



Motor Insurance Proposal Form

Customer Details

Insured Name	Mr. Ms. M/s. SHAMSUDEEN AMEEN S SHAMSUDEEN						
Address	1					Emirate	
Mobile Number	0508463424	Land Line No		Email	khalid@relianceins.ae		

Personal Details

Date of Birth	15/05/1972			Place of Birth			
Broker Name & Address		RELIANCE INSURANCE BROKERS LLC					
Driving License No.				License date of issue			
Emirates ID No/ Trade License No	784-1972-9620318-1			Profession	Accountant		

Claims History of Main Driver

Number of Accident-free years (Excluding claims which were fully recovered from a Third Party)	3
--	---

Vehicle Details

Make	TOYOTA	Model	LAND CRUISER	Body Type	SUV	Usage	OTHERS
Manufactured Year	2014	Color	GREY	Seats	8	Engine No.	1GRA837864
Plate No.		Chassis No.	JTMHU09JXE5079383	Frist date of Registration as new	01/02/2015	Financed by	
Sum Insured (AED)	AED 100,000.00		Sum Insured details (AED)				
Has the engine or body modified from the manufacturer's standard specification?							NO

Documents Required

- | | |
|--|--|
| <ul style="list-style-type: none">• Driving license• Trade License• Emirates ID (Both sides) | <ul style="list-style-type: none">• Regn.Card copy(Both sides)/ Vehicle customs certificate (VCC)• Vehicle Test Certificate issued by Traffic Authorities |
|--|--|

Insurance Details

Policy Type	Tokio Must			Policy Start Date	23/05/2025	Policy End Date	22/06/2026
Total Premium (with VAT) AED	AED 1,890.00	Excess (AED)		AED 350	Rent a Car (Applicable for Private vehicles)	YES	
Personal Accident Benefit to Driver	YES	Personal Accident Benefit to Passengers		YES	AAA Roadside Assistance	YES	

Disclaimer (Please Read Carefully)



Motor Insurance Proposal Form

It is hereby declared and agreed that with the acceptance of premium payment, the Policy Holder / Insured named in this Policy unconditionally confirms that he/she has read the Motor Proposal Form, understood & 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 mismatching or incomplete or un-updated information has formed the basis of underwriting and issuance of the Quotation and subsequently the issuance of this Policy, then Tokio Marine & Nichido Fire Insurance Co., LTD 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 there be any issue arise out of the above, please refer to the Terms and Conditions that form part of this insurance policy and shall prevail in case of dispute.

Terms and Conditions should be thoroughly reviewed to understand the full scope of the available covers.



I Agree Terms & Conditions.

Broker Name/Insured Name: **Mr. Ms. M/s. SHAMSUDEEN AMEEN S SHAMSUDEEN**

Please note that we reserve the right to ask for any additional information, impose special terms or decline. The liability of the Company does not commence until the acceptance of the Proposal has been intimated by the Company or official cover note issued.

It is recommendation to the applicant to keep the documents and his/her correspondence with the Company.

**Tokio Marine & Nichido Fire
Insurance Co. Ltd.**

Agents For UAE: Al Futtaim Development
Services Co.LLC

DUBAI OFFICE	ABU DHABI OFFICE	TOLL FREE: 800TMNF (800-8663)
		Email: genclaim@tmnf.ae • Web: www.tmnf.ae
		Get Social: @TokioMarineUAE
P.O.Box 152, Office # 302-305, Single Business Tower, Business Bay, Sheikh Zayed Road, Dubai, UAE	Unit-101, ADCP Building (opp. Al Masraf H.O) Hamdan Street, Abu Dhabi, UAE	

Incorporated in Japan, registered in the Insurance Companies register under Regn. 45 dated 29th December 1984.