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SCHEDULE / CERTIF CIVIL LIABILITY	ICATE							الجدول / شهادة التأمين المسؤولية المدنية	
رقم الوثيقة.Policy No			رقم الوثيقة.RTA No				مدة التأمينPolicy Period		
09/601/66A/2025/36834				08/07/25			11:50 to 07/08/26 23:59		
المؤمن لهINSURED DETAIL	ببانات								
			TECHNICAL SERVICE	s co				اسم المؤمن له	
Address		Dubai, 242972						العنوان	
Owner TCN		51428894					51	الرمز المروري للمالك	
E-Mail		MOTOR15@NSIB.AE						اليريد الالكتروني	
Phone No		0508463424						رقم هوية المؤمن له	
		1209679						رقم الهاتف	
							0		
VEHICLE DETAILS       null representation Type       Chassis No     Engine No     Plate No     Registration Type						Funina Canasiba			
Chassis No	Engine No							Engine Capacity	
رقم الهيكل / الشاصي		رقم المحرك			تسجيل رقم اللوحة			قوة المحرك	
JTGJX02PXB5022767		2TR83	70409	1223	10	PRIVATE			
Vehicle classification	Co	untry of N	Manufacture	Body T	vpe	Manufact	uring Year	No of Passenger + Driver	
فئة المركبة		المركبة		. الهيكل		لصنع		دد الركاب + السائق	
Light Vehicle	بلد عنع القرنية			BUS			11	12+1	
3									
Purpose of use	Tonnage / Weight			Make & Model & Color					
صفة الاستعمال			نوع المركبة ولونها الحمولة O KGS TOYO					<u> </u>	
PRIVATE		TOYOTA HIACE HIACE White							
Vehicle`s Insured value Total Agreed Premium  AED 1.00 AED 1,23			/- 0.00 /-+ VAT ( 61.50 ) = AED 1,291.50 /-					ة المركبة قيمة ه المتفق التأمين قسط إجمال	
Geographical Coverage Area United Ar			b Emirates Only 🍃			ة التغطية حدود			
Third Party Property Damage Limit AED 2,00			,000 /-					تصيب الأشياء والممتلكات - درهم حدود تغطية الأضرار التي	
CONDITIONS/RIDERS بيانات المؤمن له									
Personal Accident Driv	ver Pe	ersonal A	ccident Passeng	ers (Ind	ividu	als working	g for the In	sured)	
Dubai National Insurance & Reinsurance P.S.C company declares that the Motor Vehicle defailed above in this Schedule is insured with it according to the provisions of this Policy.							قر شركة دبي الوطنية للتأمين وإع بياناتها في هذا الجدول مؤمنة لديها		
I read all the terms, conditions and exclusions of the policy and have agreed to it.REFER TO POLICY WORDINGS FOR FULL COVERAGE & EXCLUSIONS issued pursuant to the Regulation of Unifying Motor Vehicle Insurance Policies according to Insurance Authority Board of Directors' Decision No. (25) of 2016 dated 22.09.2016							بنود واحكام التغطية والإستثناءات ا الصادرة بموجب نظام توحيد وثائق لفدار مجلس إدارة هيئة التأمين و		
Issued by & Issue date			BN5085 08/07/	25 11:5	0		ر وتاریخ مرکز		
Signature & Company Name & Signature of					التوقيع والختم عن الشركة اسم وتوقيع المؤمن له				



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 (۱۹۹۲) النامين طبقاً للفاتون الاتحادي وقم(۱) لسنة ۲۰۰۷ وتعديلاته، شهادة فيد رفم ۱۶ بتاريخ ۲ بياير، ۱۹۹۳ (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

1. Death or permanent total disablement

Total and incurable loss of all vision in both eyes

3. Total loss by physical severance at or above the wrist or ankle of both 1Dh.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

4. hand or one foot together with the total and incurable loss of one eye Dh.200,000 /

5. Total and incurable loss of one eye vision

Dh.100,000 /-

Dh.200,000 /-

Dh.200,000 /-

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

## 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.

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دبي الوطنية للتأمين وإعادة التأمين ش.م.ع. Pubai National Insurance & 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

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سجلت في سجل شركات التأمين طبقاً للغانون الاتحادي رقم(١) لسنة ٢٠٠٧ وتعديد نه. شهادة فيد رقم ١٤ بتاريخ ٦ يناير ١٩٩٢ 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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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
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Death or permanent total disablement
 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 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

4 hand or one foot together with the total and incurable loss of one eye Dh.200,000 /-

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 hand or one foot

Dh.100,000

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:

- 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 selfing of capacity of the vehicle at the time of the accident. Subject otherwise to the same terms, conditions exceptions and limitations of the same policy.

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