

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190002033-1	Postal Address	00263
Policy Holder Name :	ashwanik11 kk	Date of Birth	09/01/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test dd
Email Address	Guest-3077@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
665333	1100 / AUSTIN	\$0.00	ThirdParty	Personal Usage - Trailer (including driving to work and back)	31/01/2019 - 30/06/2019	\$Termly_5 Months	\$11.10

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	\$12.33
Stamp Duty	\$0.55
ZTSC Levy	\$1.33
Radio Licence Cost	\$0.00
Discount	\$1.23
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$12.98

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES