

# POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services  
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## YOUR PERSONAL DETAILS

Policy Number:	GMCC200002630-1	Postal Address	00263
Policy Holder Name :	sachink kumar	Date of Birth	03/03/2020
Cell number:	123455789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	address1 address2
Email Address	Guest-3720@gmail.com	ID Number	12-123456A12

## SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
R4411Kd	MONTELMAR / ACTM		RTGS0.00	ThirdParty	Personal Usage (including driving to work and back)	27/03/2020 - 26/07/2020	Termly	RTGS300.00

## 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 300.00
Stamp Duty	RTGS 15.00
ZTSC Levy	RTGS 36.00
Radio Licence Cost	RTGS 0.00
Discount	RTGS 30.00
Vehicle Licence Fee(ZINARA)	RTGS 0.00
Total Amount Due	RTGS 321.00
QR Image	

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES