

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.