671-7805
680-99467
685-1754 J Quincy

NAFICO
INCORPORATED IN GUYANA

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. 10M006555

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.)** Marva Jules Sex M [ ] F [ ]
2. **Address** Ivaran Street Soesdyke **D.O.B.** 1965/01/26
3. **Email Address** **Cell No.** 671-7805 **Tel. No.** 685-1754
4. **Occupation/Trade/Business** Shopkeeper **Marital Status** M [ ] S [ ] D [ ]
5. **Employer** Self Employed
6. **Address** **Telephone No.**

	Vehicle Make & Exact Model	Registration No.	Engine No.	Chassis No.
1.	Toyota Hiace			TRH200-0199331
2.				

Engine Size Cc/Hp	Seating Cap. Inc. Driver	Weight	Year of Manufacture	Present Value	Date of Purchase	Price Paid
1998			2014			$4,800,000

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 Caricom Auto Sales

(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 Named Driver VEH 2
9. Who is the registered owner? VEH 1 VEH 2
10. Where is the vehicle normally garaged? At Stated Address in a fenced Yard and various Locations
11. What security devices are fitted to the vehicle? Door Locks

PLEASE INDICATE THE TYPE OF COVER REQUIRED BY TICKING THE APPROPRIATE BOX

Comprehensive First Loss	Comprehensive Full Loss	Third Party A B C D E	Third Party Fire & Theft	Third Party Act	Additional Benefits
[ ]	[ ]	[ ] [ ] [ ] [ ] [✓]	[ ]	[ ]	

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:
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

	VEHICLE 1	VEHICLE 2
a) Social, domestic and pleasure purposes?	Yes☐ No☐	Yes☐ No☐
b) Your own personal business use?	Yes☐ No☐	Yes☐ No☐
c) Commercial traveling, carriage of goods, hire and reward or Motor Trade purposes?	Yes☐ No☐	Yes☐ No☐
d) Carriage of passengers for hire or reward?	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 ☐ named 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 _____ drive

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 'GA' COVER**

With effect from 20/9/15 ..... I fully understand and hereby agreed that:-

1. 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.

2. 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) R. Nunes

SUM INSURED AND COMPULSORY EXCESS

With effect from 2026/9/15 I fully understand that the ***SUM INSURED*** under the above policy i
$ $4,800,000 and the ***COMPULSORY EXCESS*** is $ 336,000.
I/We agree to bear the first $ 336,000 **(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 1 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. TRH250-0A9331 I have to inform you that this vehicle is bought under a hire purchase Loan Agreement with Caricom Auto Sales and the said Caricom Auto Sales 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 Caricom Auto Sales **(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 t 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 repect 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) R. Alves

PREMIUM

I hereby understand that I have paid the sum of $ 146 450 being insurance for the period of 6 months. I understand that in the event of a Partial Loss I have to pay the remaining balance of $ 146 450
I understand that in the event of a Total Loss I have to pay the remaining balance of $ 146 450. I further agree and understand that **NO CLAIM(S)** will be paid by **NAFICO** unless the amount outstanding is paid.

Period of Cover: **From:** 2026/9/15 **To:** 2027/3/14

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 R. Alves **Date** 2026/9/15

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: Vehicle to be Inspected

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	Raj Singh Insurance Ltd.

Remarks

Notes

Rate 6.5%
Ex - 7%
Keevin Confirmed
VIP Package included

Premium		Calculation
	Annual	Semi-Annual
Gross Premium		$15600
Loadings		
Discounts	10%	(1560)
Net Premium		$14040
	+ VIP	6000
	VIP	$146,400

COMPUTER UPDATE

Details:	
Date Entered:	
Entered By:	
Checked By:	
Date Checked:	

Policy	Date
Prepared By:	
Checked By:	
Authorised Signature:	

Completed By:

Accepted By:

Date:

Time:

CARICOM AUTO SALES

175 Lusignan West
East Coast Demerara,Guyana.

Tel: (592) 220-7961
Fax: (592) 220-6585
E-mail: caricom_as@yahoo.com

DATE:11TH SEPTEMEBER ,2026

TO WHOM IT MAY CONCERN

THIS LETTER IS TO INFORM YOU THAT CARICOM AUTO SALES OF 175 LUSIGNAN WEST EAST COAST DEMERARA HAS SOLD ONE SUPER GL HIACE TO MARVA JULES OF IVARAN STREET SOESDYKE FOR THE VALUE OF FOUR MILLION DOLLAR EIGHT HUNDRED THOUSAND ($4,800,000.00).

VEHICLE INFO:

CHASSIS#TRH200-0199331

YEAR: 2014

CC: 1998

COLOUR: BLACK

NB: INSURANCE MUST BE (6) MONTHS FULL COMPREHENSIVE INSURANCE AND ABOVE.

NB: VEHICLE POLICY MUST BE ASSIGN TO CARICOM AUTO SALES

NB: THIS LETTER IS ONLY FOR INSURANCE.

YOURS SINCERELY,

CARICOM AUTO SALES
174 Lusignan West,
East Coast Demerara
Tel/Fax 220-7961
AUTHORIZED SIGNATURE

CHANDANIE MAIGBARAN

RAJ SINGH INSURANCE BROKERS & RISK MANAGEMENT CONSULTANTS INC.
Your Preferred Risk Manager & Insurance Broker

2026.09.15

The Manager
Caricom Auto Sales
Lot 175 Lusignan West
East Coast Demerara.

Dear Sir/Madam,

RE: Assignment of Motor Insurance Policy.

Please be advised that we are the Insurance Brokers for **Ms. Marva Jules** of **Ivaran Street, Soesdyke.**

This is to confirm that comprehensive motor Insurance coverage was effected with **North American Fire & General Insurance Company LTD.** as detailed hereunder and this policy is being assigned to your Auto Sales as collateral security for a financial agreement.

Details are as follows:-

Insured:	Marva Jules
Policy #:	10M006555
Vehicle chassis #:	TRH200-0199331
Sum Insured:	$4,800,000: -
Excess:	$336,000: -
Semi Annual Premium:	$146,400: -
Period of Cover:	2026.09.15-2027.03.14

The Policy Document will be forwarded to you shortly by **Nafico.**

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

B.Shivanne Sukhdeo
Assistant Manager
:db

099831

GRA

Certificate of Registration

Taxpayer Identification Number (TIN)

Taxpayer Name: MARVA JULES

Taxpayer Type: INDIVIDUAL

Address: UMATUMARI
POTARO RIVER

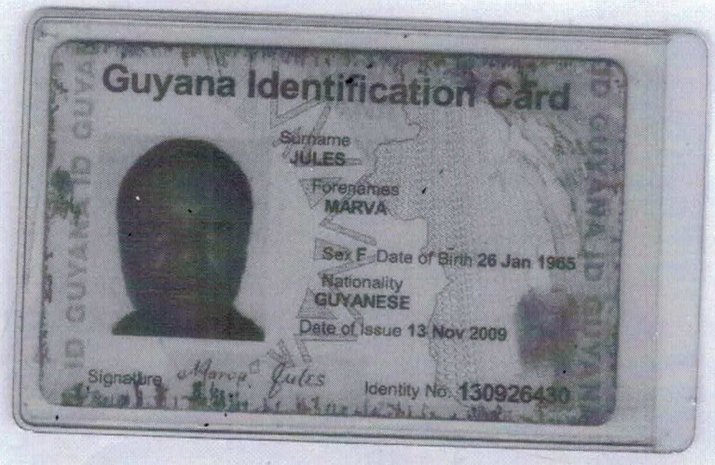
Date Issued: February 26, 2019 Date Amended: February 26, 2019

This Taxpayer has been registered under the provisions of the Income Tax (Amendment) (No. 2) Act # 15 of 1998

Tax Office: HEAD OFFICE

TIN: 1119 79896

Commissioner General
Guyana Revenue Authority



Guyana Identification Card

Surname
JULES

Forenames
MARVA

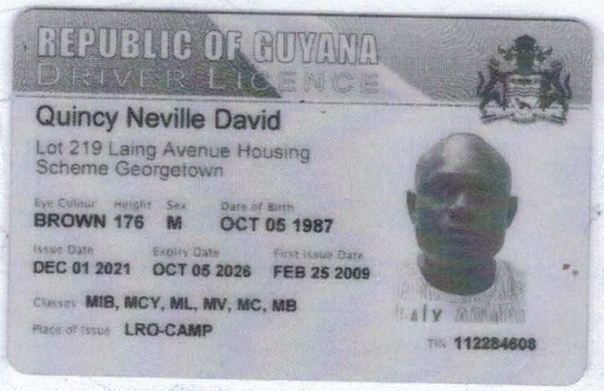
Sex F Date of Birth 26 Jan 1965

Nationality
GUYANESE

Date of Issue 13 Nov 2009

Signature Marva Jules

Identity No. 130926430



REPUBLIC OF GUYANA
DRIVER LICENCE

Quincy Neville David

Lot 219 Laing Avenue Housing
Scheme Georgetown

Eye Colour	Height	Sex	Date of Birth
BROWN	176	M	OCT 05 1987

Issue Date	Expiry Date	First Issue Date
DEC 01 2021	OCT 05 2026	FEB 25 2009

Classes MIB, MCY, ML, MV, MC, MB

Place of Issue LRO-CAMP

TIN 112284608

REPUBLIC OF GUYANA
DRIVER LICENCE

Andrew Stanley Richmond

Lot 1/2 E Public Road
Timehri East Bank Demerara

Eye Colour	Height	Sex	Date of Birth
BROWN	179	M	OCT 15 1997

Issue Date	Expiry Date	First Issue Date
AUG 15 2023	OCT 15 2028	JUN 13 2018

Classes MC, MIB

Place of Issue LRO-CAMP

TIN 115802855

NORTH AMERICAN FIRE & GENERAL INSURANCE COMPANY LIMITED
30-31 REGENT AND HINCK STREET, GEORGETOWN. TEL # 227-0440-3,
227-8717, 226-9325 FAX: 226-8550

CUSTOMER VERIFICATION FORM - INDIVIDUAL

IDENTIFICATION DETAILS

Full Name Marva Jules

Title: Mr. ☐ Mrs. ☐ Ms. ☑ Other: ☐ Please state .....

Date of Birth 1965 / 01 / 26

Place of Birth: .....

Nationality: Guyanese

Marital Status: Single ☐ Married ☐ Divorced ☐ Common Law ☐ Widow(er) ☑

State Beneficiary Name, Address & Relation to customer:

Tax Identification Number (TIN) 111979696

Proof of identity: Please tick at least one (1) form of identification that will accompany this form and supply ID number.

☐ National Identification Number 130926430 ☐ Passport Number .....

☐ Driver's License Number ..... ☐ Other (Please Specify): .....

CONTACT DETAILS

Home Address: Ivaran Street, Soesdyke

Mailing Address (If different from above): Same as above

Contact Number: Home ..... ~~Work~~ 685-1754 Cell 671-7805

Email Address .....

Proof of address (No older than 6 months): Utility Bill ☐ Bank Statement ☐ Other ☐ o/s

EMPLOYMENT DETAILS

Occupation / Principal Business Activity: Shopkeeper

Employer Name / Business Name: Self Employed (Interior Location)

Employer / Business Address: .....

SOURCE OF FUNDS

Origin of the money paid to the policy is: Earnings from occupation

Expected level of activity (Average annual sum expected to be paid on the policy): $ 292,880

I do hereby declare that the above answers are true.

Date 2016/9/15 Customer Signature R. Jules Authorised Official's Signature Raj Singh

Insurance Brokers & Risk Management Consultants Inc.

FOR OFFICE USE ONLY

Policy # 10M006555

Branch/Agent/Broker .....

Type of Transaction: Motor ☐ Property ☐

Sum Insured ..... Annual Premium .....

Transaction Accepted: Yes ☐ No ☐

Reason for Declinature .....

Transaction taken by: .....

Name: .....

Position: .....

Signature .....

Date: .....

ARROWTEN
BE AHEAD.

NALICO
NAFICO

RESCUE: AT Car Breakdown and Roadside Assistance Cover

Membership Registration FORM

Membership Number	10M0066555

Name	Marva Jules
Car Registration	TRH280-0199331
Car Type	Toyota Hiace
Email address	
Phone number	678-7805
Date of Birth	1965-01-26
ID Card Number	130926430
Gender	Female
Address	Ivaran Street, Soesdyke
Company	
Medical Conditions	
Next of Kin Name	Quincy David
Next of Kin Phone Number	685-1754
Membership Join Date	2026/9/15
Membership End Date	
Insurance Type	Motor
Insurance Start Date	2026/9/15
Insurance End Date	2026/9/15
Signature	

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

North American Fire & General Insurance Company Ltd.

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

To: The Motor Manager *Policy No.* 10m0065555

With effect from 2016/9/15 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~~ Chassis No. TRH200-0199331 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: 10m0065555 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: ~~X~~