

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190001889-1	Postal Address	00263
Policy Holder Name :	ashwani k	Date of Birth	10/01/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test address1 test address2
Email Address	ashwani123@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
4785222	MONTELIMAR / ACTM	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	16/01/2019 - 15/01/2020	\$Annual	\$81.00

EXTENSIONS & 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	Annual(1 Year)
Basic Premium	\$90.00
Stamp Duty	\$4.05
ZTSC Levy	\$9.72
Radio Licence Cost	\$0.00
Discount	\$9.00
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$94.77

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES