

# POLICY SCHEDULE/SUMMARY OF YOUR COVER

## GENE-INSURE LOGO & REGISTRATION/CONTACT DETAILS



Genetic Financial Services  
11 Routledge Street  
Milton Park  
Harere

### YOUR PERSONAL DETAILS

|                            |                            |                  |              |
|----------------------------|----------------------------|------------------|--------------|
| Policy Number:             | GMCC180000028-1            | Postal Address   | 00263        |
| Policy Holder Name :       | Ankit Dhiman               | Date of Birth    | 06/09/2018   |
| Cell number:               | 9467192631                 | Your Package:    | Annual       |
| Alternative Contact Number |                            | Physical Address | Add1 Add2    |
| Email Address              | ankit.dhiman@kindlebit.com | ID Number        | 12-123456A12 |

### SUMMARY OF YOUR COVER

| Vehicle description | Sum insured | Cover type | Vehicle usage                     | Sound system | Excess | Premium  |
|---------------------|-------------|------------|-----------------------------------|--------------|--------|----------|
| LEXUS / TOYOTA      | \$0.00      | 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 period      | Annual(1 Year) |
|--------------------|----------------|
| Basic Premium      | \$185.00       |
| Stamp Duty         | \$8.32         |
| Motor Levy         | \$19.98        |
| Radio Licence Cost | \$0.00         |
| Discount           | \$18.50        |
| Total Premium Due  | \$194.80       |