

TAX INVOICE

ADAMJEE INSURANCE COMPANY LIMITED		TAX INVOICE NO:10130163	NAME OF INSURED : VANPULLY HARIHARAN SAJEEV VANPULLY HARIHARAN	
ADDRESS : Dubai Branch, Unit No. 301,302, 3rd Floor, One Business Bay Building P.O. Box 4256 Dubai - United Arab Emirates			P.O.BOX :	
VAT REGISTRATION NO :100000253300003			AGENT/BROKER : AB00000033	
REFERENCE NO : 2510115085			AGENT VAT REG NO :	
POLICY NO : P-2510-10-1011-115085			CUSTOMER : VANPULLY HARIHARAN SAJEEV VANPULLY HARIHARAN	
ENDORSMENT NO :			CUST VAT REG NO :	
POLICY TYPE : Loss, Damage and Third Party Liability			SUM INSURED : AED 27,788.00	
CERTIFICATE NO :			TOTAL PREMIUM : AED 2,100.00	
DATE OF ISSUE : 21/10/2025 14:49				

PERIOD OF INSURANCE : FROM 21/10/2025 00:00 TO 20/11/2026 23:59 Hrs

Specification of Insured Vehicle(s)

رقم التسجيل Registration No	رقم الشاسية Chassis No	رقم المحرك Engine No	قوة المحرك بالاحصنة Horse Power	لون السيارة Colour of Vehicle	الوزن بالطن Tonnage
Dubai	2T3H1RFV6LC0628 66	NONE	0	WHITE	
شكل الهيكل Vehicle Body Type	الغرض من الترخيص Use of Vehicle	النوع والطراز Make & Model	سنة الصنع Year of Manufacture	عدد الركاب بما فيهم الساقي Seating Capacity	لون اللوحة Plate Colour
SUV	PRIVATE	TOYOTA RAV 4	2020	5	

Premium Details (Including Commission & all allowance):

Description	Amount (in AED)
Comprehensive Cover(Unit Price)	2,000.00
Quantity	1
Premium Excluding VAT Amount :	2,000.000
VAT@5%	100.000
Net Premium : Premium Including VAT Amount :	2,100.000
THE SUM OF AED - TWO THOUSAND ONE HUNDRED ONLY	



For and behalf of Adamjee Insurance Company Limited

Authorized Insurer