

## TAX INVOICE

### From:

Emirates Insurance Company (PSC)  
P.O.Box : 3856, Abu Dhabi  
United Arab Emirates  
**TRN Number** 100000473700003  
**Tel No.** 00971 – 26440400  
**Email** [info@eminsco.com](mailto:info@eminsco.com)

**Invoice Number** BRT300/25806185  
**Product** Third Party Liability  
**Date** 23/04/2025 18:22:08  
**Policy No.** 300/4101/44/25/004298  
**End'mnt No.** Not Applicable  
**Branch** Dubai

## Details

### To:

ALGAZELLE AL SAREEA TOURISM LLC  
0,DUBAI  
UNITED ARAB EMIRATES

### TRN Number

**Insured** ALGAZELLE AL SAREEA TOURISM  
LLC

**Risk Insured** HONDA ODYSSEY J 2015 | Chassis JHMRC1835FC400547 | Reg No /

**A/C Number** 14000218  
**Broker** NEW SHIELD INSURANCE BROKERS  
**Policy From** 23/04/2025 11:16:04  
**Policy To** 22/05/2026 23:59:59

Ref	Description	Amount (AED)
1	Being Policy Premium under Third Party Liability Policy for Policy No. 300/4101/44/25/004298 .	AED 1,345.00
2	VAT 5% on Premium	AED 67.25
3	TOTAL	AED 1,412.25

## Receipt Confirmation

We gratefully acknowledge receipt of **AED 1,412.25** as full and final settlement against the Invoice No. **BRT300/25806185**.  
Kindly treat this as an official receipt for your records.

Payment Mode	Payment Ref No.	Payment Date	Amount	Bank Name
Payment Link	152175	23/04/2025	AED 1,412.25	

E.&O.E

Authorized Signatory



*[Handwritten Signature]*

Approved by : Iman NSIB | Approved at : Dubai | Approved on : 23/04/2025 18:22:08 | Printed on : 23/04/2025 18:22:08