

New Application - Motor Insurance

Date Paid: 2026/01/23

Amount: \$101,100

Receipt #: 39245

TIN # 010081653

Receipt # 39245

Date: 1/23/2026

Policy No:	104006421
Insured:	Brian Deecharan
Vehicle No:	PAN 3038
Type of Cover:	Comprehensive
Limits of Liability:	\$1,500,000 / \$2,500,000
Period of Cover:	2026/01/23 - 2027/01/22
Mode of Payment:	Annual
Annual/Semi Annual Premium:	\$89,000 + \$12,100 V.P.E.T. = \$101,100
Insurer:	Nafico
Sum Insured:	\$2,200,000/-
Excess:	\$110,000/-
Postal Address:	432 Alton East Coast Samarua.
Telephone No:	603-4754.
Remarks:	Premium & discounts confirm with review @ Nafico.

Payment Method	Check No.
Cash	
Period Of Cover	Amount
026.01.23 to 027.01.22	101,100.00
Total	\$101,100.00