

RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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GENEINSURE CONTACT

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YOUR PERSONAL DETAILS

Policy Number:	GMCC180000525-1	Postal Address	00263
Renew Policy Number:	GMCC180000525-2	Date of Birth	03/09/1979
Policy Holder Name :	Nassau Shoko	Your Package:	Motor Package
Cell number:	719929664	Physical Address	5943 Southlea Park
Alternative Contact Number		ID Number	63-1126845P85
Email Address	michelle@gene.co.zw		

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
ADP4302	LANDCRUISER / TOYOTA	\$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	\$1.35
ZTSC Levy	\$3.60
Radio Licence Cost	\$10.00
Discount	\$3.00
Vehicle Licence Fee(ZINARA)	\$20.00
Total Amount Due	\$61.95

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES