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## شهادة تأمين مركبة Credit Note

## **Third Party Liability**

Doc Number: CN-8840-251124	107	Doc Date: 06-05-2	2025	Branch:	88
				Producer:	Reliance Insurace Brokers L.L.C
Intermediary Code: 12000	00178	_			2
Intermediary Name: Relian	ce Insurace Brokers L.L.	С			
Address:					
Please note that we have CRE	DITED your account a	s follows:			4
	Description				Amount in AED
Being Agency Commission VAT 5%				07	160.00 8.00
Participant Name:	AHMAD RAZA ABD	OUL RAZA			
Insurance Policy No:	2513116310				
Methaq reference Number:	W/01/4030/2025/116	310			
Period of Insurance:	From: 06 May 2025	12:38 <b>To:</b> 05 Jun 20	26 23 39		
Policy Type:	Motor Third Party Liab	bility	<b>,</b>		
		63			
		950	Net due to you		168.00
AED One Hundred Sixty Eight on	ly				
Authorised Signatory	Ali	<b>/</b>			

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## Tax Invoice

DN-8840-25112820	Doc Date: 06-05-2025	Policy No:	W/01/4030/2025/116310
100000232700003			
			<b>40</b> .
AHMAD RAZA ABDUL RAZA			THE OFFICE
			AL.
AHMAD RAZA ABDUL RAZA			
000		<u> </u>	
ve have DEBITED your account number	er 1200000178 as follows:	1	/
Description			Amount in AED
ibution			822.00 41.10
	Net due to us		863.10
ed Sixty Three only			
tory	1		
	0-		
	63		
	AHMAD RAZA ABDUL RAZA  AHMAD RAZA ABDUL RAZA  000  ve have DEBITED your account numb  Description  ibution	AHMAD RAZA ABDUL RAZA  AHMAD RAZA ABDUL RAZA  000  we have DEBITED your account number 1200000178 as follows:  Description  Button  Net due to us	AHMAD RAZA ABDUL RAZA  AHMAD RAZA ABDUL RAZA  OOO  we have DEBITED your account number 1200000178 as follows:  Description  bution  Net due to us