

JADA-MARIE BIANCA FOO  
LOT 282 SAVAGE STRET  
NORTH EAST LA PENITENCE  
GEORGETOWN

Pd 2026/08/27  
Amt \$16,000  
Rec # 41275

Clo Jean chandia.

WFO - 1137

Mr. chandia adv to renew policy.

NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED  
30/31 REGENT & HINCKS STREETS, ROBBSTOWN, GEORGETOWN.

P.O. Box 10607 Telephone No: 226-5885-8 Fax: 226-5880

Renewed.

### RENEWAL NOTICE

Dear Customer

We wish to remind you that your policy will become due for renewal on the date shown below. If it is your intention to renew your policy, kindly let us have your instructions along with your remittance on or before the due date.

|                 |                          |                  |          |
|-----------------|--------------------------|------------------|----------|
| Policy Number   | 10M006334                | Gross Premium    | \$20,000 |
| Insured         | (see above)              | Less Discount(s) |          |
| Vehicle Number  | PAL6556                  | 20.0 % NCD       | \$4,000  |
| Renewal Period  | 2026/08/19 to 2027/08/18 | % Fleet          |          |
| Sum Insured     |                          | % Fire           |          |
| Excess          |                          | % Life           |          |
| Due Date        | 2026/08/19               | % Staff          |          |
| Customer Number | F00JA02                  | Sub total        | \$16,000 |
| Agent code      | 00006                    | Other benefits   |          |
| Premium Mode    | YEARLY                   | Please pay       | \$16,000 |

### IMPORTANT

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OUR TEMPORARY COVER NOTE when attached provides only MINIMUM "ACT" INSURANCE for fourteen days from the due date in the event you are unable to renew on time. The renewal premium must be paid within this period in order for you to benefit from this temporary cover. After payment, your original cover will be reinstated from the date of payment. This Cover Note will not be effective if you obtain cover elsewhere or implies that you do not accept this offer.

Please present this notice at the time of renewal. Also advise us of any changes you would like to make to your cover, e.g. insured, type of cover, persons to drive, etc.

### The Motor Vehicle Insurance (Third Party Risks) Act Temporary Cover Note

Policy No: 10M006334 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle PAL6556
2. Name of policyholder FOO, JADA-MARIE BIANCA
3. Effective date of the commencement of Insurance for the purposes ACT 2026/08/19
4. Date of expiry of Insurance 2026/09/01
5. Person or class of persons entitled to drive: As per last Certificate of Insurance issued for this policy.
6. Limitations as to use: As per last Certificate of Insurance issued for this policy

I/WE hereby certify that this policy to which the Cover Note relates is issued in accordance with the Provisions of the above mentioned Act.

