

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190001905-1	Postal Address	00263
Policy Holder Name :	shallu sharma	Date of Birth	17/01/2019
Cell number:	5465786	Your Package:	Motor Package
Alternative Contact Number		Physical Address	gfh ghj
Email Address	shallu@gmail.com	ID Number	56-567565G56

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
565767	147 / ALFA ROMEO	\$0.00	ThirdParty	Commercial Vehicle - Own Business	25/01/2019 - 24/06/2019	\$Termly_5 Months	\$55.48

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	Termly_5(5Months)
Basic Premium	\$61.64

Stamp Duty	\$2.77
ZTSC Levy	\$4.40
Radio Licence Cost	\$0.00
Discount	\$6.16
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$62.65

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES