

## POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services  
ZB Centre  
4th Floor South Wing  
cnr First Street & Kwame Nkrumah  
Avenue  
Harare

## YOUR PERSONAL DETAILS

Policy Number:	GMCC190002213-1	Postal Address	00263
Policy Holder Name :	Nardus Opperman	Date of Birth	17/11/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	Hre d
Email Address	Guest-2474@gmail.com	ID Number	Fhdngmj

## SUMMARY OF YOUR COVER

VRN	Vehicle descrip tion	Cover Note	Curren cy	Sum insured	Cover type	Vehicle usage	Policy Period	Payme nt Term	Premiu m
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## EXTENSIONS &amp; OPTIONAL COVERS

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

## PREMIUM SUMMARY

Policy Term

Termly(4Months)

Currency	RTGS
Basic Premium	375.00
Stamp Duty	18.75
ZTSC Levy	45.00
Radio Licence Cost	0.00
Discount	0.00
Vehicle Licence Fee(ZINARA)	0.00
Total Amount Due	438.75

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES