



## QUOTATION

**Quote No. : 2008**

**Date : 22-Sep-2021**

**Client Name :** M/S. RohanNNathas  
**Address :** surat Mobile: 7681231232,

**Cover Period :** 22-Sep-2021 - to - 21-Sep-2022

**Insurer Name :** Alliance Insurance Corporation Ltd

| Insured Name/ Type of Cover Vehicle<br>Registration/ Make / Model/ Color / Year<br>of Manufacture | Sum<br>Insured /<br>Windscreen<br>/<br>Accessories | Gross<br>Premium /<br>Other Fee | VAT<br>Premium | Policy fund<br>/ Tran / Ins<br>Levy /<br>Stamp Duty | Net<br>Preimum(in<br>TZS) |
|---|--|---------------------------------|----------------|---|---------------------------|
|   | 12321321.00  | 0.00                            | 0.00           | 0.00<br>0.00<br>0.00                                | 739189.05                 |
| <b>SUB TOTAL</b>  | <b>12321321</b>                                    |                                 | <b>0.00</b>    |   | <b>739189.05</b>          |

**ADMINISTRATION CHARGES**

**0.00**

**TOTAL RECEIVABLE**

**872243.08**

**TIN: 4547890,**

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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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:**

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.**