

MOTOR INSURANCE PAYMENT RECEIPT

Receipt No: _____ Date: _____

POLICYHOLDER DETAILS

Name: _____
Address: _____
Contact No: _____
Email: _____

POLICY DETAILS

Policy Number: _____
Vehicle Registration: _____
Make & Model: _____
Period of Insurance: _____

PAYMENT DETAILS

Payment Method: _____
Amount Paid: _____
Date of Payment: _____
Total Paid: _____

Note: This is a system generated receipt for your Motor Insurance payment. Please keep this receipt for your records.

Authorised Signature
Policyholder's Signature