POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services 11 Routledge Street Milton Park

GENEINSURE CONTACT

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Email us on: service@gene.co.zw

YOUR PERSONAL DETAILS

Policy Number:	GMCC180000659-1
Policy Holder Name :	test1 1
Cell number:	123456789
Alternative Contact Number	
Email Address	test1@gmail.com

Postal Address	00263
Date of Birth	11/10/2018
Your Package:	Termly
Physical Address	test 1 k
ID Number	12-123456A12

	SUMMARY OF YOUR COVER					
Vehicle Description	Sum Insured	Cover Type	Vehicle Usage	Sound System	Excess	Premium
CARAVAN / NISSAN	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	\$0.00	\$0.00	\$27.00

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	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