

## 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** BRT300/25810850  
**Product** Third Party Liability  
**Date**  
**Policy No.** 300/4101/44/25/007000  
**End'mnt No.** Not Applicable  
**Branch** Dubai

## Details

### To:

LA LA FOR TRAVEL AND TOURISM L.L.C  
123,DUBAI  
UNITED ARAB EMIRATES  
**TRN Number** 104322992900003  
**Insured** LA LA FOR TRAVEL AND TOURISM  
L.L.C  
**Risk Insured** TOYOTA SIENNA 2015 | Chassis 5TDKK3DC7FS550617 | Reg No N/62979

**A/C Number** 14000218  
**Broker** NEW SHIELD INSURANCE BROKERS  
**Policy From** 04/06/2025 18:31:40  
**Policy To** 03/07/2026 23:59:59

Ref	Description	Amount (AED)
1	Being Policy Premium under Third Party Liability Policy for Policy No. 300/4101/44/25/007000 .	AED 1,065.00
2	VAT 5% on Premium	AED 53.25
3	TOTAL	AED 1,118.25

## Receipt Confirmation

We gratefully acknowledge receipt of **AED 1,118.25** as full and final settlement against the Invoice No. **BRT300/25810850**.  
Kindly treat this as an official receipt for your records.

Payment Mode	Payment Ref No.	Payment Date	Amount	Bank Name
Payment Link	236308		AED 1,118.25	

E.&O.E

Authorized Signatory



*[Signature]*

Approved by : Iman NSIB | Approved at : Dubai | Approved on : | Printed on :