

QUOTATION

Quote No.: 2007 Date: 24-Sep-2021

Client Name: MR. medical

Address: asdfadadsa Mobile: 13213232,

Cover Period : 24-Sep-2021 - to - 23-Sep-2022

Insurer Name: GA Insurance Tanzania Limited

Insured Name/ Type of Cover Vehicle Registration/ Make / Model/ Color / Year of Manufacture	Sum Insured / Windscreen / Accessories	Gross Premium / Other Fee	1 1 cmium	Policy fund / Tran / Ins Levy / Stamp Duty	Preimum(in
anilkanjariya	150000.00	0.00	0.00	0.00 0.00 0.00	22500.00
SUB TOTAL	150000		0.00		22500

ADMINISTRATION CHARGES

TOTAL RECEIVABLE 26550.00

TIN: 21313532135,

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. MORAWEJ			
	For, Milmar Insurance Consultants Ltd			
Quote No. : 2007	Date : 24-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 invalidated/cancelled, a claim not being paid or difficulty in ob doubt as to whether a fact is material you should disclose it. The proposal.	taining insurance in the future. If you are in			