

# POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services  
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## YOUR PERSONAL DETAILS

Policy Number:	GMCC200009517-1	Postal Address	00263
Policy Holder Name :	sachin kumar	Date of Birth	10/03/2020
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	address1 address2
Email Address	Guest-14429@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
D78452JH	MONTELMAR / ACTM		RTGS\$0.00	ThirdParty	Personal Usage (including driving to work and back)	26/03/2020 - 25/03/2021	Annual	RTGS\$900.00

## 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

Annual(1 Year)

Basic Premium	RTGS\$ 900.00
Stamp Duty	RTGS\$ 45.00
ZTSC Levy	RTGS\$ 108.00
Radio Licence Cost	RTGS\$ 0.00
Discount	RTGS\$ 90.00
Vehicle Licence Fee(ZINARA)	RTGS\$ 0.00
Total Amount Due	RTGS\$ 963.00
QR Image	

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES