



# Motor Insurance Payment Receipt

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

Policyholder Name  
\_\_\_\_\_

Policy No.  
\_\_\_\_\_

Vehicle Registration No.  
\_\_\_\_\_

Payment Mode  
\_\_\_\_\_

Period of Insurance  
From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Contact No.  
\_\_\_\_\_

| Description              | Amount (₹) |
|--------------------------|------------|
| Premium                  | _____      |
| Documentary Stamp Tax    | _____      |
| VAT                      | _____      |
| Local Govt. Tax          | _____      |
| Others                   | _____      |
| <b>Total Amount Paid</b> | _____      |

Received From  
\_\_\_\_\_

Signature & Date  
\_\_\_\_\_

This is a system-generated receipt.  
Please keep this document as your proof of payment.