

# POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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## YOUR PERSONAL DETAILS

Policy Number:	GMCC180000679-1	Postal Address	00263
Policy Holder Name :	chandan51 1	Date of Birth	12/10/2018
Cell number:	123456789	Your Package:	Termly
Alternative Contact Number		Physical Address	test address
Email Address	Guest-1051@gmail.com	ID Number	12-123456A12

## SUMMARY OF YOUR COVER

Vehicle Description	Sum Insured	Cover Type	Vehicle Usage	Sound System	Excess	Premium
MONTELMAR / ACTM	\$20000.00	ThirdParty	Personal Usage (including driving to work and back)	\$0.00	\$3.00	\$207.00

## EXTENSIONS & OPTIONAL COVERS

Passenger Accident Cover	\$0.00
Excess Buy Back	\$0.00
Roadside Assitance	\$0.00
Medical Expenses	\$0.00
Excess Amount	\$400.00

## PREMIUM SUMMARY

Policy Term	Termly(4Months)
Basic Premium	\$223.33

Stamp Duty	\$10.35
ZTSC Levy	\$3.60
Radio Licence Cost	\$0.00
Discount	\$16.33
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$220.95

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES