

SI updated & signed

RAYMAN KHAN
TULSIDAI KHAN
LOT 62 CUMMING STREET
ALBERTOWN
GEORGETOWN

Date Rd 9/12/2024
Receipt # 41403
Chub Rd & 13204
Renewal 8/31

check ordered to renew
603-3984
612-9017: No answer.

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

Policy Number	10M005250	Gross Premium	\$21,000
Insured	(see above)	Less Discount(s)	
Vehicle Number	PXX7043	30.0 % NCD	\$X,XXX 6300
Renewal Period	2026/09/04 to 2027/09/03	5.0 % Fleet	\$XXX \$135
Sum Insured		5.0 % Fire	\$XXX \$698
Excess		% Life	
Due Date	2026/09/04	% Staff	
Customer Number	KHARN00	Sub total	\$XX,XXX 13,267
Agent code	00006	Other benefits	
Premium Mode	YEARLY	Please pay	\$XX,XXX 13,267

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.: Insured, type of cover, persons to drive, etc.

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

Policy No: 10M005250 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle PXX7043
2. Name of policyholder KHAN, RAYMAN
3. Effective date of the commencement of Insurance for the purposes ACT 2026/09/04
4. Date of expiry of Insurance 2026/09/17
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

