



CLAIM - PAYMENT APPROVAL SHEET

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Date: 25/07/2023

Claims Payment Ref. No. 190,436

Agency:	ALLEGIANT INSURANCE AGENCY
Payee:	DR. UDAYAN SHETH
Address:	P. O. BOX 91027 MOMBASA
Pay Location:	Head Office
PIN No.:	A001120916R VAT No.: N/A
Inv. No.:	Inv. Date: 25/07/2023

Being	DOCTORS FEES UNDER MOTOR CYCLE PSV CLAIM NO. CL/MCB/21/55026/22 INSURED
Settlement of:	SAID JUKMA MWADZAWARA
Kshs . (in words)	THREE THOUSAND EIGHT HUNDRED Only
Amount Kshs.	3,800.00

Prepared by: LUCAS LUYALULI	Checked by:	Authorised by:
KHALUMBA		

ACCOUNT HEAD	Debit	Credit
DIRECT LOSS PAID-MOTOR CYCLE	4,000.00	
CLEARANCE A/C - WHT		200.00
CASH & BANK FINA BANK : 011-101 3475		3,800.00