

# Insurance Premium Remittance Advice

## Fire Protection Insurance

**Policy Number** \_\_\_\_\_

**Insured Name** \_\_\_\_\_

**Property Insured** \_\_\_\_\_

**Coverage Period** From: \_\_\_\_\_ To: \_\_\_\_\_

**Remittance Date** \_\_\_\_\_

<b>Description</b>	<b>Amount</b>
Basic Premium	_____
Additional Premium	_____
Discount (if any)	_____
Tax/Government Levy	_____
<b>Total Remitted</b>	_____

**Remarks** \_\_\_\_\_

\_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date