SUZETTE PETERS
LOT 297 AREA 'A' MELANIE DAMISHANA
EAST COAST DEMERARA

672-4719
270-1424.

AB updated 2025/01/27 Q. Plan.

Spoke to client Inspected @ Gyftland just before Xmas! Client did not receive. Cost as yet!

Client adv to renew @ 2025/11/14.
Renewed Q.

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

Paid thru mmg 2025/01/23.

Pd'- 2006/01/27
Amt Pd'- $69,300'-
Rec No. 39265
Q.

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

Policy Number	10M005986	Gross Premium	$112,500
Insured	(see above)	Less Discount(s)	
Vehicle Number	PAF3579	30.0 % NCD	~~$37,500~~ 33,750
Renewal Period	2025/11/15 to 2026/11/14	% Fleet	
Sum Insured	$2,500,000 2.2M reduced to	% Fire	
Excess	$125,000 110K	% Life	
Due Date	2025/11/15	% Staff	
Customer Number	PETSE11	Sub total	~~$75,000~~ 78,750
Agent code	00006	Other benefits	
Premium Mode	YEARLY	Please pay	~~$75,000~~ 78,750

New Premium 69,300

$1.5M/$37.5M.

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

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

Policy No: 10M005986 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle PAF3579
2. Name of policyholder PETERS, SUZETTE
3. Effective date of the commencement of Insurance for the purposes ACT 2025/11/15
4. Date of expiry of Insurance 2025/11/28
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.

NORTH AMERICAN FIRE & GENERAL INSURANCE CO. LTD. NAFICO MOTOR DIVISION

AUTHORISED SIGNATURE

DBK 01/10 HM