

## POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

11 Routledge Street

Milton Park

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](mailto:service@gene.co.zw)

## YOUR PERSONAL DETAILS

Policy Number:	GMCC190001903-1	Postal Address	00263
Policy Holder Name :	ashwani29 k	Date of Birth	04/01/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test dd
Email Address	Guest-2879@gmail.com	ID Number	12-123456A12

## SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
457896	MONTELIMAR / ACTM	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	24/01/2019 - 23/05/2019	\$Termly	\$27.00

## EXTENSIONS &amp; OPTIONAL COVERS

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)
Basic Premium	\$30.00
Stamp Duty	\$1.35
ZTSC Levy	\$3.24
Radio Licence Cost	\$0.00
Discount	\$3.00
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$31.59

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES