

Holiday Trip Insurance Premium Payment Slip

Date: ____ / ____ / ____

Policy & Insured Details

Policy Number:

Insured Name:

Contact Number:

Email:

Trip Destination:

Trip Duration:

Payment Summary

Premium Amount

GST / Taxes

Other Charges

Total Amount Paid

Payment Mode

Payment Reference

Issuer Details

Issued By:

Designation:

Signature:

Thank you for insuring your holiday with us.

This slip is a computer-generated document and does not require a signature.