## POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services 11 Routledge Street Milton Park

**GENEINSURE CONTACT** 

Call us on: +263 867 722 33 44

Whatsapp us on: +263 719 884 884

/+263 732 884 884

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Email us on: service@gene.co.zw

## YOUR PERSONAL DETAILS

Policy Number:	GMCC180000799-1
Policy Holder Name :	chandan33 k
Cell number:	123456789
Alternative Contact Number	
Email Address	chandan33@gmail.com

Postal Address	00263
Date of Birth	03/10/2018
Your Package:	Annual
Physical Address	test d
ID Number	12-123456A12

SUMMARY OF YOUR COVER						
Vehicle Description	Sum Insured	Cover Type	Vehicle Usage	Sound System	Excess	Premium
MONTELIMAR / ACTM	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	\$0.00	\$0.00	\$81.00
MONTELIMAR / ACTM	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	\$0.00	\$0.00	\$81.00

EXTENSIONS & OPTIONAL COVERS				
Passenger Accident Cover	\$0.00			
Excess Buy Back	\$0.00			
Roadside Assitance	\$0.00			
Medical Expenses	\$0.00			
Excess Amount	\$0.00			

## PREMIUM SUMMARY Policy Term Annual(1 Year) Basic Premium \$180.00 Stamp Duty \$8.10 ZTSC Levy \$19.44 Radio Licence Cost \$0.00 Discount \$18.00 Vehicle Licence Fee(ZINARA) \$0.00

\$189.54

Thank you.

Yours Sincerely

**Total Amount Due** 

GENERAL MANAGER - SALES