01/DN/000223/02/24 No. **PREMIUM NOTE** 01-Februari-2024 Tgl. (DEBIT NOTE)

Date

RefNo: **MICROSITE**

No. Polis : 01.1006.0224.00004

Policy No. Nama & Alamat Tertanggung

Name & Address of Insured

: IWAN DARMAWAN

Jalan Cilandak KKO Raya No. 32A Komplek Vico RT. 001 / 007 Kec. Pasar Minggu, Jakarta

Selatan

Jangka Waktu : 17/01/2024 - 17/01/2025

Period

Jenis Asuransi Polis Standar Asuransi Type of Insurance Kecelakaan Diri Indonesia

	indonesia	
Catatan / Notes	Perincian / <i>Details</i>	
Please pay the amount shown in this Premium Note immediately to finalize the transaction. Payment should be made with a crossed cheque in the name PT. ARTHAGRAHA GENERAL INSURANCE or transferred to our current account with one of the following bank: - BANK ARTHA GRAHA Cab. Sudirman A/C IDR : 008.1.27009.1 - BANK ARTHA GRAHA Cab. Sudirman A/C USD: 008.1.47015.4	<u>Premi</u> : IDR <i>Premium</i>	20,000.00
	<u>Premi Netto</u> : IDR Net Premium	20,000.00
	Biaya Polis : IDR Policy Cost	30,000.00
- VIRTUAL ACCOUNT BANK ARTHA GRAHA: 8989240000710060	Biaya Materai : IDR Stamp Duty	20,000.00
	<u>Jumlah</u> : IDR Total	70,000.00
Please indicate the Policy No or Note No in the message column on the transfer slip, should payment be made using bank transfer and please fax to (021)5152809		
	PT. ARTHAGRAHA GENERAL INSURANCE	

(D01ID00033)