

Fire Insurance Premium Invoice

Invoice No.: _____ Date: __/__/__

Insurer Details

Company Name: _____

Address: _____

Contact: _____

Insured Details

Name: _____

Address: _____

Phone / Email: _____

Policy Number: _____

Policy Details

Property Insured: _____

Location: _____

Sum Insured: _____

Period of Insurance: From __/__/__ To __/__/__

Premium Calculation

Description	Amount (USD)
Basic Premium	_____
Add: Additional / Riders	_____
Less: Discount	_____
Add: Taxes & Charges	_____
Total Premium Payable	_____

Payment Instructions

Please make payment by cheque or bank transfer to:

Account Name: _____

Account Number: _____

Bank Name: _____

Kindly quote your policy number and invoice number when making payment.

Note: This invoice is only valid upon receipt of the full premium. Kindly retain this document as your official receipt upon payment.

For any queries, contact us at _____.