

Quotation



Genetic Financial Services

11 Routledge Street

Milton Park

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GENE-INSURE CONTACT

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Email us on:

service@gene.co.zw

YOUR PERSONAL DETAILS

Policy Number:	GMCC180001038-1	Postal Address	00263
Policy Holder Name :	chandan423 k	Date of Birth	29/10/2018
Cell number:	123456789	Product:	Motor Package
Insurance Period	06/11/2018 - 05/11/2019	Physical Address	tes d
		ID Number	12-123456A12
Email Address	chandan423@gmail.c om		

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Policy Period	Payment Term	Premium
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A234444	MONTE LIMAR / ACTM	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	06/11/2018 - 05/11/2019	Annual	\$81.00

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

Basic Premium	\$90.00
Stamp Duty	\$4.05
ZTSC Levy	\$9.72
Radio Licence Cost	\$0.00
Discount	\$9.00
Vehicle Licence Fee(ZINARA)	\$0.00
Total Premium Due	\$94.77



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