

## TAX INVOICE

|                                                                                                                                   |  |                                                     |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|------------------------------------------------------------|
| <b>ADAMJEE INSURANCE COMPANY LIMITED</b>                                                                                          |  | <b>TAX INVOICE NO:</b> 10070195                     | <b>NAME OF INSURED :</b> MICHAEL KATIMBANG<br>DIMACULANGAN |
| <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> 62684                              | <b>AGENT/BROKER :</b> AB00000273                           |
| <b>VAT REGISTRATION NO :</b> 100000253300003                                                                                      |  | <b>AGENT VAT REG NO :</b> 273                       |                                                            |
| <b>REFERENCE NO :</b> 2510061807                                                                                                  |  | <b>CUSTOMER :</b> MICHAEL KATIMBANG<br>DIMACULANGAN |                                                            |
| <b>POLICY NO :</b> P-2506-10-1011-061807                                                                                          |  | <b>CUST VAT REG NO :</b>                            |                                                            |
| <b>ENDORSMENT NO :</b>                                                                                                            |  | <b>SUM INSURED :</b> AED 18,108.00                  |                                                            |
| <b>POLICY TYPE :</b> Loss, Damage and Third Party Liability                                                                       |  | <b>TOTAL PREMIUM :</b> AED 1,522.50                 |                                                            |
| <b>CERTIFICATE NO :</b>                                                                                                           |  |                                                     |                                                            |
| <b>DATE OF ISSUE :</b> 20/06/2025 20:33                                                                                           |  |                                                     |                                                            |

PERIOD OF INSURANCE : FROM 27/06/2025 00:00 TO 26/07/2026 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     |
|---------------------------------|---------------------------------------|-------------------------------|---------------------------------------|---------------------------------------------------|----------------------------|
| Dubai                           | KMHTC61C9EU1488<br>99                 | G4FUDU348367                  | 0                                     | YELLOW                                            |                            |
| 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 |
| HATCHBACK                       | PRIVATE                               | HYUNDAI<br>VELOSTER           | 2014                                  | 5                                                 |                            |

Premium Details (Including Commission & all allowance):

| Description                                                                   | Amount ( in AED) |
|-------------------------------------------------------------------------------|------------------|
| <b>Comprehensive Cover(Unit Price)</b>                                        | <b>1,450.00</b>  |
| <b>Quantity</b>                                                               | <b>1</b>         |
| <b>Premium Excluding VAT Amount :</b>                                         | <b>1,450.000</b> |
| VAT@5%                                                                        | 72.500           |
| <b>Net Premium : Premium Including VAT Amount :</b>                           | <b>1,522.500</b> |
| THE SUM OF AED - ONE THOUSAND FIVE HUNDRED AND TWENTY-TWO AND FIFTY FILS ONLY |                  |



For and behalf of Adamjee Insurance Company Limited

Authorized Insurer