Updated

New system 2026/10/09 @ Ben Colder

CANCELLATION
Motor Insurance

① Refund of $26,935 use to offset part premium on Policy 1DMOD6107

Date Ref:...../...../.....

Amount:.....

Policy No: 1DMOD6107

Insured: Bibi Bisson.

Vehicle No: PAG 9533.

Due Date: 2027/10/09

Insurer: Nafico.

Details: Client exchange Policy from Third Party to Comprehensive wef 2026/10/16.

2026/10/16 - 2027/10/09 = 359

Calculations: $\frac{\$271500}{365} \times 359$

$= \$26,935.$

Amount Refunded $26,935.

Remarks:

BIBI BISSON
LOT 3 ANNA CATHARINA
WEST COAST DEMERARA

(Renewed 7th/10)

Refund of $26,925 use to offset part of this premium.

Scan Folder. C/O Rohan Dyal.

T1(289) 700-4535. advised to renew

Paid 2026/10/19
Amt $1,000
Rec No. 41701.

NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED
30/31 REGENT & HINCKS STREETS, ROBBSTOWN, GEORGETOWN. (client paid service fee)
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 the policy, kindly let us have your instructions along with your remittance on or before the duedate.

Policy Number	10M006107	Gross Premium	$25,000
Insured	(see above)	Less Discount(s)	
Vehicle Number	PAG9523	30.0 % NCD	$7,500
Renewal Period	2026/10/10 to 2027/10/09	% Fleet	
Sum Insured		% Fire	
Excess		% Life	
Due Date	2026/10/10	% Staff	
Customer Number	BISBI06	Sub total	$17,500
Agent code	00006	Other benefits	$10,000
Premium Mode	YEARLY	Please pay	$27,500

QTS/2-SM

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. the insured, type of cover, persons to drive, etc.

C/O Rohan Dyal RH GABD.

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

Policy No: 10M006107 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle PAG9523
2. Name of policyholder BISSON, BIBI
3. Effective date of the commencement of Insurance for the purposes ACT 2026/10/10
4. Date of expiry of Insurance 2026/10/23
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

DBK 14/10 HM