

POLICY SCHEDULE/SUMMARY OF YOUR COVER

GENE-INSURE LOGO & REGISTRATION/CONTACT DETAILS



Genetic Financial Services
11 Routledge Street
Milton Park
Harere

YOUR PERSONAL DETAILS

Policy Number:	GMCC180000060-1	Postal Address	00263
Policy Holder Name :	Deepak Sharma	Date of Birth	06/09/2018
Cell number:	9872595059	Your Package:	Annual
Alternative Contact Number		Physical Address	rety rety
Email Address	deepak.s@kindlebit.com	ID Number	23-123654G12

SUMMARY OF YOUR COVER

Vehicle description	Sum insured	Cover type	Vehicle usage	Sound system	Excess	Premium
LEXUS / TOYOTA	\$	ThirdParty	Commercial Vehicle - Own Business	\$0.00	\$0.00	\$185.00

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 period	Annual(1 Year)
Basic Premium	\$203.50
Stamp Duty	\$9.25
Motor Levy	\$18.00
Radio Licence Cost	\$0.00
Discount	\$18.50
Total Premium Due	\$212.25