

Policy Type: Renewal

1. Insured Details (to be filled by Account Executive)

Policy Holder:	1847 executive grooming for men (br of the grooming company) -KIDS FIRST	
Contact Person:	Aravind Dudihalli	
Address:	1847 executive grooming for men (br of the grooming company)	
Email:	aravind@thegroomingcompany.ae	
Tel No.:	4-4531143	Mobile: 55800260

Executive: Karim Elzyr	Handler: Faisal Siddiqi	Claims: Olinda Daniel
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Insurer: DAMAN

2. Cover Details (to be filled by Account Executive)

Effective Date: 30-06-2018	To: 29-06-2019
Plan Selected	CLASSIC CHROME(Category A - Dubai) EBP Plus(Category B - Dubai)
Area of Cover	UAE extended to SEA,AC, ISC IP only UAE extended to SEA,AC, ISC IP treatments only
Deductible	20% upto a max of AED 25 20% CO INSURANCE
Maternity Benefit	AED 7,000 for normal delivery, AED 10,000 for c-section AED 7,000 for normal delivery, AED 10,000 for c-section
Dental Benefit	
Optical Benefit	
Pre-Existing conditions	Up to Policy Limit Covered with 6 months waiting period for new entrants
Chronic conditions	Up to Policy Limit Covered with 6 months waiting period for new entrants
Alternative Medicine	
Network	NW 08 EBP Network: 08

3. Financial Details (to be filled by Account Executive)

Payment mode	Quarterly
Brokerage	10.0 %

4. Additional Details (to be filled by Account Handler)

Insurer's Policy No.:	
Nasco's Ref No.:	
TRN No.:	
Channel of Payment:	
No of Members	200 Employees And 0 Dependants
Premium Currency:	AED ✓

15,976.44 + 796.86 = 16,773.30

Annual Gross Premium:	16734.06 (15937.20 + 796.86)
Code:	SME

5. Technical Details (to be filled by Account Handler)

Loss Ratio/Policy Year: 0.0 %	Loading: 0.0 %
Total Paid Claims	In-Patient: 0.0 Out-Patient: 0.0
Premium Paid Last Year:	
Renewal Terms (Increase/Expiry/Discounted): NIL INCREASE	

Date Of Submission

6. Remarks

SME / ENHANCED EBP - NO LR

PAYMENT ADVICE/ 2776674

ATTN : ARAVIND DUDIHALLI

1847 EXECUTIVE GROOMING FOR MEN BRANCH OF
THE GROOMING COMPANY LLC

P.O.Box : 71579

DUBAI

U.A.E

Phone : 043394801

E-Mail : aravind@thegroomingcompany.ae

DATE : 16/08/2018

BRANCH : N.M.E.INS.BROKERS

C.O.B. : SMALL MEDICAL GROUPS

TYPE : RENEWED POLICY

POLICY HOLDER/INSURED : 1847 EXECUTIVE GROOMING FOR MEN

ACCOUNT NO. & NAME : 41200225990

ACCOUNT EXECUTIVE : 00002

PLEASE NOTE THAT WE HAVE DEBITED YOUR ACCOUNT WITH THE FOLLOWING OPERATIONS:

INSURER : NATIONAL HEALTH INSURANCE CO.-DAMAN

COVER NOTE NO. : 66-SME-2018-01134

POLICY NO. : 8793939

CURRENCY : U.A.E. DIRHAMS

DESCRIPTION : ENDT 1; 6883716

PREMIUM DUE : 4,183.61

ONLY FOUR THOUSAND ONE HUNDRED EIGHTY THREE & 61/100 U.A.E. DIRHAMS.

THIS DEBIT NOTE PERTAINS TO THE 1ST QUARTER PREMIUM CHARGED FOR NINETEEN (19) MEMBERS FOR THE POLICY PERIOD 30.06.2018 - 29.09.2018 INCLUDING 5% VAT.

No	DueDate	Amount AED
1/1	16/08/2018	4,183.61

PAYMENTS BY CHEQUES OR BANK TRANSFER SHOULD BE MADE TO THE ORDER OF NATIONAL HEALTH INSURANCE CO.- DAMAN
AS PER THE BELOW BANK DETAILS

Beneficiary Name : National Health Insurance Company - Daman, PJSC

Account Number : AE310350000004050001576 AED

Bank Name : National Bank of Abu Dhabi

Bank Address : Bateen,
Abu Dhabi , UAE

Swift Code : NBADAEAAABAT



UNDERWRITER'S BROKER'S TECHNICAL SHEET 66-SME-2018-01134

Policy No.	: 66-SME-2018-01134				
Date Printed	: 16/08/2018	Proposal	: 66-SME-2018-01134	Pr. Date	: 16/08/2018
Operator	: GLENDA RADAM	End. Cd	: RENEWED POLICY	T.P.A.	:
Insured #	: 521370 1847 EXECUTIVE GROOMING FOR MEN			Currency	: U.A.E. DIRHAMS
A/C NO	: 41200225990	1847 EXECUTIVE GROOMING FOR MEN BRANCH OF THE GROOMING COMPANY LLC		Conv. Rate	: 1.00
Address	: 71579, DUBAI, U.A.E.			US Rate	: 3.67
Incp. Dt	: 30/06/2018	Exp. Dt	: 29/06/2019	Sum Ins.	: 0.00
C.O.B.	: Small Medical Groups			DB/CR (Y/N)	:
Interest	:				

Code	Cov. Desc.	Sum Insured	Ann. Rate	Annual Premium	Total Premium	Limit/Claim
DMNREG	REGIONAL PLAN (DAMAN)	0.00	0.00	3,984.30	3,984.30	0

Desscription

Amounts

Local Amounts

Net	3,984.30	3,984.30
Charges	0.00	0.00
Total	3,984.30	3,984.30
Discount	0.00	0.00
Grand Total	3,984.30	3,984.30
Reinsurer Total Premium	3,984.30	3,984.30
Reinsurer Discount	0.00	0.00
Reinsurer Grand Total	3,984.30	3,984.30

VAT Code : SR-S

VAT @ 5%	199.31	
Gross Amount	4,183.61	4,183.61

Brk No	Name	Pct	Com. On	Com. Amount	VAT @ %	Gross Amount
00002	NASCO DUBAI (DIRECT OFFICE) EXEC.			0.00		
NHIC	NATIONAL HEALTH INSURANCE CO.-DAMAN	10.00	Received	398.43	19.92	418.35

Tax Invoice

DAMAN TRN: 100000692200003



4. Insured

1847 EXECUTIVE GROOMING FOR MEN
71579
DUBAI
DUBAI
UAE

Customer TRN: **100221381500003** 5. Customer TRN #Customer Number: **2907823**Invoice Number: **6883716** 13. DN # & 18. DescriptionPolicy Number: **8793939** 6. Policy #Invoice Date: **19/07/2018**Policy Effective Date: **30/06/2018** 7. Inception DatePayment Due Date: **19/07/2018** 14. Due datePolicy Expiry Date: **29/06/2019** 8. Expiry Date Issued By: **748**

METHOD OF PAYMENT	MODE OF PAYMENT	POLICY TYPE	HEALTH INSURANCE SPECIALIST	SALES LOCATION
CASH	QUARTERLY	GROUP	Nasco M.E. Insurance Brokers (L.L.C)	

15. Installments

18. Endt #

EVENT NUMBER	DESCRIPTION	TOTAL MEMBERS	ENDORSEMENT TYPE	PREMIUM (AED)
1	Enhanced Product Standard Premium	19	INITIAL POLICY	3,984.30
Total Premium				3,984.30
VAT Amount (5% of Total Premium)				199.31
Total Payable Amount				4,183.61

9. Premium Currency

10. Net amount

11. VAT amount

12. Gross amount

**Four Thousand One Hundred Eighty-Three Dirham
And Sixty-One Fils**

Payment Instructions

Bank transfer: Daman's bank account information is set below. Please ensure that payment is made in full and net of bank charges. We would appreciate if you could send a copy of the payment confirmation and related bill number to receivables@damanhealth.ae

Bank Transfer payment for **ABU DHABI BASIC** Plan:

Beneficiary Name: National Health Insurance Company - Daman - PJSC
Bank Details: Abu Dhabi Islamic Bank IBAN Number: AE64050000000011194659
Branch Details: Muroor Branch - Abu Dhabi, UAE Swift Code: ABDIAEAD

Bank Transfer payment for **ENHANCED** and **CUSTOM** Plans:

Beneficiary Name: National Health Insurance Company - Daman - PJSC
Bank Details: National Bank Of Abu Dhabi IBAN Number: AE31035000004050001576
Branch Details: Bateen Branch - Abu Dhabi, UAE Swift Code: NBADAEAAABAT

Cheque payment: National Health Insurance Company - Daman - PJSC

This invoice is certified and does not require any official stamp from Daman.

Please inform Daman for any discrepancy in the cards or certificates within **2 working days** of receiving them, failing of which Daman will not be held responsible for any corrections. Thank you.

MEMBER CONFIDENTIAL

National Health Insurance Company - Daman (PJSC) (P.O. Box 128888, Abu Dhabi, U.A.E. Tel No.: +97126149535 Fax No.: +97126149530)

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Tax Invoice

DAMAN TRN: 100000692200003

**POLICY MEMBERS LIST**

Event Number:	1	Endorsement Type:	INITIAL POLICY
Dept. No.:	ND	Department Name:	ND

Member Name	Card No.	Principal No.	Staff No.	Sex	Age	Class	Effective Date	Premium Days	Package Description	Gross Premium	VAT Amount	Gross Total
EIAD YOUSSEF DALEH	8402523	8402523	1389	M	38	WARD	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/08	209.70	10.49	220.19
ABDELGHANY ABDELGHANY MAHMOUD	8688845	8688845	1337	M	30	WARD	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/08	209.70	10.49	220.19
MOHAMMAD HAKIM SALMANI	8688846	8688846	1330	M	40	WARD	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/08	209.70	10.49	220.19
MYLINE DELOS SANTOS	8688924	8688924	1349	F	38	WARD	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/08	209.70	10.49	220.19
HARLYN RIVERA	8688934	8688934	1340	F	31	WARD	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/08	209.70	10.49	220.19
AIDA ABABON	8688935	8688935	1339	F	49	WARD	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/08	209.70	10.49	220.19
MA. THERESA BELARDE	8688938	8688938	1344	F	28	WARD	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/08	209.70	10.49	220.19
CARMELYN LAVAPIE	8705102	8705102	1345	F	30	WARD	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/08	209.70	10.49	220.19
DEYA ALDEEN SULEIMAN ALMOUSA	8877005	8877005	1322	M	19	WARD	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/08	209.70	10.49	220.19
BENJAMIN SANCHEZ CANTA	8886221	8886221	1353	M	50	WARD	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/08	209.70	10.49	220.19
MAGDY AHMED AHMED ISMAIL	8886238	8886238	1320	M	43	WARD	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/08	209.70	10.49	220.19
YOUSSEF EL GAREH	9002434	9002434	1390	M	34	WARD	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/08	209.70	10.49	220.19

MEMBER CONFIDENTIAL

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DAMAN TRN: 100000692200003



SID ALI HAMIDACH E	9002 468	9002468	1328	M	28	WAR D	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/0 8	209.70	10.49	220.19
HILDA SALVIO	9036 216	9036216	1403	F	43	WAR D	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/0 8	209.70	10.49	220.19
CHIRATCH AYA KHOTSOPH A	9078 420	9078420	1407	F	40	WAR D	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/0 8	209.70	10.49	220.19
AIZEL REE GABUYO	9078 421	9078421	1409	F	30	WAR D	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/0 8	209.70	10.49	220.19
VARTANG LUOI VARTE	9118 701	9118701	1421	M	27	WAR D	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/0 8	209.70	10.49	220.19
GRACE NJERI WANJOHI	9191 259	9191259	1439	F	34	WAR D	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/0 8	209.70	10.49	220.19
MICHEL VELASCO	9191 299	9191299	1425	F	37	WAR D	30/06/2018	365	SM/CIC 17/50Ded/No Mat/OP3/PH1 4/NoDental/0 8	209.70	10.49	220.19
Total members per department								19	Total per department	3,984.30	199.31	4,183.61

Event Total Billed Amount in AED:	4,183.61
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Grand Total Premium in AED:	4,183.61
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MEMBER CONFIDENTIAL

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