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. 10M006496

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.)** KEVON ROACH. **Sex** M [F]
2. **Address** 14 FIRST STREET, LILIENDAAL, ELCID **D.O.B**
3. **Email Address** — allgoodroaak@gmail.com **Cell No.** **Tel. No.** 638-4473
4. **Occupation/Trade/Business** Self - Teaching **Marital Status** M [S] D
5. **Employer** Self Employed.
6. **Address** Same as above **Telephone No.**

Vehicle Make & Exact Model	Registration No.	Engine No.	Chassis No.
1. TOYOTA DBA-NRE161G	PAP 7839	2NR-1012262	NRE161-0037780
2.			

Engine Size Cc/Hp	Seating Cap. Inc. Driver	Weight	Year of Manufacture	Present Value	Date of Purchase	Price Paid
1490	5	1140	2017	3,650,000	5/23/2026	$3,650,000

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

If yes to any of the above give details —

7. Give details of all accessories: —

8. Who will be the main user? **VEH 1** The Proposer **VEH 2**
9. Who is the registered owner? **VEH 1** The Proposer. **VEH 2**
10. Where is the vehicle normally garaged? At Address above
11. What security devices are fitted to the vehicle? None.

PLEASE INDICATE THE TYPE OF COVER REQUIRED BY TICKING THE APPROPRIATE BOX

Comprehensive First Loss	Comprehensive Full Loss	Third Party A B C D	Third Party Fire & Theft	Third Party Act	Additional Benefits
☐	☑	☐ ☐ ☐ ☐	☐	☐	VIP PACKAGE Windscreen Limit - $100,000 Unnamed Protection - $100,000 Drivers PA

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:** —
Expiry date of the policy: —
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. NO

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	Kevon Roach	Jan 14 1999	Teacher	1163737952 MC	04 22 2025	Jan 14, 2030
Others	Any authorised		licensed	driver		

I/We N/A do not wish to be covered as insured N/A drivers.

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 Next ' COVER**

With effect from 5/29/2026 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) K. Roach

SUM INSURED AND COMPULSORY EXCESS

With effect from 5/29/2026 I fully understand that the ***SUM INSURED*** under the above policy is $ 3,650,000 and the ***COMPULSORY EXCESS*** is $ 132,500.

I/We agree to bear the first $ 132,500 **(compulsory excess)** of any claim I make under my policy.

AVERAGE

I hereby agree that if my Motor Vehicle shall at the time of any loss or damage for which indemnity is provided under Section 1 be of greater value than- the Sum Insured of $ 3,650,000, then I shall be considered as being my own Insurer for the difference and shall bear a ratable proportion of the amount of such loss or damage accordingly and 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 the vehicle at the time of any loss or damage.

ASSIGNMENT

Referring to my application for Comprehensive cover on vehicle no. PAP 7839 I have to inform you that this vehicle is bought under a hire purchase Loan Agreement with GUYANA BANK FOR TRADE & INDUSTRY LTD and the said GUYANA BANK FOR TRADE & INDUSTRY will remain the owner of the said vehicle for the life of this Agreement. I shall be pleased if your Company will endorse this Policy as follows:-

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

Signature of Proposer(s) K. Roach

PREMIUM

I hereby understand that I have paid the sum of $ 159,825 being insurance for the period of 12 months. I understand that in the event of a Partial Loss I have to pay the remaining balance of $ NIL

I understand that in the event of a Total Loss I have to pay the remaining balance of $ NIL. I further agree and understand that **NO CLAIM(S)** will be paid by **NAFICO** unless the amount outstanding is paid.

Period of Cover: 12 MONTHS **From:** 2026/05/29 **To:** 2027/05/28

DECLARATION

I/We desire to effect insurance with the **NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED** and 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 the 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 not 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 and 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 any person who to my/our knowledge has been refused Motor Vehicle Insurance or continuance thereof.

Signature of Proposer K. Roach **Date** 5/29/2026

ID/Passport/Driver's Licence 116537292

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 Brokers.
Remarks	Raj Singh Insurance Brokers & Risk Management Consultants Inc.

Notes

Premium		**Calculation**
	Annual	Semi-Annual
Rate 4.5% Gross Premium	$164,250	
Loadings		
Discounts		
10% upfront		
VIP Package - $12,000		
Net Premium	$159,825	

COMPUTER UPDATE

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

Policy	**Date**
Prepared By:	
Checked By:	
Authorised Signature:	

Completed By: S Sukdeo

Accepted By:

Date: 5/29/2020

Time: 11:50 hrs.

NORTH AMERICAN FIRE & GENERAL INSURANCE COMPANY LIMITED
30-31 REGENT AND HINCK STREET, GEORGETOWN. TEL # 227-0440-3,
227-8717, 226-9325 FAX: 226-8550

CUSTOMER VERIFICATION FORM - INDIVIDUAL

IDENTIFICATION DETAILS

Full Name ..... Kevon Roach

Title: Mr. ☑ Mrs. ☐ Ms. ☐ Other: ☐ Please state ..... Date of Birth ..... Jan 14 1999

Place of Birth: ..... Guyana ..... Nationality: ..... Guyanese

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

State Beneficiary Name, Address & Relation to customer:
..... Carren Braithwaite - Mother

.....

Tax Identification Number (TIN) 116537292

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

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

☑ Driver's License Number ..... 116537292 ☐ Other (Please Specify): .....

CONTACT DETAILS

Home Address:
..... LOT 14 LILIENDAAL, ECD

Mailing Address (If different from above):
.....

Contact Number: Home ..... Work ..... Cell 634,4473

Email Address.....

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

EMPLOYMENT DETAILS

Occupation / Principal Business Activity: ..... Self Employed - Teaching

Employer Name / Business Name: ..... Self

Employer / Business Address: ..... Same as above

SOURCE OF FUNDS

Origin of the money paid to the policy is:
..... Income from Business

Expected level of activity (Average annual sum expected to be paid on the policy): $159,225

I do hereby declare that the above answers are true.

Date 5/25/2026 ..... Customer Signature ..... K. Roach ..... Authorised Official's Signature .....

Raj Singh
Insurance Brokers & Risk Management Consultants Inc.

FOR OFFICE USE ONLY

Policy # 10M0006496

Branch/Agent/Broker ..... Raj Singh Ins. Broker

Type of Transaction: Motor ☑ Property ☐

Sum Insured..... Annual Premium.....

Transaction Accepted: Yes ☐ No ☐

Reason for Declinature.....

Transaction taken by:.....

Name: .....

Position: .....

Signature.....

Date:.....

North American Fire & General Insurance Company Ltd.

30/31 Regent & Hinck Streets, Robbstown, Georgetown, Guyana

To: The Motor Manager *Policy No.* 10M026496

With effect from 5/29/2026 kindly include/exclude the following Motor Policy Extension(s) to/from my/our above-mentioned policy.

Option 1: ***Windscreen Cover***

Estimated Value: Front $ Rear $

FRONT	REAR	BOTH	EITHER	WINDSCREEN(S) FIT TO BE INSURED
☐ $ 3,000	☐ $ 3,000	☐ $ 5,000	☑ $ 3,000	Yes ☑ No ☐ Sum Insured: $ ~~30,000~~ $100,000 Deductible: $ 1,500

Vehicle No. Inspected By:

NB: Any windscreen to be insured over the sum insured of ~~$30,000~~ consult management.

Option 2: ***Uninsured Protection Plan***

This cover provides reasonable compensation for losses, which may occur as a result of the Third Party's Motor Vehicle not being insured. Compensation is to the maximum Sum Insured of $100,000.

Deductible: 5% of the approved settlement **Premium: $ 3,000**

Option 3: ***Personal Accident Cover***

Benefits: (A) $100,000 Accidental Death & Dismemberment Coverage.
(B) $ 50,000 Accident Medical Expense Coverage.

Policy No: **Premium Per Person: $ 3,000**

	Names of Persons to be Insured	Licence #	Premium
Policyholder	Kevon Roach	Licensed	
Driver	—		
Conductor	—		

Total

Is the Policyholder/Driver/Conductor in good health and actively at work? Yes ☐ No ☐

(If no give details)

Is the Policyholder/Driver/Conductor suffering from any infirmity? Yes ☐ No ☐

(If yes give details)

(Settlement will be dependent on Police & Physician reports and evidence of expenses incurred)

NB: For Higher Personal Accident Cover consult Management.

Option 1: ~~$~~ —

Option 2: ~~$~~ /

Option 3: ~~$~~ —

Total: $ 12,000

TOTAL PREMIUM

NAFICO Incorporated

I hereby agree that there shall be no contract of insurance unless the first premium thereon is actually paid during the lifetime of the proposed insured.

Signature: K. Roach

2026.05.29

The Manager
Guyana Bank for Trade and Industry Limited
Water Street
Georgetown.

Dear Sir/Madam,

RE: Assignment of Motor Insurance Policy.

Please be advised that we are the Insurance Brokers for **Mr. Kevon Roach** of **Lot 14 First Street, Liliendaal, East Coast Demerara**

This is to confirm that Comprehensive Motor Insurance coverage was effected with **North American Fire & General Insurance Company LTD.** as detailed hereunder and this policy is now being assigned to your Bank as collateral security for a financial agreement.

Details are as follows: -

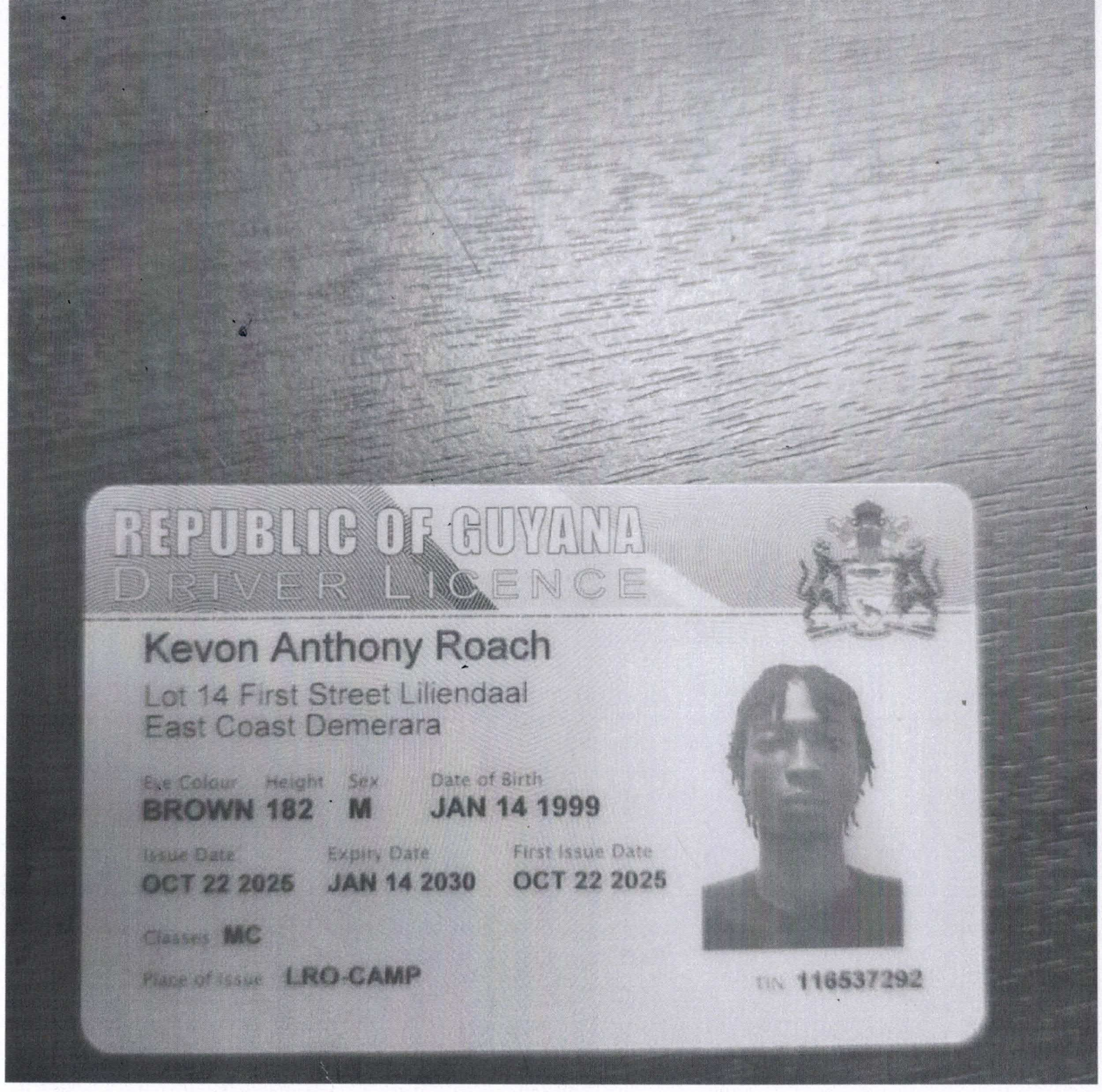
Insured:	Kevon Roach
Policy #:	10M006496
Chassis #:	NRE161-0037790
Vehicle #:	PAP 7839
Sum Insured:	$3,650,000: -
Excess:	$182,500: -
Annual Premium:	$159,825: -
Period of Cover:	2026.05.29-2027.05.28

The Policy Document will be forwarded to you shortly by **Nafico.**

Yours faithfully,
RAJ SINGH INSURANCE BROKERS &
RISK MANAGEMENT CONSULTANTS INC.

S Sukhdeo

B. Shivanne Sukhdeo
Assistant Manager


REPUBLIC OF GUYANA
DRIVER LICENCE
Kevon Anthony Roach
Lot 14 First Street Liliendaal
East Coast Demerara
Eye Colour
BROWN
Height
182
Sex
M
Date of Birth
JAN 14 1999
Issue Date
OCT 22 2025
Expiry Date
JAN 14 2030
First Issue Date
OCT 22 2025
Classes
MC
Place of Issue
LRO-CAMP
TIN
116537292



05379172024

GUYANA

CERTIFICATE OF VEHICLE REGISTRATION

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

Plate	Effective Date	Chassis No.	Year
PAP 7839	2026-05-25	NRE161-0037790	2017
Manufacturer	**Model**		**Horse Power/Engine Capacity**
TOYOTA	DBA-NRE161G (FIELDER)		1490
Engine No.	**Effective Date**	**Type of Vehicle**	**Condition**
2NR-1012868		CAR	USED
Unladen Weight	**Seating Capacity**	**Propulsion**	**Colour**
1140	5	INTERNAL COMBUSTION	BLACK
First Registration	**Issue Date**	**Payload**	**Wheel Count**
25-05-2026	25-05-2026		

Particulars of Owner(s)

KEVON ROACH 2026-05-25 LOT 14 FIRST STREET LILIENDAAL EAST COAST DEMERARA

REVENUE OFFICIAL 25 MAY 2026

Authorising Officer

Signature

BG460199

GUYANA

THE MOTOR VEHICLES INSURANCE (THIRD PARTY RISK) ACT

CERTIFICATE OF INSURANCE

CERTIFICATE NO: 269220 POLICY NO: ~~01M006496~~ 10M006496

1. Index Mark, if any and registration number of vehicle. PAP 7839
2. Name of Policy Holder. Kevon Roach
3. Effective date of the commencement of Insurance for the purpose of the Act. Date: 2026.05.29 Time: 11:50 Hrs.
4. Date of Expiry of Insurance. 2027.05.28
5. Persons or classes of persons entitled to drive.
   1. The Policyholder
   2. Any authorized licensed driver who is driving on the Policyholder's order or with his permission.

   Provided that the persons driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to use:

   Use for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

(1) Use for hire or reward.

(2) Use for pace-making, reliability trial or speed testing.

(3) Use for any purpose in connection with the Motor Trade.

Raj Singh Insurance Brokers & Risk Management Consultants Inc.

Date: 2026.05.29 Time: 11:50 Hrs.

I/We hereby certify that the Policy to which this is issued in accordance with the provisions of the above mentioned Act.

NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED

Lot 30-31 Regent & Hincks Streets, Robbstown, Georgetown.

Raj Singh Insurance Brokers & Risk Management Consultants Inc.

S Sukdeo

AUTHORISED SIGNATURE

This certificate must be returned to the Company if the Policy is cancelled or ceases to be effective.

PV MC