



**Schedule No. (5)**

**Schedule of Details of the Insured Motor Vehicle in the Insurance Policy against Motor Comprehensive**

جدول بيانات المركبة المؤمن عليها في وثيقة تأمين الفقد والتلف , والمسؤولية المدنية

813/C/430735

Name Of Insured		ARTEFACT EXHIBITION STANDS MANUFACTURING L.L.C		اسم المؤمن له :	
Details of Motor Vehicle					
بلد صنع المركبة Country of Manufacture	رقم اللوحة Plate Number	نوع المركبة Make & Model		لون السيارة Colour	فئة المركبة Motor Vehicle Classification
	22801	MITSUBISHI- CANTER 7 TON TOP		WHITE	Pick Up
صفة التسجيل Registration Type	صفة الإستعمال Purpose of use	سنة الصنع Manufacturing Year	الحمولة / الوزن Tonnage/ Weight	سعة اسطوانات المحرك Cubic Capacity	عدد الركاب مع السائق Seating Capacity
	GOODS CARRY (Comm.)	2017			6+1
رقم الشاسية Chassis No.	JL7B6E1P1HK014802		رقم المحرك Engine No.	4D33R01695	
The Insured Estimate Value of the Vehicle UAE DIRHAMS 78,000.00					
Vehicle Value : UAE DIRHAMS 78,000.00					
Geographical Area: UNITED ARAB EMIRATES					
Limit of Liability: 1. The Company's maximum liability in respect of paragraph (a) of Clause 1 of Chapter Two in respect of any claim or total claims arising from one accident is the value judicially awarded without any limit whatsoever. 2. The Company's maximum liability in respect of paragraph (c) of clause 1 of Chapter Two in respect of any claim or total claims arising from one accident is Dhs. 2,000,000.00					
Licensed Driver: The Insured or any person driving with his permission provided that the person driving holds a licence for that vehicle in accordance with the traffic laws and regulations and has not had his licence withdrawn by order of a court of law or traffic regulations.					
Limitation of Use: The Insured must not use the vehicle except the purpose for which it is licenced.					
Special Conditions: The Insured or his representative shall bear Dhs.1,000.00 out of the indemnity due in accordance with the terms & conditions of Section One of this policy..					
Subject To: Policy conditons attached herewith.Natural Calamity Cover,PA Cover Attached					
Policy Subject to Driver below 25 Years of Age shall bear an Additional Excess of 10% of the Total Claim Amount.					
Remarks : 1) Agency Repair Not Allowed 2) Offroad Cover Not Allowed 3) Loading And Unloading Not Covered					
The New India Assurance Co. Ltd declares that the Motor Vehicle detailed above in this schedule is insured with it according to the provisions of the Policy.					
Issued By : ADMIN					
Issuance Date : 28/08/2019					



**THE NEW INDIA ASSURANCE COMPANY LIMITED**

P.O. Box : 5701, Dubai, U.A.E. Tel: +971 4 3525563, Fax : +9714 3518544

E-mail : newindia@nia-dubai.com Website : www.nia-dubai.com

(Registered in the Insurance Companies Register under Federal Law (6) of 2007)

**ذی نیواندیا اشورنس کومپنی لیمٹڈ**

ص.ب. ۵۷۰۱، دبئی، ا.ع.م. هاتف : +۹۷۱ ۴ ۳۵۲۵۵۶۳، فاكس : +۹۷۱ ۴ ۳۵۱۸۵۴۴

بريد الكتروني: newindia@nia-dubai.com الموقع: www.nia-dubai.com

(مسجلة في سجل شركات التأمين بموجب القانون الاتحادي رقم (٦) ب ٢٠٠٧ م)

**Benefits Summary (813/C/430735)**

Insurance Cover ( Motor Comprehensive )			
Loss & Damage Cover	Yes	Third Party Liability	Yes
Agency Repair	No	24-Hr Road Assistance	No
Emergency Medical Expenses	No	Loss Of Personal Effects,Rugs,Cloths	No
Personal Accident (Passenger)	Yes	Personal Accident (Driver)	Yes

Extensions			
Off Road Cover	No	Natural Calamity Cover	Yes
Third Party Property Damage	AED 2,000,000/-	Geographical Extension : Oman	No
Rent A Car (7 Days)	No	Rent A Car (5 Days)	No

The term of insurance begins at **17:49** on **29/08/2019**, and expires at **23:59** on **28/09/2020**Agreed upon Premium : **AED 2047.5/-**Issuance Date: **28/08/2019**

Insured's Details		Company's Details	
Insured's Name	ARTEFACT EXHIBITION STANDS	Company's Name	The New India Assurance Co. Ltd.
Address	MANUFACTURING L.L.C	Address	Rais Hassan Saadi Building, Al Mankhool, Dubai, UAE
E-mail	motorcro@newageib.com	E-mail	<a href="mailto:newindia@nia-dubai.com">newindia@nia-dubai.com</a>
Postal Address	33916	Postal Address	P.O. Box 5701
Emirates ID/Trade License No			
Contact No	9715	Contact No	+971 4 3525563 / +971 4 3522539
Name and Signature of the Insured or their representative:		Signature and Stamp of the Company	

