

New system updated
2026/08/17

B220

JOY BARNWELL
LOT 150 BLOCK 'CC'
ECCLES
EAST BANK DEMERARA
641-8048
655-9770-Denzel
621-1904

Paul-2026/08/17
Amt \$10,000
Ref No. 4176

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

Mr. Barnwell was adv on renewal & to take vehicle
for inspection before we can renew.

RENEWAL NOTICE

Mr. Barnwell adv will have the vehicle taken sometime
this week 6/26/16.

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

Policy Number	01M018927	Gross Premium	\$19,125
Insured	(see above)	Less Discount(s)	\$9,562
Vehicle Number	PNN6145	50.0 % NCD	\$9,562
Renewal Period	2026/06/23 to 2026/12/22	% Fleet	
Sum Insured	\$850,000	% Fire	
Excess	\$38,250	% Life	
Due Date	2026/06/23	% Staff	
Customer Number	BARJOY01	Sub total	\$9,562
Agent code	00006	Other benefits	\$10,000
Premium Mode	SEMI-ANNUALLY	Please pay	\$9,562

PLEASE BRING
VEHICLE FOR
INSPECTION
ON RENEWAL

IMPORTANT

~~\$250/4500~~ \$15M/\$25M
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 insured, type of cover, persons to drive, etc.

Due Dates for 2026/08/17 to 2027/08/16
The Motor Vehicle (Third Party Risks) Act
Temporary Cover Note

Policy No: 01M018927 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle PNN6145
2. Name of policyholder BARNWELL, JOY
3. Effective date of the commencement of Insurance for the purposes ACT 2026/06/23
4. Date of expiry of Insurance 2026/07/06
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 to which the above note relates is issued in accordance with the Provisions of the above mentioned ACT.

