POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
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YOUR PERSONAL DETAILS					
Policy Number:	GMCC180000259-1	Postal Address	00263		
Policy Holder Name :	Ankit Dhiman	Date of Birth	12/09/2018		
Cell number:	9467192631	Your Package:	Annual		
Alternative Contact Number		Physical Address	Add1 Add2		
Email Address	ankit.dhiman@kindlebit.com	ID Number	12-123456A12		

SUMMARY OF YOUR COVER						
Vehicle Description	Sum Insured	Cover Type	Vehicle Usage	Sound System	Excess	Premium
147 / ALFA ROMEO	\$10000.00	I Comprehensive	Ambulance, Fire Engine, Hearse	\$0.00	\$0.00	\$450.00

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	\$500.00			
Stamp Duty	\$22.50			
ZTSC Levy	\$54.00			
Radio Licence Cost	\$0.00			
Discount	\$50.00			
Vehicle Licence Fee(ZINARA)	\$0.00			
Total Amount Due	\$526.50			

Thank you.

Yours Sincerely



GENERAL MANAGER - SALES