

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC180001041-1	Postal Address	00263
Policy Holder Name :	ttttt tttt	Date of Birth	07/11/2018
Cell number:	5435464565	Your Package:	Motor Package
Alternative Contact Number		Physical Address	rrr ttt
Email Address	ttttt@gail.com	ID Number	43-456784L45

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
5565	RS4 / APRILIA	\$0.00	ThirdParty	Motorcycle - Personal Usage (including driving to work and back)	12/11/2018 - 11/03/2019	\$Termly	\$33.00

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

Policy Term	Termly(4Months)
Basic Premium	\$36.67
Stamp Duty	\$1.65
ZTSC Levy	\$3.96
Radio Licence Cost	\$0.00
Discount	\$3.67
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$38.61

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES