

Motor Policy Renewal Premium Payment Receipt

Receipt No.

Date

Branch

Policy Number

Vehicle Registration No.

Name of Policyholder

Address

Payment Details

Payment Mode	Instrument No.	Dated	Bank Name
_____	_____	_____	_____

Premium Breakdown

Cover	Period From	Period To	Premium Amount
Own Damage	_____	_____	_____
Third Party	_____	_____	_____
Other Charges	â€”	â€”	_____

Total Premium Received

Rs. _____

Amount (in words):

Authorised Signatory