

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190001899-1	Postal Address	00263
Policy Holder Name :	ashwan16 k	Date of Birth	09/01/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test d
Email Address	Guest-2876@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
575222	MONTELIMAR / ACTM	\$0.00	ThirdParty	Upto 30 seats	23/01/2019 - 22/05/2019	\$Termly	\$67.50

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	Termly(4Months)
Basic Premium	\$75.00
Stamp Duty	\$3.38

ZTSC Levy	\$7.33
Radio Licence Cost	\$0.00
Discount	\$7.50
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$78.21

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES