POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services 11 Routledge Street Milton Park

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Email us on: service@gene.co.zw

YOUR PERSONAL DETAILS

Policy Number:	GMCC180000797-1
Policy Holder Name :	chandan32 kumar
Cell number:	123456789
Alternative Contact Number	
Email Address	chandan32@gmail.com

Postal Address	00263
Date of Birth	02/10/2018
Your Package:	Annual
Physical Address	test d
ID Number	12-123456A12

SUMMARY OF YOUR COVER							
Vehicle Description	Sum Insured	Cover Type	Vehicle Usage	Sound System	Excess	Premium	
MONTELIMAR / ACTM	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	\$0.00	\$0.00	\$81.00	
MONTELIMAR / ACTM	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	\$0.00	\$0.00	\$27.00	

EXTENSIONS & OPTIONAL COVERS				
Passenger Accident Cover	\$0.00			
Excess Buy Back	\$0.00			
Roadside Assitance	\$0.00			
Medical Expenses	\$0.00			
Excess Amount	\$0.00			

PREMIUM SUMMARY Policy Term Annual(1 Year) Basic Premium \$120.00 Stamp Duty \$5.40 ZTSC Levy \$12.96 Radio Licence Cost \$0.00 Discount \$12.00 Vehicle Licence Fee(ZINARA) \$0.00

\$126.36

Thank you.

Yours Sincerely

Total Amount Due

GENERAL MANAGER – SALES