POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
ZB Centre
4th Floor South Wing

cnr First Street & Kwame Nkrumah

Avenue

Harare GENEINSURE CONTACT

Call us on: +263 867 722 33 44 Whatsapp us on: +263 719 884 884

/+263 732 884 884

Email us on: service@gene.co.zw

YOUR PERSONAL DETAILS

Policy Number:	GMCC200013628-1
Policy Holder Name :	chandan kumar
Cell number:	123456789
Alternative Contact Number	
Email Address	Guest-20352@gmail.com

Postal Address	00263
Date of Birth	03/06/2020
Your Package:	Motor Package
Physical Address	address1 address2
ID Number	12-123456A12

SUMMARY OF YOUR COVER								
VRN	Vehicle descripti on	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Paymen t Term	Premiu m
KJVV456 456	17M250A / AAD	ICGEN20 0058750	RTGS\$0.0 0	ThirdParty	Commercia I Vehicle - Own Business	29/06/2020 - 28/10/2020	Termly	RTGS\$185 0.00

EXTENSIONS & OPTIONAL COVERS			
Passenger Accident Cover	RTGS\$ 0.00		
Excess Buy Back	RTGS\$ 0.00		
Roadside Assistance	RTGS\$ 0.00		
Medical Expenses	RTGS\$ 0.00		
Excess Amount	RTGS\$ 0.00		

Policy Term	Termly(4Months)
Basic Premium	RTGS\$ 1850.00
Stamp Duty	RTGS\$ 92.50
ZTSC Levy	RTGS\$ 222.00
Radio Licence Cost	RTGS\$ 400.00
Discount	RTGS\$ 185.00
Vehicle Licence Fee(ZINARA)	RTGS\$ 3800.01
Penalties Fee(ZINARA)	RTGS\$ 800.00
Total Amount Due	RTGS\$ 6979.51
QR Image	

Thank you.

Yours Sincerely



GENERAL MANAGER - SALES