



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

SCHEDULE / CERTIFI CIVIL LIABILITY				_				جدول / شهادة التأمين مسؤولية المدنية	
رقم الوثيقة.Policy No		رقم الوثيقة.RTA No				مدة التأمينriod			
09/601/66A/2025/36834			2566A36834				08/07/25	11:50 to 07/08/26 23:59	
ت المؤمن لهINSURED DETAIL	بیانار								
Name of Insured		AIT ALAWAF	I TECHNICAL SERVICE	S CO				م المؤمن له	
Address		ubai, 24297	2					نوان کوان	
Owner TCN		51428894						مز المروري للمالك	
E-Mail		MOTOR15@NSIB.AE						يد الالكتروني	
Phone No		508463424					م هوية المؤمن له		
Identification No		209679					م الهاتف		
بة VEHICLE DETAILS	، الم ك	سانات						, O	
			ne No Pla		e No Registration Type		tion Type	Engine Capacity	
رقم الهيكل / الشاصي			رقم ال					قوة المحرك	
	-			رقم اللوحة		PRIVATE		قوة الهجرت	
JTGJX02PXB5022767	2TR83		70409	1 22310		PRI	VATE		
Vehicle classification		Country of Manufacture			Гуре	Manufac	turing Year	No of Passenger + Drive	
فئة المركبة		المركبة	بلد صنع	الهيكل	شكل	صنع	سنة الأ	دد الركاب + السائق	
Light Vehicle				BU	S	2	011	12+1	
Purpose of use		/ Weight	Make 8	S Ma	del & Colo	r			
صفة الاستعمال		عود					•		
PRIVATE		1,500					TA HIACE H	HACE White	
Vehicle`s Insured value		AED 1.00	/ -					 لمركبة قيمة	
Total Agreed Premium		AED 1,230.00 /- + VAT (61.50) = AED 1,291.50 /-						سرحبه حيسة لمتفق التأمين قسط إجمال	
Geographical Coverage Area Unit		United Aral	nited Arab Emirates Only					لتغطية حدود	
Third Party Property Damage Limit AED 2,00		,000 /-					يب الأشياء والممتلكات - درهم حدود طية الأضرار التي		
CONDITIONS/RIDERS	من له§	انات المؤ	47						
Personal Accident Driv				ers (Ind	lividu	als workir	g for the In	sured)	
Dubai National Insurar declares that the Moto Schedule is insured wi this Policy.	or Vehi	cle detaile	ed above in this	,	واردة	، المركبة الو هذه الوثيقة	ادة التأمين بأر وفقا لأحكام ،	ِ شركة دبي الوطنية للتأمين وإع ناتها في هذا الجدول مؤمنة لديها	
I read all the terms, co and have agreed to it. FULL COVERAGE & EX Regulation of Unifying according to Insurance Decision No. (25) of 20	CY WORDINGS F d pursuant to the nsurance Policie d of Directors'	ندا"	بت على كافة شروط واستثناءات وثيقة التأمين الرجاء مراجعة واحكام التغطية والإستثناءات الواردة في بيانات الوثيقة ادرة بموجب نظام توحيد وثائق التأمين على المركبات سندا" ار مجلس إدارة هيئة التأمين رقم (25 (لسنة بتاريخ م.ع 2016 22.09.2016 و وافقت عليها Ver1.3End0						
Issued by & Issue date			BN5085 08/07/25 11:50				ِ وتاريخ مركز		
Signature & Company Stamp Name & Signature of Insured									



دبي الوطنية للتأمين وإعادة التأمين ش.م.ع Pubai 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







Please note this is a system generated document. Kindly scan the QR code above to ensure accuracy of this document برجي 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:

Scale of compensation No. Description

1. Death or permanent total disablement

Dh.200,000 /-2. Total and incurable loss of all vision in both eyes

Total loss by physical severance at or above the wrist or ankle of both 1Dh.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 /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 6. Dh.100,000 /-

hand or one foot

Dh.200,000 /-

Dh.200,000 /-

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

Conditions:

7.

- 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

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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

Dh.200,000 /-Death or permanent total disablement

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 The

value of compensation will be specified for the person on the basis of Dh.200,000 /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, 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 section 10^{-1} capacity of the vehicle at the time of the accident. Subject otherwise to the same terms, conditions exceptions and limitations of the side policy

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