

## POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services  
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## YOUR PERSONAL DETAILS

Policy Number:	GMCC200012133-1	Postal Address	00263
Policy Holder Name :	ashwani k	Date of Birth	01/06/2020
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	address1 ddd
Email Address	Guest-18396@gmail.com	ID Number	12-12456A12

## SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
D745222	MONTELMAR / ACTM		USD0.00	ThirdParty	Personal Usage (including driving to work and back)	02/06/2020 - 01/10/2020	Termly	USD300.00

## EXTENSIONS &amp; OPTIONAL COVERS

Passenger Accident Cover	USD 0.00
Excess Buy Back	USD 0.00
Roadside Assistance	USD 0.00
Medical Expenses	USD 0.00
Excess Amount	USD 0.00

## PREMIUM SUMMARY

Policy Term

Termly(4Months)

Basic Premium	USD 300.00
Stamp Duty	USD 15.00
ZTSC Levy	USD 36.00
Radio Licence Cost	USD 0.00
Discount	USD 30.00
Vehicle Licence Fee(ZINARA)	USD 0.00
Total Amount Due	USD 321.00
QR Image	

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES