

Vehicle Insurance Premium Payment Receipt

Insurance Company Details

Company Name:	ABC Insurance Co. Ltd.
Branch:	Main Branch, City Center
Contact Number:	+1 234 567 8901
Email:	support@abcinsurance.com

Receipt Details

Receipt Number:	RCP/2024/155237
Receipt Date:	2024-06-29
Policy Number:	VHC/2024/80025

Insured Person & Vehicle Details

Name of the Insured:	John Doe
Address:	456 Main Street, Springfield, USA
Contact Number:	+1 987 654 3210
Vehicle Registration No.:	XY 1234 AB
Make & Model:	Honda Civic 2022
Manufacturing Year:	2022

Premium Payment Details

Premium Amount (USD):	\$480.00
GST / Tax (USD):	\$24.00
Total Amount Paid (USD):	\$504.00
Payment Mode:	Credit Card
Payment Date:	2024-06-28

Policy Coverage Period

From:	2024-07-01
To:	2025-06-30

Authorized Signature

Name:	Jane Smith
Designation:	Branch Manager
Date:	2024-06-29

Authorized Signatory

Important Notes:

- This receipt is valid only upon realization of payment.
- Keep this document safely for future reference and claims.
- This receipt is not an insurance policy. Refer to the policy document for detailed coverage.
- Report any discrepancy in payment details within 7 days of receipt generation.
- The policy coverage is effective only for the period mentioned above.