

## 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** BRT300/25810766  
**Product** Third Party Liability  
**Date** 04/06/2025 11:52:43  
**Policy No.** 300/4101/44/25/006965  
**End'mnt No.** Not Applicable  
**Branch** Dubai

## Details

### To:

AL MAYADI PASSENGERS TRANSPORT BY RENTED  
BUSES  
O,DUBAI

**A/C Number** 14000218

UNITED ARAB EMIRATES

**Broker** NEW SHIELD INSURANCE BROKERS

**TRN Number** 000

**Policy From** 04/06/2025 10:46:22

**Insured** AL MAYADI PASSENGERS  
TRANSPORT BY RENTED BUSES

**Policy To** 03/07/2026 23:59:59

**Risk Insured** TOYOTA HIACE 2013 | Chassis JTG SX22P0D6137455 | Reg No Z/45032

Ref	Description	Amount (AED)
1	Being Policy Premium under Third Party Liability Policy for Policy No. 300/4101/44/25/006965 .	AED 2,340.00
2	VAT 5% on Premium	AED 117.00
3	TOTAL	AED 2,457.00

## Receipt Confirmation

We gratefully acknowledge receipt of **AED 2,457.00** as full and final settlement against the Invoice No. **BRT300/25810766**.  
Kindly treat this as an official receipt for your records.

Payment Mode	Payment Ref No.	Payment Date	Amount	Bank Name
Payment Link	521030	04/06/2025	AED 2,457.00	

E.&O.E

Authorized Signatory



*[Signature]*

Approved by : Iman NSIB | Approved at : Dubai | Approved on : 04/06/2025 11:52:43 | Printed on : 04/06/2025 11:52:43