

Insurance Premium Remittance Advice

Fire Protection Insurance

Policy Number	_____
Insured Name	_____
Property Insured	_____
Coverage Period	From: _____ To: _____
Remittance Date	_____

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

Remarks	_____
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Authorized Signature

Date