POLICY SCHEDULE/SUMMARY OF YOUR COVER

##currencyName## 8100.00



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

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YOUR PERSONAL DETAILS

Policy Number GMCC210030428-1

Policy Holder Name ##FirstName## ##LastName##

Cell number ##Cellnumber##

Alternative Contact Number

Email Address ##Email##

Transaction Date ##TransactionDate##

Postal Address 00263

Date of Birth ##BirthDate##
Your Package: Motor Package

Physical Address ##Address1## ##Address2##

ID Number 12345678

##Summervofcover##

EXTENSIONS & OPTIONAL COVERS

Passenger Accident Cover ##currencyName## 0.00
Excess Buy Back ##currencyName## 0.00
Roadside Assistance ##currencyName## 0.00
Medical Expenses ##currencyName## 0.00
Excess Amount ##currencyName## 0.00

PREMIUM SUMMARY

Total Amount Due

Basic Premium ##currencyName## 0
Stamp Duty ##currencyName##
ZTSC Levy ##currencyName##
Radio Licence Cost ##currencyName##
Discount ##currencyName## 0
Vehicle Licence Fee(ZINARA) ##currencyName## 8100.00
Penalties Fee(ZINARA) ##currencyName## 0.00