

Genetic Financial Services
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Harere
GENE-INSURE CONTACT
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44
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Email us on: service@gene.co.zw

YOUR PERSONAL DETAILS					
Policy Number:	GMCC180001037-1	Postal Address	00263		
Policy Holder Name:	chandan112 k	Date of Birth	30/10/2018		
Cell number:	123456789	Product:	Annual Months		
Insurance Period	06/11/2018 -	Physical Address	test d		
	05/11/2019	ID Number	12-123456A12		
Email Address	chandan112@gmail.c				
	om				

SUMMARY OF YOUR COVER							
MRN	Vehicle description	Sum insured	Cover type		Policy Period	Payment Term	Premium
A234545	100 / ADLY	\$0.00	ThirdParty	ľ	06/11/2018 - 05/11/2019	\$Annual	\$81.00

EXTENSIONS & OPTIONAL COVERS				
Passenger Accident Cover	\$0.00			
Excess Buy Back	\$0.00			
Roadside Assitance	\$0.00			
Medical Expenses	\$0.00			
Excess Amount	\$0.00			

PREMIUM SUMMARY				
Basic Premium	\$90.00			
Stamp Duty	\$4.05			
ZTSC Levy	\$9.72			
Radio Licence Cost	\$0.00			
Discount	\$9.00			
Vehicle Licence Fee(ZINARA)	\$0.00			
Total Premium Due	\$94.77			



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