

Proforma Invoice

To:

7310825 - MUHANNAD ABDELBASIT BASHIR MOHAMED

0508463424

Branch of issue : DUBAI / 09

Department : Motor

Our TRN : 10001332050003

Insured TRN :

Policy / Cert No. : 09/601/65S/2026/31589 **Policy From Date** : 28/01/2026 12:15

Date : 2026-01-28 11:04:20.743 **Policy To Date** : 27/02/2027 23:59

Broker Code/Name : BR2595/RELIANCE INSURANCE BROKER

Line of Business Class : Motor

VEHICLE DETAILS :

Registration No. : 0000 **Engine No.** : A25AR684955

Vehicle Make : TOYOTA RAV 4 **Chassis No.** : JTDZ13FV0MD080908

We would like to inform you that your account has been DEBITED with the following transaction(s):

Description	Amount in AED
Being Insurance Premium on COMPREHENSIVE, Line Of business 65S. Policy No.09/601/65S/2026/31589.	1,800.00
Tax Code: SR-OT	-
Taxable Amount	1,800.00
VAT Rate	5%
VAT Amount	90.00
Total Amount	1,890.00

In Words: One Thousand Eight Hundred and Ninety Dirham

This is not a valid tax invoice and cannot be used to claim input VAT. Decree-Law No (8) of 2017 on Value Added Tax and the related Executive Regulations will be sent to you within 14 days

Approved By



Motor Dept.

E & O.E

Authorized Signatory

دبي الوطنية للتأمين وإعادة التأمين ش.م.ع

P.O. Box: 1806 Dubai, UAE, T: 04 596 9666, F: 04 295 6711, E: info@dni.ae, W: www.dni.ae

RESTRICTED

سجلت في سجل شركات التأمين طبقاً لقانون الاتحادي رقم(١) لسنة ٢٠٠٧ وتعديلاته، شهادة قيد رقم ٦٤ بتاريخ ٦ يناير ١٩٩٢
Registered in the Insurance Companies Register Under Federal Law No. (6) of 2007 (As Amended), Certificate No. 64 Dated 6th January 1992