RSI updated 11/13.2026.

New Application - Motor Insurance

Date Paid: 2026/11/12

Amount: $18,275

Receipt #: #1916

Policy No:	728460
Insured:	Sherwin Allen
Vehicle No:	PTT 6432
Type of Cover:	Third Party
Limits of Liability:	$1.5 M / $2.5 M
Period of Cover:	2026/11/12 to 2027/05/12
Mode of Payment:	Semi - Annual
Annual/(Semi-Annual) Premium:	Discounts: 5% Fleet 25% Multiple Business Annual - $36,550 Semi - $18,275
Insurer:	Assuria
Sum Insured:	-
Excess:	-
Postal Address:	Lot 193 Charlotte Street Bourda
Telephone No:	672-7504
Remarks:	Details confirmed with Zahir @ Assuria.

Assuria
LIFE – PENSIONS – FIRE & GENERAL INSURANCE
Solid & Secure

ASSURIA GENERAL (GY) INC
Lot 133 Church Street
South Cummingsburg Georgetown
Tel: 226-7052
WhatsApp / Mobile: 623-7278
P.O.Box 10267
guyana@assuria.gy
https://assuria.gy/

BRANCH OFFICES
Lot R 1 Vreed-en-Hoop, West Bank Demerara
Giftland Mall, Turkeyen, East Coast Demerara
Lot 22 Republic Avenue, Mackenzie, Linden
Lot 51 'A' South Public Road, Rose Hall Town Corentyne, Berbice
Lot 3 South Hall, Anna Regina, Essequibo Coast
Lotus Mall Parika, East Bank Essequibo
Amazonia Mall Providence, East Bank Demerara
Lot 38 Springlands, Corriverton, Berbice
Lot 24 O'Edward, Village West Bank Berbice
West Central Mall, Leonora West Coast Demerara

THIRD PARTY MOTOR INSURANCE PROPOSAL FORM

FOR OFFICE USE ONLY
Policy No. 728460 Date 2026/11/12
Mode of Payment Semi-Annual Premium $18,275
Agent/Broker/Direct Raj Singh Insurance Brokers

1). PARTICULARS OF APPLICANT

Name of Policyholder(s) (Ms./Mr./Mrs.) Sherwin Allen

2. Limits of Liability

Initials S.A	Bodily Injury		Property Damage		Passenger Liability	
	Any one Person	Any One Accident	Any One Person	Any One Accident	Bodily Injury	Property Damage
Third Party Liability	$1.5M	$2.5M	$1.5M	$2.5M		

3). PARTICULARS OF VEHICLE TO BE INSURED

a) Registration No. PTT 6432
b Engine No. 1RZ-2808643
c) Chassis No. RZH102-6006122
d) Make, Model & Type Toyota Hiace

4). USE OF VEHICLE

	YES	NO
a) Social, Domestic, Pleasure and Professional Purposes including business calls	✓	
b Carriage of Goods or samples in connection with your business		✓
c) Carriage of passenger and their effects for hire or reward		✓
d) Rental		✓

5). DETAILS OF DRIVERS (Tick✓appropriate box).

Will the vehicle be driven by:-

☐ Any Authorised Driver- ☑ Proposer and Any authorised licenced driver ☐ Named drivers only

Have you or any of the persons who may drive:-	YES	NO
a). Suffer from defective vision, hearing diabetes, fits, or any other disability?		✓
b) Ever had motor insurance cancelled / declined / refused / not renewed?		✓
c) Required to Pay increased premium or had special conditions imposed?		✓
d) Had a motoring accident and/or claim with Assuria or any other Insurance Company during the past two (2) years for this vehicle or any other vehicle?		✓

Initials S.A

If 'YES'to any of the above, please provide details:-

6). Is the Proposer entitled to any discounts?
YES ☑ NO ☐ If 'Yes', please provide details:- 5% Fleet > 5% Multiple Business

DECLARATION - TO BE READ AND SIGNED BY EVERY PROPOSER

NB: Please read the following declaration very carefully, and read again the questions and answers especially if not completed in your own hand before signing the form

I) I/'We declare to the best of my knowledge and belief:-
a)the above answers are true.
b)all material particulars affecting the assessment of the risk have been disclosed.
c)the vehicle(s) is/are in a sound and road worthy condition.

2) I/We agree to advise the Company of any material changes effected to the vehicle as declared on this application.

3) I/'We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers and shall be deemed to be incorporated in such contract

4)I/We undertake that the vehicle(s) to be insured shall not be driven by any person who to the best of my knowledge has been refused any motor vehicle insurance or continuance thereof.

5)I/WE hereby acknowledge that Assuria General (GY) Inc. Shares information with other insurance companies, the Police and other such entities from time to time, information about its policyholders and their insurance transactions and I/We hereby consent to Assuria General (GY) Inc. sharing such information about my/our insurance transactions.

Date 2026/11/12 **Policyholder(s) Signature**.....

Company Stamp (If Applicable)

Completed by.....

Checked by.....

Claims Bank Records.....

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Lot 38 Springlands, Corriverton, Berbice
Lot 24 D'Edward, Village West Bank Berbice
West Central Mall, Leonora West Coast Demerara

CUSTOMER VERIFICATION FORM – INDIVIDUAL
IDENTIFICATION DETAILS

Full Name ..Sherwin Allen..

Title: Mr.☑ Mrs. ☐ Ms. ☐ Miss. ☐ Other: ..... Date of Birth ..1979../..03../..04..

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

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

State Beneficiary Name, Address & Relation to customer:

.....

.....

Tax Identification Number (TIN)...113572135.....

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

☑National Identification Number ..167717269..... ☐Passport Number .....

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

CONTACT DETAILS

Home Address:

..Lot 193 Charlotte Street Bourda, Georgetown.....

Mailing Address (If different from above):

..Same as Home address.....

Contact Number: Home ..227-2383..... Work .....Cell .....

Email Address .....

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

Verified Customer is not on the United Nations Security Council Consolidated List ☐ Yes ☐ No

EMPLOYMENT DETAILS

Occupation / Principal Business Activity: ..Proprietor.....

Employer Name / Business Name: ..Self-Employed.....

Employer / Business Address: .....

SOURCE OF FUNDS

Origin of the money paid to the policy is:

..Salary.....

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

..$18,275.....

I do hereby declare that the above answers are true and any misrepresentation whatsoever can render the insurance of no effect.

Date ..2026/11/12.. Customer Signature ..... Authorised Official's Signature .....

FOR OFFICIAL USE ONLY

Policy Number ..... Reason for Declinature .....

Branch/Agent/Broker..... Transaction taken by:.....

Type of Transaction: General ☐ Others ☐ Name: .....

Sum Insured.....Annual Premium..... Position: .....

Currency:..... Signature .....

Transaction Accepted: Yes ☐ No☐ Date:.....

To: The Managing Director
Assuria General (GY) Inc.

Policy Number 728460 Vehicle Number PTT 6432 Name of Policyholder(s) Sherwin Allen Date 2026/1/1

SUBJECT TO INSPECTION

POLICYHOLDER(S) INITIALS S.A

It is hereby understood and agreed that Motor Vehicle is insured for a Vehicle value of $.....and/or Glass breakage limit of ..... subject to an inspection on or before ..... to confirm the value stated. I/we also, understand and agree that if the Motor Vehicle is involved in an accident prior to inspection, done by Assuria General GY Inc, the said company may not honour any owner's damage or /Glass breakage claim presented by above-mentioned proposer.

DISCOUNT

POLICYHOLDER(S) INITIALS.....

It is hereby understood and agreed that should there be an own damage claim under this policy during the first year of it being in force, the discounted premium granted at the inception of this policy will be deducted from the claim amount payable, Also, at no time during the life of the policy will the safe driver discount together with earned no claim discounts exceed the maximum No Claim Discount offered by Assuria General (GY) Inc.

PERSONAL ACCIDENT

POLICYHOLDER(S) INITIALS.....

It is hereby understood and agreed that the above policy is extended to cover me as per schedule of losses below as a result of an accident whilst driving the motor vehicle, with Registration Number mentioned above, to the extent of $.....

SCHEDULE OF LOSSES		
Life		Principal Sum
Both Hands		Principal Sum
Both Feet		Principal Sum
Sight of both eyes		Principal Sum
One hand and one foor		Principal Sum
One hand and the sight of one eye		Principal Sum
One foot and the sight of one eye		Principal Sum
One hand or One foot	50% of	Principal Sum
Sight of one eye	50% of	Principal Sum

Death Beneficiary

Name & Relationship.....

Address .....

DEFENSIVE DRIVING

POLICYHOLDER(S) INITIALS.....

It is hereby understood and agreed that, the Defensive Driving Discount 5% will no longer be applicable should there be a loss for which the policyholder (s) was liable.

MINIBUS ZONE

POLICYHOLDER(S) INITIALS.....

It is hereby understood and agreed that I will inform the Company immediately of any changes to the Zone stated above. I may/will be charged an additional premium and deductible adjusted.

I/We understand that failure to comply with the above can result in additional premium and deductible adjustment which will be deducted from any claim payable.

GLASS BREAKAGE

POLICYHOLDER(S) INITIALS..S.A.....

It is hereby understood and agreed that the above policy is extended to cover any claim for the cost of replacing windscreen or windows of the motor vehicle with Registration Number mentioned above up to an amount not exceeding $ ..10,000..... for any one occurrence/ anyone year of insurance, providing that no own damage claim is being made.

Inspected by..... Remarks.....

LOSS OF USE

POLICYHOLDER(S) INITIALS.....

It is hereby understood and agreed that the above Motor Vehicle policy is extended to cover to Loss of Use to my motor vehicle with Registration Number mentioned above. This extension covers the number of days the vehicle will be in the repair shop when an own damage claim is being honoured by Assuria. The maximum payment under the Loss of Use extension is:

- Per Day: .....
- Any one occurrence/one year of insurance: .....

ACCIDENT MEDICAL EXPENSE REIMBURSEMENT (AMER)

POLICYHOLDER(S) SIGNATURE..S.A.....

It is hereby understood and agreed that the indemnity provided under this extension is deemed to extend to any claim by any authorised driver covered under this policy for accidental medical expense reimbursement for injuries sustained as a result of an accident whilst driving the insured vehicle/motorcycle to a maximum of $100,000 for any one claim/period of insurance.

Terms and Conditions	Exceptions
Medical Report must be submitted with supporting bills/receipts	Pain and Suffering
Accident must be reported. Police report must be submitted/available for verification	Loss of Income
Initial Treatment must be within three days of accident	Any accident not reported to the Police
The company shall be entitled, in the event of any claim on this extension, to deduct any premiums payable under this extension to complete the policy year	Any accident where the driver breached our policy terms and conditions forming part of this extension
This extension can be reinstated by repaying the full annual premium if the maximum limit is utilized before completion of the policy year.	

With the purchase of this rider, you are entitled to have your deductible reduced subject to terms and conditions.

UNDER - INSURANCE

POLICYHOLDER(S) INITIALS..S.A.....

It is hereby understood and agreed that the above Motor Vehicle Policy is extended to cover under-insurance for damages to my vehicle in even of a claim where the third Party was liable for the accident.

In the event of a claim for damages to my vehicle the maximum payment for any one occurrence/one year of insurance is $100,000:-

NO FAULT, NO DEDUCTIBLE

POLICYHOLDER(S) SIGNATURE.....

It is hereby understood and agreed that if the third party is 100% liable for loss, the deductible will be waived under the own damage claim as a result of an accidental collision.

Terms and Conditions	Exceptions
Accident must be reported at a police station. The onus is on the Policyholder to prove with provision of evidence that a third-party vehicle was 100% liable for the accident	If the policyholder is fully or partially liable for the loss
Assuria General GY Inc shall be entitled to deduct any outstanding premium under this extension to complete policy year in the event of any claim on this extension from claim amount payable to insured	Policyholder/driver must not have received any compensation
This extension can be reinstated by paying a premium if this extension is utilized within the policy year	There must be no breach of the insurance policy at the time of loss



05790902024

GUYANA

CERTIFICATE OF VEHICLE REGISTRATION

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

Plate	Effective Date	Chassis No.	Year
PTT 6432	2026-09-10	RZH102-6006122	2002
Manufacturer	**Model**		**Horse Power/Engine Capa**
TOYOTA	GE-RZH102V (HIACE)		1998
Engine No.	**Effective Date**	**Type of Vehicle**	**Condition**
1RZ-2808643		CAR	USED
Unladen Weight	**Seating Capacity**	**Propulsion**	**Colour**
1630	14	INTERNAL COMBUSTION	WHITE:SILVER
First Registration	**Issue Date**	**Payload**	**Wheel Count**
15-07-2015	06-11-2026		

Particulars of Owner(s)

SHERWIN ALLEN

2026-11-06

LOT 193 CHARLOTTE STREET BOURDA GEORGETOWN

LICENCE REVENUE DEPT.
OFFICIAL
06 NOV 2026

$20,000 - Zahir