



NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED

HEAD OFFICE: 30/31 Regent & Hinck Streets, Georgetown.

MOTOR DIVISION: 189 Charlotte Street, Lacytown, Georgetown.

PROPOSAL FOR MOTOR VEHICLE INSURANCE

POLICY NO. 10M006583

IMPORTANT: All questions must be fully answered. Please use block capitals and tick appropriate boxes.

1. Full Name of Proposer (Mr/Mrs/Ms/Rev Etc.) Agube Ramlogan Sex ☒ M ☐ F
2. Address lot 114 logwood Farmore East Coast Demerara D.O.B 1991/31/10
3. Email Address..... Cell No. 641-3078 .. Tel. No.....
4. Occupation/Trade/Business Power Tech Sand system Marital Status ☒ M ☐ S ☐ D
5. Employer.....
6. Address..... Telephone No.....

Vehicle Make & Exact Model	Registration No.	Engine No.	Chassis No.
1. <u>ISUZU D-max Double Cab</u>	<u>PAS 715</u>	<u>R24ERR D936</u>	<u>MPATF387JUTD01338</u>
2.			

Engine Size Cc/Hp	Seating Cap. Inc. Driver	Weight	Year of Manufacture	Present Value	Date of Purchase	Price Paid
<u>1898</u>	<u>5</u>	<u>2800</u>	<u>2006</u>			<u>\$9,725,000</u>

6. Is the vehicle:
- | | VEHICLE 1 | | VEHICLE 2 | |
|---|---|---|------------------------------|------------------------------|
| (a) Left hand or right hand drive? | LHD ☐ | RHD ☒ | LHD ☐ | RHD ☐ |
| (b) Modified or tuned? | YES ☐ | NO ☒ | YES ☐ | NO ☐ |
| (c) In a good state repair? | YES ☒ | NO ☐ | YES ☐ | NO ☐ |
| (d) Subject to any hire purchase or other financing agreements? | YES ☐ | NO ☒ | YES ☐ | NO ☐ |
- If yes to any of the above give details Demerara Bank limited
- (e) New, second-hand or reconditioned? 1. ☒ N ☐ SH ☐ REC ☐ 2. ☐ N ☐ SH ☐ REC ☐

7. Give details of all accessories:
8. Who will be the main user? VEH 1 PH 9AAD VEH 2
9. Who is the registered owner? VEH 1 PH 9AAD VEH 2
10. Where is the vehicle normally garaged? Client address & various location
11. What security devices are fitted to the vehicle?

PLEASE INDICATE THE TYPE OF COVER REQUIRED BY TICKING THE APPROPRIATE BOX					
Comprehensive First Loss	Comprehensive Full Loss	Third Party			
☐	☒	A	B	C	D
		☐	☐	☐	☐
		Third Party Fire & Theft		Third Party Act	Additional Benefits
		<u>1.5</u> <u>215</u> ☐		☐	

12. Do you have any other type of insurance with this Company? YES ☒ NO ☐ If yes, give particulars:
13. If you now hold or have held insurance for a motor vehicle please give: Name of Insurer:
- Expiry date of the policy: See Records
14. Are you entitled to any no claim bonus on your previous policy on the vehicle to be insured? If so please state percentage and attach evidence.

15. Will the vehicle(s) be used for

- a) Social, domestic and pleasure purposes?
b) Your own personal business use?
c) Commercial traveling, carriage of goods, hire and reward or Motor Trade purposes?
d) Carriage of passengers for hire or reward?

VEHICLE 1

Yes ☒ No ☐
Yes ☒ No ☐
Yes ☐ No ☒
Yes ☐ No ☒

VEHICLE 2

Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐

If yes for (b) to (d) above please give details

16. To whom do you require driving to be limited?

Yourself only ☒
Yourself and one other driver ☐
Yourself and two other drivers ☐
Any licenced driver ☒

17. Please give details of all persons including yourself who will or may drive

	Full Name	Date of Birth	Occupation	Number & Type of Licence	Date Issued / Renewed	Date of Expiry
Main Drivers						
Others						

I/We _____ do not wish to be covered as insured _____ driver

18. Have you or any other person who will drive the vehicle

- a) been involved in a motor accident or claim during the last 3 years? Yes ☐ No ☒
b) been convicted of any motoring offence or had a driver's licence suspended within the last 5 years or is any prosecution(s) pending? Yes ☐ No ☒
c) been convicted on any offence(s) involving dishonesty of any kind e.g. fraud, theft, arson, or handling stolen goods? Yes ☐ No ☒
d) any physical or mental defect or infirmity, e.g. diabetes, epilepsy, or heart complaint, defective vision or hearing? Yes ☐ No ☒
e) had a proposal declined, a policy cancelled or renewal refused, or been required to pay an increased premium or had special conditions imposed by any motor insurer? Yes ☐ No ☒
f) been resident in Guyana for less than 3 years? Yes ☐ No ☒

If you have answered yes to any of these questions please give full details.

INDICATE TYPE OF THIRD PARTY COVERAGE REQUIRED.

(THIRD PARTY '1.5M/2.5M' COVER

With effect from 01/01/14 I fully understand and hereby agreed that:-

- The Company's liability in respect of **death or bodily injury** to Third Parties where such liability is covered by the policy is limited to \$ 1,500,000 :- arising out of any one claim by one person and \$ 2,500,000 :- arising out of the total claims for any one accident.
- The Company's liability in respect of **damage to property** to Third Parties where such liability is covered by the policy is limited to \$ 1,500,000 :- arising out of any one claim by one person and \$ 2,500,000 :- arising out of the total claims for any one accident.

Signature of Proposer(s) [Signature]

SUM INSURED AND COMPULSORY EXCESS

With effect from 2026/09/14 . I fully understand that the **SUM INSURED** under the above policy is \$ 9,725,000 and the **COMPULSORY EXCESS** is \$ 486,250 .
I/We agree to bear the first \$ 486,250 . (compulsory excess) of any claim I make under my policy.

AVERAGE

I hereby agree that if my Motor Vehicle shall at the time of any loss or damage for which indemnity is provided under Section I be of greater value than- the Sum Insured of \$ _____ , then I shall be considered as being my own Insurer for the difference and shall bear a ratable proportion of the amount of such loss or damage accordingly and every item insured shall be separately subject to this condition.

I also agree that **NAFICO** shall have the right to appoint an Independent Valuator of its choice to determine the value of the vehicle at the time of any loss or damage.

ASSIGNMENT

Referring to my application for Comprehensive cover on vehicle no. PAS 715 . I have to inform you that this vehicle is bought under a hire purchase Loan Agreement with Demerava Bank limited and the said Demerava Bank limited will remain the owner of the said vehicle for the life of this Agreement. I shall be pleased if your Company will endorse this Policy as follows:-

It is hereby understood and agreed that Demerava Bank limited (Hereinafter referred to as the Owner) is the Owner of the said Motor vehicle described in the Schedule hereto and that the said Motor vehicle is the subject of a Hire Purchase/Loan Agreement made between the Owner of one part and the Assured of the other part and it is further understood and agreed that the said Owner is interested in any monies which, but for this endorsement would be payable to the Assured under this Policy in respect of loss or damage to the said Motor vehicle (which loss or damage is not made good by repair, reinstatement or replacement, such monies shall be a full and final discharge to the Company in respect of such loss or damage).

Save as by this endorsement expressly agree nothing herein shall modify or affect the rights or liabilities of the Assured of the Company respectively under or in connection with this policy or any condition or term thereof.

Signature of Proposer(s) [Signature]

PREMIUM

I hereby understand that I have paid the sum of \$ _____ being insurance for the period of _____ months. I understand that in the event of a Partial Loss I have to pay the remaining balance of \$ _____
I understand that in the event of a Total Loss I have to pay the remaining balance of \$ _____ . I further agree and understand that **NO CLAIM(S)** will be paid by **NAFICO** unless the amount outstanding is paid.

Period of Cover: Annual

From: 2026/09/14

To: 2027/09/13 .

DECLARATION

I/We desire to effect insurance with the **NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED** and declare that the Motor Vehicle(s) described in the above proposal is/are and shall be kept in good condition. I/We hereby warrant that the answers and particulars given are in every respect true and correct to the best of my/our knowledge and belief and that I/We have not suppressed, misrepresented or misstated any material fact.

I/We agree that this Proposal and Declaration shall be the basis of the insurance contract which shall be subject to the terms and conditions of the policy to be issues in answer too this proposal. I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused Motor Vehicle Insurance or continuance thereof.

Signature of Proposer [Signature] Date 2026/09/14

ID/Passport/Driver's Licence _____

No insurance is in force until the proposal has been accepted by the Company and the premium, or a deposit paid, except as provided by an official Cover Note issued by the Company.

THE NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED

Other Remarks:

FOR OFFICE USE ONLY

Registration Seen Yes/No	Receipt of Sale Seen Yes/No
Bad Records Book Checked Yes/No	Import Documents Seen Yes/No
Sales Representative	
Remarks	
Confirm with receiver @ Lafco.	

Notes

COMPUTER UPDATE

Premium	Calculation	
	Annual	Semi-Annual
Gross Premium	9437,628	
Loadings		
Discounts		
10% NCD		
10% fleet		
5% fire		
Net Premium	9336,752	
	112,000 VIP	
	9348,752	

Details:

Date Entered:

Entered By:

Checked By:

Date Checked:

Policy	Date
Prepared By:	
Checked By:	
Authorised Signature:	

Completed By: Sapt

Accepted By:

Date: 2026/09/14

Time:

GUYANA
THE MOTOR VEHICLES INSURANCE (THIRD PARTY RISK) ACT
CERTIFICATE OF INSURANCE

CERTIFICATE NO: **275983** POLICY NO: **10M006553**

1. Index Mark, if any and registration number of vehicle. **PAS 715**

2. Name of Policy Holder. **Aqube Ramlagan**

3. Effective date of the commencement of Insurance for the purpose of the Act. **Date: 2026.09.14 Time: 09:27 Hrs.**

4. Date of Expiry of Insurance. **2027.09.13**

5. Persons or classes of persons entitled to drive. **1. The Policyholder.**

2. Any authorized licensed driver who is driving on the Policyholder's order or with his permission.

Provided that the persons driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

(1) Use for hire or reward.

(2) Use for pace-making, reliability trial or speed testing.

(3) Use for any purpose in connection with the Motor Trade.

Date: 2026.09.14 Time: 09:27 Hrs.

I/We hereby certify that the Policy to which this is issued in accordance with the provisions of the above mentioned Act.

NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED
Lot 30-31 Regent & Hincks Streets, Robbstown, Georgetown.

Raj Singh

AUTHORISED SIGNATURE

Insurance Brokers & Risk Management Consultants Inc.

This certificate must be returned to the Company if the Policy is cancelled or ceases to be effective.

PV MC



RAJ SINGH INSURANCE BROKERS & RISK MANAGEMENT CONSULTANTS INC.

Your Preferred Risk Manager & Insurance Broker

The Manager
Loan Department
Demerara Bank Limited
Lot 214 Camp Street,
Georgetown.

Dear Sir/Madam,

RE: Assignment of Motor Insurance Policy.

Please be advised that we are the Insurance Brokers for **Mr. Aqube Ramlagan** of **Lot 114 Logwood Enmore, East Coast Demerara.**

This is to confirm that Comprehensive Motor Insurance coverage was effected with **North American Fire & General Insurance Company Limited** as detailed hereunder and this policy is now being assigned to your bank as collateral security for a financial agreement.

Details are as follows: -

Insured:	Aqube Ramlagan
Policy #:	10M006553
Vehicle #:	PAS 715
Sum Insured:	\$ 9,725,000: -
Excess:	\$ 486,250: -
Premium:	\$ 348,752: -
Period of Cover:	2026.09.14 to 2027.09.13

The Policy Document would be forwarded to you shortly by **North American Fire & General Insurance Company Limited.**

Yours faithfully,
**RAJ SINGH INSURANCE BROKERS &
RISK MANAGEMENT CONSULTANTS INC.**

Shivanne Sukhdeo
Assistant Manager

: hs

RAJ SINGH INSURANCE BROKERS & RISK MANAGEMENT CONSULTANTS INC.

Lot 86 First Street, Alberttown, Georgetown, Guyana.

T: (592) 227-5407/2880/0294, 225-4175 F: (592) 227-3096 E: admin@rsi.gy

F2 Springlands, Corriverton, Berbice, T: (592) 335-4596 F: (592) 335-4597, E: anand@rsi.gy | nicholas@rsi.gy

North American Fire & General Insurance Company Ltd.

30/31 Regent & Hinck Streets, Robbstown, Georgetown, Guyana

To: *The Motor Manager*Policy No. 10m006553

With effect from 20/09/14 kindly include/exclude the following
Motor Policy Extension(s) to/from my/our above-mentioned policy.

Option 1:**Windscreen Cover**

Estimated Value: Front \$

Rear \$

FRONT	REAR	BOTH	EITHER	WINDSCREEN(S) FIT TO BE INSURED	
☐	☐	☐	☐	Yes ☐	No ☐
\$ 3,000	\$ 3,000	\$ 5,000	\$ 3,000	Sum Insured: \$ 30,000 Deductible: \$ 1,500	

Vehicle No.

Inspected By:

NB: Any windscreen to be insured over the sum insured of \$30,000 consult management.

Option 2:**Uninsured Protection Plan**

This cover provides reasonable compensation for losses, which may occur as a result of the Third Party's Motor Vehicle not being insured. Compensation is to the maximum Sum Insured of \$100,000.

Deductible: 5% of the approved settlement

Premium: \$ 3,000

Option 3:**Personal Accident Cover**

Benefits:

(A) \$100,000 Accidental Death & Dismemberment Coverage.

(B) \$ 50,000 Accident Medical Expense Coverage.

Policy No:

Premium Per Person: \$ 3,000

	Names of Persons to be Insured	Licence #	Premium
Policyholder			
Driver			
Conductor			

Total

Is the Policyholder/Driver/Conductor in good health and actively at work? Yes ☐ No ☐
(If no give details)

Is the Policyholder/Driver/Conductor suffering from any infirmity? Yes ☐ No ☐
(If yes give details)

(Settlement will be dependent on Police & Physician reports and evidence of expenses incurred)

NB: For Higher Personal Accident Cover consult Management.

Option 1: \$

Option 2: \$

Option 3: \$

Total: \$

TOTAL
PREMIUM**NAFICO**
Incorporated

I hereby agree that there shall be no contract of insurance unless the first premium thereon is actually paid during the lifetime of the proposed insured.

Signature: *[Signature]*



ARROWTEN
BE AHEAD.



RESCUE: AT Car Breakdown and Roadside Assistance Cover

Membership Registration FORM

Membership Number

Name	Aqube Ramtagan.
Car Registration	PAS 715
Car Type	Pick-up.
Email address	
Phone number	641 - 3071.
Date of Birth	31 October, 1991.
ID Card Number	
Gender	Male.
Address	LOT 114 logwood remove east Coast Demerara.
Company	
Medical Conditions	-
Next of Kin Name	Danielle Surger.
Next of Kin Phone Number	649 - 4949.
Membership Join Date	
Membership End Date	
Insurance Type	Comprehensive.
Insurance Start Date	2026/09/14
Insurance End Date	2027/09/13.
Signature	

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Arrowten Incorporated, 96 Sheriff and Bonasika St, Georgetown, Guyana Tele +592 608 0080, UK Main Tele:
+44 0203 384 2070 Fax: 0203 384 2071, email: enquiries@arrowten.com



GUYANA

CERTIFICATE OF VEHICLE REGISTRATION

Section 5, The Motor Vehicles and Road Traffic Act Chapter 51:02

The first part of the paper discusses the importance of the research and the objectives of the study. The second part describes the methodology used, including the data sources and the statistical techniques employed. The third part presents the results of the analysis, and the fourth part discusses the implications of the findings for policy and practice. The paper concludes with a summary of the key points and a list of references.

05678472024

Plate

PAS 715

Effective Date

2026-09-11

Chassis No.

MPATFS87JVT001338

Year

2026

Manufacturer

ISUZU

Model

D-MAX DOUBLE CAB

Engine No.

R74FFRD936

Effective Date

Condition

NEW

Unladen Weight

2800

Seating Capacity

40

INTERNAL COMBUSTION

Colour

GREY

First Registration

11-09-2026

Issue Date

11-09-2026

Wheel Count

Particulars of Owner(s)

MOORE RAMI & CAN

202A-08.11

LOT 1141 OGAKU 1141 LINDS EAST COAST OF MEXICO

80489243

Authorising Officer

DMIT, FEB

11/60/9208