

Policy Schedule

Date Generated: 22/01/2026

1. Policyholder Details

Name:	Bob Vance
ID Number:	7905035089085
Age:	46
Gender:	Male
Smoker Status:	Yes

2. Beneficiary Details

Beneficiary Name:	none
Beneficiary ID:	-
Contact Number:	-
Email Address:	-

3. Premium & Coverage

Cover Amount:	R 115,000
Risk Category:	Medium
Annual Premium:	R 24598.43
Monthly Premium:	R 2049.87