

POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services

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YOUR PERSONAL DETAILS

Policy Number:	GMCC190001861-1	Postal Address	5671234
Policy Holder Name :	ashwani25 sharma	Date of Birth	23/04/2019
Cell number:	3456765432	Your Package:	Motor Package
Alternative Contact Number		Physical Address	Addresssss sssss
Email Address	chandan.kumar@kindlebit.co m	ID Number	123211

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
TBA	AIR TECT 50 / ADLY		RTGS\$	0.00	ThirdParty	Commerci al Vehicle - Own Business	17/05/201 9 - 17/05/202 0	Annual	185.00

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	185.00
Stamp Duty	9.25
ZTSC Levy	22.00
Radio Licence Cost	0.00
Discount	0.00
Vehicle Licence Fee(ZINARA)	0.00
Total Amount Due	216.25

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES