RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services 11 Routledge Street Milton Park

GENEINSURE CONTACT

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Harare

Email us on: service@gene.co.zw

YOUR PERSONAL DETAILS

Policy Number:	GMCC190002760-1		
Renew Policy Number:	GMCC190002760-2		
Policy Holder Name :	chandan kumar		
Cell number:	1212345612		
Alternative Contact Number			
Email Address	Guest-4014@gmail.com		

Postal Address	00263		
Date of Birth	27/02/2019		
Your Package:	Motor Package		
Physical Address	test address test address2		
ID Number	12-123456A12		

SUMMARY OF YOUR COVER								
VRN	Vehicle descriptio n	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium	
574888	MONTELI MAR / ACTM	\$5000.00	Comprehe nsive	Personal Usage (including driving to work and back)	\$0.00	Yearly	\$212.80	

EXTENSIONS & OPTIONAL COVERS				
Passenger Accident Cover	\$22.00			
Excess Buy Back	\$50.00			
Roadside Assistance	\$25.00			
Medical Expenses	\$25.00			
Excess Amount	\$0.00			

Policy Term Annual(1 Year) Basic Premium \$334.80 Stamp Duty \$16.74 ZTSC Levy \$10.80 Radio Licence Cost \$0.00 Discount \$37.20 Vehicle Licence Fee(ZINARA) \$0.00

\$362.34

Thank you.

Yours Sincerely

Total Amount Due

GENERAL MANAGER – SALES