

QUOTATION

Quote No. : 2002

Date : 30-Sep-2021

**Client Name :** MS. anilkanjariya

**Address :** Koida juhulset vuves miwuus pit tinotra voroc zotuw zu niop vefi sad. Kuw ob bued awokese hip wig ga Mobile: 123123123,

**covering\_details :** Asd

**Insurance Type :** medical insurance

**Cover Period :** 30-Sep-2021 - to - 29-Sep-2022

**Insured Name :** anilkanjariya

**Insurer Name :** GA Insurance Tanzania Limited

**Insured Name :** anilkanjariya

**DESCRIPTION OF RISK :** Asd

Insured_name	ID Type / ID Number	Date of Birth	Relationship	Gender / Age	Amount Receivable
Anilkanjariya	123 / 1,231	30-Sep-2021	Daughter	male / 0	6
Anilkanjariya	123 / 123	30-Sep-2021	Brother	male / 0	6
Inpatient	Outpatient	Last Exp.	Accident	Dental	Optical
Limit	1	1	1	1	1
Premium	1	1	1	1	1
SUB TOTAL					12
TOTAL RECEIVABLE					12

**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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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**

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.**