

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:	GMCC190002373-1	Postal Address	00263
Policy Holder Name :	test address	Date of Birth	25/09/2019
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	test address1 test address2
Email Address	Guest-2829@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
D7422L	MONTELMAR / ACTM		RTGS	0.00	ThirdParty	Personal Usage (Limited business usage)	26/09/2019 - 26/01/2020	Termly	150.00

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

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