

QUOTATION

Quote No. : 2001

Date : 27-Sep-2021

Client Name : M/S. aaaaa

Address : Nacfade fonusiso celjuzhec wecwaha segewlot tidrur
ja hedupme molomjo hopri guvhe uwig. Efiwekja dec Mobile:
123456789,

Cover Period : 27-Sep-2021 - to - 26-Sep-2022

Insurer Name : GA Insurance Tanzania Limited

Insured Name/ Type of Cover Vehicle Registration/ Make / Model/ Color / Year of Manufacture	Sum Insured / Windscreen / Accessories	Gross Premium / Other Fee	VAT Premium	Policy fund / Tran / Ins Levy / Stamp Duty	Net Premium(in TZS)
SUB TOTAL	0		18.00	0.00	0

ADMINISTRATION CHARGES

0.00

TOTAL RECEIVABLE

30000.00

TIN: A tkga,

For payment through NMB Channels:

Your NMB payment reference # is **SPQ0002026524698**. 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.

A. I&M Bank (T) Limited A/C

Tshs - 010006941101 Swift Code: IMBLTZTZ

USD - 010006940111 Swift Code: IMBLTZTZ

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Notes:

The payment should be made in favor of the insurance company **Reliance Insurance Company (Tanzania) Limited**

6 MONTHS SUBJECT TO EXTENSION BEFORE EXPIRY AND BALANCE PAYMENT OF TZS 226,800.00

ISSUED BY, IBRAHIM N. MORAWAJ

For, Milmar Insurance Consultants Ltd

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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.

Signature

Date

IMPORTANT NOTICE: Failure to disclose material facts could result in your contract being invalidated/cancelled, a claim not being paid or difficulty in obtaining insurance in the future. If you are in doubt as to whether a fact is material you should disclose it. The Insurer reserves the right to decline any proposal.