



SOUTHERN ORACLE
MICROINSURANCE COMPANY

TEMPORARY LOSS OF INCOME PROTECTION PROPOSAL FORM

AGENT DETAILS

FULL NAME AND SURNAME: Tanaka Kiyomasa

AGENT NUMBER: 1301

INSURED DETAILS

FULL NAME AND SURNAME: Tanaka Yoko

TITLE: MISS

GENDER: FEMALE

ID NUMBER: 75-215461955

DATE OF BIRTH: 01/06/04

CONTACT NUMBER: 0983 001 359

EMAIL ADDRESS: Tanaka.Y@gmail.com

RESIDENTIAL ADDRESS: 92 Sone Chikugawa

NEXT OF KIN DETAILS

FULL NAME AND SURNAME: KEIZO KUSUMOTO

CONTACT NUMBER: 071 7149 805

BANK DETAILS

BANK NAME: BANK ABC

DATE OF BIRTH: 07/08/04

ACCOUNT NUMBER: BANK ABC

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
THAKA RUGENDO	85-21546128	07/09/04	21	FEMALE	DAUGHTER

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

They have, registered in January

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

Blood Pressure

DETAILS OF CLAIMS

A) ALIMENT FOR WHICH CLAIM WAS MADE:

Blood Pressure

B) CLAIM AMOUNT PAID/REJECTED:

\$ 2300

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: