

## 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** BRT300/25806461  
**Product** Third Party Liability  
**Date** 25/04/2025 15:51:51  
**Policy No.** 300/4101/44/25/004466  
**End'mnt No.** Not Applicable  
**Branch** Dubai

## Details

### To:

BADSHAH TOURISM LLC  
0,DUBAI  
UNITED ARAB EMIRATES

**A/C Number** 14000218

### TRN Number

**Insured** BADSHAH TOURISM LLC

**Broker** NEW SHIELD INSURANCE BROKERS

**Policy From** 25/04/2025 14:15:12

**Policy To** 24/05/2026 23:59:59

**Risk Insured** TOYOTA LAND CRUISER 2014 | Chassis JTMHU09J1E4095073 | Reg No L/87827

Ref	Description	Amount (AED)
1	Being Policy Premium under Third Party Liability Policy for Policy No. 300/4101/44/25/004466 .	AED 1,115.00
2	VAT 5% on Premium	AED 55.75
3	TOTAL	AED 1,170.75

## Receipt Confirmation

We gratefully acknowledge receipt of **AED 1,170.75** as full and final settlement against the Invoice No. **BRT300/25806461**.  
Kindly treat this as an official receipt for your records.

Payment Mode	Payment Ref No.	Payment Date	Amount	Bank Name
Payment Link	382818	25/04/2025	AED 1,170.75	

E.&O.E

Authorized Signatory



*[Signature]*

Approved by : Iman NSIB | Approved at : Dubai | Approved on : 25/04/2025 15:51:51 | Printed on : 25/04/2025 15:51:51