

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

11 Routledge Street

Milton Park

Harere

GENEINSURE CONTACT

Call us on : +263 867 722 33 44

Whatsapp us on : +263 719 884 884

/+263 732 884 884

Email us on: service@gene.co.zw

YOUR PERSONAL DETAILS

Policy Number:	GMCC180001059-1	Postal Address	00263
Policy Holder Name :	chandank kumar	Date of Birth	21/11/2018
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test addresss test address2
Email Address	chandank@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
A234444	EL K9 / BDMC	\$14520.00	ThirdParty	Personal Usage (including driving to work and back)	26/11/2018 - 25/03/2019	\$Termly	\$27.00
D3456565	LOADER / B&L	\$10000.00	ThirdParty	Ambulance, Fire Engine, Hearse	26/11/2018 - 25/04/2019	\$Termly_5 Months	\$61.03

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

Termly(4Months)

Basic Premium	\$97.81
Stamp Duty	\$4.40
ZTSC Levy	\$5.40
Radio Licence Cost	\$0.00
Discount	\$9.78
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$97.83

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES