RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
ZB Centre
4th Floor South Wing
cnr First Street & Kwame Nkrumah
Avenue

GENEINSURE CONTACT

Call us on: +263 867 722 33 44 Whatsapp us on: +263 719 884 884

/+263 732 884 884

Harare

Email us on: service@gene.co.zw

YOUR PERSONAL DETAILS

Policy Number:	GMCC200002650-1		
Renew Policy Number:	GMCC200002650-2		
Policy Holder Name :	Augustine August		
Cell number:	777670323		
Alternative Contact Number			
Email Address	Guest-3750@gmail.com		

Postal Address	00263
Date of Birth	31/12/1999
Your Package:	Motor Package
Physical Address	50 Street Harare
ID Number	123456789A23

SUMMARY OF YOUR COVER								
VRN	Vehicle descripti on	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Paymen t Term	Premiu m
TRP6363	RS4 / APRILIA	ICGEN20 0056317	USD0.00	ThirdPart y	Personal Usage (including driving to work and back)	06/05/20 20 - 05/09/20 20	4 Months	USD300. 00

EXTENSIONS & OPTIONAL COVERS			
Passenger Accident Cover	USD 0.00		
Excess Buy Back	USD 0.00		
Roadside Assistance	USD 0.00		
Medical Expenses	USD 0.00		
Excess Amount	USD 0.00		

PREMIUM SUMMARY Policy Term USD Annual(1 Year) **Basic Premium** USD 270.00 Stamp Duty USD 15.00 **ZTSC Levy** USD 36.00 Radio Licence Cost USD 400.00 Discount USD 30.00 Vehicle Licence Fee(ZINARA) USD 750.00 **Total Amount Due** USD 1471.00 QR Image

Thank you.

Yours Sincerely



GENERAL MANAGER - SALES