POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
ZB Centre
4th Floor South Wing
cnr First Street & Kwame Nkrumah
Avenue

Harare

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:	GMCC200012138-1
Policy Holder Name :	chandan kumar
Cell number:	123456789
Alternative Contact Number	
Email Address	chandan411@gmail.com

Postal Address	
Date of Birth	01/06/2020
Your Package:	Motor Package
Physical Address	dd
ID Number	7888

SUMMARY OF YOUR COVER								
VRN	Vehicle descripti on	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Paymen t Term	Premiu m
IEI385TS T	MONTELI MAR / ACTM		USD0.00	ThirdParty	Personal Usage (including driving to work and back)	04/06/2020 - 04/10/2020	Termly	USD300.00

EXTENSIONS & OPTIONAL COVERS			
Passenger Accident Cover	USD 0.00		
Excess Buy Back	USD 0.00		
Roadside Assistance	USD 0.00		
Medical Expenses	USD 0.00		
Excess Amount	USD 0.00		

Policy Term Termly(4Months) Basic Premium USD 300.00 Stamp Duty USD 15.00 ZTSC Levy USD 36.00 Radio Licence Cost USD 0.00 Discount USD 30.00

USD 0.00

USD 321.00

Thank you.

QR Image

Yours Sincerely

Total Amount Due

N

GENERAL MANAGER - SALES

Vehicle Licence Fee(ZINARA)