~~JOSEPH CORNELIUS~~ Cornelius Joseph
LOT 12 COVER & JOHN
EAST COAST DEMERARA
~~677-5492~~
VoiceMail 2105718
661-1282 - Joseph Contact

New System Updated 2026/06/03 JP.

Scan Folder

Paid - 2026/06/01
Amt $61,300
Rec No. 40371
JP.

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

| | | | |
|---|---|---|---|
| Policy Number | 10M006286 | Gross Premium | $7,000 |
| Insured | (see above) | Less Discount(s) | |
| Vehicle Number | EP9230 | 10 % NCD | 700 |
| Renewal Period | 2026/~~05/23~~ to 2027/~~05/22~~ | % Fleet | |
| Sum Insured | | % Fire | |
| Excess | | % Life | |
| Due Date | 2026/05/23 | % Staff | |
| Customer Number | JOSCS15 | Sub total | $~~X,XXX~~ 6300 |
| Agent code | 00006 | Other benefits | |
| Premium Mode | YEARLY | Please pay | $~~XXXX~~ 6300 |

**IMPORTANT** $300/$1m.

**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. [illegible] insured, type of cover, persons to drive, etc.

Due Dates FAT 2026/06/01 - 2027/05/31

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

Policy No: 10M006286 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle EP9230
2. Name of policyholder CORNELIUS, JOSEPH
3. Effective date of the commencement of Insurance for the purposes ACT 2026/05/23
4. Date of expiry of Insurance 2026/06/05
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.

* Please request Vehicle Registration

NORTH AMERICAN FIRE & GENERAL INSURANCE CO. ROBERT S. HINCK STS GEORGETOWN NAFICO MOTOR DIVISION

AUTHORISED SIGNATURE