

QUOTATION

Quote No. : 2002

Date : 30-Sep-2021

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|--|--|--|
| Client Name : MS. anilkanjariya Address : Koida juhulset vuves miwuus pit tinotra voroc zotuw zu niop vefi sad. Kuw ob bued awokese hip wig ga Mobile: 123123123, | Client Name : MS. anilkanjariya Address : Koida juhulset vuves miwuus pit tinotra voroc zotuw zu niop vefi sad. Kuw ob bued awokese hip wig ga Mobile: 123123123, | Insurance Type : medical insurance Cover Period : 30-Sep-2021 - to - 29-Sep-2022 Insured Name : anilkanjariya Insurer Name : GA Insurance Tanzania Limited Insured Name : anilkanjariya DESCRIPTION OF RISK : Asd |
|--|--|--|

| 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 |
| Premium | 1 | 1 | 1 | 1 | 1 |
| SUB TOTAL | | | | | 12 |
| TOTAL RECEIVABLE | | | | | 12 |

TIN: Bphm,

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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Date : 30-Sep-2021

Customer Declaration:

- I/We declare that the above quote is given to me/us on the information provided by me/us.
- I/We declare to the best of my/our knowledge and belief that the information given on this quote is true in every respect.
- 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.