

RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190002084-1	Postal Address	00263
Renew Policy Number:	GMCC190002084-2	Date of Birth	29/05/2019
Policy Holder Name :	chandan kumar	Your Package:	Motor Package
Cell number:	123456789	Physical Address	test address test address2
Alternative Contact Number		ID Number	12-123456A12
Email Address	Guest-2236@gmail.com		

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
Adyjhhj	MONTELMAR / ACTM		US\$ FCA0.00	ThirdParty	Personal Usage - Trailer (including driving to work and back)	08/07/2019 - 07/11/2019	4 Months	US\$ FCA10.00

EXTENSIONS & OPTIONAL COVERS

Passenger Accident Cover	US\$ FCA 0.00
Excess Buy Back	US\$ FCA 0.00
Roadside Assistance	US\$ FCA 0.00
Medical Expenses	US\$ FCA 0.00
Excess Amount	US\$ FCA 0.00

PREMIUM SUMMARY

Policy Term

US\$ FCA Annual(1 Year)

Basic Premium	US\$ FCA 9.00
Stamp Duty	US\$ FCA 2.00
ZTSC Levy	US\$ FCA 1.20
Radio Licence Cost	US\$ FCA 0.00
Discount	US\$ FCA 1.00
Vehicle Licence Fee(ZINARA)	US\$ FCA 0.00
Total Amount Due	US\$ FCA 12.20

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES