

**QUOTATION**

**Quote No. : 2018**

**Date : 27-Sep-2021**

**Client Name :** M/S. aaaaa

**Address :** Nacfade fonusiso celjuzhec wecwaha segewlot tidrur  
ja hedupme molomjo hopri guvhe uwig. Efiwekja dec Mobile:  
123456789,

**Cover Period :** 27-Sep-2021 - to - 26-Sep-2022

**Insurer Name :** GA Insurance Tanzania Limited

| Insured Name/ Type of Cover Vehicle<br>Registration/ Make / Model/ Color / Year<br>of Manufacture | Sum<br>Insured /<br>Windscreen<br>/ Accessories | Gross<br>Premium /<br>Other Fee | VAT<br>Premium | Policy fund<br>/ Tran / Ins<br>Levy /<br>Stamp Duty | Net<br>Premium(in<br>TZS) |
|---|---|---------------------------------|----------------|---|---------------------------|
| aaaaa   | 1000000.00                                      |                                 | 0.00           | 0.00<br>0.00<br>0.00                                | 550000.00                 |
| <b>SUB TOTAL</b>  | <b>1000000</b>                                  |                                 | <b>0.00</b>    |   | <b>550000</b>             |

**ADMINISTRATION CHARGES**

**TOTAL RECEIVABLE**

**649000.00**

**TIN: A tkga,**

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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**Date : 27-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.**