

# POLICY SCHEDULE/SUMMARY OF YOUR COVER



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## YOUR PERSONAL DETAILS

|                            |                     |                  |              |
|----------------------------|---------------------|------------------|--------------|
| Policy Number:             | GMCC180000660-1     | Postal Address   | 00263        |
| Policy Holder Name :       | chandan22 1         | Date of Birth    | 11/10/2018   |
| Cell number:               | 123456789           | Your Package:    | Termly       |
| Alternative Contact Number |                     | Physical Address | test k       |
| Email Address              | chandan22@gmail.com | ID Number        | 12-123456A12 |

## SUMMARY OF YOUR COVER

| Vehicle Description | Sum Insured | Cover Type | Vehicle Usage  | Sound System | Excess | Premium |
|---------------------|-------------|------------|--|--------------|--------|---------|
| FIT / HONDA         | \$0.00      | ThirdParty | Personal Usage<br>(including driving to work and back) | \$0.00       | \$0.00 | \$27.00 |

## 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   | Termly(4Months) |
| Basic Premium | \$30.00         |

|                             |         |
|-----------------------------|---------|
| Stamp Duty                  | \$1.35  |
| ZTSC Levy                   | \$3.60  |
| Radio Licence Cost          | \$0.00  |
| Discount                    | \$3.00  |
| Vehicle Licence Fee(ZINARA) | \$0.00  |
| Total Amount Due            | \$31.95 |

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES