ዘመን ኢንሹራንስ አማ Zemen Insurance S.C.

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

Receipt Order

Customer ID: 2452

Claim No:

Policy No: ZI/MR/MPR/0044/03/24

Branc	ch	Na	me:	Merkato	
	_		_		

Branch Code: 13 Type of Business:

Source of Business: Direct

Name of intermediary: Name of Insured: sadasd

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

The sum of Birr: Fifteen thousand, five hundred sixty-four Birr Only

Period insurance from: 5/3/2024 To: 4/3/2025

Sum Insured: 1540000

Premium Type: New

Certificate No: Endorsement No:

Excess:

	Amount
Comprehensive TP	0
Ignition key	0
TP limit extension	0
Territorial Extension	0
BSG	0
Basic Premium:	15559
3rd part fund levy:	0
FLOOD:	
TE:	
YC:	
TP COMO:	
TP FUND LEVY:	
EXCESS CONT/RECOVERY:	
REVENUE STAMP:	5
OTHER:	
Sum:	
VAT 15%:	
Total:	15564

Being: Comprehensive TP, Ignition key,	<u>,TP limit extension,Territorial Extension,BSC</u>
Cash/Cheque No.	Officer Name and signature: