Zemen Insurance S.C.

The Schedule

Name of Insured <u>sadasdads</u> Policy No <u>ZI/MR/MTP/0117/04/24</u>

Address of Sub City Kolfe Keraniyo

Insured Kebele

woreda Tel <u>+251969028007</u>

Insured's P.O. Box

Occupation - Premium 139.43 + 5 = 144.43

Period of 11/4/2024 to midnight of

Insurance from 10/4/2025 Use of Vehicle Own Goods Purpose

Type of Cover Own Damage

Geographical Area Limit Within Ethiopia

Branch <u>Tewodros</u>

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 QtI)	Passengers including the driver	
dsscs	0dsd	0sdcsdcsdcs	Automobiles	1233	2017	-	1 + 5	12333

Endorsement Attached

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