

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	_____
Total Amount Paid	_____

Payment Mode: _____

Transaction / Cheque No.: _____

Payment Date: _____

Remarks: _____

Authorized Signatory _____