Zemen Insurance S.C.

The Schedule

Name of Insured <u>sdfsdfs</u> Policy No <u>ZI/MR/MTP/0106/04/24</u>

Address of Sub City Insured Kebele

woreda Tel <u>+251969028007</u>

Insured's P.O. Box Occupation

Premium 169735.00 + 5 = 169740

Period of 9/4/2024 to midnight of Insurance from 8/4/2025 Use of Vehicle Own Goods Purpose

Type of Cover Third Party

Geographical Within Ethiopia
Area Limit

Branch Adama

Description of Vehicle

Plate No.	Chassis No.	Engine No.	Make and Type of Vehicle	c.c.	Year of Manufacture	Carryi	ng Capacity	Insured's estimate of value including accessories
			4			Goods (In QtI)	Passengers including the driver	
sdsdsd	Ofsdfsdf	0sdfsdfsdf	Automobiles	1500	2018	-	1 + 5	51545555

Endorsement Attached

signed in on	For and on behalf of
Prepared by:	Zemen Insurance Share Company