

RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190001865-1	Postal Address	00263
Renew Policy Number:	GMCC190001865-2	Date of Birth	01/05/2019
Policy Holder Name :	ashwani25 k	Your Package:	Motor Package
Cell number:	123456789	Physical Address	test address test address2
Alternative Contact Number		ID Number	12-123456A12
Email Address	Guest-1952@gmail.com		

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
D325411	EL K9 / BDMC		\$0.00	ThirdParty	Personal Usage (including driving to work and back)	\$0.00	4 Months	\$27.00

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	\$27.00
Stamp Duty	\$1.35
ZTSC Levy	\$3.24
Radio Licence Cost	\$0.00
Discount	\$3.00
Vehicle Licence Fee(ZINARA)	\$0.00
Total Amount Due	\$31.59

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES