



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

|  |         |                                  |  |  |                        |   |   |  | £  |  |
|--|---------|----------------------------------|--|--|------------------------|---|---|--|--|--|
| رقم الوثيقة.Policy No  |         |                                  | رقم الوثيقة.RTA No                       |  |                        |   | مدة التأمينPolicy Period                                  |  |  |  |
| 09/601/66A/2025/334  | 78      |                                  | 2566A33478                               |  |                        |   | 26/04/25  | L4:00 to                                       | 25/05/26 23:59                           |  |
| ت المؤمن لهINSURED DETAIL  | بيانار  |                                  |  |  |                        |   |   |  |  |  |
| Name of Insured  | W       | ASEEM KAR                        | AMAT TECHNICAL SE                        | RVICES   |                        |   |   |  | سم المؤمن له                             |  |
| Address Dubai, 000   |         |                                  |  |  |                        |   |   | عنوان  |  |  |
| Owner TCN 50316876   |         |                                  |  |  |                        |   | رمز المروري للمالك  |  |  |  |
| E-Mail motor15@nsi   |         | o.ae                             |  |  |                        |   | بريد الالكتروني   |  |  |  |
| Phone No 0508463424  |         |                                  |  |  |                        |   |   |  | فم هوية المؤمن <mark>له</mark>           |  |
| dentification No 878828  |         | 78828                            |  |  |                        |   |   | رقم الهاتف                                     |  |  |
| بة VEHICLE DETAILS   | ت المرك | بياناد                           |  |  |                        |   |   |  |  |  |
| Chassis No   |         | Engine No                        |  |  | Plate No<br>رقم اللوحة |   | Registration Type<br>صفة التسجيل                          |  | Engine Capacity<br>قوة المحرك            |  |
| رقم الهيكل / الشاصي  |         | رقم المحرك                       |  |  |                        |   |   |  |  |  |
| JN6BE6DS4F9009617  |         | -                                | 43060Q                                   | _  | 59353                  | PF  | IVATE   |  |  |  |
| JN00200341 3003017   |         | C(Z)                             | -3000Q                                   |  | 5555                   | JP I  |   |  |  |  |
| Vehicle classification   | Co      | ountry of                        | Manufacture                              | Body   | / Type                 | Manufa  | cturing Yea   | r No   | o of Passenger +                         |  |
| فئة المركبة  |         |                                  | بلد صنع                                  |  | شكل ال                 |   | سنة الص   |  | Driver                                   |  |
| -  |         |                                  | <b>G</b> .                               |  | -                      |   |   | <u>ن</u>                                       | دد الركاب + السائة                       |  |
| Light Vehicle  |         |                                  |  | В  | US                     |   | 2015  |  | 8+1                                      |  |
| Purpose of use Tonnage   |         |                                  | / Weight Make & Model & Co               |  |                        | or  |   |  |  |  |
| الوزن صفة الاستعمال  |         | نوع المركبة ولونها 🔰 🕺 الحمولة / |  |  |                        |   |   |  |  |  |
| PRIVATE  |         | 3,00                             | 0 KGS NISSAN UR                          |  |                        |   |   | JRVAN \  | White                                    |  |
| Vehicle`s Insured value AED 1.00 AED 1.07 AED 1. |         |                                  | .00 /- + VAT ( 53.50 ) = AED 1,123.50 /- |  |                        |   |   |  | المركبة قيمة<br>المتفق التأمين قسط إجمال |  |
|  |         | DEmirates Only                   |  |  |                        |   |   | التغطية حدود                                   |  |  |
| Third Party Property Damage Limit AED 2,000  |         |                                  |  |  |                        |   | تصيب الأشياء والممتلكات - درهم حدود<br>تغطية الأضرار التي |  |  |  |
| CONDITIONS/RIDERS  | من له5  | بانات المؤ                       | u  |  |                        |   |   |  | ~ / / · · ·                              |  |
| Personal Accident Driv   |         |                                  |  | iers (Ind  | dividua                | ls workin   | a for the In  | sured)   |  |  |
|  |         |                                  |  |  | 1                      |   | 5   |  |  |  |
| Dubai National Insurance & Reinsurance P.S.C company   |         |                                  |  |  |                        |   |   |  |  |  |
| declares that the Moto   |         |                                  |  |  |                        |   | ر شركة دبي الوطنية لل                                     |  |  |  |
| Schedule is insured with it according to   |         |                                  | هذه الوثيقة to the provisions of         |  |                        |   | ا وفقا لاحكام   | ؤمنة لديه                                      | باناتها في هذا الجدول م                  |  |
| this Policy.   |         |                                  |  |  |                        |   |   |  |  |  |
| I read all the terms, co   |         |                                  |  |  | ادا يغتر ما            | للعت على كافة شروط  |   |  |  |  |
| and have agreed to it.REFER TO POLIC   |         |                                  | ن الرجاء مراجعة CY WORDINGS FOR          |  |                        |   |   | نلغت على كافه سروط<br>نود واحكام التغطية والإر |  |  |
| FULL COVERAGE & EXCLUSIONS issue   |         |                                  |  | لوارده في بيانات الوليفة<br>التأمين على المركبات سندا" |                        |   | حيد مثائة   | مادة بمحب نظامته                               |  |  |
| Regulation of Unifying Motor Vehicle In  |         |                                  | Isulatice Folicies                       |  |                        | سو بجب سطح تو نيد ودني التامين على المرجب سند.<br>س إدارة هيئة التأمين رقم (25 (لسنة بتاريخ |   |  |  |  |
| according to Insurance Authority Board   |         |                                  | U OI DITECLOIS Vor1 3End                 |  |                        | لم روح رسب<br>فقت عليما 0ل  | 201 و وا  | ش.م.ع 22.09.2016 6                             |  |  |
| Decision No. (25) of 20  | JTP dat | ed 22.09                         | .2016                                    |  |                        |   | 0   |  |  |  |
| Issued by & Issue date   |         | BN5085 26/04/25 14:00            |  |  |                        |   | ر وتاریخ مرکز   |  |  |  |
| Signature & Company Stamp  |         |                                  |  |  |                        | التوقيع والختم عن الشركة اسم وتوقيع   |   |  |  |  |
|  | Juant   |                                  |  |  |                        | لوقيع ا   | التوقيع والحتم عن الشركة اسم وتوقيع<br>المؤمن له          |  |  |  |
| Name & Signature of I  |         |                                  |  |  |                        |   |   |  |  |  |



دبي الوطنية للتأمين وإعادة التأمين ش.م.ع Reinsurance P.S.C. دبي الوطنية للتأمين وإعادة التأمين ش

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 الثامين طيقاً للفانون الاتحادي رقم(۱) لسنة ۲۰۰۷ وتعديلاته، شهادة فيد رقم ١٤ يتاريخ ٦ ينايريخ ٦ يناير الاقله. 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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## **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 Death or permanent total disablement Dh.200,000 /-1. 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 both 3. Dh.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 hand or one foot together with the total and incurable loss of one eye Dh.200,000 /-4. vision 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 Dh.100,000 /-6. hand or one foot Permanent partial disability not mentioned in the table hereinabove: 7. The value of compensation will be specified for the person on the basis Dh.200,000 /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 liguor 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.



دبي الوطنية للتأمين وإعادة التأمين ش.م.ع Reinsurance P.S.C. دبي الوطنية للتأمين وإعادة التأمين ش

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سجلت في سجل شركات التأمين طبقاً للقانون الاتحادي رقم(۱) لسنة ۲۰۰۷ وتعديلاته، شمادة قيد رقم ۱۶ بتاريخ ۱ بتاريخ ۱ بتاريخ ۱ التأمين طبقاً للقانون الاتحادي رقم(۱) 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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|   | It is h<br>comp<br>herei<br>direc<br>dism<br>, whit | 044 - Personal Accident Passengers (Individuals working for the Insured)<br>hereby understood and agreed that in consideration of the payment of an a<br>bany undertakes to pay compensation on the scale provided hereunder for<br>nafter defined sustained by The Individuals working for the Insured who un<br>t connection with any motor car described in the schedule hereto whilst mo<br>pounting from or traveling in the insured car caused by violent accidental ex<br>ch independently of any other cause (excepting medical or surgical treatme<br>injury ) shall within three calendar months of the occurrence of such injury  | death or bodily injury as<br>ider his sponsorship in<br>ounting into or<br>cternal and visible means<br>ent consequent upon |  |  |  |  |  |  |
|---|---|--|---|--|--|--|--|--|--|
|   |   |  | 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<br>hand or one foot together with the total and incurable loss of one eye<br>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) addition to items (5) or (6) above in respect of each person arising out of total liability of the company shall not in the aggregate exceeding the during any one period of insurance.  | f one occurrence and the  |  |  |  |  |  |  |
|   |   | b) The legal representative for the dead person And/Or the injured person undertake to provide<br>the company with the death certificate or final disability report issued by governmental hospital in<br>addition to the required traffic penal documents, They also undertake to provide the company with<br>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:   |   |  |  |  |  |  |  |
|   |   | <ol> <li>Intentional self-injury or attempted suicide, physical and/or mental defect or infirmity.</li> <li>An accident happening whilst such person is under the influence of intoxicating liquor or drugs.</li> <li>Number of vehicle passengers at the time of the accident exceed the authorized seating of the vehicle capacity.</li> </ol>   |   |  |  |  |  |  |  |
|   |   | d) Compensation shall be payable only with the approval of the insured a person or to his legal personal representative whose receipt shall be a fuinjury to such person.  |   |  |  |  |  |  |  |
|   |   | e) Total number of passengers including the driver shall not exceed capacity of the vehicle at the time of the accident. Subject otherw conditions exceptions and limitations of the side policy.  | the authorized seating0<br>ise to the same terms,   |  |  |  |  |  |  |
| - |   | A STATE AND A STAT |   |  |  |  |  |  |  |
|   |   | Dubai National Insurance & Peinsurance P.S.C. a. a. da traitu and  | ب المطنية التأمين م   |  |  |  |  |  |  |
|   |   | إعادة التأمين ش.م.ع Dubai National Insurance & Reinsurance P.S.C. إعادة التأمين ش.م.ع P.O. Box: 1806 Dubai, UAE, T: 04 596 9666, F: 04 295 6711, E: info@dni   |   |  |  |  |  |  |  |
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