

Four-Wheeler Insurance Premium Acknowledgment Receipt

Receipt No: _____

Date: _____

Policy Details

Policy Number: _____

Insured Name: _____

Vehicle Registration No.: _____

Vehicle Make & Model: _____

Period of Insurance: _____

Premium Payment Details

Premium Amount (INR): _____

Payment Mode: _____

Bank / Transaction Ref.: _____

Date of Payment: _____

Insurer Details

Insurer Name: _____

Branch / Office: _____

Authorized Signatory: _____