

## POLICY SCHEDULE/SUMMARY OF YOUR COVER



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## YOUR PERSONAL DETAILS

Policy Number:	GMCC190002834-1	Postal Address	00263
Policy Holder Name :	ashwani kumar	Date of Birth	01/03/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test dd
Email Address	Guest-4101@gmail.com	ID Number	12-123456A12

## SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
445888	MONTELIMAR / ACTM	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	04/03/2019 - 03/03/2020	\$Annual	\$81.00

## EXTENSIONS &amp; 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	\$90.00
Stamp Duty	\$4.05
ZTSC Levy	\$9.72
Radio Licence Cost	\$30.00
Discount	\$9.00
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$124.77

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES