

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190002961-1	Postal Address	00263
Policy Holder Name :	ashwani kumar	Date of Birth	28/02/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test address test addrss2
Email Address	Guest-4259@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
1245553	RS4 / APRILIA		\$0.00	ThirdParty	Personal Usage (including driving to work and back)	20/03/2019 - 19/07/2019	\$Termly	\$27.00
2545555	BT49QT-12CE3 / BAOTIAN		\$0.00	ThirdParty	Personal Usage (including driving to work and back)	20/03/2019 - 19/08/2019	\$Termly_5 Months	\$33.29

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
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PREMIUM SUMMARY	
Policy Term	Termly(4Months)
Basic Premium	\$66.99
Stamp Duty	\$3.01
ZTSC Levy	\$5.40
Radio Licence Cost	\$0.00
Discount	\$6.70
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$68.70

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES