

## TAX INVOICE

From:

Emirates Insurance Company (PSC)
P.O.Box: 3856, Abu Dhabi
Product
United Arab Emirates
Date
29/04/2025 18:32:01
Policy No. 300/4101/44/25/004769

**Tel No.** 00971 – 26440400 **End'mnt No.** Not Applicable

Email info@eminsco.com Branch Dubai

## **Details**

To:

DECENT WAY GEN TRANSPORT AND RECOVERY

A/C Number 14000218

SERVICES ESTABLISHMENT

**0,ABU DHABI** 

UNITED ARAB EMIRATES Broker NEW SHIELD INSURANCE BROKERS

 TRN Number
 103180717300003
 Policy From
 29/04/2025 18:10:54

 Insured
 DECENT WAY GEN TRANSPORT
 Policy To
 28/05/2026 23:59:59

AND RECOVERY SERVICES ESTABLISHMENT

Risk Insured TOYOTA HILUX 2019 | Chassis MR0DX9CD3K2520735 | Reg No /

Ref	Description	Amount (AED)
1	Being Policy Premium under Third Party Liability Policy for Policy No. 300/4101/44/25/004769.	AED 1,000.00
2	VAT 5% on Premium	AED 50.00
3	TOTAL	AED 1,050.00

## **Receipt Confirmation**

We gratefully acknowledge receipt of **AED 1,050.00** as full and final settlement against the Invoice No. **BRT300/25806947**. Kindly treat this as an official receipt for your records.

Payment Mode	Payment Ref No.	Payment Date	Amount	Bank Name
Payment Link	483855	29/04/2025	AED 1,050.00	

E.&O.E Authorized Signatory





Approved by : Iman NSIB | Approved at : Dubai | Approved on : 29/04/2025 18:32:01 | Printed on : 29/04/2025 18:32:01