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									£	
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 رقم اللوحة		Registration Type صفة التسجيل		Engine Capacity 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	
-			G .		-			<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 المتفق التأمين قسط إجمال	
		DEmirates Only						التغطية حدود		
Third Party Property Damage Limit AED 2,000							تصيب الأشياء والممتلكات - درهم حدود 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 نود واحكام التغطية والإر		
FULL COVERAGE & EXCLUSIONS issue				لوارده في بيانات الوليفة 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. س إدارة هيئة التأمين رقم (25 (لسنة بتاريخ				
according to Insurance Authority Board			U OI DITECLOIS Vor1 3End			لم روح رسب 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 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 comp herei direc dism , whit	044 - Personal Accident Passengers (Individuals working for the Insured) hereby understood and agreed that in consideration of the payment of an a bany undertakes to pay compensation on the scale provided hereunder for nafter defined sustained by The Individuals working for the Insured who un t connection with any motor car described in the schedule hereto whilst mo pounting from or traveling in the insured car caused by violent accidental ex ch independently of any other cause (excepting medical or surgical treatme injury) shall within three calendar months of the occurrence of such injury	death or bodily injury as ider his sponsorship in ounting into or cternal and visible means 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 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) 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						
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		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:							
		 Intentional self-injury or attempted suicide, physical and/or mental defect or infirmity. An accident happening whilst such person is under the influence of intoxicating liquor or drugs. 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 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 ise to the same terms,						
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		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							
		F.O. BOX: 1000 DUDAL OAE. 1: 04 390 9000. F: 04 293 0/11. E: INTO@ONI	.de. W: WWW.UIII.de						

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