

## 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** BRT300/25807251  
**Product** Third Party Liability  
**Date** 01/05/2025 18:33:34  
**Policy No.** 300/4101/44/25/004945  
**End'mnt No.** Not Applicable  
**Branch** Dubai

## Details

### To:

BAB AL HILAL HEAVY TRUCKS TRANSPORT L L C  
O,DUBAI  
UNITED ARAB EMIRATES

### TRN Number

**Insured** BAB AL HILAL HEAVY TRUCKS  
TRANSPORT L L C

**Risk Insured** HINO 300 2010 | Chassis JHFUF11H5AK003224 | Reg No /

**A/C Number** 14000218  
**Broker** NEW SHIELD INSURANCE BROKERS  
**Policy From** 01/05/2025 18:19:16  
**Policy To** 31/05/2026 23:59:59

Ref	Description	Amount (AED)
1	Being Policy Premium under Third Party Liability Policy for Policy No. 300/4101/44/25/004945 .	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. **BRT300/25807251**.  
Kindly treat this as an official receipt for your records.

Payment Mode	Payment Ref No.	Payment Date	Amount	Bank Name
Payment Link	534067	01/05/2025	AED 1,207.50	

E.&O.E

Authorized Signatory



*[Signature]*

Approved by : Iman NSIB | Approved at : Dubai | Approved on : 01/05/2025 18:33:34 | Printed on : 01/05/2025 18:33:34