



SOUTHERN ORACLE
MICROINSURANCE COMPANY

TEMPORARY LOSS OF INCOME PROTECTION PROPOSAL FORM

AGENT DETAILS

FULL NAME AND SURNAME: John Doe

AGENT NUMBER: 75 3279

INSURED DETAILS

FULL NAME AND SURNAME: Tondeni Brandon Mutombwa

TITLE: Mr GENDER: Male

ID NUMBER: 64-204679 DATE OF BIRTH: 12-10-2020

CONTACT NUMBER: 0770 484 136 EMAIL ADDRESS: brandon@mutombwa.com

RESIDENTIAL ADDRESS: 22 Alps Street, Chitungo 29

NEXT OF KIN DETAILS

FULL NAME AND SURNAME: Luke Mutombwa

CONTACT NUMBER: 0773 798 261

BANK DETAILS

BANK NAME: C.B.Z. DATE OF BIRTH: 12-10-25

ACCOUNT NUMBER: 2537991 BRANCH CODE: 155

SECTION B: HOSPITAL CASH PLAN SECTION

DETAILS OF DEPENDENTS

[illegible]

IF YOU OR PROPOSED HAVE AN EXISTING INSURANCE COVERAGE WITH ANY OTHER COMPANY, GIVE DETAILS:

N/A

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

N/A

DETAILS OF CLAIMS

9) AILMENT FOR WHICH CLAIM WAS MADE:

Influenza

b) CLAIM AMOUNT PAID/REJECTED :

\$200

WHAT YOU'VE BEEN DECIDING HEALTH INSURANCE COVERAGE DUE TO A DIAGNOSIS OF A HEALTH CONDITION?

TICK WHERE APPROPRIATE: YES ☐ NO ☒

☐

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