

QUOTATION

Quote No.: 2008 Date: 09-Sep-2021

Client Name: MS. anilkanjariya Address: Mobile: 9974653117,

Cover Period: 31-Dec-1969 - to - 31-Dec-1969

Insurer Name: Alliance Insurance Corporation Ltd

Insured Name/ Type of Cover Vehicle Registration/ Make / Model/ Color / Year of Manufacture	Sum Insured / Windscreen / Accessories	Other Fee	1 i Cilliani	Policy fund / Tran / Ins Levy / Stamp Duty	Net Preimum(in
SUB TOTAL	0		0.00	0.00	0

ADMINISTRATION CHARGES

TOTAL RECEIVABLE 6.00

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

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Motoc.

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. : 2008	Date : 09-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.						