## 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:	GMCC200015081-1
Policy Holder Name :	sachin kumar
Cell number:	123456789
Alternative Contact Number	
Email Address	Guest-22732@gmail.com

Postal Address	00263
Date of Birth	28/07/2020
Your Package:	Motor Package
Physical Address	address1 address2
ID Number	12-123456A12

			SUMMAF	RY OF YOU	R COVER			
VRN	Vehicle descripti on	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Paymen t Term	Premiu m
E23456A 12	MONTELI MAR / ACTM		RTGS\$0.0 0	ThirdParty	Personal Usage (including driving to work and back)	24/08/2020 - 23/12/2020	Termly	RTGS\$300 .00
E334455 5	MONTELI MAR / ACTM		RTGS\$0.0 0	ThirdParty	Personal Usage (including driving to work and back)	24/08/2020 - 23/12/2020	Termly	RTGS\$300 .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(4Months)	
Basic Premium	RTGS\$ 600.00	
Stamp Duty	RTGS\$ 30.00	
ZTSC Levy	RTGS\$ 72.00	
Radio Licence Cost	RTGS\$ 0.00	
Discount	RTGS\$ 60.00	
Vehicle Licence Fee(ZINARA)	RTGS\$ 0.00	
Penalties Fee(ZINARA)	RTGS\$ 0.00	
Total Amount Due	RTGS\$ 642.00	
QR Image		

Thank you.

Yours Sincerely

GENERAL MANAGER – SALES