

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)

