RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services 11 Routledge Street Milton Park

Harare

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190002834-1
Renew Policy Number:	GMCC190002834-2
Policy Holder Name :	ashwani kumar
Cell number:	123456789
Alternative Contact Number	
Email Address	Guest-4101@gmail.com

Postal Address	00263
Date of Birth	01/03/2019
Your Package:	Motor Package
Physical Address	test dd
ID Number	12-123456A12

SUMMARY OF YOUR COVER							
VRN	Vehicle descriptio n	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
445888	MONTELI MAR / ACTM	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	\$0.00	Yearly	\$81.00

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			

PREMIUM SUMMARY Policy Term Annual(1 Year) **Basic Premium** \$81.00 Stamp Duty \$4.05 ZTSC Levy \$9.72 Radio Licence Cost \$30.00 Discount \$9.00 Vehicle Licence Fee(ZINARA) \$0.00 **Total Amount Due** \$124.77

Thank you.

Yours Sincerely

GENERAL MANAGER – SALES