

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190002038-1	Postal Address	00263
Policy Holder Name :	ashwnai2 ddd	Date of Birth	31/01/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test ddd
Email Address	Guest-3085@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
88888882	DBS / ASTON MARTIN	\$15000.00	Comprehensive	Personal Usage (including driving to work and back)	01/02/2019 - 30/06/2019	\$Termly_5 Months	\$277.40

EXTENSIONS & 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_5(5Months)
Basic Premium	\$308.22
Stamp Duty	\$13.87
ZTSC Levy	\$2.16
Radio Licence Cost	\$0.00
Discount	\$30.82
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$293.43

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES