

QUOTATION

Quote No. : 2023

Date : 22-Sep-2021

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

Cover Period : 08-Sep-2021 - to - 08-Oct-2021

Insurer Name : 1mrjjXLGQV

| Insured Name/ Type of Cover Vehicle Registration/ Make / Model/ Color / Year of Manufacture | Sum Insured / Windscreen / Accessories | Gross Premium / Other Fee | VAT Premium | Policy fund / Tran / Ins Levy / Stamp Duty | Net Preimum(in TZS) |
|---|--|---------------------------------|----------------|---|---------------------------|
| anil | 121223123 | 0.00 | 0.00 | 0.00 0.00 0.00 | 1231231221 |
| anil | 121223123 | 0.00 | 0.00 | 0.00 0.00 0.00 | 1231231221 |
| anil | 121223123 | 0.00 | 0.00 | 0.00 0.00 0.00 | 1231231221 |
| anil | 121223123 | 0.00 | 0.00 | 0.00 0.00 0.00 | 1231231221 |
| SUB TOTAL | 484892492 | | 0.00 | 0.00 | 4924924884 |

ADMINISTRATION CHARGES

0.00

TOTAL RECEIVABLE

0.00

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

A. I&M Bank (T) Limited A/C
Tshs - 010006941101 Swift Code: IMBLTZTZ
USD - 010006940111 Swift Code: IMBLTZTZ

A. I&M Bank (T) Limited A/C
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

Quote No. : 2023

Date : 22-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.