Individual Insurance Submission

Submission ID: eff4c52a-54ea-4a3e-8839-eb876be8409d

Generated: 2025-07-24 18:01:45 UTC
Document Type: Official Insurance Application
Status: Pending Review

Field	Value
Full Name	John Doe
Age	35
Phone Number	+1234567890
Email	chukwuonyejustice74@gmail.com
Location	Nairobi
Occupation	Software Engineer
Monthly Income Range	5000-10000
Number Of Dependents	2
Existing Medical Conditions	None
Regular Medications	None
Frequency of Hospital Visits	Rarely
Preferred Hospitals/Clinics	N/A
Family Medical History	Diabetes
Preferred Monthly Premium Range	50-100
Priority	Comprehensive coverage

Field	Value
Specific Coverage Needs	Dental, Optical
Preferred Payment Frequency	Monthly
International Coverage Needs	No
Current Insurance	None
Past Insurance Claims	None
Maternity Coverage Needs	Not applicable
Emergency Services Priority	Ambulance
Preferred Mode of Healthcare	In-person

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