



QUOTATION

Client Name	Mr.Kelvin Charles	Quotation No	AIC-Q01068
Mobile No	754638655	Issue Date	16/04/2024
Email ID	maanrsa001@gmail.com	Branch	Dar Es Salaam
Address	234, Second Cross Street,12345,Dar es	Intermediary Name	EASTERN INSURANCE BROKER (MWANZA)
TIN		Insurance Company	Alliance Insurance Corporation Limited
VRN		Cover Period	16/04/2024 - 15/04/2025

Insurance Type	Motor	First Loss Payee	
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Vehicle Details								
Cover Type	Reg No	Make	Model	Chasis No	Body Type	Colour	Reg Year	Sum Insured
Comprehensive	T352DAY	Toyota	Landcruiser	JTGRB71JXE7017018	SALOON	White	2014	15,000,000.00

Tanzanian Shillings	Premium	:	1,125,000.00
	VAT (18%)	:	202,500.00
	Total	:	1,327,500.00

General Terms & Conditions

Refer to the schedule attached herewith for the liability limits

1. For direct transfer into our bank account please quote our tax invoice number

ISSUED BY, EASTERN INSURANCE BROKER (MWANZA)

For, Alliance Insurance Corporation Limited

Bank Details

Following are the bank details for Alliance Insurance Corporation Limited for payment via

Account Name: Alliance Insurance Corporation Limited
Bank: Exim Bank (Tanzania) Limited
TZS Account No: 0300174027 / USD Account No: 0300174019
Swift Code : EXTNTZTZ

Bank: Stanbic Bank
TZS Account No : 09120001040276 / USD Account No: 09120001040292
Swift Code : SBICTZTX

National Microfinance Bank (NMB)
TZS A/C NO.20110033789 / USD A/C NO.20110033790

Diamond Trust Bank (DTB)
TZS Account No: 207491001 / USD Account No: 207491002

National Bank of Commerce Limited
TZS Account No: 11103007477 Swift Code: NLCBTZTX0T3

CRDB Bank Plc
TZS Account No : 0150294121000 / USD Account No : 0250294121000
Swift Code : CORUTZTZ

Canara Bank Tanzania Limited
Account No- 1012010000071 USD
Account No- 1012010000070 TZS

Notes :

The payment should be made in favour of the insurance company Alliance Insurance Corporation Limited

Customer Declaration

1. I/We declare that the above quote is given to me/us on the information provided by me/us.
2. I/We declare to the best of my/our knowledge and belief that the information given on this quote is true in every respect.
3. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurer.
4. I/We confirm to have been given adequate pre-sale and post-sale advice relating to coverage, terms and conditions of this insurance product.

Digital Payment

For payment through NMB Channels:
Your NMB payment reference # is SPQ000300971839.
Your broker shall advise you on the payment guidelines.

FOR PAYMENT THROUGH SELCOM PAY:Reference number has not been generated, kindly click on 'Digital Payment' button on quotation screen & select 'Selcom' option to generate payment reference number

Signature

16/04/2024

Date



Alliance Insurance Corporation Limited

CUSTOMER CONSENT FORM

Name of the Insured :

Mr.Kelvin Charles

Mobile Number :

754638655

Insurance company of your choice (tick one that apply)

☐ Alliance Insurance Corporation Limited ()

Ihereby confirm that I have read and understood

the terms and conditions of the insurance policy I intend to purchase through Alliance Insurance Corporation Limited, who acts as an agent of the insurer I intend to purchase the policy from, I also understand that Alliance Insurance Corporation Limited is not liable to pay any claims on behalf of the insurer and that all premiums are paid directly to the insurer's nominated bank Account held in Alliance Insurance Corporation Limited.I confirm further that I have not been obligated to open a bank account for the purpose of this insurance policy.

I hereby voluntarily provide informed consent to Alliance Insurance Corporation Limited,its Group, my preferred insurance company, and their associated partners to use my special personal information for the purpose of underwriting, policy administration,analysis and providing future product suggestions.

Client signature ;

Date ; 16/04/2024

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