

## POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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## YOUR PERSONAL DETAILS

Policy Number:	GMCC180001061-1	Postal Address	00263
Policy Holder Name :	chandank kumar	Date of Birth	08/11/2018
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test d
Email Address	Guest-1677@gmail.com	ID Number	12-123456A12

## SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
A3333344	MONTELIMAR / ACTM	\$0.00	ThirdParty	Agricultural Implements	29/11/2018 - 28/11/2019	\$Annual	\$27.00

## EXTENSIONS &amp; OPTIONAL COVERS

Passenger Accident Cover	\$0.00
Excess Buy Back	\$0.00
Roadside Assistance	\$0.00
Medical Expenses	\$0.00
Excess Amount	\$0.00

## PREMIUM SUMMARY

Policy Term	Annual(1 Year)
Basic Premium	\$30.00
Stamp Duty	\$1.35

ZTSC Levy	\$3.24
Radio Licence Cost	\$0.00
Discount	\$3.00
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$31.59

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES