

SecureTrust Insurance Ltd.
123 Main Avenue, Business City, State
Phone: (000) 123-4567
Email: support@securetrust.com



Fire Insurance Policy Premium Receipt

Receipt No.:	FIR-2024-000123	Date:	2024-07-02
Policy No.:	FI-45678910	Issued To:	Mr. John Doe
Address:	45 Evergreen Street, Townsville, State, 567890		
Insurance Period	2024-07-01 to 2025-06-30	Sum Insured	\$500,000
Coverage	Fire & Allied Perils (as per policy schedule)		
Premium Amount	\$350.00	Payment Mode	Online Transfer
Payment Date	2024-07-02	Agent Code	AGT-7892

Authorized Signatory

Date: 2024-07-02

Important Notes:

- This receipt is valid only upon realisation of the payment mentioned above.
- Please verify all details; in case of any discrepancy, contact us immediately.
- This is a computer-generated document and does not require physical signature or stamp.
- Preserve this receipt for all future references and claim purposes.
- Receipt does not constitute proof of policy; refer to the policy document for detailed terms.