

## ዘመን ኢንሹራንስ አ.ማ. Zemen Insurance S.C.

ዋና መስሪያ ቤት፦ አዲስ አበባ, ኢትዮጵያ ክፍለ ከተማ፦ ቦሌ ወረ*ሩ*፡

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Email: info@zemeninsuranceeth.com

## **Zemen Insurance S.C.**

## **Motor Premium calculation sheet**

Name of Insured

Cover

**Type:** Quotation

No:

Period of **21/2/2024 to** Insurance: **20/2/2025** 

Sum

Insured:

Year of Make:

Vehicle Automobiles
Type:

Vat OD

0%

1.01

**Premium** 

Revenue Stamp OD

**Own Damage** 

MOTQ/2024221115197

(1 Year)

5,000,000

2020

2020

0

5

50,505 ETB