



SOUTHERN ORACLE
MICROINSURANCE COMPANY

TEMPORARY LOSS OF INCOME PROTECTION PROPOSAL FORM

AGENT DETAILS

FULL NAME AND SURNAME: Tungamadza Ngonzwa

AGENT NUMBER: 1301

INSURED DETAILS

FULL NAME AND SURNAME: Tedwa Mungwa

TITLE:

MRS

GENDER:

FEMALE

ID NUMBER:

25-2018961275

DATE OF BIRTH:

13/08/02

CONTACT NUMBER:

0787876552

EMAIL ADDRESS:

tedwam@gmail.com

RESIDENTIAL ADDRESS:

43 Mhanga Road Zengeza 1

NEXT OF KIN DETAILS:

FULL NAME AND SURNAME: Sikho Mungwa

CONTACT NUMBER:

0777 9912 94

BANK DETAILS

BANK NAME:

BANK ABC

DATE OF BIRTH:

13/08/02

ACCOUNT NUMBER:

25081467894

BRANCH CODE:

01456

SECTION B: HOSPITAL CASH PLAN SECTION

DETAILS OF DEPENDENTS

FULL NAME AND SURNAME	ID NUMBER/ BIRTH ENTRY NUMBER	DATE OF BIRTH	AGE	GENDER	RELATIONSHIP
Miriam Mungere	75-1504578	13/01/10	15	Male	Son

DOES THE PROPOSER HAVE AN EXISTING INSURANCE COVERAGE WITH ANY OTHER COMPANY, GIVE DETAILS:

Account opened in December 2014

DOES THE PROPOSER HAVE AN EXISTING CHRONIC OR RECURRING MEDICAL CONDITION E.G DIABETES, BLOOD PRESSURE, ETC, IF SO PLEASE GIVE DETAILS:

Diabetes

DETAILS OF CLAIMS

a) AILMENT FOR WHICH CLAIM WAS MADE:

Diabetes

b) CLAIM AMOUNT PAID/REJECTED :

\$500

HAVE YOU EVER BEEN DECLINED HEALTH INSURANCE COVERAGE DUE TO A DIAGNOSIS OF A HEALTH CONDITIONS?

TICK WHERE APPROPRIATE: YES ☒ NO ☐

IF THE ANSWER TO THE ABOVE IS YES, STATE THE REASON:

Insufficient funds