

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190002835-1	Postal Address	00263
Policy Holder Name :	ashwani kumar	Date of Birth	01/03/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test address test address2
Email Address	Guest-4103@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
1474521	MONTELIMAR / ACTM	\$5000.00	Comprehensive	Personal Usage (including driving to work and back)	05/03/2019 - 04/07/2019	\$Termly	\$111.60

EXTENSIONS & OPTIONAL COVERS

Passenger Accident Cover	\$22.00
Excess Buy Back	\$50.00
Roadside Assistance	\$25.00
Medical Expenses	\$25.00
Excess Amount	\$0.00

PREMIUM SUMMARY

Policy Term	Termly(4Months)
Basic Premium	\$124.00
Stamp Duty	\$5.58
ZTSC Levy	\$3.60
Radio Licence Cost	\$10.00
Discount	\$12.40
Vehicle Licence Fee(ZINARA)	\$10.00
Total Amount Due	\$140.78

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES