New System updated 2026/06/12 ns.

KAREEM DE SOUZA
LOT 2070 WILLIAMSTAD ROAD
NORTH RUIMVELDT
GEORGETOWN

Pd 2026/06/11
Amt. $28,000
Rec # 40501.

654-2476.

Please Collect.

Mr. De Souza adv to renew & to take vehicle for inspection 2026/06/12.

Renewed

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

Policy Number	10M006299	Gross Premium	~~$40,000~~ 35 000
Insured	(see above)	Less Discount(s)	
Vehicle Number	PAB8344	20.0 % NCD	~~$8,000~~ 7000
Renewal Period	2026/06/12 to 2026/12/11	% Fleet	
Sum Insured	~~$1,600,000~~ 1,400 000	% Fire	
Excess	~~$80,000~~ 70 000	% Life	
Due Date	2026/06/12	% Staff	
Customer Number	SOUKM01	Sub total	~~$32,000~~ 28000
Agent code	00006	Other benefits	
Premium Mode	SEMI-ANNUALLY	Please pay	~~$32,000~~ 28000

PLEASE BRING VEHICLE FOR INSPECTION ON RENEWAL

Confirmed with Aheela, inspection was done on 2026/06/11 and SI was reduced to $1,400,000.

IMPORTANT $1.5m/$2.5m. Rate 2 Ex 5/

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 is 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: 10M006299 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle PAB8344
2. Name of policyholder SOUZA, KAREEM DE
3. Effective date of the commencement of Insurance for the purposes ACT 2026/06/12
4. Date of expiry of Insurance 2026/06/25
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 Certificate relates is issued in accordance with the Provisions of the above mentioned ACT.

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

AUTHORISED SIGNATURE