

**Motor Policy Schedule No. 5**

(جدول وثيقة التأمين رقم 5)

**Schedule of Details of the Insured Motor Vehicle in the Insurance Policy Third Party Liability & Loss and Dam**

"جدول بيانات المركبة المؤمن عليها لوثيقة تأمين الفقد والتلف"

| بيانات المركبة                                                                                                                                                                |                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Country of manufacture                                                                                                                                                        | Japan                                             |
| Plate no                                                                                                                                                                      | F-31505                                           |
| Make, Model and Colour                                                                                                                                                        | Toyota INNOVA WHITE                               |
| Motor vehicle classification                                                                                                                                                  | MPV                                               |
| Registration type                                                                                                                                                             |                                                   |
| Purpose of use                                                                                                                                                                | Private                                           |
| Manufacturing year                                                                                                                                                            | 2014                                              |
| Tonnage or weight                                                                                                                                                             |                                                   |
| No. of passengers with driver                                                                                                                                                 | 7                                                 |
| Engine no.                                                                                                                                                                    | 7810146                                           |
| Chassis no.                                                                                                                                                                   | MHFXX42GXE5028513                                 |
| Vehicle value (AED)                                                                                                                                                           | 23,890.00                                         |
| RAK National Insurance Company (RAK Insurance) declares that the Motor vehicle detailed above in this Schedule is insured with it according to the provisions of this Policy. |                                                   |
| تقر شركة رأس الخيمة الوطنية للتأمين ش.م.ع. (راك للتأمين) بأن المركبة الواردة بياناتها في هذا الجدول مؤمنة لديها وفقاً لأحكام هذه الوثيقة                                      |                                                   |
| Issued by                                                                                                                                                                     | NEW SHIELD INSURANCE BROKERS LLC                  |
| Issuance date                                                                                                                                                                 | 07/08/2025                                        |
| Policy no.                                                                                                                                                                    | P/17/MOT/MVAF/2025/170423                         |
| The term of insurance begins at 00:00 on 07/08/2025 and expires at 00:00 on 06/09/2026                                                                                        |                                                   |
| Agreed upon premium                                                                                                                                                           | 2,100.00                                          |
| Condition of vehicle repair: Approved Workshop/Garage                                                                                                                         |                                                   |
| Deductible                                                                                                                                                                    | 350.00                                            |
| Maximum 10% of the amount of compensation if the motor vehicle driver is below the age of 25 years old.                                                                       |                                                   |
| Insured details                                                                                                                                                               |                                                   |
| بيانات المؤمن له                                                                                                                                                              |                                                   |
| Insured's name                                                                                                                                                                | SIDDIK AHMED ABU SYED                             |
| Address                                                                                                                                                                       | UAQ                                               |
| E-mail                                                                                                                                                                        |                                                   |
| Postal address                                                                                                                                                                | 2126                                              |
| Identification no                                                                                                                                                             | 784198676048105                                   |
| Phone                                                                                                                                                                         | 0589006809                                        |
| Name and signature of the insured or their representative                                                                                                                     |                                                   |
| اسم وتوقيع المؤمن له أو من ينوب عنه                                                                                                                                           |                                                   |
| Company details                                                                                                                                                               |                                                   |
| بيانات الشركة                                                                                                                                                                 |                                                   |
| Company name                                                                                                                                                                  | Ras Al Khaimah National Insurance Company (P.S.C) |
| Address                                                                                                                                                                       | Ras Al Khaimah National Insurance Company (P.S.C) |
| E-mail                                                                                                                                                                        | info@rakinsurance.com                             |
| Postal address                                                                                                                                                                | 506                                               |
| Phone                                                                                                                                                                         | 8007254                                           |
| Signature and stamp of the Company                                                                                                                                            |                                                   |
| التوقيع والختم عن الشركة                                                                                                                                                      |                                                   |

This Policy Schedule constitute an important part of your Policy document and it should be kept safe for future.

يشكل جدول الوثيقة هذا جزء مهما من وثيقة التأمين الخاصة بك ويجب أن تحتفظ به للأحوال المستقلة.

شركتنا رأس الخيمة الوطنية للتأمين (ش.م.ع.)  
Ras Al Khaimah National Insurance Company (P.S.C)  
P.O. Box 506, Ras Al Khaimah, Tel: 800 72 54, Fax: +971 7 228 85 00

شركة مساهمة عامة تأسست سنة 1974 برأس مال مدفوع قدره 115,500,000 درهم إماراتي مسجلة لدى هيئة التأمين تحت رقم 94/7 بموجب القانون الاتحادي رقم 2007/6  
Public Shareholding Company established in 1974 with a paid up capital of AED 115,500,000 Registered at the Insurance Authority with registration no. 786 in conformity with the Federal Law No.6/2007  
VAT Registration No. 100021693500003