

Policy Schedule



Genetic Financial Services

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Harare

GENE-INSURE CONTACT

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Email us on:

service@gene.co.zw

YOUR PERSONAL DETAILS

Policy Number:	GMCC190001905-1	Postal Address	00263
Policy Holder Name :	shallu1 sharma1	Date of Birth	17/01/2019
Cell number:	5465786	Your Package:	Motor Package
Alternative Contact Number		Physical Address	Ad1 ad2
		ID Number	56-567565G56
Email Address	shallu@gmail.com		

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
565767	147 / ALFA ROMEO	\$0.00	ThirdParty	Commercial Vehicle - Own Business	25/01/2019 - 24/06/2019	Termly_5 Months	\$55.48

565767	147 / ALFA ROMEO	\$4554.00	ThirdParty	Commercial Vehicle - Own Business	25/01/2019 - 24/06/2019	Termly_5 Months	\$55.48
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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

Basic Premium	\$67.80
Stamp Duty	\$2.77
ZTSC Levy	\$4.40
Radio Licence Cost	\$0.00
Discount	\$12.32
Vehicle Licence Fee(ZINARA)	\$0.00
Total Premium Due	\$62.65