

# Personal Vehicle Insurance Premium Receipt

Insurance Company Name  
Branch Address or Head Office  
Contact: 0000 000 000 | Email: info@company.com

Receipt Number: REC-2024-000001 Date: 2024-06-25

## Customer Details

Name John Doe  
Address 123 Example Street, City, Country  
Contact +1 234 567 8901  
Email john.doe@email.com

## Vehicle Details

Registration Number AB-123-CD  
Make & Model Toyota Corolla 2021  
Engine Number ENG456789X  
Chassis Number CHS123456789

## Policy Details

Policy Number POL-2024-098765  
Coverage Period 2024-07-01 to 2025-06-30  
Type of Cover Comprehensive

## Payment Details

Premium Amount \$800.00  
Taxes & Charges \$60.00  
Total Amount Paid \$860.00  
Payment Mode Credit Card  
Payment Date 2024-06-25

## Notes

- This receipt evidences payment of premium for the stated policy period.
- Coverage is subject to terms, conditions, and exclusions of the policy.

Authorized Signatory  
(Insurance Company)

