



شركة دحفار للتأمين ش.م.ع.ع.
DHOFAR INSURANCE COMPANY (S.A.O.G)



80007777
www.dhofarinsurance.com
dhofar@dhofarinsurance.c

Tax Invoice

H.E. SALIM ABDULLA BARHAM BA OMAR
P.O.Box: 191, ,
P C: 311,

MUSCAT,
Sultanate of Oman
CUSTOMER VATIN:OM1100047926

Invoice Number : DN/201/2022/013399
Date : 21/11/2022
Department : Non Motor Commercial
Main Account no. : 11002001-1333414

Customer Account : 1333414
Invoice Date : 21/11/2022
Due Date : 23/12/2022
SUPPLIER VATIN : OM1100005435
Pay Term : FULL PAY
PPW Days : Full Payment - 30 days

Please note that your account has been Debited as follows:

Description	Amount In OMR
Being Gross Premium For Policy No:201/0301/2022/P/000018	179.600
Vat On Output	9.252
Policy Fee	2.500
Emergency Fee	1.800
Govt Fee	1.100
Rounding Loading	.048
Total premium excluding VAT	185.048
VAT (@ 5%)	9.252
Insured Name: H.E. SALIM ABDULLA BARHAM BA OMAR	
Insurance Period: 23/11/2022 00:00:00 to 22/11/2023 23:59:59	
Total Premium Including VAT	194.300

Amount in words: **OMR One Hundred Ninety-Four and Baisa Three Hundred Only**

For Dhofar Insurance Company S.A.O.G

Prepared By: Sreejith K
Approved By: Salma Ali Saif AlSabhi

[Signature]



Issue Date: 21/11/2022

Authorized Signatory

*** If premium paid through Cheque, the policy is Void ab-initio in case of dishonor of Cheque ***

*** You can also make a payment through Bank Transfer with BANK DHOFAR A/c No. : 0104 000 7608 001, SWIFT BDOFOMRU along with debit note & Policy number references. On successful Payment, send mail to Collection@dhofarinsurance.com for acknowledgement with subject BANK TRANSFER***



80007777 dhofar@dhofarinsurance.com DhofarInsurance InsuranceDhofar

C.R., No. 1/31897/7 | Post Box 1002 | Postal Code: 112 Ruwi | CBD Ruwi Sultanate of Oman



شركة ظفار للتأمين ش.م.ع.
DHOFAR INSURANCE COMPANY (S.A.O.G)



80007777
www.dhofarinsurance.com
dhofar@dhofarinsurance.com

PUBLIC LIABILITY INSURANCE POLICY SCHEDULE

POLICY NUMBER	:	201/0301/2022/P/000018
TYPE	:	Public Liability Insurance
INSURED	:	H.E. SALIM ABDULLA BARHAM BA OMAR
ADDRESS OF INSURED	:	PO BOX 191, PC 115, Muscat, Sultanate of Oman
BUSINESS	:	HOTEL
PREMISES DETAILS	:	LA ROSA HOTEL, AL KHUWAIR, MUSCAT
PROJECT DETAILS	:	N/A
PRINCIPAL NAME	:	N/A
CONTRACTOR	:	N/A
SUB CONTRACTOR	:	N/A
CONTRACT VALUE	:	N/A
MAINTENANCE PERIOD	:	N/A
SCOPE OF COVER	:	Legal liability of the Insured arising out of business/activity as La Rosa Hotel owners in Sultanate of Oman in respect of third party accidental: (i) bodily injury/death (ii) property damages
PERIOD OF INSURANCE	:	FROM 23/11/2022 TO 22/11/2023
TERRITORIAL LIMIT	:	SULTANATE OF OMAN
LAW & JURISDICTION	:	SULTANATE OF OMAN
TRIGGER	:	OCCURRENCE
LIMITS OF LIABILITY	:	Any one occurrence OMR 250,000.000
	:	In Aggregate OMR 250,000.000
DEDUCTIBLES	:	RO 200/ each and every third party property damage claim



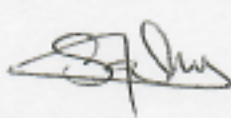

شركة ظفار للتأمين ش.م.ع.ع.
DHO FAR INSURANCE COMPANY (S.A.O.G)



80007777

www.dhofarinsurance.com

dhofar@dhofarinsurance.com

RISK LOSS LIMIT	:	250000
CONDITIONS	:	As attached
EXCLUSIONS	:	As attached
EXTENSION	:	As attached
SUBJECTIVITIES	:	As attached
PREMIUM(RO)	:	Prem 179.65+ Fee 5.400 + VAT (@5%) 9.252= Total 194.3
PREMIUM PAYMENT WARRANTY	:	Full Payment - 30 days
AGENT/BROKER/PRODUCER (NAME AND CODE)	:	1096 Falsal Taher Baraham Ba Omar
POLICY APPROVED BY	Salma.A	أعدت بواسطة
		SIGNATURE
For and on behalf of Dhofar Insurance Company SAOG		شركة ظفار للتأمين ش.م.ع.ع.
 		
Date: 21/11/2022		
I/We acknowledge having read the contents and schedules of this Quotation and agree entirely with its terms and conditions. I also confirm that the information provided to the Insurer are true.		زأت محتويات وجداول بوليصة التأمين وأوافق تماماً ها ا وأؤكد أيضاً أن المعلومات المقدمة إلى شركة التأمين
Signature of Insured :		مؤمن
Date: 21/11/2022		
APPROVED USER : Salma.A		



80007777



dhofar@dhofarinsurance.com

