

Date:15/05/2025

## Payment Instruction

Quote No : 0101010505319825

Sum Insured : AED 98,500.00/-

Please debit my/our Credit Card/Debit Card/Bank Account Number with the total amount shown below for the purchase of below Insurance:  
(please tick applicable)

|                          |                     |
|--------------------------|---------------------|
| <input type="checkbox"/> | Motor Comprehensive |
|--------------------------|---------------------|

Please note that the below needs to be filled only in case of Non Electron Cards

Amount in Words United Arab Emirates Dirhams Two thousand Nine Hundred Forty-Five Only.  
(Including VAT) :

2,945.25/-

VISA ☐ MASTER ☐ Bank Name \_\_\_\_\_ Expiry Date :

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Card/Account Holder's Name : \_\_\_\_\_ P.O. Box : \_\_\_\_\_ Emirate : \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature \_\_\_\_\_

I/We hereby declare that the information given above is true and complete and request Sukoon Insurance PJSC to issue the policy based on the information provided.

Issued By: ANITHA KIRAN on 15/05/2025 11:45