**PAYMENT PROPOSAL**

INSURED: {client\_name}

SUBSCRIBER: {subscriber}

CLAIM NUMBER: {nsin}

COVER PERIOD OF INSURANCE: {start\_date}-{end\_date}

POLICY NO: {police}

LOAN AMOUNT: Rwf {sum\_insured}

PREMIUM PAID: Rwf {premium}

DURATION: {duration}

TYPE OF CLAIM: {type\_of\_claim}

DATE OF LAST NOTICATION: {declaration\_date}

ACCIDENT DATE: {accident\_date}

CIRCURMSTANCE OF ACCIDENT: {circumstance}

**DECISION NOTE**: {decision}

STAFF NAME:

{staff\_name}

{position}.

DATE AND SIGNATURE: