

RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190002025-1
Renew Policy Number:	
Policy Holder Name :	Ashwani kumar
Cell number:	123456789
Alternative Contact Number	
Email Address	Guest-3071@gmail.com

Postal Address	00263
Date of Birth	10/01/2019
Your Package:	Motor Package
Physical Address	test dddd
ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
AAD333	BEAUMONT SPORTS DELUX / ACADIAN	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	\$0.00	4 Months	\$27.00

EXTENSIONS & OPTIONAL COVERS

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	Annual(1 Year)
Basic Premium	\$27.00
Stamp Duty	\$2.70
ZTSC Levy	\$7.20
Radio Licence Cost	\$10.00
Discount	\$3.00
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$63.90

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES