

POLICY SCHEDULE/SUMMARY OF YOUR COVER

Genetic Financial Services
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Harere



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YOUR PERSONAL DETAILS

Policy Number:	GMCC180000163-1	Postal Address	00263
Policy Holder Name :	Ankit Dhiman	Date of Birth	11/09/2018
Cell number:	9467192631	Your Package:	Annual
Alternative Contact Number		Physical Address	Add1 Add2
		ID Number	12-123456A12
Email Address	ankit.dhiman@kindlebi t.com		

SUMMARY OF YOUR COVER

Vehicle description	Sum insured	Cover type	Vehicle usage	Sound system	Excess	Premium
LEXUS / TOYOTA	\$0.00	ThirdParty	Commercial Vehicle - Own Business	\$0.00	\$0.00	\$166.50

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	\$185.00
Stamp Duty	\$8.32
ZTSC Levy	\$19.98
Radio Licence Cost	\$0.00
Discount	\$18.50
Vehicle Licence Fee(ZINARA)	\$0.00
Total Premium Due	\$194.80

Thank you.

Yours Sincerely

