



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 (â,±)
Premium	_____
Documentary Stamp Tax	_____
VAT	_____
Local Govt. Tax	_____
Others	_____
Total Amount Paid	_____

Received From

Signature & Date

This is a system-generated receipt.

Please keep this document as your proof of payment.