POLICY SCHEDULE/SUMMARY OF YOUR COVER



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YOUR PERSONAL DETAILS

Policy Number:	GMCC190002032-1
Policy Holder Name :	ashwani k
Cell number:	123456789
Alternative Contact Number	
Email Address	Guest-3076@gmail.com

Postal Address	00263
Date of Birth	02/01/2019
Your Package:	Motor Package
Physical Address	test address test address2
ID Number	12-123456A12

SUMMARY OF YOUR COVER							
VRN	Vehicle descriptio n	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
1245322	DBS / ASTON MARTIN	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	31/01/2019 - 30/06/2019	\$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		

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