

QUOTATION						
Quote No. : 2001 Date : 30-Sep-2021						
		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 : Alliance Insurance Corporation Ltd				
Insured_name	ID Type / ID Number	Date of Birth	Relationship	Gender / Age	Amount Receivable	
Anilkanjariya	123 / 123	30-Sep-2021	Brother	female / 0		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: Bphm,						
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 Insu	rance Company (Tan	zania) Limited				
6 MONTHS SUBJECT TO EXTENSION BEFORE EXPIRY AND BALANCE PAYMENT OF TZS 226,800.00						
ISSUED BY, IBRAHIM N. MORAWEJ						
				F W: 1	0 1	
				ror, Milmar II	surance Consultan	is Lia
Quote No.: 2001 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.