

Proforma Invoice			
То:			
7142396 - FADI KHALED AHM	IED OBIDAT		
0508463424		Branch of issue	: DUBAI / 09
		Department	: Motor
		Our TRN	: 100013320500003
Insured TRN	:		
Policy / Cert No.	: 09/601/66S/2025/35697	Policy From Date	:15/05/2025 13:55
Date	: 2025-05-15 12:34:26.767	Policy To Date	: 14/06/2026 23:59
Broker Code/Name	: BN5085/NEW SHIELD INSURANCE BROKERS LLC		
Line of Business Class	: Motor		
VEHICLE DETAILS :			
Registration No.	: 81029	Engine No.	: 2AZA386209
Vehicle Make	: TOYOTA CAMRY	Chassis No.	: 6T1BE42K77X405533
We would like to inform you	that your account has been DEBITED	with the following transactior	n(s):
Description			Amount in AED
Being Insurance Premium on Policy No.09/601/66S/2025/3	THIRD PARTY LIABILITY, Line Of busi 5697.	ness 66S.	630.00
Tax Code: SR-OT			
Taxable Amount			630.00
VAT Rate			5%
VAT Amount			31.50
Total Amount			661.50
In Words: Six Hundred	and Sixty Two Dirham	I	

This is not a valid tax invoice and cannot be used to claim input VAT. Decree-Law No (8) of 2017 on Value Added Tax and the related Executive Regulations will be sent to you within 14 days

Approved By



E & O.E

Authorized Signatory

دبي الوطنية للتأمين وإعادة التأمين ش.م.ع Reinsurance P.S.C. دبي الوطنية للتأمين وإعادة التأمين

P.O. Box: 1806 Dubai, UAE, T: 04 596 9666, F: 04 295 6711, E: info@dni.ae, W: www.dni.ae

RESTRICTED

CTED اسجلت في سجل شركات التأمين طبقاً للقانون الاتحادي رقم(۱) لسنة ۲۰۰۷ وتعديلاته، شهادة قيد رقم ۲۴ بتاريخ ٦ ينابر ۱۹۹ Registered in the Insurance Companies Register Under Federal Law No. (6) of 2007 (As Amended), Certificate No. 64 Dated 6th January 1992