

RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190002073-1	Postal Address	00263
Renew Policy Number:	GMCC190002073-2	Date of Birth	06/03/2019
Policy Holder Name :	MENORT NEBOY	Your Package:	Motor Package
Cell number:	712122820	Physical Address	Econet Cassava
Alternative Contact Number		ID Number	63-137339R47
Email Address	memory@srtc.co.zw		

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
TBA	SHIVER / APRILIA		RTGS0.00	FullThird Party	Commercial Vehicle - Own Business	08/07/2019 - 07/11/2019	4 Months	RTGS61.67

EXTENSIONS & OPTIONAL COVERS

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

PREMIUM SUMMARY

Policy Term	RTGS Annual(1 Year)
Basic Premium	RTGS 55.50
Stamp Duty	RTGS 2.77
ZTSC Levy	RTGS 7.33
Radio Licence Cost	RTGS 0.00
Discount	RTGS 6.17
Vehicle Licence Fee(ZINARA)	RTGS 0.00
Total Amount Due	RTGS 65.60

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES