



Policy Holder: Kalia Wall
Policy #: WAL5PG4IWL22

Effective Coverage Dates: 03 February 2005 - 31 July 2018 P.O. Box 228, 1456 Ac Rd. Pukekohe, North Island 8756

Policy Amount: \$55,726.00 Deductible: \$250.00 Out of Pocket Max: \$1,000.00

DEPENDENTS

First Name Date of Birth
Ingrid
Aquila
Aquila
Date of Birth
Dependents

1/0 03 February 2005