## POLICY SCHEDULE/SUMMARY OF YOUR COVER



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

Avenue Harare

GENEINSURE CONTACT

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/+263 732 884 884

Email us on: service@gene.co.zw

## YOUR PERSONAL DETAILS

	-
Policy Number:	GMCC200009544-1
Policy Holder Name :	ashwnai k
Cell number:	123456789
Alternative Contact Number	
Email Address	chandan47452@gmail.com

Postal Address	00263
Date of Birth	31/03/2020
Your Package:	Motor Package
Physical Address	address1 address2
ID Number	12-123456A12

SUMMARY OF YOUR COVER								
VRN	Vehicle descripti on	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Paymen t Term	Premiu m
IEI385TS T	17M250A / AAD		RTGS\$0.0 0	ThirdParty	Personal Usage (including driving to work and back)	27/04/2020 - 26/09/2020	Termly_5 Months	RTGS\$375 .00

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_5(5Months)
Basic Premium	RTGS\$ 375.00
Stamp Duty	RTGS\$ 18.75
ZTSC Levy	RTGS\$ 45.00
Radio Licence Cost	RTGS\$ 0.00
Discount	RTGS\$ 37.50
Vehicle Licence Fee(ZINARA)	RTGS\$ 0.00
Total Amount Due	RTGS\$ 401.25
QR Image	

Thank you.

Yours Sincerely

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GENERAL MANAGER - SALES