

ENDORSEMENT SCHEDULE



Genetic Financial Services
ZB Centre
4th Floor South Wing
cnr First Street Kwame Nkrumah
Avenue
Harare

GENEINSURE CONTACT
Call us on : +263 867 722 33 44
Whatsapp us on : +263 719 884 884
/+263 732 884 884
Email us on: service@gene.co.zw

YOUR PERSONAL DETAILS

Policy Number:	GMCC190002431-1	Postal Address	00263
Policy Holder Name :	ashwani k	Date of Birth	09/10/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test address address2
Email Address	Guest-2958@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
Currency	D784521L Kk	MONTELIMAR / ACTM	USD8000.00	Comprehensive	Personal Usage (including driving to work and back)	05/11/2019 - 24/02/2020	Termly

EXTENSIONS & OPTIONAL COVERS

Currency	USD
Passenger Accident Cover	0.00
Excess Buy Back	0.00
Roadside Assistance	0.00
Medical Expenses	0.00
Excess Amount	0.00

PREMIUM SUMMARY

Policy Term

Termly(4Months)

Currency	USD
Basic Premium	1067.50
Payable Amount	-17.50
Stamp Duty	47.25
ZTSC Levy	18.00
Radio Licence Cost	0.00
Discount	105.00
Vehicle Licence Fee(ZINARA)	0.00
Total Amount Due	1027.75

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES