

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
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YOUR PERSONAL DETAILS


Policy Number:	GMCC200002596-1	Postal Address	00263
Policy Holder Name :	sachin kumar	Date of Birth	04/02/2020
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	address1 addrss2
Email Address	Guest-3617@gmail.com	ID Number	12-12346A22

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
ZBT66223	AURIS / TOYOTA	ICGEN200054499	RTGS0.00	ThirdParty	Personal Usage (including driving to work and back)	05/02/2020 - 04/06/2020	Termly	RTGS300.00

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 300.00
Stamp Duty	RTGS 15.00
ZTSC Levy	RTGS 36.00
Radio Licence Cost	RTGS 10.00
Discount	RTGS 30.00
Vehicle Licence Fee(ZINARA)	RTGS 200.00
Total Amount Due	RTGS 531.00
QR Image	

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES