

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190002163-1	Postal Address	00263
Policy Holder Name :	Gary DeJong	Date of Birth	24/08/1956
Cell number:	0772243981	Your Package:	Motor Package
Alternative Contact Number		Physical Address	72A Ridgeway North Chisipite
Email Address	Guest-3241@gmail.com	ID Number	63-276966K00

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
ACX5032	LANDCRUISER / TOYOTA	\$70000.00	Comprehensive	Personal Usage (including driving to work and back)	06/02/2019 - 06/02/2019	\$Annual	\$3150.00
ADL8747	SANTA FE / HYUNDAI	\$30000.00	Comprehensive	Personal Usage (including driving to work and back)	06/02/2019 - 06/02/2019	\$Annual	\$1350.00
AEH3524	NOAH / TOYOTA	\$3000.00	Comprehensive	Personal Usage (including driving to work and back)	06/02/2019 - 06/02/2019	\$Annual	\$202.50

ACF8632	DEMIO / MAZDA	\$2500.00	Comprehensive	Personal Usage (including driving to work and back)	06/02/2019 - 06/02/2019	\$Annual	\$202.50
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EXTENSIONS & OPTIONAL COVERS

Passenger Accident Cover	\$0.00
Excess Buy Back	\$0.00
Roadside Assistance	\$527.50
Medical Expenses	\$0.00
Excess Amount	\$0.00

PREMIUM SUMMARY

Policy Term	Annual(1 Year)
Basic Premium	\$5502.75
Stamp Duty	\$245.24
ZTSC Levy	\$43.20
Radio Licence Cost	\$30.00
Discount	\$597.75
Vehicle Licence Fee(ZINARA)	\$255.00
Total Amount Due	\$5478.44

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES