

RENEWAL SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
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YOUR PERSONAL DETAILS

Policy Number:	GMCC200013617-1	Postal Address	00263
Renew Policy Number:	GMCC200013617-2	Date of Birth	04/06/2020
Policy Holder Name :	chandn kumar	Your Package:	Motor Package
Cell number:	123456789	Physical Address	address1 address
Alternative Contact Number		ID Number	12-123456A12
Email Address	Guest-20340@gmail.com		

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover note	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
IEI385TS T	17290ME / AAD	ICGEN20 0057905	RTGS\$0. 00	ThirdPart y	Personal Usage (including driving to work and back)	01/07/20 21 - 31/10/20 21	4 Months	RTGS\$1 110.00

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

RTGS\$ Annual(1 Year)

Basic Premium

RTGS\$ 999.00

Stamp Duty

RTGS\$ 55.50

ZTSC Levy

RTGS\$ 133.20

Radio Licence Cost

RTGS\$ 0.00

Discount

RTGS\$ 111.00

Vehicle Licence Fee(ZINARA)

RTGS\$ 0.00

Total Amount Due

RTGS\$ 1187.70

QR Image



Thank you.

Yours Sincerely

A stylized handwritten signature in blue ink, consisting of a large 'Q' followed by a cursive flourish.

GENERAL MANAGER – SALES