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**Zemen Insurance S.C.**

**Address: A.A S/City Bole H.No 2nd Floor 3140**  
**Tel: 0115575464/0911575850**

**Receipt Order**

Branch Name: Adama

Branch Code: 4

Type of Business:

Source of Business: Direct

Name of intermediary: Direct

Name of Insured: mekqqwwqw

Sub city: Yeka Woreda: House No. Vat Reg. No: Tin:

The sum of Birr: Sixteen thousand, one hundred twenty-two Birr Only

Period insurance from: 23/2/2024 To: 22/2/2025

Sum Insured: 1540000

Premium Type: New

Certificate No:

Endorsement No:

Excess:

Customer ID: 2326

Policy No: ZI/AD/MPR/0032/02/24

Claim No:

	Amount
Comprehensive TP	0
Daily cash allowance	108
Basic Premium:	16117
3rd part fund levy:	0
FLOOD:	
TE:	
YC:	
TP COMO:	
TP FUND LEVY:	
EXCESS CONT/RECOVERY:	
REVENUE STAMP:	5
OTHER:	
Sum:	
VAT 15%:	
Total:	16122

Being: Comprehensive TP,Daily cash allowance

Cash/Cheque No. \_\_\_\_\_

Officer Name and signature: