

Policy Schedule

Date Generated: 22/01/2026

1. Policyholder Details

Name:	Harvey Dent
ID Number:	8809065089085
Age:	37
Gender:	Male
Smoker Status:	No

2. Beneficiary Details

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

3. Premium & Coverage

Cover Amount:	R 100,000
Risk Category:	Low
Annual Premium:	R 9725.03
Monthly Premium:	R 810.42