

ENDORSEMENT SCHEDULE



Genetic Financial Services

11 Routledge Street

Milton Park

Harare

GENEINSURE CONTACT

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Email us on: service@gene.co.zw

YOUR PERSONAL DETAILS

Policy Number:	GMCC190001641-1	Postal Address	5671234
Policy Holder Name :	test test	Date of Birth	30/04/2019
Cell number:	3456765432	Your Package:	Motor Package
Alternative Contact Number		Physical Address	Addressssss qwqw
Email Address	manjeet.singh@kindlebit.co m	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle descriptio n	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
Currency	1233215	PULSAR / BAJAJ	USD0.00	ThirdParty	Tractors/Fork Lifts - Personal Use	02/05/2019 - 01/01/2020	Termly_8 Months

EXTENSIONS & OPTIONAL COVERS

Currency	USD
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_8(8Months)

Currency	USD
Basic Premium	49.32
Stamp Duty	2.22
ZTSC Levy	1.35
Radio Licence Cost	0.00
Discount	4.93
Vehicle Licence Fee(ZINARA)	0.00
Total Amount Due	47.96

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES