## RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
ZB Centre
4th Floor South Wing
cnr First Street & Kwame Nkrumah
Avenue
Harare

GENEINSURE CONTACT

Call us on: +263 867 722 33 44 Whatsapp us on: +263 719 884 884

/+263 732 884 884

Email us on: service@gene.co.zw

## YOUR PERSONAL DETAILS

Policy Number:	GMCC200012133-1			
Renew Policy Number:	GMCC200012133-2			
Policy Holder Name :	ashwani k			
Cell number:	123456789			
Alternative Contact Number				
Email Address	Guest-18396@gmail.com			

Postal Address	00263		
Date of Birth	01/06/2020		
Your Package:	Motor Package		
Physical Address	address1 ddd		
ID Number	12-12456A12		

SUMMARY OF YOUR COVER								
VRN	Vehicle descripti on	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Paymen t Term	Premiu m
D745222	MONTEL IMAR / ACTM		USD0.00	ThirdPart y	Personal Usage (including driving to work and back)	02/06/20 20 - 01/10/20 20	4 Months	USD300. 00

EXTENSIONS & OPTIONAL COVERS			
Passenger Accident Cover	USD 0.00		
Excess Buy Back	USD 0.00		
Roadside Assistance	USD 0.00		
Medical Expenses	USD 0.00		
Excess Amount	USD 0.00		

## PREMIUM SUMMARY Policy Term USD Annual(1 Year) USD 270.00 **Basic Premium** Stamp Duty USD 15.00 **ZTSC Levy** USD 36.00 Radio Licence Cost USD 0.00 Discount USD 30.00 Vehicle Licence Fee(ZINARA) USD 0.00 **Total Amount Due** USD 321.00 QR Image

Thank you.

Yours Sincerely



GENERAL MANAGER - SALES