

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

11 Routledge Street

Milton Park

Harare

GENEINSURE CONTACT

Call us on : +263 867 722 33 44

Whatsapp us on : +263 719 884 884

/+263 732 884 884

Email us on: service@gene.co.zw

YOUR PERSONAL DETAILS

Policy Number:	GMCC190001897-1	Postal Address	00263
Policy Holder Name :	ashwani5 k	Date of Birth	10/01/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test d
Email Address	Guest-2873@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
1254852	BT49QT-12CE3 / BAOTIAN	\$0.00	ThirdParty	Personal Usage - Trailer (including driving to work and back)	22/01/2019 - 21/05/2019	\$Termly	\$9.00

EXTENSIONS & OPTIONAL COVERS

Passenger Accident Cover	\$0.00
Excess Buy Back	\$0.00
Roadside Assistance	\$0.00
Medical Expenses	\$0.00
Excess Amount	\$0.00

PREMIUM SUMMARY

Policy Term	Termly(4Months)
Basic Premium	\$10.00
Stamp Duty	\$0.45
ZTSC Levy	\$1.08
Radio Licence Cost	\$0.00
Discount	\$1.00
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$10.53

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES