Zemen Insurance S.C.

The Schedule

Name of Insured fdfhfghfg **Policy No** ZI/MR/MPR/0039/03/24

Address of Sub City Insured Kebele

woreda Tel +251969028007

Insured's P.O. Box

4/3/2025

Occupation Premium 1520

Period of 5/3/2024 to midnight of Use of Vehicle **Private Purpose**

Type of Cover Own Damage

Geographical **Within Ethiopia Area Limit**

Branch Merkato

Insurance from

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
						Goods (In QtI)	Passengers including the driver	
esfsf	0sfse4	0sfsfe4	Automobiles	1500	2017	-	1 + 5	150000

Endorsement Attached

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