



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 / CERTIFIC | CATE | | | | | الجدول / شهادة التأمين المسؤولية المدنية |
|---|-------------------------------------|--|--|--|----------------------------------|---|
| رقم الوثيقة.Policy No | | رقم الوثيقة،RTA No | | | مدة التأمينPolicy Period | |
| 09/601/66S/2025/34569 | | 2566S345 69 | | | 26/04/25 1 | L4:35 to 25/05/26 23:59 |
| ات المؤمن لهINSURED DETAIL | بيان | | | | | |
| Name of Insured | | CAL SERVICES L.L.C | | | | اسم المؤمن له |
| Address Dubai, 0000 | | | | | | العنوان |
| Owner TCN 50128689 | | | | | | الرمز المروري للمالك |
| E-Mail motor15@nsi | | ib.ae | | | | البريد الالكتروني |
| Phone No 0506950289 | | | | | | رقم هوية المؤمن له |
| Identification No | 1131096 | | | | | رقم الهاتف |
| كبة VEHICLE DETAILS | بيانات المر | | | | | |
| Chassis No | | | Plate No | Registr | ation Type | Engine Capacity |
| رقم الهيكل / الشاصي | - حرك | رقم الم | رقم اللوحة | | ً صفة التس | ً قوة المحرك |
| 3N1BC1A6XCK228015 | MR18 | 839100H | T 10551 | | IVATE | |
| Vehicle classification | Country of | Manufacture | Body Type | Manufa | cturing Year | No of Passenger + Driver |
| فئة المركبة | - | بلد صنع ال | شكل الهيكل | | سنة الم سنة الم | دد الركاب + السائق |
| - | مرتبه | بلد صلع ال | SEDAN | _ | 2012 | 4+ 1 |
| Light Vehicle | | | | | | 4+1 |
| Purpose of use | | | / Weight Make & Model & Color | | | |
| صفة الاستعمال | الوزن | الحمولة / | مركبة ولونها | | | |
| PRIVATE | | | | NIS | SAN TIIDA T | TIDA Black |
| Vehicle`s Insured value Total Agreed Premium | AED 1.00 | | - AED 756 0 | 0 /- | | ة المركبة قيمة ه المتفق التأمين قسط إجمال |
| | | 0 /- + VAT (36.00) = AED 756.00 /- D Emirates Only | | | | ة المنطق النامين فسط إجمال ة التغطية حدود |
| | | • | | | | ة انتفظية حدود تصيب الأشياء والممتلكات - درهم حدود |
| Third Party Property Damage Limit AED 2,000 | | ,000 /- | | | | تغطية الأضرار التي |
| CONDITIONS/RIDERS | انات المؤمن له | بي | | | | |
| Personal Accident Drive | | | | | | sured) ROADSIDE |
| ASSISTANCE SILVER CO | VER (LIMITED | TO 3 SERVICES P | ER YEAR - V | VITHIN CIT | Y LIMIT) | |
| Dubai National Incuran | aa C Dainaurar | as DCC sames | ., | | | |
| Dubai National Insurand declares that the Motor | | | у і | 11 - (11 . | f f-111. | م ا ا ا ا ا م |
| Schedule is insured wit | ان المركبة الواردة (above in this) | | | قر شركة دبي الوطنية للتأمين وإعادة التأمين بأ. بياناتها في هذا الجدول مؤمنة لديها وفقا لأحكام | | |
| this Policy. | if it according | هده الوثيقة | | | ا وقفا لاحكام | بياناتها في هذا الجدول مومنه لديه |
| · | | | | | | |
| I read all the terms, cor | | | | | | طلعت على كافة شروط واستثناءا |
| and have agreed to it.R | الله الشقة T WORDINGS FOR | | | | بنود واحكام التغطية والإستثناءات | |
| FULL COVERAGE & EXC | u pursuant to the "Is-a | | الصادرة بموجب نظام توحيد وثائق التأمين على ا | | | |
| Regulation of Unifying Motor Vehicle In | | rd of Directors' | | | | لقرار مجلس إدارة هيئة التأمين رة |
| according to Insurance Authority Board Decision No. (25) of 2016 dated 22.09 | | u of Directors Ver1 3Fnd | | شَ.مُ.ع 2016 أيور 22.09 2016 و وَافقَت عليها 10 | | |
| Issued by & Issue date | | BN5085 26/04/25 14:35 | | | 1 | · 〈 . → l·. |
| - | | עסט באוט בסטכאום 14:55 | | | ر وتاریخ مرکز | |
| Signature & Company Stamp | | | | التوقيع والختم عن الشركة اسم وتوقيع | | |
| Name & Signature of In | | | | | المؤمن له | |
| | | | | | | Ver 1.0 |



دبي الوطنية للتأمين وإعادة التأمين ش.م.ع Pubai National Insurance & Reinsurance P.S.C.







on

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 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 | 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.

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

Ver 1.0

دبي الوطنية للتأمين وإعادة التأمين ش.م.ع Dubai National Insurance & Reinsurance P.S.C.







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

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 | |
| 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 | Db 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 of capacity of the vehicle at the time of the accident. Subject otherwise to the same terms, conditions exceptions and limitations of the side policy.

دبي الوطنية للتأمين وإعادة التأمين ش.م.ع Dubai National Insurance & Reinsurance P.S.C.







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

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

Ver 1.0



دبي الوطنية للتأمين وإعادة التأمين ش.م.ع Dubai National Insurance & Reinsurance P.S.C.





Proforma Invoice

To:

7131887 - PAN TECHNICAL SERVICES L.L.C

0506950289 **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. : 10551 **Engine No.** : MR18839100H

Vehicle Make : NISSAN TIIDA Chassis No. : 3N1BC1A6XCK228015

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 66S. Policy No.09/601/66S/2025/34569.
720.00

Tax Code: SR-OT

Taxable Amount
720.00

VAT Rate
5%

VAT Amount
36.00

Total Amount
756.00

In Words: Seven Hundred and Fifty Six 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

