

# POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services  
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## YOUR PERSONAL DETAILS

Policy Number:	GMCC180000794-1	Postal Address	160101
Policy Holder Name :	Prince Chopra	Date of Birth	08/11/2018
Cell number:	9417614049	Your Package:	Motor Package
Alternative Contact Number		Physical Address	Plot J7, IT park uj
Email Address	prince.chopra@kindlebit.com	ID Number	45-456786R57

## SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
56767	100 / ADLY		USD0.00	ThirdParty	Upto 30 seats	29/11/2018 - 28/03/2019	Termly	USD65.00
56767	100 / ADLY		USD0.00	ThirdParty	Upto 30 seats	30/03/2020 - 29/07/2020	Termly	USD650.00

## EXTENSIONS & OPTIONAL COVERS

Passenger Accident Cover	USD 0.00
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

Termly(4Months)

Basic Premium	USD 656.50
Stamp Duty	USD 32.50
ZTSC Levy	USD 36.00
Radio Licence Cost	USD 0.00
Discount	USD 71.50
Vehicle Licence Fee(ZINARA)	USD 0.00
Total Amount Due	USD 653.50
QR Image	

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES