

ENDORSEMENT SCHEDULE



Genetic Financial Services

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Harare

GENEINSURE CONTACT

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190002962-1	Postal Address	00263
Policy Holder Name :	ashwani41 k	Date of Birth	08/03/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test address test address2
Email Address	Guest-4260@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
A475221	MONTELIMAR / ACTM	\$2000.00	Comprehensive	Personal Usage (including driving to work and back)	20/03/2019 - 19/08/2019	\$Termly_5 Months	\$83.22

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	\$92.47
Stamp Duty	\$4.16
ZTSC Levy	\$2.16
Radio Licence Cost	\$0.00
Discount	\$9.25
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$89.54

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES