

# Travel Insurance Premium Receipt

Receipt No.

Date of Issue

Policy/Proposal No.

## Insured Details

Name of Insured

Contact No.

Email

Address

## Travel Details

Travel Period

From - To

Destination

## Premium Details

Description	Amount
Gross Premium	
Tax	
<b>Total Amount Paid</b>	

Payment Method

Date of Payment

Received By

Authorized Signature