

## 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:	GMCC190002328-1	Postal Address	00263
Policy Holder Name :	test name	Date of Birth	01/09/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test add ddfdd
Email Address	Guest-2700@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
D78452 Fk	MONTELMAR / ACTM		RTGS	0.00	ThirdParty	Personal Usage (including driving to work and back)	02/09/2019 - 02/09/2020	Annual	90.00

## EXTENSIONS &amp; 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
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PREMIUM SUMMARY	
Policy Term	Annual(1 Year)
Currency	RTGS
Basic Premium	90.00
Stamp Duty	2.00
ZTSC Levy	10.80
Radio Licence Cost	0.00
Discount	0.00
Vehicle Licence Fee(ZINARA)	0.00
Total Amount Due	102.80

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES