**PAYMENT PROPOSAL**

INSURED: NSHIMIYIMANA ALPHONSE

SUBSCRIBER: UMURE (URUFU)

CLAIM NUMBER: 3375

COVER PERIOD OF INSURANCE: 2021-07-20-2024-07-19

POLICY NO: RD001MIC2105395

LOAN AMOUNT: 1000000

PREMIUM PAID: Rwf 7,336

DURATION: 35 months

TYPE OF CLAIM: Loan Protection

DATE OF LAST NOTICATION: 2023-09-07

CIRCURMSTANCE OF ACCIDENT: lorem ipsum

**DECISION NOTE**: lorem ipsum

STAFF NAME:

Anaclet Ahishakiye

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DATE AND SIGNATURE: