Date: 21-Oct-2021

Covering Details :		Description of Risk :					
File No.:	Expiry Date :						
Cover Details	Sum I	nsured Pr	emium	VAT Ar	nount	Total Premium	
Cover Details	Month	Monthly Salary Annual		al Salary	lary Total Premium		
Cover Details		Sum Insured			Premium		
Cover Details	Death Sum Assured	Medical Sun Assured	TPD S Assur		TTD Sum Assured	Total Premium	
TOTAL :							
			VAT	Premium	ı:		
				Total Premium :			
TOTAL :							
TOTAL:							
		VAT Premium :					
	Other Fee :						
			Policy Holders Fund :				
		Training/Insurance Levy:					
		Stamp Duty:					
			Tota	al Premiui	m :		