

## 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** BRT300/25819965  
**Product** Comprehensive  
**Date** 11/09/2025 12:11:56  
**Policy No.** 300/4102/44/25/009094  
**End'mnt No.** Not Applicable  
**Branch** Dubai

## Details

### To:

TOWN GAS TECHNICAL SERVICES SOLE  
PROPRIETORSHIP L.L.C.

O,ABU DHABI

UNITED ARAB EMIRATES

**TRN Number** 00000000

**Insured** TOWN GAS TECHNICAL SERVICES  
SOLE PROPRIETORSHIP L.L.C.

**Risk Insured** TOYOTA HILUX 2022 | Chassis MR0JX8CD2N3647309 | Reg No /

**A/C Number** 14000218

**Broker** NEW SHIELD INSURANCE BROKERS

**Policy From** 11/09/2025 10:34:44

**Policy To** 10/10/2026 23:59:59

Ref	Description	Amount (AED)
1	Being Policy Premium under Comprehensive Policy for Policy No. 300/4102/44/25/009094 .	AED 3,010.00
2	VAT 5% on Premium	AED 150.50
3	TOTAL	AED 3,160.50

## Receipt Confirmation

We gratefully acknowledge receipt of **AED 3,160.50** as full and final settlement against the Invoice No. **BRT300/25819965**.  
Kindly treat this as an official receipt for your records.

Payment Mode	Payment Ref No.	Payment Date	Amount	Bank Name
OT	639243	11/09/2025	AED 3,160.50	

E.&O.E

Authorized Signatory



*[Signature]*

Approved by : Iman NSIB | Approved at : Dubai | Approved on : 11/09/2025 12:11:56 | Printed on : 11/09/2025 12:11:56