



Assemble Insurance
HEAD OFFICE
P.O. BOX 9600,
Mlimani city office park, Building no 6/first floor,
Sam Nujoma Road Ubungo,
Dar es Salaam,
Tanzania
+255 022 278 0020 | info@assemble.co.tz
Website: www.assemble.co.tz

DISCHARGE VOUCHER

Member's Name	XXXXX XXXXX
Membership Number	AIT-0000000-E
Policy Period	01-Jan-2025 to 31-Dec-2025
Corporate	YYY COMPANY
Sales Rep/ Broker	ZZZ INSURANCE AGENCY
Date of Service	07-Oct-2025
Hospital/Facility Attended	WWW HOSPITAL
Claimed Amount (In Any Currency)	865,000.00
Payable Amount	820,000.00
Denied Amount	45,000.00
Reasons for rejection	Annual limit/sublimit amount exceeded.

Any changes/alterations that may be required on this discharge voucher should be communicated not more than 30 days from date of receipt. After 30 days from date of receipt of this discharge voucher will prevail.

I hereby certify that such above payment is to my satisfaction and includes all costs that I incurred out of the mentioned medical condition / illness which are covered under the above mentioned policy.

I hereby declare that I have read this release and fully understand and accept the terms of this settlement.

Name XXXXXXX XXXXX

Signature 

PAYEE DETAILS

BANK NAME sAM Trust Bank Tanzania

BRANCH NAME Kijangwani

ACCOUNT NAME (Ac/Name) XXXXX XXXXXi

ACCOUNT NUMBER (Ac/No) 7684001

SIGNATURE 

* Payment will be processed upon your return of this Discharge Voucher