

QUOTATION

Quote No. : 2006

Date : 09-Oct-2021

<b>Client Name :</b> MRS. Medical  <b>Address :</b> sasas Mobile: 7894561230,  <b>covering_details :</b> Medical	<b>Insurance Type :</b> medical insurance  <b>Cover Period :</b> 09-Oct-2021 - to - 08-Oct-2022  <b>Insured Name :</b> Medical  <b>Insurer Name :</b> Alliance Insurance Corporation Ltd  <b>DESCRIPTION OF RISK :</b> Medical
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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,**

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

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. MORAWAJ**

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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.**