

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

| | | | |
|----------------------------|----------------------|------------------|------------------|
| Policy Number: | GMCC180001031-1 | Postal Address | 00263 |
| Policy Holder Name : | Mr Mhaka | Date of Birth | 05/11/2018 |
| Cell number: | 772544333 | Your Package: | Termly_8 |
| Alternative Contact Number | | Physical Address | 7700 kuwadzana 3 |
| Email Address | Guest-1665@gmail.com | ID Number | 63-1030117A38 |

SUMMARY OF YOUR COVER

| VRN | Vehicle description | Sum insured | Cover type | Vehicle usage | Policy Period | Payment Term | Premium |
|---------|---------------------|-------------|------------|---|-------------------------|-------------------|---------|
| ACP2211 | NADIA / TOYOTA | \$0.00 | ThirdParty | Personal Usage (including driving to work and back) | 05/11/2018 - 04/07/2019 | \$Termly_8 Months | \$54.00 |
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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_8(8Months) |
| Basic Premium | \$120.00 |
| Stamp Duty | \$5.40 |
| ZTSC Levy | \$14.40 |
| Radio Licence Cost | \$0.00 |
| Discount | \$12.00 |
| Vehicle Licence Fee(ZINARA) | \$170.00 |
| Total Amount Due | \$297.80 |

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES