## POLICY SCHEDULE/SUMMARY OF YOUR COVER



Genetic Financial Services
ZB Centre 4th Floor South Wing
cnr First Street & Kwame Nkrumah
Harare

GENEINSURE CONTACT

Call us on: +263 867 722 33 44

Whatsapp us on: +263 719 884 884 /+263 732 884 884

Email us on: info@gene.co.zw

OUR PER	RSONAL DETA	AILS
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Policy Number GMCC210030439-1

Policy Holder Name ashwani k
Cell number 1234555

Alternative Contact Number

Email Address test12@gmail.com

Transaction Date 3/4/2021

Postal Address 00263

Date of Birth 10/02/2021

Your Package: Motor Package

Physical Address test address 444

ID Number 1234555

#### **GENE-INSURE**

Cover Note #

Transaction Date 3/4/2021

## CERTIFICATE OF MOTOR INSURANCE

Insurance Type Road Traffic Act
Vehicle Type ThirdParty
Start Date 04/03/2021
End Date 04/07/2021
Policy Period 4 Months

Premium
Gvt Levy
Stamp Duty

Premium Due 0

# VEHICLE DETAILS

Vehicle Reg. NumberSe4566Vehicle TypePrivate Car

Sum Insured Vehicle:

Tax Class

## **EXTENSIONS & OPTIONAL COVERS**

Passenger Accident CoverRTGS\$ 0.00Excess Buy BackRTGS\$ 0.00Roadside AssistanceRTGS\$ 0.00Medical ExpensesRTGS\$ 0.00Excess AmountRTGS\$ 0.00

### **PREMIUM SUMMARY**

Basic Premium RTGS\$0 Stamp Duty RTGS\$ ZTSC Levy RTGS\$ Radio Licence Cost RTGS\$ Discount RTGS\$ 0 RTGS\$ 200.00 Vehicle Licence Fee(ZINARA) Penalties Fee(ZINARA) RTGS\$ 0.00 RTGS\$ 300.00 **Total Amount Due**