

QUOTATION

Quote No. : 2006 Date: 09-Oct-2021

Insurance Type: medical insurance

Cover Period: 09-Oct-2021 - to - 08-Oct-2022

Insured Name: Medical

Insurer Name: Alliance Insurance Corporation Ltd

Insured Name : Medical

DESCRIPTION OF RISK: Medical

Insured_name	ID Type / ID Number	Date of Birth	Relationship	Gender / Age	Amount Receivable
Medical	123 / 123	09-Oct-2010	Brother	female / 11	6
Inpatient	Outpatient	Last Exp.	Accident	Dental	Optical
Limit	1	1	1	1	1 1
Premium	1	1	1	1	1 1

SUB TOTAL 6 TOTAL RECEIVABLE 6

TIN: 1234567890,

Client Name: MRS. Medical

covering_details : Medical

Address: sasas Mobile: 7894561230,

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

A. I&M Bank (T) Limited A/C

Tshs - 010006941101 Swift Code: IMBLTZTZ USD - 010006940111 Swift Code: IMBLTZTZ

A. I&M Bank (T) Limited A/C Tshs - 010006941101 Swift Code: IMBLTZTZ USD - 010006940111 Swift Code: IMBLTZTZ

A. I&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 BY, IBRAHIM N. MORAWEJ

For, Milmar Insurance Consultants Ltd

Quote No.: 2006 Date: 09-Oct-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
	al facts could result in your contract being difficulty in obtaining insurance in the future. If you are in disclose it. The Insurer reserves the right to decline any