**DEMANDE DE PAIEMENT D’UN SINISTRE**

|  |  |
| --- | --- |
| **POLICE** | *{police}* |
| **NUMERO DU SINISTRE** | *{nsin}* |
| **ASSURE** | *{client\_name}* |
| **SOUSCRIPTEUR** | *{client\_name}* |
| **PERIODE COUVERTE** | *{start\_date} – {end\_date}* |
| **DATE DU SINISTRE** | *{accident\_date}* |
| **DATE DE DECLARATION** | *{declaration\_date}* |
| **TYPE** | *{type\_obj}* |
| **RFID** | *{rfid}* |
| **DISTRICT** | *{district}* |

**GARANTIE**

|  |  |  |  |
| --- | --- | --- | --- |
| **GARANTIES** | **CAPITAL** | **FRANCHISE** | **PRIME TTC** |
| *{guarantee}* | *{sum\_insured}* |  | *{premium}* |

**A L’ORDRE DE :** ***{payment\_name}***

|  |  |
| --- | --- |
| **HORS TAXES** | **{amount}** |
| **TVA / RETENU A LA SOURCE** | **{tva}** |
| **TOTAL A PAYER** | **{amount\_to\_be\_paid}** |

**MONTANT EN CHIFFRE :**

**OBJET : Paiement de *{payment\_object}***

|  |  |  |
| --- | --- | --- |
| **Instrument de paiement** | **CHEQUE** | **ORDRE DE PAIEMENT** |
| **Numéro** |  |  |

**Fait à Kigali, le {current\_date\_time}**

**Prepared by                                                                                     Analysis of the claim**

**Landry NDAGIJIMANA                                                               Dr. Gloria MBASINGA**

**Claims Analyst            Claims Division Manager**

**Verified by                                                                                     Approved by**

**Emmanuel NZANANA                                                                Ovia K. TUHAIRWE**

**Operations Manager                                                            Chief Executive Officer**