

POLICY SCHEDULE/SUMMARY OF YOUR COVER



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YOUR PERSONAL DETAILS

| | | | |
|----------------------------|----------------------|------------------|---------------|
| Policy Number: | GMCC190002025-1 | Postal Address | 00263 |
| Policy Holder Name : | ashwani kumar | Date of Birth | 09/01/2019 |
| Cell number: | 123456789 | Your Package: | Motor Package |
| Alternative Contact Number | | Physical Address | test ddd |
| Email Address | Guest-3070@gmail.com | ID Number | 12-123456A12 |

SUMMARY OF YOUR COVER

| VRN | Vehicle description | Sum insured | Cover type | Vehicle usage | Policy Period | Payment Term | Premium |
|--------|---------------------------------|-------------|------------|---|-------------------------|--------------|---------|
| AAD333 | BEAUMONT SPORTS DELUX / ACADIAN | \$0.00 | ThirdParty | Personal Usage (including driving to work and back) | 28/01/2019 - 27/05/2019 | \$Termly | \$27.00 |

EXTENSIONS & 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 | Termly(4Months) |
|-----------------------------|-----------------|
| Basic Premium | \$30.00 |
| Stamp Duty | \$1.35 |
| ZTSC Levy | \$3.60 |
| Radio Licence Cost | \$0.00 |
| Discount | \$3.00 |
| Vehicle Licence Fee(ZINARA) | \$0.00 |
| Total Amount Due | \$31.95 |

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES