

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC180001050-1	Postal Address	00263
Policy Holder Name :	chandan531 k	Date of Birth	15/11/2018
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test d
Email Address	chandan531@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
4gttttt	100 / ADLY	\$10000.00	Comprehensive	Special Types - Contractors Plant and	16/11/2018 - 15/04/2019	\$Termly_5 Months	\$0.00
dggfgg	100 / ADLY	\$0.00	ThirdParty	Upto 30 seats	16/11/2018 - 15/09/2019	\$Termly_10 Months	\$181.23

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_5(5Months)
Basic Premium	\$201.37
Stamp Duty	\$9.06
ZTSC Levy	\$1.08
Radio Licence Cost	\$0.00
Discount	\$20.14
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$191.37

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES