## RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
ZB Centre
4th Floor South Wing
cnr First Street & Kwame Nkrumah
Avenue

Harare

GENEINSURE CONTACT

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/+263 732 884 884

Email us on: service@gene.co.zw

## YOUR PERSONAL DETAILS

Policy Number:	GMCC190001665-1		
Renew Policy Number:	GMCC190001665-2		
Policy Holder Name :	Augustine Mukumba		
Cell number:	777670323		
Alternative Contact Number			
Email Address	Guest-3737@gmail.com		

Postal Address	00263
Date of Birth	01/01/2000
Your Package:	Motor Package
Physical Address	12 Roultedge Street Milton Park
ID Number	22271699S27

SUMMARY OF YOUR COVER								
VRN	Vehicle descripti on	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Paymen t Term	Premiu m
56567	S/LINE / ARAGON		USD0.00	ThirdPart y	Upto 30 seats	08/04/20 20 - 07/04/20 21	Yearly	USD1950 .00

EXTENSIONS & OPTIONAL COVERS				
Passenger Accident Cover	USD 33.00			
Excess Buy Back	USD 0.00			
Roadside Assistance	USD 0.00			
Medical Expenses	USD 0.00			
Excess Amount	USD 0.00			

## PREMIUM SUMMARY Policy Term USD Annual(1 Year) USD 1755.00 **Basic Premium** Stamp Duty USD 100.80 ZTSC Levy USD 108.00 Radio Licence Cost **USD 0.00** Discount USD 228.00 Vehicle Licence Fee(ZINARA) USD 0.00 **Total Amount Due** USD 1963.80 **QR** Image

Thank you.

Yours Sincerely

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GENERAL MANAGER - SALES