

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

| | | | |
|----------------------------|---------------------|------------------|--------------|
| Policy Number: | GMCC180000794-1 | Postal Address | 00263 |
| Policy Holder Name : | chandan29 kumar | Date of Birth | 08/10/2018 |
| Cell number: | 123456789 | Your Package: | Annual |
| Alternative Contact Number | | Physical Address | tes d |
| Email Address | chandan29@gmail.com | ID Number | 12-123456A12 |

SUMMARY OF YOUR COVER

| Vehicle Description | Sum Insured | Cover Type | Vehicle Usage | Sound System | Excess | Premium |
|---------------------|-------------|------------|--|--------------|--------|---------|
| MONTELMAR / ACTM | \$0.00 | ThirdParty | Personal Usage (including driving to work and back) | \$0.00 | \$0.00 | \$81.00 |

EXTENSIONS & OPTIONAL COVERS

| | |
|--------------------------|--------|
| Passenger Accident Cover | \$0.00 |
| Excess Buy Back | \$0.00 |
| Roadside Assitance | \$0.00 |
| Medical Expenses | \$0.00 |
| Excess Amount | \$0.00 |

PREMIUM SUMMARY

| | |
|---------------|----------------|
| Policy Term | Annual(1 Year) |
| Basic Premium | \$90.00 |

| | |
|-----------------------------|---------|
| Stamp Duty | \$4.05 |
| ZTSC Levy | \$9.72 |
| Radio Licence Cost | \$0.00 |
| Discount | \$9.00 |
| Vehicle Licence Fee(ZINARA) | \$0.00 |
| Total Amount Due | \$94.77 |

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES