

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
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YOUR PERSONAL DETAILS

Policy Number:	GMCC200002649-1	Postal Address	00263
Policy Holder Name :	sachin kumar	Date of Birth	01/04/2020
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	address1 address2
Email Address	Guest-3743@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
AAD333	BEAUMONT SPORTS DELUX / ACADIAN	ICGEN200055984	RTGS0.00	ThirdParty	Personal Usage (including driving to work and back)	07/04/2020 - 06/08/2020	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 400.00
Discount	RTGS 30.00
Vehicle Licence Fee(ZINARA)	RTGS 4650.00
Total Amount Due	RTGS 5371.00
QR Image	

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES