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:	GMCC190002211-1
Policy Holder Name :	Nardus Opperman
Cell number:	123456789
Alternative Contact Number	
Email Address	Guest-2472@gmail.com

Postal Address	00263
Date of Birth	24/11/2019
Your Package:	Motor Package
Physical Address	street 2 test address2
ID Number	8110215085084

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

EXTENSIONS & 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