

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:	GMCC200015073-1	Postal Address	00263
Policy Holder Name :	sachin kumar	Date of Birth	08/07/2020
Cell number:	123456789	Your Package:	Motor Package
Alternative Contact Number		Physical Address	address1 address2
Email Address	Guest-22674@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
250507P	17M250A / AAD	ICGEN200058971	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	400.00
Discount	0.00
Vehicle Licence Fee(ZINARA)	200.00
Total Amount Due	1898.70

Thank you.

Yours Sincerely



GENERAL MANAGER – SALES