

ERWIN SHAWN MC NEIL
C/O LATCHMAN MAHABEER
REGENT STREET
GEORGETOWN

Confirm with them @ Nafico
Policy paid direct on
2026/01/27.
Amnt Pd: \$6,500.-
Rec'd No. 24664.
Q.

b92-1612

b16-1512.

Client adv will renew direct in
under 20121.

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

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	10M003378	Gross Premium	\$4,000
Insured	(see above)	Less Discount(s)	\$12,000
Vehicle Number	PNN2309	50.0 % NCD	\$3,000
Renewal Period	2026/01/24 to 2026/02/23	% Fleet	
Sum Insured		% Fire	
Excess		% Life	
Due Date	2026/01/24	% Staff	
Customer Number	NEIEN01	Sub total	\$3,000
Agent code	00006	Other benefits	
Premium Mode	SEMI-ANNUALLY	Please pay	\$3,000

\$6,500.-

IMPORTANT

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: 10M003378

Minimum Act Cover Only

not change from Semi-Annual
to Annual 2026/01/27.

1. Index mark, if any and registration number of vehicle PNN2309
2. Name of policyholder MC NEIL, ERWIN SHAWN
3. Effective date of the commencement of Insurance for the purposes ACT 2026/01/24
4. Date of expiry of Insurance 2026/02/06
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 is issued in accordance with the provisions of the above mentioned ACT.



AUTHORISED SIGNATURE