Date: 23-Sep-2021

Covering Details :	Description of Risk : Expiry Date :					
File No.:						
Cover Details	Sum	Insured Prei	mium VAT	Amount 7	otal Premium	
Cover Details	Mont	Monthly Salary Annual Sal		ry Total Premium		
Cover Details		Sum Insured		Premium		
Cover Details	Death Sum Assured	Medical Sum Assured	TPD Sum Assured	TTD Sum Assured	Total Premium	
ГОТАL :						
			VAT Premi	um :		
			Total Premium :			
TOTAL :						
TOTAL :						
		VAT Premium :				
		Other Fee :				
			Policy Hold	lers Fund :		
			Training/In	surance Levy :		
			Stamp Duty	y :		