

Genetic Financial Services
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GENE-INSURE CONTACT
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Email us on: service@gene.co.zw

| YOUR PERSONAL DETAILS | | | | |
|-----------------------|--------------------|------------------|---------------|--|
| Policy Number: | GMCC180000817-1 | Postal Address | 00263 | |
| Policy Holder Name: | chandan63 kumar | Date of Birth | 30/10/2018 | |
| Cell number: | 12345612 | Your Package: | Annual Months | |
| Insurance Period | 02/11/2018- | Physical Address | test d | |
| 01/11/2019 | | ID Number | 12-123456A12 | |
| Email Address | chandan63@gmail.co | | | |
| | m | | | |

| SUMMARY OF YOUR COVER | | | | | | |
|------------------------|-------------|------------|---|-----------------|--------|---------|
| Vehicle description | Sum insured | Cover type | | Your Package | Excess | Premium |
| 100 / ADLY | \$0.00 | , | Personal Usage (including driving to work and back) | Annual(1 Year) | \$0.00 | \$81.00 |

| DBS / AS MARTIN | STON | \$0.00 | ThirdParty | (includina | Months | \$0.00 | \$39.94 |
|--------------------|------|--------|------------|------------|--------|--------|---------|
| | | | | and back) | | | |

| 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 | | |
|-----------------------------|----------|--|
| Basic Premium | \$134.38 | |
| Stamp Duty | \$6.05 | |
| ZTSC Levy | \$14.51 | |
| Radio Licence Cost | \$0.00 | |
| Discount | \$13.44 | |
| Vehicle Licence Fee(ZINARA) | \$0.00 | |
| Total Premium Due | \$141.50 | |



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