



INTERIM COVER NOTE

RISK NOTE NO	: 1235		
Insured Name	N. 11. 1	Cover Note No	MLCLG0003762
	Medical	Policy No	
Insurance Type	medical	Debit No	0
Account	MRS Medical	File No	
Address		Tax Invoice No	MFRI36290
	sasas	Insurer Name GA Insurance Tanza	Insurer Name GA Insurance Tanzania Limited
Cover Period From	09-Oct-2021 To 08-Oct-2022	·	

DETAILS OF COVERAGE	DESCRIPTION OF RISK	
asd	asd	

Items Covered	Contract Value	Sum Insured (in TZS)	Premium (in TZS)
medical asd	0.00	1000	16
Total	0.00	1000	16
VAT Premium			18

Total Premium 34

Scan QR code to Validate



Mulika Alama Kuhakikisha

Date of Issue:

ISSUED BY, VIRAL THAKER

10-Oct-2021

Authorized **Signatory**



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