POLICY SCHEDULE/SUMMARY OF YOUR COVER



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:	GMCC200013623-1
Policy Holder Name :	ashwani k
Cell number:	123456789
Alternative Contact Number	
Email Address	Guest-20347@gmail.com

Postal Address	00263
Date of Birth	01/06/2020
Your Package:	Motor Package
Physical Address	address1 address2
ID Number	12-123456A12

SUMMARY OF YOUR COVER								
VRN	Vehicle descripti on	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Paymen t Term	Premiu m
rtgg	100 / ADLY		RTGS\$0.0 0	ThirdParty	Personal Usage (including driving to work and back)	25/06/2020 - 24/10/2020	Termly	RTGS\$300 .00

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	Termly(4Months)
Basic Premium	RTGS\$ 270.00
Stamp Duty	RTGS\$ 15.00
ZTSC Levy	RTGS\$ 36.00
Radio Licence Cost	RTGS\$ 0.00
Discount	RTGS\$ 30.00
Vehicle Licence Fee(ZINARA)	RTGS\$ 100.00
Penalties Fee(ZINARA)	RTGS\$ 0.00
Total Amount Due	RTGS\$ 421.00
QR Image	

Thank you.

Yours Sincerely

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GENERAL MANAGER – SALES