

Quotation



Genetic Financial Services

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44

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YOUR PERSONAL DETAILS

| | | | |
|----------------------|----------------------------|------------------|-------------------------------|
| Policy Number: | GMCC190002837-1 | Postal Address | 00263 |
| Policy Holder Name : | chandan kumar | Date of Birth | 02/03/2019 |
| Cell number: | 123456789 | Product: | Motor Package |
| Insurance Period | 06/03/2019 - 05/08/2019 | Physical Address | test address test address2 |
| Email Address | Guest- 4111@gmail.com | ID Number | 12-123456A12 |

SUMMARY OF YOUR COVER

| VRN | Vehicle description | Sum insured | Cover type | Vehicle usage | Policy Period | Payment Term | Premium |
|----------|---------------------|-------------|------------|--|----------------------------|--------------------|---------|
| 5421148A | PULSAR / BAJAJ | \$0.00 | ThirdParty | Personal Usage (including driving to work and back) | 06/03/2019 - 05/08/2019 | Termly_5 Months | \$33.29 |

| | | | | | | | |
|---------|--------------------|--------|------------|--|-------------------------|--------|---------|
| 484522D | MONTE LIMAR / ACTM | \$0.00 | ThirdParty | Personal Usage (including driving to work and back) | 06/03/2019 - 05/03/2020 | Annual | \$81.00 |
|---------|--------------------|--------|------------|--|-------------------------|--------|---------|

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

| | |
|-----------------------------|----------|
| Basic Premium | \$126.99 |
| Stamp Duty | \$5.71 |
| ZTSC Levy | \$11.88 |
| Radio Licence Cost | \$0.00 |
| Discount | \$12.70 |
| Vehicle Licence Fee(ZINARA) | \$0.00 |
| Total Premium Due | \$131.88 |

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