

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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Harere

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YOUR PERSONAL DETAILS

Policy Number:	GMCC180001055-1	Postal Address	00263
Policy Holder Name :	rt try	Date of Birth	14/11/2018
Cell number:	5464564565	Your Package:	Motor Package
Alternative Contact Number		Physical Address	fg fgf
Email Address	try@gmail.com	ID Number	44-458445L45

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
654	DBS / ASTON MARTIN	\$0.00	ThirdParty	Motorcycle - Business Usage	19/11/2018 - 18/03/2019	\$Termly	\$22.50

EXTENSIONS & OPTIONAL COVERS

Passenger Accident Cover	\$0.00
Excess Buy Back	\$0.00
Roadside Assitance	\$0.00
Medical Expenses	\$0.00
Excess Amount	\$0.00

PREMIUM SUMMARY

Policy Term	Termly(4Months)
Basic Premium	\$25.00

Stamp Duty	\$1.12
ZTSC Levy	\$2.70
Radio Licence Cost	\$0.00
Discount	\$2.50
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$26.32

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES