

RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
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YOUR PERSONAL DETAILS


Policy Number:	GMCC190002122-1	Postal Address	00263
Renew Policy Number:	GMCC190002122-2	Date of Birth	06/06/2019
Policy Holder Name :	chandan kumar	Your Package:	Motor Package
Cell number:	123456789	Physical Address	test dd
Alternative Contact Number		ID Number	12-123456A12
Email Address	Guest-2291@gmail.com		

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
A24ff	J5 / BEDFORD		US\$ FCA0.00	ThirdParty	Personal Usage (including driving to work and back)	12/08/2019 - 11/12/2019	4 Months	US\$ FCA30.00

EXTENSIONS & OPTIONAL COVERS

Passenger Accident Cover	US\$ FCA 0.00
Excess Buy Back	US\$ FCA 0.00
Roadside Assistance	US\$ FCA 0.00
Medical Expenses	US\$ FCA 0.00
Excess Amount	US\$ FCA 0.00

PREMIUM SUMMARY	
Policy Term	US\$ FCA Annual(1 Year)
Basic Premium	US\$ FCA 27.00
Stamp Duty	US\$ FCA 2.00
ZTSC Levy	US\$ FCA 3.60
Radio Licence Cost	US\$ FCA 0.00
Discount	US\$ FCA 3.00
Vehicle Licence Fee(ZINARA)	US\$ FCA 0.00
Total Amount Due	US\$ FCA 32.60
QR Image	

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES