

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC180000359-1	Postal Address	00263
Policy Holder Name :	Deepak Sharma	Date of Birth	14/09/2018
Cell number:	9814256279	Your Package:	Annual
Alternative Contact Number		Physical Address	fdsfs fdds
Email Address	deepak.s@kindlebit.com	ID Number	14-278567U28

SUMMARY OF YOUR COVER

Vehicle Description	Sum Insured	Cover Type	Vehicle Usage	Sound System	Excess	Premium
LEXUS / TOYOTA	\$	ThirdParty	Commercial Vehicle - Own Business	\$0.00	\$0.00	\$166.50

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	Annual(1 Year)
Basic Premium	\$185.00
Stamp Duty	\$9.25

ZTSC Levy	\$18.00
Radio Licence Cost	\$0.00
Discount	\$18.50
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$193.75

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES