

Date:31/05/2025

Payment Instruction

Quote No : 0101010505331677

Sum Insured : AED 36,000.00/-

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)

☐	Motor Comprehensive
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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 One Hundred Only.
(Including VAT) :

2,100.00/-

VISA ☐ MASTER ☐ Bank Name _____ Expiry Date :

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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 31/05/2025 07:47