

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
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YOUR PERSONAL DETAILS

Policy Number:	GMCC200013621-1	Postal Address	00263
Policy Holder Name :	chandan kumar	Date of Birth	02/06/2020
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	address1 address2
Email Address	chandan12@gail.com	ID Number	124523

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
IEI385TS T	MONTELMAR / ACTM		RTGS\$0.00	ThirdParty	Personal Usage (including driving to work and back)	17/06/2020 - 17/10/2020	Termly	RTGS\$300.00

EXTENSIONS & OPTIONAL COVERS

Passenger Accident Cover	RTGS\$ 0.00
Excess Buy Back	RTGS\$ 0.00
Roadside Assistance	RTGS\$ 0.00
Medical Expenses	RTGS\$ 0.00
Excess Amount	RTGS\$ 0.00

PREMIUM SUMMARY

Policy Term

Termly(4Months)

Basic Premium	RTGS\$ 300.00
Stamp Duty	RTGS\$ 15.00
ZTSC Levy	RTGS\$ 36.00
Radio Licence Cost	RTGS\$ 0.00
Discount	RTGS\$ 30.00
Vehicle Licence Fee(ZINARA)	RTGS\$ 0.00
Total Amount Due	RTGS\$ 321.00
QR Image	

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES