

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

11 Routledge Street

Milton Park

Harere

GENEINSURE CONTACT

Call us on : +263 867 722 33 44

Whatsapp us on : +263 719 884 884

/+263 732 884 884

Email us on: service@gene.co.zw

YOUR PERSONAL DETAILS

Policy Number:	GMCC180000748-1	Postal Address	00263
Policy Holder Name :	test1 1	Date of Birth	30/10/2018
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	testd d
Email Address	test1@gmail.com	ID Number	12-1234567A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
A12233	147 / ALFA ROMEO	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	15/11/2018 - 14/04/2019	\$Termly_5 Months	\$33.29

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_5(5Months)	
Basic Premium		\$36.99	
Stamp Duty		\$1.66	
ZTSC Levy		\$3.99	
Radio Licence Cost		\$0.00	
Discount		\$3.70	
Vehicle Licence Fee(ZINARA)		\$0.00	
Total Amount Due		\$38.94	

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES