



SOUTHERN ORACLE

MICROINSURANCE COMPANY

Insurance and Savings Solutions

TEMPORARY LOSS OF INCOME PROTECTION PROPOSAL FORM

AGENT DETAILS

FULL NAME AND SURNAME: Tatenda Gore

AGENT NUMBER: 135 276

INSURED DETAILS

FULL NAME AND SURNAME: Vimba Shumba

TITLE: Mrs

GENDER: Female

ID NUMBER: 22-2007492022

DATE OF BIRTH: 17/07/1998

CONTACT NUMBER: 0773 082 461

EMAIL ADDRESS: Vimba.shumba@gmail.com

RESIDENTIAL ADDRESS: 15 Wycombe Mt Pleasant Harare

NEXT OF KIN DETAILS

FULL NAME AND SURNAME: Donald Shumba

CONTACT NUMBER: 0786 105 921

BANK DETAILS

BANK NAME: CABS

DATE OF BIRTH: 17/07/1998

ACCOUNT NUMBER: 01356798721

BRANCH CODE: 302

SECTION B: HOSPITAL CASH PLAN SECTION**DETAILS OF DEPENDENTS**

FULL NAME AND SURNAME	ID NUMBER/ BIRTH ENTRY NUMBER	DATE OF BIRTH	AGE	GENDER	RELATIONSHIP
Torino Shumba	22-3005392F22	11/03/16	7	Female	Daughter
Kyle Shumba	22-4004311D22	25/11/21	3	Male	Son

DOES THE PROPOSER 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 CLAIMSA) ALIMENT FOR WHICH CLAIM WAS MADE: TorinoB) CLAIM AMOUNT PROJECTED: \$500

HAVE YOU EVER BEEN DECLINED 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