

QUOTATION

Quote No. : 2001

Date : 10-Oct-2021

Client Name : MRS. Medical Address : sasas Mobile: 7894561230, covering_details : Asd	Insurance Type : medical insurance Cover Period : 09-Oct-2021 - to - 08-Oct-2022 Insured Name : Medical Insurer Name : GA Insurance Tanzania Limited DESCRIPTION OF RISK : Asd
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Insured_name	ID Type / ID Number	Date of Birth	Relationship	Gender / Age	Amount Receivable	
Medical	123 / 123	09-Oct-2021	Brother	male / 0	16	
	Inpatient	Outpatient	Last Exp.	Accident	Dental	Optical
Limit	1	1	1	1	1	1
Premium	1	1	1	1	11	1
SUB TOTAL					16	
TOTAL RECEIVABLE					16	

TIN: 1234567890,

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. MORAWAJ

For, Milmar Insurance Consultants Ltd

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Customer Declaration:

- I/We declare that the above quote is given to me/us on the information provided by me/us.
- I/We declare to the best of my/our knowledge and belief that the information given on this quote is true in every respect.
- 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.