

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
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YOUR PERSONAL DETAILS

Policy Number:	GMCC190006991-1	Postal Address	00263
Policy Holder Name :	Mike Okoro	Date of Birth	30/09/2019
Cell number:	782727974	Your Package:	Motor Package
Alternative Contact Number		Physical Address	44 jumpies 29JANSONMEBOUGHREIN
Email Address	Guest-9568@gmail.com	ID Number	47-073351K47

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
ACX6203	XTYPE / JAGUAR	ICGEN195345929	RTGS\$0.00	ThirdParty	Personal Usage (including driving to work and back)	01/10/2019 - 01/02/2020	\$Termly	RTGS\$150.00

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\$ 150.00
Stamp Duty	RTGS\$ 7.50
ZTSC Levy	RTGS\$ 18.00
Radio Licence Cost	RTGS\$ 0.00
Discount	RTGS\$ 0.00
Vehicle Licence Fee(ZINARA)	RTGS\$ 0.00
Total Amount Due	RTGS\$ 175.50

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES