

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

11 Routledge Street

Milton Park

Harare

GENEINSURE CONTACT

Call us on : +263 867 722 33 44

Whatsapp us on : +263 719 884 884

/+263 732 884 884

Email us on: service@gene.co.zw

YOUR PERSONAL DETAILS

Policy Number:	GMCC190003693-1	Postal Address	00263
Policy Holder Name :	ashwani11 ashwani11	Date of Birth	25/04/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test address1 test address2
Email Address	Guest-5158@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Currency	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
D874522	MONTELI MAR / ACTM	RTGS\$	0.00	ThirdParty	Personal Usage - Caravan	26/04/2019 - 26/04/2020	Annual	30.00

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

Annual(1 Year)

Currency	RTGS\$
Basic Premium	30.00
Stamp Duty	1.50
ZTSC Levy	3.60
Radio Licence Cost	0.00
Discount	0.00
Vehicle Licence Fee(ZINARA)	0.00
Total Amount Due	35.10

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES