POLICY SCHEDULE/SUMMARY OF YOUR COVER



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

Avenue 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:	GMCC200020143-1
Policy Holder Name :	sachin kumar
Cell number:	1234677
Alternative Contact Number	
Email Address	Guest-31021@gmail.com
Transaction Date	9/15/2020

Postal Address	00263
Date of Birth	31/08/2020
Your Package:	Motor Package
Physical Address	address1 address2
ID Number	12-123456A12

INSURED PARTY DETAILS				
Name:	Ankit Dhiman			
Email:	ankit.dhiman@kindlebit.com			
Mobile:	5241589784			
Address:	asdf Mutare			
ID Number:	14-278567U28			

		SUMMAF	RY OF YOU	R COVER			
Vehicle VRN descript on	Cover	Sum insured	Cover type	Vehicle usage	Policy Period	Paymen t Term	Premiu m

S988GFF	MONTELI MAR / ACTM		RTGS\$0.0 0	ThirdParty	Personal Usage (including driving to work and back)	15/09/2020 - 14/01/2021	Termly	RTGS\$300 .00	
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EXTENSIONS & OPTIONAL COVERS			
Passenger Accident Cover	RTGS\$ 0.00		
Excess Buy Back	RTGS\$ 0.00		
Roadside Assistance	RTGS\$ 0.00		
Medical Expenses	RTGS\$ 0.00		
Excess Amount	RTGS\$ 0.00		

PREMIUM SUMMARY				
Policy Term	Termly(4Months)			
Basic Premium	RTGS\$ 300.00			
Stamp Duty	RTGS\$ 15.00			
ZTSC Levy	RTGS\$ 36.00			
Radio Licence Cost	RTGS\$ 0.00			
Discount	RTGS\$ 30.00			
Vehicle Licence Fee(ZINARA)	RTGS\$ 0.00			
Penalties Fee(ZINARA)	RTGS\$ 0.00			
Total Amount Due	RTGS\$ 321.00			
QR Image				

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES