

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
ZB Centre
4th Floor South Wing
cnr First Street & Kwame Nkrumah
Avenue
Harare
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:	GMCC200008733-1	Postal Address	00263
Policy Holder Name :	sachin kumar	Date of Birth	28/01/2020
Cell number:	12345678	Your Package:	Motor Package
Alternative Contact Number		Physical Address	address address2
Email Address	Guest-12883@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
ZBT66223	AURIS / TOYOTA	ICGEN200054923	RTGS\$0.00	ThirdParty	Personal Usage (including driving to work and back)	21/02/2020 - 20/07/2020	Termly_5 Months	RTGS\$375.00

EXTENSIONS & OPTIONAL COVERS

Passenger Accident Cover	RTGS\$ 0.00
Excess Buy Back	RTGS\$ 0.00
Roadside Assistance	RTGS\$ 0.00
Medical Expenses	RTGS\$ 0.00
Excess Amount	RTGS\$ 0.00

PREMIUM SUMMARY

Policy Term

Termly_5(5Months)

Basic Premium	RTGS\$ 375.00
Stamp Duty	RTGS\$ 18.75
ZTSC Levy	RTGS\$ 45.00
Radio Licence Cost	RTGS\$ 0.00
Discount	RTGS\$ 37.50
Vehicle Licence Fee(ZINARA)	RTGS\$ 250.00
Total Amount Due	RTGS\$ 651.25
QR Image	

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES