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. 10100 6568

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.)** Reginald Baichan **Sex** M F
2. **Address** Lot 24 Foushaw Street, Queenstown, Georgetown **D.O.B.** 1962-02-16
3. **Email Address** **Cell No.** **Tel. No.**
4. **Occupation/Trade/Business** Proprietor **Marital Status** M S D
5. **Employer** Self Employed - Auto Sales
6. **Address** **Telephone No.**

	Vehicle Make & Exact Model	Registration No.	Engine No.	Chassis No.
1.	Mitsubishi Lorry	GAS 1422		
2.				

Engine Size Cc/Hp	Seating Cap. Inc. Driver	Weight	Year of Manufacture	Present Value	Date of Purchase	Price Paid
650	2	1260	2013		Sept 2016	

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				
(e) New, second-hand or reconditioned?	1. N ☐ SH ☐ REC ☐		2. N ☐ SH ☐ REC ☐ used	

7. Give details of all accessories:
8. Who will be the main user? VEH 1 Insured & AAL) VEH 2
9. Who is the registered owner? VEH 1 Reginald Baichan VEH 2
10. Where is the vehicle normally garaged? At stated address in Yard & various other 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:** NAFICO
Expiry date of the policy: See name in System
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 ☐
- 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 'EA' COVER**

With effect from 2026/10/05 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) ~~X~~ L Baichan

SUM INSURED AND COMPULSORY EXCESS

With effect from _____ I fully understand that the ***SUM INSURED*** under the above policy $_____and the ***COMPULSORY EXCESS*** is $_____.

I/We agree to bear the first $_____**(compulsory excess)** of any claim I make under my polic

AVERAGE

I hereby agree that if my Motor Vehicle shall at the time of any loss or damage for which indemnity is provided und Section 1 be of greater value than- the Sum Insured of $, then I shall be considered as being n own Insurer for the difference and shall bear a ratable proportion of the amount of such loss or damage accordingly a 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 t vehicle at the time of any loss or damage.

ASSIGNMENT

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

It is hereby understood and agreed that **(Hereinafte referred to as the Owner)** is the Owner of the said Motor vehicle described in the Schedule hereto and that the said Mot vehicle is the subject of a Hire Purchase/Loan Agreement made between the Owner of one part and the Assured of the othe part and it is further understood and agreed that the said Owner is interested in any monies which, but for this endorsemer would be payable to the Assured under this Policy in respect of loss or damage t to the said Motor vehicle (which loss o damage is not made good by repair, reinstatement or replacement, such monies shall be a full and final discharge to th 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 o the Company respectively under or in connection with this policy or any condition or term thereof.

Signature of Proposer(s) _____

PREMIUM

I hereby understand that I have paid the sum of $ 10000 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 furthe agree and understand that **NO CLAIM(S)** will be paid by **NAFICO** unless the amount outstanding is paid.

Period of Cover: **From:** 2026/10/05 **To:** 2027/3/21

DECLARATION

I/We desire to effect insurance with the **NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED** an 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 th 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 no 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 an 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 an person who to my/our knowledge has been refused Motor Vehicle Insurance or continuance thereof.

Signature of Proposer R Bacchan **Date** 2026/10/6

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: Raj Singh Insurance Brok	

Remarks

Notes

Akeelah Confirmed Pen & Fisc.

Pen Pd Rated

Premium	Annual	Calculation Semi-Annual
Gross Premium		12000
Loadings		
Discounts		10% Upfr
Net Premium		$ 10800
		/

COMPUTER UPDATE

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

Policy	Date
Prepared By:	
Checked By:	
Authorised Signature:	

Completed By: Bal

Accepted By:

Date:

Time:

PRO Rated Pen $ 9942

5524958

05700292024

GUYANA
CERTIFICATE OF VEHICLE REGISTRATION

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

Plate	Effective Date	Chassis No.	Year
GAS 1422	2026-09-17	U62T-2109675	2013
Manufacturer	**Model**		**Horse Power/Engine Capacity**
MITSUBISHI	GBD-U62T (MINICAB)		650
Engine No.	**Effective Date**	**Type of Vehicle**	**Condition**
NOT SEEN		LORRY	USED
Unladen Weight	**Seating Capacity**	**Propulsion**	**Colour**
1260	2	INTERNAL COMBUSTION	WHITE
First Registration	**Issue Date**	**Payload**	**Wheel Count**
17-09-2026	17-09-2026	1260	

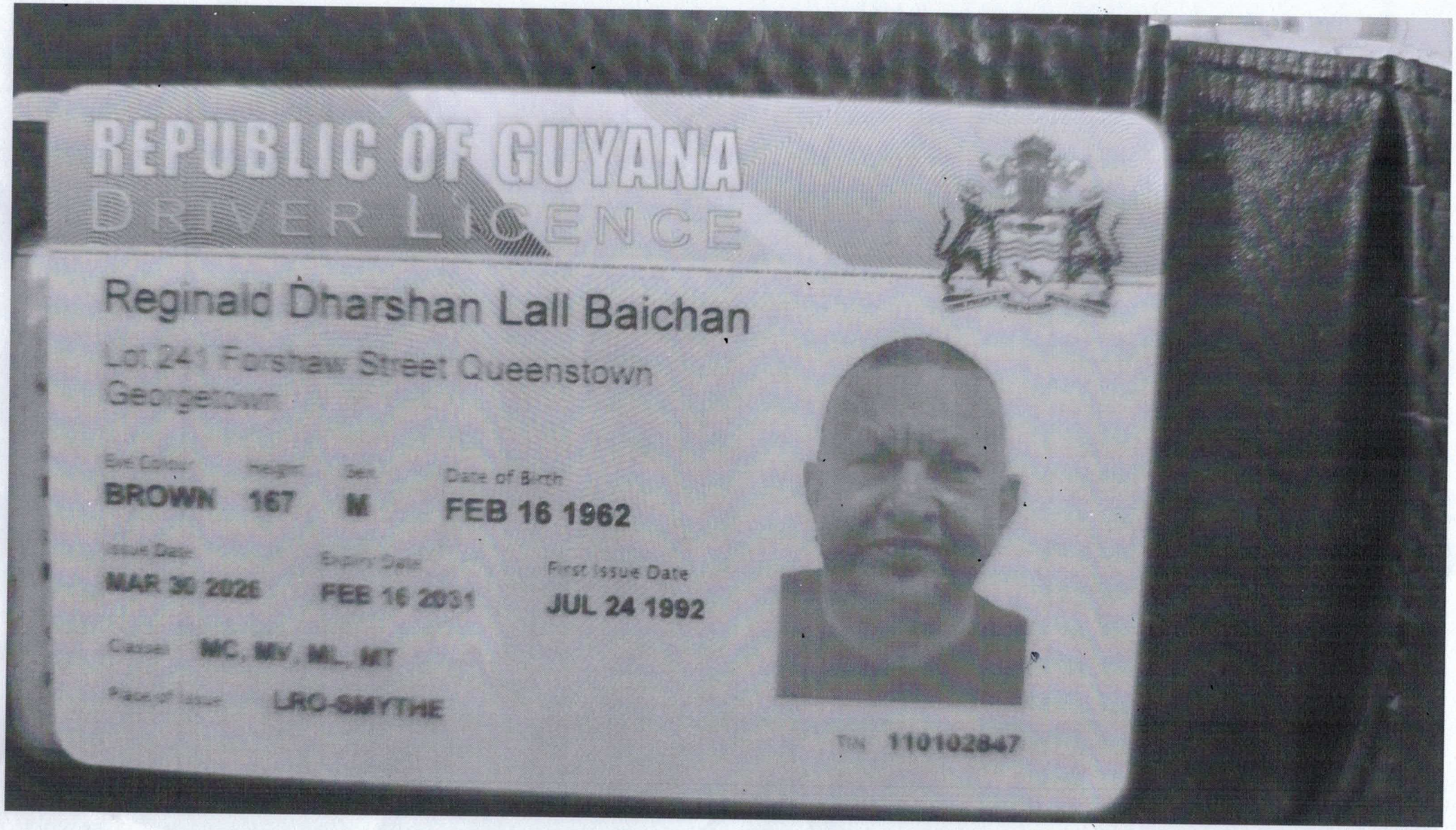
Particulars of Owner(s)

REGINALD BAICHAN	2026-09-16	LOT 241 FORSHAW STREET QUEENSTOWN GEORGETOWN

REVENUE OFFICIAL 17 SEP 2026 OFFICER

Authorising Officer
BRAMAJORE

Signature


REPUBLIC OF GUYANA
DRIVER LICENCE
Reginald Dharshan Lall Baichan
Lot 241 Forshaw Street Queenstown
Georgetown
Eye Colour
BROWN
Height
167
Sex
M
Date of Birth
FEB 16 1962
Issue Date
MAR 30 2026
Expiry Date
FEB 16 2031
First Issue Date
JUL 24 1992
Classes
MC, MV, ML, MT
Place of Issue
LRO-SMYTHE
TIN
110102847