

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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Harere

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YOUR PERSONAL DETAILS

Policy Number:	GMCC180001052-1	Postal Address	00263
Policy Holder Name :	chandan899 k	Date of Birth	01/11/2018
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test address test address2
Email Address	chandan899@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
A234555	LOADER 100 / BELL	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	19/11/2018 - 18/03/2019	\$Termly	\$27.00
A234555522	100 / ADLY	\$12000.00	ThirdParty	Ambulance, Fire Engine, Hearse	19/11/2018 - 18/09/2019	\$Termly_10 Months	\$122.06

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	\$165.62
Stamp Duty	\$7.45
ZTSC Levy	\$4.32
Radio Licence Cost	\$0.00
Discount	\$16.56
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$160.83

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES