

| QUOTATION | | | | | |
|--|------------------------|---|--------------|-----------------|----------------------------------|
| Quote No. : 2002 Date : 30-Sep-2021 | | | | | |
| | | | | | |
| Client Name: MS. anilkanjariya | | Insurance Type: medical insurance | | | |
| | | Cover Period : 30-Sep-2021 - to - 29-Sep-2022 | | | |
| Address: Koida juhulset vuves miwuus pit tinotra voroc zotuw zu niop vefi sad. Kuw ob bued awokese hip wig ga Mobile: 123123123, | | Insured Name : anilkanjariya | | | |
| | | Insurer Name : GA Insurance Tanzania Limited | | | |
| Insured_name | ID Type / ID Number | Date of Birth | Relationship | Gender / Age | Amount Receivable |
| Anilkanjariya | 123 / 1,231 | 1 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 |
| 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 | | | | | |
| A 1&M Bank (T) Limited A/C Table 1010069411101 Swift Code: IMBLTZTZ USD - 010006940111 Swift Code: IMBLTZTZ | | | | | |
| A 1&M Bank (T) Limited A/C Tshs - 010006941101 Swift Code: IMBLTZTZ USD - 010006940111 Swift Code: IMBLTZTZ | | | | | |
| 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 B | Y, IBRAHIM N. MORAWEJ |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | For, M | (ilmar 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. | | | | | |
| 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 | | | | | |

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.