

Genetic Financial Services
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GENE-INSURE CONTACT
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44
Whatsapp us on - +263 719
884 884 /+263 732 884 884

Email us on: service@gene.co.zw

YOUR PERSONAL DETAILS				
Policy Number:	GMCC180000816-1	Postal Address	00263	
Policy Holder Name:	chandan63 k	Date of Birth	29/10/2018	
Cell number:	123456789	Your Package:	Termly_5	
Alternative Contact		Physical Address	test d	
Number		ID Number	12-123456A12	
Email Address	chandan63@gmail.co			
	m			

SUMMARY OF YOUR COVER						
Vehicle description	Sum insured	Cover type		Your Package	Excess	Premium
MONTELIMAR / ACTM	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	Termly_5(5Mo nths)	\$0.00	\$33.29

				Personal			
				Usage			
RS	S4 / APRILIA	\$0.00	ThirdParty	(including	Annual(1 Year)	\$0.00	\$81.00
				driving to work			
				and back)			

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	\$126.99	
Stamp Duty	\$5.71	
ZTSC Levy	\$13.71	
Radio Licence Cost	\$0.00	
Discount	\$12.70	
Vehicle Licence Fee(ZINARA)	\$0.00	
Total Premium Due	\$133.71	



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