

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190001870-1	Postal Address	00263
Policy Holder Name :	test ashwani	Date of Birth	20/05/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test address test address2
Email Address	Guest-1957@gmail.com	ID Number	12-123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover Note	Currency	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
D2541G	MONTELI MAR / ACTM		RTGS\$	0.00	ThirdParty	Personal Usage (including driving to work and back)	21/05/2019 - 21/05/2020	Annual	90.00

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	90.00
Stamp Duty	4.50
ZTSC Levy	10.80
Radio Licence Cost	0.00
Discount	0.00
Vehicle Licence Fee(ZINARA)	0.00
Total Amount Due	105.30

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES