

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190002966-1	Postal Address	00263
Policy Holder Name :	chandan kumar	Date of Birth	02/03/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test address test address2
Email Address	Guest-4286@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
A23444	MONTELI MAR / ACTM		\$0.00	ThirdParty	Personal Usage (including driving to work and back)	25/03/2019 - 24/07/2019	Termly	\$27.00

EXTENSIONS & OPTIONAL COVERS

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

PREMIUM SUMMARY

Policy Term	Termly(4Months)
Basic Premium	##currencyName## 30.00
Stamp Duty	##currencyName## 1.35
ZTSC Levy	##currencyName## 3.24
Radio Licence Cost	##currencyName## 0.00
Discount	##currencyName## 3.00
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	##currencyName## 31.59

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES