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:	GMCC190002434-1
Policy Holder Name :	ashwani ashwani
Cell number:	123456789
Alternative Contact Number	
Email Address	Guest-2964@gmail.com

Postal Address	00263
Date of Birth	24/11/2019
Your Package:	Motor Package
Physical Address	test address test address2
ID Number	123456A12

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	150.00
Stamp Duty	7.50
ZTSC Levy	18.00
Radio Licence Cost	0.00
Discount	0.00
Vehicle Licence Fee(ZINARA)	0.00
Total Amount Due	175.50

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES