

# Zemen Insurance S.C.

## The Schedule

**Name of Insured** sadasda **Policy No** ZI/MR/MTP/0107/04/24  
**Address of Insured** Addis Ababa **Sub City** Bole  
**woreda**  **Kebele**   
**Insured's Occupation** - **Tel** +251969028007  
**Period of Insurance from** 2/4/2024 to midnight of 1/4/2025 **P.O. Box**   
**Type of Cover** Third Party **Premium** 169735.00 + 5 = 169740  
**Geographical Area Limit** Within Ethiopia **Use of Vehicle** Own Goods Purpose  
**Branch** Adama

## Description of Vehicle

Plate No.	Chassis No.	Engine No.	Make and Type of Vehicle	C.C.	Year of Manufacture	Carrying Capacity		Insured's estimate of value including accessories
						Goods (In Qtl)	Passengers including the driver	
a	0dsd	0sdcsdcsdcs	Automobiles	1500	2018	-	1 + 5	1547800

### Endorsement Attached

signed in on

Prepared by:

For and on behalf of  
Zemen Insurance Share Company

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