

RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190001627-1	Postal Address	00263
Renew Policy Number:	GMCC190001627-2	Date of Birth	01/05/2019
Policy Holder Name :	gurinder kaur	Your Package:	Motor Package
Cell number:	1232243545	Physical Address	1221 1233
Alternative Contact Number		ID Number	121212
Email Address	Gurinder.kaur@kindlebit.com		

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
ADD333	MONTEL IMAR / ACTM		\$1000.00	Comprehensive	Personal Usage (including driving to work and back)	\$0.00	Yearly	\$225.00

EXTENSIONS & OPTIONAL COVERS

Passenger Accident Cover	\$33.00
Excess Buy Back	\$10.00
Roadside Assistance	\$5.00
Medical Expenses	\$5.00
Excess Amount	\$0.00

PREMIUM SUMMARY

Policy Term

Annual(1 Year)

Basic Premium	\$278.00
Stamp Duty	\$13.90
ZTSC Levy	\$10.80
Radio Licence Cost	\$0.00
Discount	\$0.00
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$302.70

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES