

# POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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## YOUR PERSONAL DETAILS

Policy Number:	GMCC180000793-1	Postal Address	00263
Policy Holder Name :	chandan28 k	Date of Birth	23/10/2018
Cell number:	123456789	Your Package:	Annual
Alternative Contact Number		Physical Address	tess d
Email Address	chandan28@gmail.com	ID Number	12-123456A12

## SUMMARY OF YOUR COVER

Vehicle Description	Sum Insured	Cover Type	Vehicle Usage	Sound System	Excess	Premium
BT49QT-12CE3 / BAOTIAN	\$15000.00	ThirdParty	Personal Usage (including driving to work and back)	\$0.00	\$0.00	\$81.00
100 / ADLY	\$15000.00	ThirdParty	Upto 30 seats	\$0.00	\$0.00	\$67.50

## 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

Annual(1 Year)

Basic Premium	\$165.00
Stamp Duty	\$7.43
ZTSC Levy	\$17.82
Radio Licence Cost	\$0.00
Discount	\$16.50
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$173.75

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES