DOWAYNE POMPEY
LOT 677 EAST RUIMVELDT
GEORGETOWN

RSI software updated 10/14.25

Ref. 2026/18/12
Brf # 6380
Rec # 41643.

681-3031
Vaiemail &

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 intention to renew policy, kindly let us have your instructions along with your remittance on or before the duedate.

| | | | |
|---|---|---|---|
| Policy Number | 02M009309 | Gross Premium | $9,000 |
| Insured | (see above) | Less Discount(s) | |
| Vehicle Number | CF6704 10/12 | 10/11 30.0 % NCD | $2,700 |
| Renewal Period | 2026/~~08/29~~ to 2027/~~08/28~~ | % Fleet | |
| Sum Insured | | % Fire | |
| Excess | | % Life | |
| Due Date | 2026/08/29 | % Staff | |
| Customer Number | POMDE01 | Sub total | $6,300 |
| Agent code | 00006 | Other benefits | |
| Premium Mode | YEARLY | Please pay | $6,300 |

**IMPORTANT** @300/9im.
**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. sum insured, type of cover, persons to drive, etc.

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

Due date Ext

Policy No: 02M009309 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle CF6704
2. Name of policyholder POMPEY, DOWAYNE
3. Effective date of the commencement of Insurance for the purposes ACT 2026/08/29
4. Date of expiry of Insurance 2026/09/11
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

NORTH AMERICAN FIRE & GENERAL INSURANCE CO LTD REGENT & HINCK STS GTOWN
NAFICO
MOTOR
DIVISION