

# POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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## YOUR PERSONAL DETAILS

Policy Number:	GMCC180000591-1	Postal Address	21035
Policy Holder Name :	Deepak Sharma	Date of Birth	03/10/2018
Cell number:	123456789	Your Package:	Termly
Alternative Contact Number		Physical Address	fgsdf gsdgfd
Email Address	prince.cho1256pra@kindlebit.com	ID Number	12-123456A12

## SUMMARY OF YOUR COVER

Vehicle Description	Sum Insured	Cover Type	Vehicle Usage	Sound System	Excess	Premium
MODEL DESC1 / TESTMAKE01	\$0.00	ThirdParty	Personal Usage - Trailer (including driving to work and back)	\$0.00	\$0.00	\$19.50

## 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	\$21.67

Stamp Duty	\$0.98
ZTSC Levy	\$2.34
Radio Licence Cost	\$0.00
Discount	\$2.17
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$22.82

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES