RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services 11 Routledge Street Milton Park

Harare

GENEINSURE CONTACT

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190002025-1		
Renew Policy Number:			
Policy Holder Name :	Ashwani kumar		
Cell number:	123456789		
Alternative Contact Number			
Email Address	Guest-3071@gmail.com		

Postal Address	00263
Date of Birth	10/01/2019
Your Package:	Motor Package
Physical Address	test dddd
ID Number	12-123456A12

SUMMARY OF YOUR COVER							
VRN	Vehicle descriptio n	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
AAD333	BEAUMO NT SPORTS DELUX / ACADIAN	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	\$0.00	4 Months	\$27.00

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			

Policy Term Annual(1 Year) Basic Premium \$27.00 Stamp Duty \$4.05 ZTSC Levy \$10.80 Radio Licence Cost \$10.00 Discount \$3.00 Vehicle Licence Fee(ZINARA) \$0.00

\$95.85

Thank you.

Yours Sincerely

Total Amount Due

GENERAL MANAGER – SALES