

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:	GMCC190002962-1	Postal Address	00263
Policy Holder Name :	ashwani41 k	Date of Birth	08/03/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test address test address2
Email Address	Guest-4260@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
A475221	MONTELI MAR / ACTM		\$0.00	ThirdParty	Personal Usage (including driving to work and back)	20/03/2019 - 19/08/2019	\$Termly_5 Months	\$33.29

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_5(5Months)
Basic Premium		\$36.99
Stamp Duty		\$1.66
ZTSC Levy		\$2.16
Radio Licence Cost		\$0.00
Discount		\$3.70
Vehicle Licence Fee(ZINARA)		\$0.00
Total Amount Due		\$37.11

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES