

## 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** BRT300/25806712  
**Product** Third Party Liability  
**Date** 28/04/2025 15:17:44  
**Policy No.** 300/4101/44/25/004633  
**End'mnt No.** Not Applicable  
**Branch** Dubai

## Details

### To:

EJAZ AHMAD HAJI TRANSPORT L.L.C  
O,DUBAI  
UNITED ARAB EMIRATES

**A/C Number** 14000218  
**Broker** NEW SHIELD INSURANCE BROKERS  
**Policy From** 28/04/2025 15:03:51  
**Policy To** 27/05/2026 23:59:59

**TRN Number** 00000000000000000000

**Insured** EJAZ AHMAD HAJI TRANSPORT L.L.C

**Risk Insured** MITSUBISHI CANTER P/UP 2008 | Chassis JL7BCE1J18K021849 | Reg No /33261

Ref	Description	Amount (AED)
1	Being Policy Premium under Third Party Liability Policy for Policy No. 300/4101/44/25/004633 .	AED 1,150.00
2	VAT 5% on Premium	AED 57.50
3	TOTAL	AED 1,207.50

## Receipt Confirmation

We gratefully acknowledge receipt of **AED 1,207.50** as full and final settlement against the Invoice No. **BRT300/25806712**.  
Kindly treat this as an official receipt for your records.

Payment Mode	Payment Ref No.	Payment Date	Amount	Bank Name
Payment Link	766332	28/04/2025	AED 1,207.50	

E.&O.E

Authorized Signatory



*[Signature]*

Approved by : Iman NSIB | Approved at : Dubai | Approved on : 28/04/2025 15:17:44 | Printed on : 28/04/2025 15:17:44