

طوكيو مارين اند نيتشيدو فاير
انشورانس كومباني ليمتد



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NICHIDO

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(Incorporated in Japan, registered in the Insurance Companies register under Regn. No. 45 dated 29th December 1984)
AGENTS FOR UNITED ARAB EMIRATES: AL FUTTAIM DEVELOPMENT SERVICES CO. LLC.

Personal Accident Benefits (Endorsement No.1)
(Applicable only if specified in the policy schedule)

Subject to the payment of the premium specified by the Company, the Company will pay compensation on the scale provided below for bodily injury as hereinafter defined sustained by any person including drivers on the pay-roll of the Company (other than externally hired drivers or attendant) whilst mounting into or dismounting from or traveling in the Insured vehicle and caused by violent accident external and visible means which independently of any other cause (excepting medical or surgical treatment consequent upon such injury) shall within three calendar months of the occurrence of such injury result in **as per Appendix 1 (Scale of Compensation for Personal Accident Benefits)**.

However, the company's indemnification in this endorsement shall be limited to the amount stated in the Policy Schedule in aggregate for any one person during the policy period provided such person is not less than 18 or more than 65 years of age at the time of such injury. The company agrees to pay for the following age groups but on a reduced basis as shown below:

1. From 6 to 17 years of age or from 66 to 70 years of age50%
2. From 0 to 5 years of age or 71 years of age or more.....25%

Compensation shall be payable only with the approval of the Insured and directly to the Injured person or to his legal representatives or to the Insured by verifying POA (Power of Attorney) documents, and upon payment of such compensation the Company shall be discharged from any further compensation in respect of injury or death to such person.

If the number of persons (including the driver or the attendant) in the vehicle at the time of occurrence exceeds the number stated as per the seating capacity in the Schedule to this Policy, the Company shall be liable only for a pro – rata proportion of the compensation which would otherwise be payable.

On payment of an additional premium, cover in this endorsement applies to the person driving (Paid Driver) and the passengers and / or the number of passengers as per the Schedule to this Policy whilst traveling in the Insured vehicle.

This endorsement is applicable only if it is specified in the policy schedule.

Exclusions:

Notwithstanding the above, the Company shall not indemnify for the following:

- Any part compensation or payment on account until the total amount shall have been ascertained and agreed.
- Death or injury caused by suicide or attempted suicide.
- Death or injury by anyone driving the Insured Vehicle under the influence of alcohol or drugs.

Subject otherwise to the Terms, Exceptions and Conditions of the Policy.

Appendix 1**Scale of Compensation for Personal Accident Benifits**

Sl No.	Description	Scale of Compensation (% of Capital Sum Insured)
1 Death		100%
2 Eyes		
a	Loss of sight of both eyes	100%
b	Loss of sight of one eyes	60%
c	Decrease of the corrected visual power of one to 0.60 or less	5%
d	Contraction of Visual field of one eye	5%
3 Ears		
a	Permanent total loss of hearing power of both ears	80%
b	Permanent total loss of hearing power of one ears	30%
c	Inability of one ear to catch an ordinary voice at a distance of 50 centimeters or more	5%
4 Nose		
a	Remarkable disturbance in function of the nose	20%
5 Mastication or speech		
a	Permanent total loss of function of mastication or speech	100%
b	Remarkable disturbance in function of mastication or speech	35%
c	Disturbance in function of mastication or speech	15%
d	Impairment of five or more teeth	5%
6 Disfigurement of Outward Appearance (Face, Head or Neck)		
a	Remarkable of outward appearance	15%
b	Disfigurement of Outward (e.g. a scar measuring two centimeters in diameter or three centimeters in length on face)	3%
7 Spinal Column		
a	Remarkable deformity or remarkable motor disturbance in spinal column	40%
b	Motor disturbance in spinal column	30%
c	Deformity in spinal column	15%
8 Arms (At or Above Wrist Join) or Legs (At or above Ankle Joint)		
a	Loss of one arm or one leg	60%
b	Permanent total loss of function of more than one of three major joins of one arm or leg	50%

Appendix 1**Scale of Compensation for Personal Accident Benifits**

Sl No.	Description	Scale of Compensation (% of Capital Sum Insured)
c	Permanent total loss of function of one of three major joints of one arm or leg	35%
d	Disturbance in function of one arm or one leg	5%

9 Fingers	
a Loss of thumb of one hand above knuckle	20%
b Remarkable disturbance in function of thumb of one hand	15%
c Loss of one finger other than thumb at or above knuckle	8%
d Remarkable disturbance in function of one finger other than thumb	5%
10 Toes	
a Loss of big toe of one foot at or above toe joint	10%
b Remarkable disturbance in function of big toe of one foot	8%
c Loss of one toe other than big toe at or above second toe joint	5%
d Remarkable disturbance in function of one toe other than big toe	3%
11 Permanent Total disability to attend Personal needs	
a caused by remarkable physical disturbance	100%