Assuria
LIFE – PENSIONS – FIRE & GENERAL INSURANCE
Solid & Secure

ASSURIA GENERAL (GY) INC
Lot 133 Church Street
South Cummingsburg Georgetown
Tel: 226-7052
WhatsApp / Mobile: 623-7278
P.O.Box 10267
guyana@assuria.gy
https://assuria.gy/

BRANCH OFFICES
Lot R 1 Vreed-en-Hoop, West Bank Demerara
Giftland Mall, Turkeyen, East Coast Demerara
Lot 22 Republic Avenue, Mackenzie, Linden
Lot 51 'A' South Public Road, Rose Hall Town Corentyne, Berbice
Lot 3 South Half, Anna Regina, Essequibo Coast
Lotus Mall Parika, East Bank Essequibo
Amazonia Mall Providence, East Bank Demerara
Lot 38 Springlands, Corriverton, Berbice
Lot 24 D'Edward, Village West Bank Berbice
West Central Mall, Leonora West Coast Demerara

THIRD PARTY MOTOR INSURANCE PROPOSAL FORM

FOR OFFICE USE ONLY
Policy No. 723796 Date.....
Mode of Payment Mly Premium 29050
Agent/Broker/Direct Loj Singh

1). PARTICULARS OF APPLICANT

Name of Policyholder(s) (Ms./Mr./Mrs.) Shania Ali

2. Limits of Liability

Initials.....	*Bodily Injury*		*Property Damage*		*Passenger Liability*	
	Any one Person	Any One Accident	Any One Person	Any One Accident	Bodily Injury	Property Damage
Third Party Liability	$1·5M	$2·5M	$1·5M	$2·5M	$1·5M	$1,000,000/$400,000

3). PARTICULARS OF VEHICLE TO BE INSURED

a) Registration No. GAS 3111
b Engine No. 4M51A502 49
c) Chassis No. FE62EE-560016
d) Make, Model & Type.....

4). USE OF VEHICLE

	YES	NO
a) Social, Domestic, Pleasure and Professional Purposes including business calls	✓	
b Carriage of Goods or samples in connection with your business		✓
c) Carriage of passenger and their effects for hire or reward		✓
d) Rental		✓

5). DETAILS OF DRIVERS (Tick✓appropriate box).

Will the vehicle be driven by:-

☑ Any Authorised Driver- ☐ Proposer and Any authorised licenced driver ☐ Named drivers only

Have you or any of the persons who may drive:-	YES	NO
a). Suffer from defective vision, hearing diabetes, fits, or any other disability?		✓
b) Ever had motor insurance cancelled / declined / refused / not renewed?		✓
c) Required to Pay increased premium or had special conditions imposed?		✓
d) Had a motoring accident and/or claim with Assuria or any other Insurance Company during the past two (2) years for this vehicle or any other vehicle?		✓

Initials.....

If 'YES'to any of the above, please provide details:-.....

.....

6). Is the Proposer entitled to any discounts?

YES ☐ NO ☑ If 'Yes', please provide details:-.....

.....

DECLARATION - TO BE READ AND SIGNED BY EVERY PROPOSER

NB: Please read the following declaration very carefully, and read again the questions and answers especially if not completed in your own hand before signing the form

I) I/'We declare to the best of my knowledge and belief:-
a)the above answers are true.
b)all material particulars affecting the assessment of the risk have been disclosed.
c)the vehicle(s) is/are in a sound and road worthy condition.

2) I/We agree to advise the Company of any material changes effected to the vehicle as declared on this application.

3) I/'We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers and shall be deemed to be incorporated in such contract

4)I/We undertake that the vehicle(s) to be insured shall not be driven by any person who to the best of my knowledge has been refused any motor vehicle insurance or continuance thereof.

5)I/WE hereby acknowledge that Assuria General (GY) Inc. Shares information with other insurance companies, the Police and other such entities from time to time, information about its policyholders and their insurance transactions and I/We hereby consent to Assuria General (GY) Inc. sharing such information about my/our insurance transactions.

Date 26/10/2 **Policyholder(s) Signature**.....

Company Stamp (If Applicable)

Completed by.....

Checked by.....

Claims Bank Records.....

5551875

05725492024

GUYANA

CERTIFICATE OF VEHICLE REGISTRATION

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

Plate	Effective Date	Chassis No.	Year
GAS 3111	2026-10-02	FE62EE-560016	2000
Manufacturer	**Model**		**Horse Power/Engine Capacity**
MITSUBISHI	KK-FE62EE (CANTER)		5240
Engine No.	**Effective Date**	**Type of Vehicle**	**Condition**
4M51A50249		LORRY	USED
Unladen Weight	**Seating Capacity**	**Propulsion**	**Colour**
2730	7	INTERNAL COMBUSTION	BEIGE
First Registration	**Issue Date**	**Payload**	**Wheel Count**
02-10-2026	02-10-2026	2730	

Particulars of Owner(s)

SHANIA ALI	2026-10-02	LOT 1212 BLOCK 'EE' ECCLES EAST BANK DEMERARA

REVENUE OPERATION 02 OCT 2026 LICENSING OFFICER

Authorising Officer: BRAMAJORE

Signature: 02/10/2026

B0493474

LICENCE FOR MOTOR VEHICLE

MOTOR VEHICLE AND ROAD TRAFFIC REGULATION - REGULATION 15

NAME: SHANIA ALI		ADDRESS: LOT 1212 BLOCK 'EE' ECCLES EAST BAN DEMERARA	
REGISTRATION NUMBER: GAS 3111		LICENCE NUMBER: 5551876	ZONE
MODEL: KK-FE62EE (CANTER)	MANUFACTURER: MITSUBISHI	SEATING CAPACITY	COLOUR: BEIGE
TYPE: LORRY	ENGINE CAPACITY: 5240	WEIGHT: 2730	VALUE: 13750
ISSUED: 02-OCT-26	VALID PERIOD: 02-OCT-26 01-OCT-27	ISSUING OFFICER: TWILLIAMS	

ONE DESTINY ONE NATION

A0338344

3387

REPUBLIC OF GUYANA

Guyana Identification Card



Surname
ALI

Forenames
SHANIA
SHAAKIRA

Sex **F** Date of Birth **25 Sep 2007**

Nationality
GUYANESE

Date of Issue **10 Nov 2022**

Signature S. A

Identity No. **175629850**

D GUYANA ID GUYANA

IA ID GUYANA ID GUYA

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CUSTOMER VERIFICATION FORM – INDIVIDUAL

IDENTIFICATION DETAILS

Full Name Shania Shakura Ali

Title: Mr. ☐ Mrs. ☐ Ms. ☒ Miss. ☐ Other: ..... Date of Birth 2007 / 09 / 25

Place of Birth: Medical Arts Nationality: Guyanese

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

State Beneficiary Name, Address & Relation to customer:

.....

.....

Tax Identification Number (TIN) 151-773-954

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

☐ National Identification Number 175629850 ☐ Passport Number .....

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

CONTACT DETAILS

Home Address: Lot 1212 Block 'EE' Eccles, East Bank Demerara

Mailing Address (If different from above): —

.....

Contact Number: Home ..... Work 608-6766 Cell 621 2872

Email Address shaniaali2007@gmail.com

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

Verified Customer is not on the United Nations Security Council Consolidated List ☐ Yes ☐ No

EMPLOYMENT DETAILS

Occupation / Principal Business Activity: Typist

Employer Name / Business Name: Eccles-Ramsburg NDC

Employer / Business Address: Eccles E.B.D.

SOURCE OF FUNDS

Origin of the money paid to the policy is: Earning from Occupation

Expected level of activity (Average annual sum expected to be paid on the policy): 0

I do hereby declare that the above answers are true and any misrepresentation whatsoever can render the insurance of no effect.

Date 2024/10/8 Customer Signature ..... Authorised Official's Signature .....

Raj Singh
Insurance Brokers & Risk Management Consultants Inc.

FOR OFFICIAL USE ONLY

Policy Number 723796 Reason for Declinature .....

Branch/Agent/Broker Raj Singh Ins + Brok... Transaction taken by: .....

Type of Transaction: General ☐ Others ☐ Name: .....

Sum Insured.....Annual Premium..... Position: .....

Currency:..... Signature .....

Transaction Accepted: Yes ☐ No ☐ Date:.....