

## TAX INVOICE

|                                                                                                                                   |  |                                                             |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--------------------------------------------------------------------|
| <b>ADAMJEE INSURANCE COMPANY LIMITED</b>                                                                                          |  | <b>TAX INVOICE NO:</b> 10065594                             | <b>NAME OF INSURED :</b> GIBSON MOSES PASSENGER<br>TRANSPORT L.L.C |
| <b>ADDRESS :</b> Dubai Branch,Unit No. 301,302, 3rd Floor, One Business Bay Building   P.O. Box 4256 Dubai - United Arab Emirates |  | <b>P.O.BOX :</b> 0                                          | <b>AGENT/BROKER :</b> AB00000273                                   |
| <b>VAT REGISTRATION NO :</b> 100000253300003                                                                                      |  | <b>AGENT VAT REG NO :</b> 273                               |                                                                    |
| <b>REFERENCE NO :</b> 2510057560                                                                                                  |  | <b>CUSTOMER :</b> GIBSON MOSES PASSENGER<br>TRANSPORT L.L.C |                                                                    |
| <b>POLICY NO :</b> P-2506-10-1011-057560                                                                                          |  | <b>CUST VAT REG NO :</b> 0                                  |                                                                    |
| <b>ENDORSMENT NO :</b>                                                                                                            |  | <b>SUM INSURED :</b> AED 45,000.00                          |                                                                    |
| <b>POLICY TYPE :</b> Loss, Damage and Third Party Liability                                                                       |  | <b>TOTAL PREMIUM :</b> AED 4,231.50                         |                                                                    |
| <b>CERTIFICATE NO :</b>                                                                                                           |  |                                                             |                                                                    |
| <b>DATE OF ISSUE :</b> 10/06/2025 18:08                                                                                           |  |                                                             |                                                                    |

PERIOD OF INSURANCE : FROM 10/06/2025 00:00 TO 09/07/2026 23:59 Hrs

### Specification of Insured Vehicle(s)

| رقم التسجيل<br>Registration No  | رقم الشاسية<br>Chassis No             | رقم المحرك<br>Engine No       | قوة المحرك<br>بالاحصنة<br>Horse Power | لون السيارة<br>Colour of Vehicle                  | الوزن بالطن<br>Tonnage     |
|---------------------------------|---------------------------------------|-------------------------------|---------------------------------------|---------------------------------------------------|----------------------------|
| Dubai                           | MB1PBEJA2DH1D9<br>944                 | CPHZ419940                    | 0                                     | YELLOW                                            |                            |
| شكل الهيكل<br>Vehicle Body Type | الغرض من<br>الترخيص<br>Use of Vehicle | النوع والطراز<br>Make & Model | سنة الصنع<br>Year of<br>Manufacture   | عدد الركاب بما فيهم<br>السائق<br>Seating Capacity | لون اللوحة<br>Plate Colour |
| BUS                             | PRIVATE                               | ASHOK LEYLAND<br>BUS          | 2013                                  | 64                                                |                            |

Premium Details (Including Commission & all allowance):

| Description                                                                   | Amount ( in AED) |
|-------------------------------------------------------------------------------|------------------|
| <b>Comprehensive Cover(Unit Price)</b>                                        | <b>4,000.00</b>  |
| <b>Quantity</b>                                                               | <b>1</b>         |
| Service Fee                                                                   | 30               |
| <b>Premium Excluding VAT Amount :</b>                                         | <b>4,030.000</b> |
| VAT@5%                                                                        | 201.500          |
| <b>Net Premium : Premium Including VAT Amount :</b>                           | <b>4,231.500</b> |
| THE SUM OF AED - FOUR THOUSAND TWO HUNDRED AND THIRTY-ONE AND FIFTY FILS ONLY |                  |



For and behalf of Adamjee Insurance Company Limited

Authorized Insurer