

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 _____.