



TAX INVOICE

Date: 7/10/2025
Invoice Number: CHO1JY25
Claim Number: 3362/234123PY/0000/00/OD
Insured Name: Rajesh Kanna

To:
Chola MS General Insurance Co Ltd
Hyderabad

Description	Amount (Rs)
Professional fee	2475.00
Convenience	0.00
Petition enquiry	0.00
Owner enquiry	0.00
Driver enquiry	0.00
Spot verification	0.00
Salary verification	0.00
TAT incentive	0.00
GST Applicable : No	0.00
Total Amount	2475.00
Two Thousand Four Hundred Seventy Five Rupees Only	

Bank Details	
Bank Name :	HDFC Bank
A/C No :	50100135745899
IFSC :	HDFC0000472
PAN :	CFTPM6851H



For MAHESH KOLA
Authorized signatory's Name
Signature & Stamp