

## MOTOR COMPREHENSIVE, FIRE, THEFT & THIRD PARTY LIABILITY

Quote Reference	MVA/2016/00603OM	Date of Issue	12/01/2017
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Driver Details	
Insured Name	Nervana Noweir
Address	Dubai
Email	Ahmed.AlyHamdy@dar.com
Phone Number	056-4123634
Age	26 Years
Vehicle Details	
Make	BMW
Model	316 I
Year of Make	2011
Seating Capacity	5
Body	Saloon
Type of Cover	
Comprehensive, Fire, Theft & Third Party Liability	
Quote Details	
Sum Insured	AED 40,000.00
Premium	AED 1,740.00
Excess	AED 350.00

Cover	Coverage / Cost	Limit
Personal Accident Benefits for Driver	Included	AED 200,000
Personal Accident Benefits for Passengers	Included	AED 200,000 per Passenger
AAA Roadside Assistance - Silver Card	Included	Unlimited (Once every 24 hours)
AAA Roadside Assistance - Gold Card	Optional / AED 100	Registration Service & Off Road Pull Out (8am to 3 times per year, 10 days each
Rent a Car Option	Optional / AED 250	
Agency Repairs	Excluded	-
Off Road Cover	Excluded	Excess AED 750
Orange Card	Optional / Tariff Attached	-
Territorial Limits	Included	UAE
Third Party Bodily Injury	Included	Unlimited
Third Party Property Damage	Included	AED 5,000,000
Ambulance Cover	Included	-
Windscreen Claims	Included	Excess will apply
Medical Expenses	Included	AED 10,000 / Person
Personal Effects(Theft subject to forcible entry)	Included	AED 4,000
Natural Calamities	Included	-
Where the insured requests the replacement of the damaged parts with new parts, the insured shall bear the rates of depreciation i.e. nil for brand new vehicles, 5% for the 2nd year, 10% for the 3rd year, 15% for the 4th year, 20% for the 5th year and a maximum of 30% for the 6th year onwards.		
An Excess of 10% (besides the normal excess) of the amount of the accident is applicable for drivers who are less than 25 years of age		
<b><u>This insurance is non transferrable</u></b>		

Should you accept the above terms, kindly provide us with the following:	
New Client	Existing Client
Passport & Visa Copy	Registration Card / Purchase Agreement Copy
Driving License copy	Financing Bank name, if any
Registration Card / Purchase Agreement Copy	Attached Credit Form Copy
Financing Bank name, if any	
Mobile Number & P.O. Box Number	
Attached Credit Form Copy	

## CREDIT CARD AUTHORISATION

Name of the Insured : \_\_\_\_\_

Policy / Invoice Number : \_\_\_\_\_

Mobile / Telephone No : \_\_\_\_\_

(Mandatory)

Email ID : \_\_\_\_\_

VISA CARD ☐

MASTER CARD ☐

Credit Card number

□ □ □ □	□ □ □ □	□ □ □ □	□ □ □ □
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Expiry Date 

□	□
MM	

 / 

□	□
YY	

Name as on the Credit Card

I confirm that the payment is being made by me in respect of my policy for the amount of

AED \_\_\_\_\_

Date: 

□	□
DD	

 / 

□	□
MM	

 / 

□	□
YY	

Cardholders Name & Signature

***Please note the by completing these payment details you are implicitly accepting the purchase of the insurance policy for the amount specified above.***

### Nasco Dubai

Khalid Bin Waleed Street, Albwardy Investment Bldg.

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Registered name: Nasco Insurance Agency LLC  
General Agents for Al Wathba National Insurance Co. (PSC)  
Insurance Agents Registration No.18  
A member of the Nasco Insurance Group