POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
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YOUR PERSONAL DETAILS

Policy Number:	GMCC190002759-1
Policy Holder Name :	ashwani kumar
Cell number:	123456789
Alternative Contact Number	
Email Address	Guest-4012@gmail.com

Postal Address	00263
Date of Birth	01/03/2019
Your Package:	Motor Package
Physical Address	test ddd
ID Number	12-123456A12

SUMMARY OF YOUR COVER							
VRN	Vehicle descriptio n	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
ADA3418	350Z / NISSAN	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	01/03/2019 - 30/06/2019	\$Termly	\$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		

Policy Term	Termly(4Months)
Basic Premium	\$30.00
Stamp Duty	\$1.35
ZTSC Levy	\$3.60
Radio Licence Cost	\$0.00
Discount	\$3.00
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$31.95

Thank you.

Yours Sincerely

GENERAL MANAGER – SALES