

## POLICY SCHEDULE/SUMMARY OF YOUR COVER



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## YOUR PERSONAL DETAILS

|                            |                      |                  |               |
|----------------------------|----------------------|------------------|---------------|
| Policy Number:             | GMCC190001901-1      | Postal Address   | 00263         |
| Policy Holder Name :       | Ashwani21 kumar      | Date of Birth    | 02/01/2019    |
| Cell number:               | 123456789            | Your Package:    | Motor Package |
| Alternative Contact Number |                      | Physical Address | test d        |
| Email Address              | Guest-2878@gmail.com | ID Number        | 12-123456A12  |

## SUMMARY OF YOUR COVER

| VRN     | Vehicle description | Sum insured | Cover type | Vehicle usage  | Policy Period           | Payment Term | Premium |
|---------|---------------------|-------------|------------|--|-------------------------|--------------|---------|
| 1458752 | MONTELIMAR / ACTM   | \$0.00      | ThirdParty | Personal Usage<br>(including driving to work and back) | 24/01/2019 - 23/05/2019 | \$Termly     | \$27.00 |

## EXTENSIONS &amp; 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

| Policy Term                 |  | Termly(4Months) |
|-----------------------------|--|-----------------|
| Basic Premium               |  | \$30.00         |
| Stamp Duty                  |  | \$1.35          |
| ZTSC Levy                   |  | \$3.24          |
| Radio Licence Cost          |  | \$0.00          |
| Discount                    |  | \$3.00          |
| Vehicle Licence Fee(ZINARA) |  | \$0.00          |
| Total Amount Due            |  | \$31.59         |

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES