirates (which for the avoidance of doubt excludes the laws of the DIFC or the ADGM or of any offshore and/or any other free zone authorities).

Jurisdiction :

Each Party submits to the exclusive jurisdiction of the onshore local Courts of the United Arab Emirates (which for the avoidance of doubt excludes the DIFC Courts/the ADGM Courts and/or any other Courts of any offshore and/or any other free zone authorities or Courts).

Name and signature of the Insured or their representative

