POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
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YOUR PERSONAL DETAILS

Policy Number:	GMCC190001902-1
Policy Holder Name :	Ashwanik 111
Cell number:	123456789
Alternative Contact Number	
Email Address	ashwani23@gmail.com

Postal Address	00263
Date of Birth	02/01/2019
Your Package:	Motor Package
Physical Address	test d
ID Number	12-1234567A12

SUMMARY OF YOUR COVER							
VRN	Vehicle descriptio n	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
7842222	S/LINE / ARAGON	\$0.00	ThirdParty	Motorcycle - Personal Usage (including driving to work and back)	24/01/2019 - 23/05/2019	\$Termly	\$22.50

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(4Months)
Basic Premium	\$25.00
Stamp Duty	\$1.12
ZTSC Levy	\$2.70
Radio Licence Cost	\$0.00
Discount	\$2.50
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$26.32

Thank you.

Yours Sincerely

GENERAL MANAGER – SALES