

## TAX INVOICE

|                                                                                                                                   |  |                                              |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|-----------------------------------------------------|
| <b>ADAMJEE INSURANCE COMPANY LIMITED</b>                                                                                          |  | <b>TAX INVOICE NO:</b> 10112930              | <b>NAME OF INSURED :</b> FAKHRI AND BROS A/C TR LLC |
| <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> 12345                              |
| <b>VAT REGISTRATION NO :</b> 100000253300003                                                                                      |  |                                              | <b>AGENT/BROKER :</b> AB00000273                    |
|                                                                                                                                   |  |                                              | <b>AGENT VAT REG NO:</b> 273                        |
| <b>REFERENCE NO :</b> 2510099468                                                                                                  |  | <b>CUSTOMER :</b> FAKHRI AND BROS A/C TR LLC |                                                     |
| <b>POLICY NO :</b> P-2509-10-1011-099468                                                                                          |  | <b>CUST VAT REG NO :</b> 000                 |                                                     |
| <b>ENDORSMENT NO :</b>                                                                                                            |  | <b>SUM INSURED :</b> AED 25,000.00           |                                                     |
| <b>POLICY TYPE :</b> Loss, Damage and Third Party Liability                                                                       |  | <b>TOTAL PREMIUM :</b> AED 1,890.00          |                                                     |
| <b>CERTIFICATE NO :</b>                                                                                                           |  |                                              |                                                     |
| <b>DATE OF ISSUE :</b> 17/09/2025 17:05                                                                                           |  |                                              |                                                     |

PERIOD OF INSURANCE : FROM 17/09/2025 00:00 TO 16/10/2026 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     |
|---------------------------------|---------------------------------------|-------------------------------|---------------------------------------|---------------------------------------------------|----------------------------|
| Sharjah                         | MR0CW12G3E0033<br>336                 | 7796959                       | 0                                     | WHITE                                             | 2                          |
| 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 |
| PICKUP SINGLE<br>CAB LONG BED   | PRIVATE                               | TOYOTA<br>HILUX               | 2014                                  | 3                                                 |                            |

Premium Details (Including Commission & all allowance):

| Description                                                 | Amount ( in AED) |
|-------------------------------------------------------------|------------------|
| <b>Comprehensive Cover(Unit Price)</b>                      | <b>1,770.00</b>  |
| <b>Quantity</b>                                             | <b>1</b>         |
| Service Fee                                                 | 30               |
| <b>Premium Excluding VAT Amount :</b>                       | <b>1,800.000</b> |
| VAT@5%                                                      | 90.000           |
| <b>Net Premium : Premium Including VAT Amount :</b>         | <b>1,890.000</b> |
| THE SUM OF AED - ONE THOUSAND EIGHT HUNDRED AND NINETY ONLY |                  |



For and behalf of Adamjee Insurance Company Limited

Authorized Insurer