

## TAX INVOICE

ADAMJEE INSURANCE COMPANY LIMITED NAME OF INSURED : DIATECH MEDICAL EQUIPMENTS **TAX INVOICE NO:**10097454 : 001

P.O.BOX **ADDRESS** : Dubai Branch, Unit No. 301, 302, 3rd Floor, One

Business Bay Building | P.O. Box 4256 Dubai - United

Arab Emirates

AGENT/BROKER : AB00000033

AGENT VAT REG NO:

**CUSTOMER** 

VAT REGISTRATION NO:100000253300003

REFERENCE NO : 2510085536

**POLICY NO** : P-2508-10-1011-085536

**EQUIPMENTS** 

: DIATECH MEDICAL

CUST VAT REG NO : 50119914

SUM INSURED : AED 35,822.00

TOTAL PREMIUM : AED 1,785.00

**ENDORSMENT** NO

**POLICY TYPE** : Loss, Damage and Third Party Liability

CERTIFICATE NO:

DATE OF ISSUE : 18/08/2025 18:29

PERIOD OF INSURANCE: FROM 18/08/2025 00:00 TO 17/09/2026 23:59 Hrs

## Specification of Insured Vehicle(s)

رقم التسجيل Registration No	رقم الشا سية Chassis No	رقم المحرك Engine No	قوة المحرك بالاحصنة Horse Power	لون السيارة Colour of Vehicle	الوزن بالطن Tonnage
Dubai	MDHBN7AD9RG520 996	HR15763425M	0	WHITE	
شكل الهيكل Vehicle Body Type	الغرض من الترخيص Use of Vehicle	النوع والطراز Make & Model	سنة الصنع Year of Manufacture	عدد الركاب بما فيهم السانق Seating Capacity	لون اللوحة Plate Colour
SEDAN	PRIVATE	NISSAN SUNNY	2024	5	

Premium Details (Including Commission & all allowance):

Description	Amount ( in AED)
Comprehensive Cover(Unit Price) Quantity	1,700.00 1
Premium Excluding VAT Amount :	1,700.000
VAT@5%	85.000
Net Premium : Premium Including VAT Amount :	1,785.000
THE SUM OF AED - ONE THOUSAND SEVEN HUNDRED AND EIGHTY-FIVE ONLY	



For and behalf of Adamjee Insurance Company Limited

**Authorized Insurer**