

## 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** BRT300/25806547  
**Product** Third Party Liability  
**Date** 26/04/2025 13:19:09  
**Policy No.** 300/4101/44/25/004526  
**End'mnt No.** Not Applicable  
**Branch** Dubai

## Details

### To:

DESERT DRIVE TOURISM L L C  
0,DUBAI  
UNITED ARAB EMIRATES

### TRN Number

**Insured** DESERT DRIVE TOURISM L L C

**Risk Insured** NISSAN ARMADA 2009 | Chassis 5N1AA08C59N612318 | Reg No /

**A/C Number** 14000218

**Broker** NEW SHIELD INSURANCE BROKERS

**Policy From** 26/04/2025 12:59:34

**Policy To** 25/05/2026 23:59:59

Ref	Description	Amount (AED)
1	Being Policy Premium under Third Party Liability Policy for Policy No. 300/4101/44/25/004526 .	AED 1,115.00
2	VAT 5% on Premium	AED 55.75
3	TOTAL	AED 1,170.75

## Receipt Confirmation

We gratefully acknowledge receipt of **AED 1,170.75** as full and final settlement against the Invoice No. **BRT300/25806547**. Kindly treat this as an official receipt for your records.

Payment Mode	Payment Ref No.	Payment Date	Amount	Bank Name
Payment Link	682168	26/04/2025	AED 1,170.75	

E.&O.E

Authorized Signatory



Handwritten signature

Approved by : Iman NSIB | Approved at : Dubai | Approved on : 26/04/2025 13:19:09 | Printed on : 26/04/2025 13:19:09