

# 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.*