

Quotation



Genetic Financial Services

11 Routledge Street

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Harere

GENE-INSURE CONTACT

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44

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YOUR PERSONAL DETAILS

| | | | |
|----------------------------|----------------------|------------------|--------------|
| Policy Number: | GMCC180000679-1 | Postal Address | 00263 |
| Policy Holder Name : | test 49 k | Date of Birth | 12/10/2018 |
| Cell number: | 123456789 | Your Package: | Termly |
| Alternative Contact Number | | Physical Address | tes d |
| | | ID Number | 12-123456A12 |
| Email Address | Guest-1050@gmail.com | | |

SUMMARY OF YOUR COVER

| Vehicle description | Sum insured | Cover type | Vehicle usage | Sound system | Excess | Premium |
|---------------------|-------------|------------|---|--------------|--------|----------|
| MONTELMAR / ACTM | \$20000.00 | ThirdParty | Personal Usage (including driving to work and back) | \$0.00 | \$3.00 | \$207.00 |

EXTENSIONS & OPTIONAL COVERS

| | |
|--------------------------|----------|
| Passenger Accident Cover | \$0.00 |
| Excess Buy Back | \$0.00 |
| Roadside Assitance | \$0.00 |
| Medical Expenses | \$0.00 |
| Excess Amount | \$400.00 |

PREMIUM SUMMARY

| Policy Term | Termly(4Months) |
|-----------------------------|-----------------|
| Basic Premium | \$223.33 |
| Stamp Duty | \$10.35 |
| ZTSC Levy | \$3.60 |
| Radio Licence Cost | \$0.00 |
| Discount | \$16.33 |
| Vehicle Licence Fee(ZINARA) | \$0.00 |
| Total Premium Due | \$220.95 |



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