

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC180000818-1	Postal Address	00263
Policy Holder Name :	chandan56 kumar	Date of Birth	29/10/2018
Cell number:	123456789	Your Package:	Termly
Alternative Contact Number		Physical Address	tes d
Email Address	chandan56@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
A234444	PULSAR / BAJAJ	\$10000.00	ThirdParty	Personal Usage (including driving to work and back)	05/11/2018 - 04/03/2019	\$Termly	\$79.95

EXTENSIONS & OPTIONAL COVERS

Passenger Accident Cover	\$22.00
Excess Buy Back	\$100.00
Roadside Assitance	\$4.50
Medical Expenses	\$50.00
Excess Amount	\$0.00

PREMIUM SUMMARY

Policy Term	Termly(4Months)
Basic Premium	\$88.83
Stamp Duty	\$4.00
ZTSC Levy	\$3.60
Radio Licence Cost	\$0.00
Discount	\$8.88
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$87.55

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES