

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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Harere

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YOUR PERSONAL DETAILS

Policy Number:	GMCC180001031-1	Postal Address	00263
Policy Holder Name :	Mr Mhaka	Date of Birth	05/11/2018
Cell number:	772544333	Your Package:	Termly_8
Alternative Contact Number		Physical Address	7700 kuwadzana 3
Email Address	Guest-1665@gmail.com	ID Number	63-1030117A38

SUMMARY OF YOUR COVER

VRN	Vehicle description	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
ACP2211	NADIA / TOYOTA	\$0.00	ThirdParty	Personal Usage (including driving to work and back)	05/11/2018 - 04/07/2019	\$Termly_8 Months	\$54.00

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		Termly_8(8Months)	
Basic Premium		\$60.00	
Stamp Duty		\$2.70	
ZTSC Levy		\$7.20	
Radio Licence Cost		\$0.00	
Discount		\$6.00	
Vehicle Licence Fee(ZINARA)		\$85.00	
Total Amount Due		\$148.90	

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES