RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services 11 Routledge Street Milton Park

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YOUR PERSONAL DETAILS

Policy Number:	GMCC180000531-1		
Renew Policy Number:	GMCC180000531-2		
Policy Holder Name :	Teddy T chandan		
Cell number:	773474420		
Alternative Contact Number			
Email Address	Guest-2977@gmail.com		

Postal Address	00263		
Date of Birth	11/10/2018		
Your Package:	Motor Package		
Physical Address	221 Fife avenue Avenues		
ID Number	83-133966F83		

SUMMARY OF YOUR COVER								
VRN	Vehicle descriptio n	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium	
ABO6292	2 / MAZDA	\$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	\$1.50		
Medical Expenses	\$0.00		
Excess Amount	\$0.00		

PREMIUM SUMMARY Policy Term Annual(1 Year) Basic Premium \$28.50 Stamp Duty \$2.84 ZTSC Levy \$7.20 Radio Licence Cost \$0.00 Discount \$3.00 Vehicle Licence Fee(ZINARA) \$20.00

\$107.04

Thank you.

Yours Sincerely

Total Amount Due

GENERAL MANAGER - SALES