

**OLD MUTUAL INSURANCE RWANDA PLC**  
 P.O.Box 6644 Kigali, Rwanda, E-mail:oldmutualrwanda@oldmutual.rw, Website:www.oldmutual.rw  
 ASSAAR-Member, Committed to Professionalism, Ethics and Code of Conduct.

**MOTOR INSURANCE QUOTATION**

U/R  
2025

**Customer Name:** FORTA HILLUX D/C  
**Vehicle Details:** RAC2985  
**Make/Model:** 21-Fordup\_Combimetele-Private  
**Plate No./Classis No.:** 2005  
**Year of Manufacture:** 5  
**No. of Seats:** 5  
**Sum Insured/In-RWF:** 3,000,000  
**Value of the Vehicle:** 3  
**Insurable:** Yes  
**Type of Client:** Private  
**Period of Insurance:** 7/1-12 Month  
**Accidental Death In RWF:** 3,000,000  
**Total Permanent Disability In RWF:** 3,000,000  
**Medical fees In RWF:** 300,000

| COVERS REQUESTED                | Covers Within Rwanda | Premium Breakdown In RWF | Covers out of Rwanda with COMESA Certificate | Premium Breakdown In RWF | Total Premium Breakdown In RWF |
|---------------------------------|----------------------|--------------------------|--|--------------------------|--------------------------------|
| TPL                             | Yes                  | 129,856                  | No   | -                        | 129,150                        |
| Occupant                        | Yes                  | 2,500                    | No   | -                        | 75,000                         |
| Seats                           | No                   | -                        | No   | -                        | -                              |
| Material Damage                 | No                   | -                        | No   | -                        | -                              |
| Theft                           | No                   | -                        | No   | -                        | -                              |
| Fire                            | No                   | -                        | No   | -                        | -                              |
| OTF Premium                     | -                    | -                        | -  | -                        | -                              |
| COMESA Medical Fee              | -                    | -                        | -  | -                        | -                              |
| <b>NET PREMIUM</b>              |                      | <b>204,150</b>           |  |                          | <b>204,150</b>                 |
| Adm Fee                         |                      | 2,500                    |  |                          | 2,500                          |
| VAT                             |                      | 37,197                   |  |                          | 37,197                         |
| SGF                             |                      | 12,915                   |  |                          | 12,915                         |
| <b>TOTAL CHARGEABLE PREMIUM</b> |                      | <b>256,762</b>           |  |                          | <b>256,762</b>                 |

| Plan       | 3 Months: | 6 Months: | 9 Months: | 12 Months: |
|------------|-----------|-----------|-----------|------------|
| 3/9 Plan   | 129,856   | 129,856   | 129,856   | 129,857    |
| 1/2/9 Plan | 66,403    | 66,403    | 66,403    | 66,403     |
| 6/6 Plan   | 193,310   | 193,310   | 193,310   | 193,310    |
| 1/3/8 Plan | 66,403    | 66,403    | 91,785    | 104,475    |

This quotation is valid for 30 Days

Date of Quotation: 17/04/2025  
 OLD MUTUAL INSURANCE RWANDA PLC  
 Authorized Signature

Payment Details  
 Memo: \*182781\*008530#  
 BK (RWF): 100008088871

Excess: N/A  


Subject to no adverse change in risk between the time of quotation and inception of cover.