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CIVIL LIABILITY						مسؤولية المدنية	
رقم الوثيقة.Policy No		رقم الوثيقة.RTA No			مدة التأمينPolicy Period		
09/601/665/2025/3469	8	2566534698			28/04/25 1	9:50 to 27/05/26 23:59	
ات المؤمن لهINSURED DETAIL	بيان						
Name of Insured RIDE FOUR L		IFE GARAGE				ىم المؤمن له	
Address Dubai, 0000		D				عنوان	
Owner TCN 50340969						رمز المروري للمالك	
E-Mail motor15@n			ib.ae			يريد الألكتروني	
Phone No 0508463424		4				نم هوية المؤمن له	
Identification No 916452						نم الهاتف	
كبة VEHICLE DETAILS	بيانات المر						
Chassis No			ne No Plate No F		ation Type	Engine Capacity	
رقم الهيكل / الشاصي	رك	رقم المح	رقم اللوحة	ىجىل	صفة التس	قوة المحرك	
JHMFD16387S404568	R18A	12021783	1 24533	PR	IVATE		
Vehicle classification	Country	of Manufacture	Body Type	Manufac	turing Year	No of Passenger + Drive	
فئة المركبة		بلد صنع الم	شكل الهيكل		سنة الد	دد الركاب + السائق	
Light Vehicle			SEDAN		007	4+1	
Purpose of use	Tonna	ge / Weight	Make & Mo		<u> </u>		
صفة الاستعمال		الحمولة / ا	لمركبة ولونها				
PRIVATE		.,	سرب وتوج			IVIC Black	
Vehicle`s Insured value	AFD 1.0	o /					
Total Agreed Premium		AED 1.00 /- AED 750.00 /- + VAT ( 37.50 ) = /		)/-		المركبة قيمة المتفق التأمين قسط إجمال	
Geographical Coverage Area United Ara		rab Emirates Only	b Emirates Only			التغطية حدود	
Third Party Property Damage Limit AED 2,00		0,000 /-				سيب الأشياء والممتلكات - درهم حدود طية الأضرار التي	
CONDITIONS/RIDERS	ات المؤمن ام	ilu 🔨					
Personal Accident Drive ASSISTANCE SILVER CC	er Personal	Accident Passeng				ured) ROADSIDE	
Dubai National Insurandeclares that the Motor Schedule is insured wit this Policy.	Vehicle deta	iled above in this	واردة			ر شركة دبي الوطنية للتأمين وإ. باناتها في هذا الجدول مؤمنة لدير	
I read all the terms, con and have agreed to it.F FULL COVERAGE & EXC Regulation of Unifying according to Insurance Decision No. (25) of 20	EFER TO POL LUSIONS issu Motor Vehicle Authority Bo	ICY WORDINGS F led pursuant to th Insurance Policie ard of Directors'	OR ie sss	أنات الوثيقة المركبات س بتاريخ	الوارَدَة في بي ل التأمين على قم (25 (لسنة	للعت على كافة شروط واستثناء ود واحكام التغطية والإستثناءات صادرة بموجب نظام توحيد وثائؤ فرار مجلس إدارة هيئة التأمين ر ضم.ع 2016 22.09.2016 و و	
Issued by & Issue date		BN5085 28/04,	BN5085 28/04/25 19:50		ِ وتاريخ مرکز		
Signature & Company Stamp Name & Signature of Insured					توقيع	توقيع والختم عن الشركة اسم و	



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

P.O. Box: 1806 Dubai, UAE, T: 04 596 9666, F: 04 295 6711, E: info@dni.ae, W: www.dni.ae

RESTRICTED الباير ۲۰۱۲ تا النامين طبقاً للفانون الاتحادي رقم(۱) لسنة ۲۰۰۷ وتعديلاته، شعادة فيد رقم ۲۴ بتاريخ ۱ بناير۲۰۲۲ 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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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 دفة 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 /-Total loss by physical severance at or above the wrist or ankle of both Dh.200,000 /-3. 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 Total and incurable loss of one eye vision Dh.100,000 /-5. 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 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. 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 .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

RESTRICTED المجلت في سجل شركات التأمين طيقاً للقانون الاتحادي رقم(١) لسنة ٢٠٠٧ وتعديلاته. شهادة قيد رقم ٢٤ بتاريخ ٦ بتاريخ ٦ بتاريخ ٦ بتاريخ ٦ بتاريخ ٦ بتاريخ ٦ الماريخ 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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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. Itâ€<sup>™</sup> 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.

A RECTY C To avail these services, the insured should contact IMC directly on 600 575751

Ver 1.0



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 RESTRICTED التأمين طبقاً للفانون الاتحادي رقم(۱) لسنة ۲۰۰۷ وتعديلاته، شعادة قيد رقم ۲۴ بتاريخ ۲ ينابر۲۹۲ Registered in the Insurance Companies Register Under Federal Law No. (6) of 2007 (As Amended), Certificate No. 64 Dated 6th January 1992



	Proforma	Invoice	
To:			
7133041 - RIDE FOUR LIFE (	GARAGE		
0508463424		Branch of issue	: DUBAI / 09
		Department	: Motor
		Our TRN	: 100013320500003
Insured TRN	:		
Policy / Cert No.	: 09/601/66S/2025/34698	Policy From Date	:28/04/2025 19:50
Date	: 2025-04-28 19:16:50.617	Policy To Date	: 27/05/2026 23:59
Broker Code/Name	: BN5085/NEW SHIELD INSURAN	ICE BROKERS LLC	
Line of Business Class	: Motor		
			· ·
VEHICLE DETAILS :		C.	
Registration No.	: 24533	Engine No.	: R18A12021783
Vehicle Make	: HONDA CIVIC	Chassis No.	: JHMFD16387S404568
We would like to inform you	that your account has been DEBITED	with the following transaction	n(s):
Description	<u> </u>		Amount in AED
Being Insurance Premium o Policy No.09/601/66S/2025/	iness 66S.	750.00	
Tax Code: SR-OT			
Taxable Amount			750.00
VAT Rate			5%
			37.50
VAT Amount			
VAT Amount Total Amount			787.50

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

E & O.E

Authorized Signatory

**Dubai National Insurance & Reinsurance P.S.C. دبي الوطنية للتأمين وإعادة التأمين ش.م.ع** 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 طبقاً للقانون الاتحادي رقم(۱) لسنة ٢٠٠٧ وتعديلاته، شمادة قيد رقم ٢٠ بناريخ ٢ بنابر٢٣٢ Registered in the Insurance Companies Register Under Federal Law No. (6) of 2007 (As Amended). Certificate No. 64 Dated 6th January 1992