

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
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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