## RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services 11 Routledge Street Milton Park

Harare

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## YOUR PERSONAL DETAILS

Policy Number:	GMCC190002033-1
Renew Policy Number:	GMCC190002033-2
Policy Holder Name :	ashwanik11dddddd kk
Cell number:	123456789
Alternative Contact Number	
Email Address	Guest-3077@gmail.com

Postal Address	00263
Date of Birth	09/01/2019
Your Package:	Motor Package
Physical Address	test dd
ID Number	12-123456A12

SUMMARY OF YOUR COVER							
VRN	Vehicle descriptio n	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
665333	1100 / AUSTIN	\$0.00	ThirdParty	Personal Usage - Trailer (including driving to work and back)	\$0.00	5 Months	\$11.10

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 Annual(1 Year) **Basic Premium** \$11.10 Stamp Duty \$0.55 ZTSC Levy \$1.33 Radio Licence Cost \$0.00 Discount \$1.23 Vehicle Licence Fee(ZINARA) \$0.00 **Total Amount Due** \$12.98

Thank you.

Yours Sincerely

M

GENERAL MANAGER - SALES