

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:	GMCC200002684-1	Postal Address	00263
Policy Holder Name :	ashwani52 k	Date of Birth	08/07/2020
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	address1 address2
Email Address	Guest-3900@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
KJVV45 6456	17M250A / AAD	ICGEN2 000589 53	RTGS	0.00	ThirdParty	Personal Usage (including driving to work and back)	08/07/2020 - 08/11/2020	Termly	1110.00

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
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PREMIUM SUMMARY	
Policy Term	Termly(4Months)
Currency	RTGS
Basic Premium	1110.00
Stamp Duty	55.50
ZTSC Levy	133.20
Radio Licence Cost	0.00
Discount	0.00
Vehicle Licence Fee(ZINARA)	0.00
Total Amount Due	1298.70

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES