

ENA SINGH
LOT 162 GREEN ACRES
PROVIDENCE
EAST BANK DEMERARA

622-6566

Client will give a call back
Client adv to renew, ~~then a called~~
renewed @ 01/05

NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED
30/31 REGENT & HINCKS STREETS, ROBERTSON, GEORGETOWN.
P. O. Box 10607 Telephone No: 226-5885-8 Fax: 226-5880

Dear Customer

Client sold with ~~Cent cancelled~~ policy.

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 policy, kindly let us have your instructions along with your remittance on or before the due date.

Policy Number	10M004261	Gross Premium	\$45,640
Insured	(see above)	Less Discount(s)	
Vehicle Number	PSS3238	50.0 % NCD	\$22,820
Renewal Period	2026/01/09 to 2026/07/08	% Fleet	
Sum Insured	\$1,825,627	% Fire	
Excess	\$82,153	% Life	
Due Date	2026/01/09	% Staff	
Customer Number	SINRN81	Sub total	\$22,820
Agent code	00006	Other benefits	
Premium Mode	SEMI-ANNUALLY	Please pay	\$22,820

PLEASE BRING
VEHICLE FOR
INSPECTION
ON RENEWAL

IMPORTANT

\$1.5m/\$2.5m

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: 10M004261 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle PSS3238
2. Name of policyholder SINGH, ENA
3. Effective date of the commencement of Insurance for the purposes ACT 2026/01/09
4. Date of expiry of Insurance 2026/01/22
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.

AUTHORIZED SIGNATURE

