

ENDORSEMENT SCHEDULE



Genetic Financial Services
ZB Centre
4th Floor South Wing
cnr First Street Kwame Nkrumah
Avenue
Harare

GENEINSURE CONTACT
Call us on : +263 867 722 33 44
Whatsapp us on : +263 719 884 884
/+263 732 884 884
Email us on: service@gene.co.zw

YOUR PERSONAL DETAILS

Policy Number:	GMCC200015073-1	Postal Address	00263
Policy Holder Name :	sachin22 kk	Date of Birth	28/07/2020
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	address1 addresss2
Email Address	Guest-22705@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
Currency	D3455p	MONTELIMAR / ACTM	RTGS\$0.00	ThirdParty	Personal Usage (including driving to work and back)	07/08/2020 - 06/12/2020	Termly

EXTENSIONS & OPTIONAL COVERS

Currency	RTGS\$
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)

Currency	RTGS\$
Basic Premium	300.00
Payable Amount	0
Stamp Duty	15.00
ZTSC Levy	36.00
Radio Licence Cost	0.00
Discount	30.00
Vehicle Licence Fee(ZINARA)	0.00
Total Amount Due	321.00

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES