

# Car Insurance Premium Payment Receipt

Receipt No.: \_\_\_\_\_  
Date: \_\_\_\_\_

**Insured Name:**

**Policy Number:**

**Address:**

**Contact Number:**

**Email:**

## Vehicle Details

**Vehicle Make & Model:**

**Registration Number:**

**Chassis Number:**

**Engine Number:**

## Premium Details

Description	Amount (INR)
Basic Premium	_____
GST	_____
Other Charges	_____
<b>Total Amount Paid</b>	_____

**Payment Mode:**

**Transaction / Cheque No.:**

**Payment Date:**

**Remarks:**

Authorized Signatory