

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190001983-1	Postal Address	00263
Policy Holder Name :	test name	Date of Birth	29/05/2019
Cell number:	123456788	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test address dd
Email Address	Guest-2090@gmail.com	ID Number	12123456A12

SUMMARY OF YOUR COVER

VRN	Vehicle description	Cover Note	Currency	Sum insured	Cover type	Vehicle usage	Policy Period	Payment Term	Premium
TBA	100 / ADLY	ICGEN1 900297 29	RTGS\$	0.00	ThirdParty	Upto 30 seats	30/05/2019 - 30/05/2020	Annual	195.00

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	195.00
Stamp Duty	9.75
ZTSC Levy	23.40
Radio Licence Cost	0.00
Discount	0.00
Vehicle Licence Fee(ZINARA)	0.00
Total Amount Due	228.15

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES