

QUOTATION

Quote No. : 2002 Date: 30-Sep-2021

Cover Period: 30-Sep-2021 - to - 29-Sep-2022

Insurance Type: medical insurance

Insured Name: anilkaniariya

Insurer Name: GA Insurance Tanzania Limited Cover Period: 30-Sep-2021 - to - 29-Sep-2022

Insured Name: anilkanjariya **DESCRIPTION OF RISK:** asd

Address: Koida juhulset vuves miwuus pit tinotra voroc zotuw zu niop vefi sad. Kuw ob bued awokese hip wig ga Mobile: 123123123,

Insured_name	ID Type / ID Number	Date of Birth	Relationship	Gender / Age	Amount Receivable	
Anilkanjariya	123 / 1,231	30-Sep-2021	Daughter	male / 0		6
Anilkanjariya	123 / 123	30-Sep-2021	Brother	male / 0		6
Inpatient	Outpatient	Last Exp.	Accident	Dental	Optical	
Limit	1	1	1	1	1	1
Premium	1	1	1	1	1	1

TOTAL RECEIVABLE 12

TIN: Bphm,

SUB TOTAL

Client Name: MS. anilkanjariya

For payment through NMB Channels: Your NMB payment reference # is $\bf SPQ0002026524698$. 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. 1&M Bank (T) Limited A/C Tshs - 010006941101 Swift Code: IMBLTZTZ USD - 010006940111 Swift Code: IMBLTZTZ

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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. MORAWEJ

For, Milmar Insurance Consultants Ltd

Quote No.: 2002 Date: 30-Sep-2021

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.

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Signature	Date
	al facts could result in your contract being difficulty in obtaining insurance in the future. If you are in disclose it. The Insurer reserves the right to decline any