

QUOTATION					
Quote No. : 2002					Date : 30-Sep-2021
		1			
		Insurance Type: medical insurance			
Client Name : MS. anilkanjariya		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 / 1,23		Daughter	male / 0	6
Anilkanjariya	123 / 12	3 30-Sep-2021	Brother	male / 0	6
Inpatient	Outpatient	Last Exp.	Accident	Dental	Optical
Limit	1	1	1	1	1
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 \$PQ0002026524698. 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 J. I&M Bank (T) Limited A/C Tshs - 010006941101 Swift Code: IMBLTZTZ J. I&M Bank (T) Limited A/C Tshs - 01000694101 Swift Code: IMBLTZTZ J. I&M Bank (T) Limited A/C Tshs - 01000694101 Swift Code: IMBLTZTZ USD - 01000694011 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 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.					
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.					