

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:	GMCC190002030-1	Postal Address	00263
Policy Holder Name :	sachin k	Date of Birth	10/01/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test address
Email Address	sachin12@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
1548555	MONTELIMAR / ACTM	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	29/01/2019 - 28/05/2019	\$Termly	\$27.00
85552	MONTELIMAR / ACTM	\$15200.00	ThirdParty	Personal Usage (including driving to work and back)	29/01/2019 - 28/06/2019	\$Termly_5 Months	\$53.63

EXTENSIONS & OPTIONAL COVERS

Passenger Accident Cover	\$55.00
Excess Buy Back	\$0.00
Roadside Assistance	\$0.00
Medical Expenses	\$0.00

Excess Amount	\$0.00
---------------	--------

PREMIUM SUMMARY	
Policy Term	Termly(4Months)
Basic Premium	\$89.59
Stamp Duty	\$4.03
ZTSC Levy	\$5.40
Radio Licence Cost	\$0.00
Discount	\$8.96
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$90.06

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES