

# Zemen Insurance S.C.

## The Schedule

Name of Insured	<u>sdsdvsds</u>	Policy No	<u>ZI/MR/MTP/0104/04/24</u>
Address of Insured	<u>tesr</u>	Sub City	
woreda		Kebele	
Insured's Occupation	=	Tel	<u>+251969028007</u>
Period of Insurance from	<u>10/4/2024</u> to midnight of <u>9/4/2025</u>	P.O. Box	
Type of Cover	<u>Third Party</u>	Premium	<u>169735.00 + 5 = 169740</u>
Geographical Area Limit	<u>Within Ethiopia</u>	Use of Vehicle	<u>Own Goods Purpose</u>
Branch	<u>Adama</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 Qtl)	Passengers including the driver	
dsscs	0dsd	0csdcsdcsc	Automobiles	1500	2018	-	1 + 5	1547000

**Endorsement Attached**

signed in on

Prepared by:

For and on behalf of  
Zemen Insurance Share Company