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 :
	AGENT/BROKER : AB00000033
VAT REGISTRATION NO :100000253300003	AGENT VAT REG NO:
REFERENCE NO : 2510115085	
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 الشا سية **Chassis No**	رقم المحرك **Engine No**	قوة المحرك بالاحصنة **Horse Power**	لون السيارة **Colour of Vehicle**	الوزن بالطن **Tonnage**
Dubai	2T3H1RFV6LC062866	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 السائق 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	

ادمجي انشورنس كومباني ليمتد
P.O. Box: 4256
DUBAI-U.A.E.
ADAMJEE INSURANCE CO. LTD.

For and behalf of Adamjee Insurance Company Limited

Authorized Insurer