

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

| | | | |
|----------------------------|---------------------|------------------|-----------------------------|
| Policy Number: | GMCC180000687-1 | Postal Address | 00263 |
| Policy Holder Name : | chandan28 k | Date of Birth | 16/10/2018 |
| Cell number: | 123456789 | Your Package: | Termly |
| Alternative Contact Number | | Physical Address | test address1 test address2 |
| Email Address | chandan28@gmail.com | ID Number | 12-123456A12 |

SUMMARY OF YOUR COVER

| Vehicle Description | Sum Insured | Cover Type | Vehicle Usage | Sound System | Excess | Premium |
|---------------------|-------------|------------|--|--------------|--------|---------|
| MONTELMAR / ACTM | \$0.00 | ThirdParty | Personal Usage (including driving to work and back) | \$0.00 | \$0.00 | \$27.00 |
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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 | \$60.00 |
| Stamp Duty | \$2.70 |
| ZTSC Levy | \$6.48 |
| Radio Licence Cost | \$0.00 |
| Discount | \$6.00 |
| Vehicle Licence Fee(ZINARA) | \$0.00 |
| Total Amount Due | \$63.18 |

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES