# Automobile Insurance Policy

(US FORCES PERSONNEL ONLY)

Policy No. [redacted]

**Item 1.** Name and Address of Insured (Applicant)

★ Name [redacted]

Address
PSC 80 [redacted]
FPO AP 96367

Tel.(Home) 090-1519-0153 Tel.(Office) 634-0433

**Item 2.** Policy Period

| | Month | Date | Year | | |
|---|---|---|---|---|---|
| From | 10 | 05 | 2011 | 10:08 AM | 12 Month(s) |
| To | 10 | 05 | 2012 | 12:00 (noon) | |

| New/Renewal | Renewal of | Applied Grade-rated |
|---|---|---|
| New (1-01) | Y405133 | 10/05/2011 |

| Agent | Producer Code |
|---|---|
| GOVERNMENT EMPLOYEES INSURANCE AGENCY | 97-38E4 |
| Tel: 098-933-3334 | In Charge: 0001 |

| Prem.Receipt Date | CIN No. |
|---|---|
| 10/05/2011 | 53003 |

(Information of Insured)

| ★ Date of Birth | ★ Age | Factor | ★ Pay Grade | ★ A & D Military Personnel | ★ The occupational rank |
|---|---|---|---|---|---|
| [redacted] | 52 | 1 | Ci | 21 (Married Civilians 30 OVER) | RTD: INDEF |

**Item 3.** The insurance afforded is only with respect to such and so many of the following Coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each Coverage shall be as stated herein,subject to all of the terms of this policy having reference thereto

| Coverage | Limit of Liability | Premium |
|---|---|---|
| A Comprehensive (Deductible ¥ ) | ¥ | ¥ |
| B Collision or Upset (Deductible ¥ ) | ¥ | ¥ |
| Loss of use by theft Rental Reimbursement | ¥ | |
| C Bodily Injury Liability each person | ¥ [illegible],00,000 | |
| Driver/Passenger Accident Coverage | 14,0[illegible],000 | [illegible] |
| D Property Damage Liability each accident | ¥ [illegible]000,000 | ¥ 23,[illegible]60 |
| E Medical Payments each person | ¥ | ¥ |
| Discount or Loading 11Grade (-30%) | Total Prem. Gr[illegible] | ¥ [illegible] |
| Sports Car Loading % | Total Prem. Ne[illegible] | ¥ 26,[illegible] |
| Short rate 100 % | Total Premium | 26,740 |
| Non Refundable Premium 35 % of Annual ¥ 9,360 | | |

Min.E.P.: ¥ 1,500 (in cancellation before policy term commences)
Month(s) Rate: Basically eligible only "within 7 days after inception" or "on the day of cancellation" of the license policy

**Applicable Endorsements**

1. Two Wheelers Theft Exclusion Clause
   - applicable automatically in case Physical Damage on 2-wheelers are covered.
2. Driver/Passenger Accident Coverage Clause
   - applicable automatically in case Bodily Injury Liability is covered.
3. Loss of Use by Theft Clause - applicable in case the coverage is afforded.
4. Bodily Injury Liability Clause-Heavy Size Automobile
   - applicable automatically as per conditions stated in the clause.
5. Agreed Value Insurance Clause
   - applicable automatically as per conditions stated in the clause.
6. Loss Payable Clause - applicable in case Item 5 of the declaration is entered.
7. Overseas No-Claim Discount
   - applicable in case no-claim certificate for past 3 years is presented.

**Item 4.** Description of the automobile

| Year Model | Trade Name/Model & Type of Body | Specification |
|---|---|---|
| 1994 | MITSUBISHI [illegible] | |

★ License Plate No. [redacted]

[illegible] any loss hereunder, except under Coverage [illegible] appear to the named insured and:

[illegible] ¥ Due date of final note:

[illegible] purposes for which the automobile is to be used are "Pleasure and Business".

[illegible] geographical area in which this policy applies is JAPAN.

(a)Except with respect to bailment lease,conditional sale,mortgage or other encumbrance,the named insured is the sole owner of the automobile,and(b)during the last year no insurer has cancelled any automobile insurance issued to the named insured or declined to issue any such insurance.Exceptions to (a)(b),if any:(Absence of any entry means no exceptions).

**Item 9.** Notice of accident or loss.In the event of accident or loss covered hereunder,immediate notice is to be given to the nearest office of AIU.

If there is any change to the Insured Automobile's Car Class or License Plate No. or Serial No., the Policyholder or Insured shall notify the Insurer of any such fact without delay. Otherwise, this Insurance might be invalidated or the insurance indemnities might not be paid.

We hereby received the premium applicable to the above insurance contract and the company has issued this policy as an evidence of the contract of insurance as detailed above,in accordance with the policy conditions,endorsements and/or riders attached hereto.

**AIU Insurance Company**

By [signature]

| Date of Issue | Month | Date | Year |
|---|---|---|---|
| | 10 | 05 | 2011 |

(Issued in Tokyo)

印紙税申告納

EXAMPLE