

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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Harere

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YOUR PERSONAL DETAILS

Policy Number:	GMCC180000383-1	Postal Address	21035
Policy Holder Name :	sachin k	Date of Birth	17/09/2018
Cell number:	6541233214	Your Package:	Annual
Alternative Contact Number		Physical Address	fgsdf gsdgfd
Email Address	sachin@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

Vehicle Description	Sum Insured	Cover Type	Vehicle Usage	Sound System	Excess	Premium
MONTELMAR / ACTM	\$	ThirdParty	Personal Usage (including driving to work and back)	\$0.00	\$0.00	\$81.00

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	Annual(1 Year)
Basic Premium	\$90.00

Stamp Duty	\$4.05
ZTSC Levy	\$9.72
Radio Licence Cost	\$0.00
Discount	\$9.00
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$94.77

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES