

AB updated
2026/01/03
Q.

Dean Forder

PHILLIP HITLALL
LOT 3768 BLOCK 8 TUSCHEN
NEW HOUSING SCHEME
EAST BANK ESSEQUIBO

Confirm with akeela @ Nafico
Policy paid direction
2026/01/03
Amtd - \$24,000 -
Rec'd. 21/10/24

699-5385
634-0405

Ms Lisa adv he will renew @ Nafico
Payable 2025/12/30

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	10M006015	Gross Premium	\$20,000
Insured	(see above)	Less Discount(s)	
Vehicle Number	PAF5625	30.0 % NCD	\$6,000
Renewal Period	2026/01/03 to 2027/01/02	% Fleet	
Sum Insured		% Fire	
Excess		% Life	
Due Date	2026/01/03	% Staff	
Customer Number	HITPP01	Sub total	\$14,000
Agent code	00006	Other benefits	\$10,000
Premium Mode	YEARLY	Please pay	\$24,000

PLEASE BRING
VEHICLE FOR
INSPECTION
ON RENEWAL

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. the insured, type of cover, persons to drive, etc.

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

Policy No: 10M006015 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle PAF5625
2. Name of policyholder HITLALL, PHILLIP
3. Effective date of the commencement of Insurance for the purposes ACT 2026/01/03
4. Date of expiry of Insurance 2026/01/16
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 relates is issued in accordance with the Provisions of the above mentioned ACT.

Signature

AUTHORISED SIGNATURE

