

ABC Insurance Company Ltd.

123 Premium Ave, City, State 456789

Phone: +1 555-123-4567

Email: support@abcinsurance.com

Payment Receipt

Receipt No.: 00098765

Date: 2024-06-19

Policyholder Name: John Doe

Address: 45 Blue Street, Downtown, City, 456789

Contact No.: +1 555-987-6543

Email: john.doe@email.com

Policy No.: MV123456789 Coverage Period: 2024-06-20 to 2025-06-19

Vehicle Registration No.: AB12CD3456 Make & Model: Toyota Camry 2022

Chassis No.: CHS1234567890XYZ Engine No.: ENG9876543210ABC

Premium Amount Paid: \$1,480.00

Payment Date: 2024-06-19

Payment Mode: Credit Card (Visa)

Transaction Ref. No.: TRX45864920

Authorized Signatory

Thank you for your payment.