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 312 Highway Parika, East Bank Essequibo
Amazonia Mall Providence, East Bank Demerara
Lot 38 Springlands, Corriverton, Berbice
Lot 24 D'Edward, Village West Bank Berbice
Lot 3 South Half, Anna Regina, Essequibo Coast

MOTOR INSURANCE PROPOSAL FORM

FOR OFFICE USE ONLY

Policy No. 700402 Date 26/5/13

Mode of Payment [illegible] Premium 117,280

Agent/Broker/Direct [illegible]

1). PARTICULARS OF APPLICANT

a) Name of Proposer(s) (Ms./Mr./Mrs) SHANE MARCELLUS HUGH

b) Mailing Address: Lot 133 CHARLOTTE STREET, GEORGETOWN

Tel No:

c) Business Address Tel No:

d) Business or Profession STUDENT / TRAINEE Email Address:

e) Date of birth JULY 26 2005 Nationality: GUYANESE

f) ID/Passport Number TIN: 150755-834

Initials

2). COVER REQUIRED (Tick √ appropriate box)

a) ☑ Comprehensive:- ☑ 1st yr. ☐ 4th yr. Sum Insured $ 2,700,000 Excess $ 121,500

☐ Third party Fire & Theft:- Sum Insured $ Excess $

☐ Third Party

b) Effective Date 2013/05/26 (yy/mm/dd)

Period of Coverage: Annual Semi-Annual Quarterly Short Term, Date of Expiry: 2014/5/13

c) **Limits of Liability**

	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	1.5M	2.5M

3). PARTICULARS OF VEHICLE TO BE INSURED

a) Registration No. PAP 5735

b) Engine No. 1HR 12-1588879

c) Chassis No. E12-439221

d) Make NISSAN

e) Model NOTE

f) Type of Body CAR

g) HP or CC Rating 1190

h) Seating Capacity Including Driver 5

j) Year of Manufacture 2015

k) Date of Purchase MAY 2026

l) Price Paid by Proposer $ 2,700,000

m) Present Value including accessories 2,700,000

n) Right of Left hand driven RIGHT

o) Was the vehicle bought USED

☐ New ☐ Second Hand ☑ Reconditioned ☐ Duty Free

4). CONDITION OF VEHICLE

	Yes	No
a) Is the vehicle in a good state of repair?	✓	
b) Will the vehicle be kept at night at the above address in an enclosed yard/locked garage? GARAGE	✓	
If your answer is 'NO' please give details on where the vehicle is usually kept.....		
Initials		
c) Is there any security devices attached to this vehicle?	✓	
If Yes, Please State..... DOOR LOCKS		
d) Has the Engine or Body been modified or altered from the manufacturer's standard model?		✓
e) Has the vehicle been involved in any accident or theft or was considered a write off?		✓
.....		
Initials		

5). USE OF VEHICLE

a) Social, Domestic and Pleasure purposes	✓	
b) Professional purposes including business calls	✓	
c) Carriage of goods or samples in connection with your business	✓	
d) Carriage of passengers and their effects for hire or reward		✓
e) Transport of goods or samples in connection with any trade/business for hire or reward		✓
f) Carriage of goods in the interior		✓
g) Rental		✓
h) Any other purpose (please describe)		✓

6). OWNERSHIP OF VEHICLE

a) Is the Proposer the owner of the vehicle?	✓	
b) Is the vehicle registered in the Proposer's name?	✓	
If not: (1) Please state name and address of person named on the Registration.....		
.....		
(2) Was:- ☐Agreement of Sale Provided ☐Import Documentation Provided.....		
c) Is vehicle being financed by a Hire Purchase Agreement, bill of Sale or Lien of any type?		
If 'YES', please give full details.....		

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

Will the vehicle be driven by:-

- ☐ Proposer Only
- ☑ Proposer and Any authorised licenced driver
- ☐ Other.....

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 three (3) year for this vehicle or any other vehicle?		✓

Initials .....

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

.....

8). Is the Proposer entitled to a "No Claim Bonus" from previous Insurers in respect of the vehicle described in this proposal?

☑ Yes ☐ No If 'Yes', please provide details:- 20 + NCD

9). Do you have any other Insurance Policy with this Company?

☑ Yes ☐ No If 'Yes', please provide details:- See Records

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.

1) 1/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: May 13 20 26 ***Proposer(s) Signature:*** [signature]

Company Stamp (if Applicable)

Registration Seen ☐Yes ☐No	Import Documents Seen ☐Yes ☐No	Receipt of Sale Seen ☐Yes ☐No
To be Registered ☐Yes ☐No		

PREMIUM COMPUTATION WORKSHEET

2.7 x 4/0

Basic Premium	108,000
Add Rate-Ups ~~(Accident Record)~~	20,000 (EXT Cov)
Sub Total	128,000
Less Discounts	
Multi Business 5%	6,400
Multi Vehicles 5/10..%	
Corporate 5%	
Competition 5%	
Staff Discount 10%	
Other.....20 NCD.....%	24,320
No Claim Discount.....%	
Net Yearly Premium	97,280
Net Half-Yearly Premium	
Net Quarterly Premium	
Short Term Premium	
Glass Breakage/Underinsured/Loss of use Premium	20,000
TOTAL PREMIUM	117,280

Amen +

Completed by .....

Accepted by .....

Date .....

Time .....

Claims Bank Checked by.....

Remarks.....

.....

.....

Date.....

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

Policy Number 700402 Vehicle Number PSP 5735 Name of Policyholder(s) Shawn Allen Date 22/1/13

SUBJECT TO INSPECTION N/A **POLICYHOLDER(S) INITIALS**.....

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 N/A **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 N/A

Name & Relationship.....

Address .....

DEFENSIVE DRIVING N/A **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 N/A **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.....

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 $ ..... 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.....

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.....

It is hereby understood and agreed that the above Motor Vehicle Policy is extended to cover under insurance for damages to my vehicle in event 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

Georgetown
Guyana

Date 13/5/2026

The General Manager
Assuria General (GY) Inc.
Church Street
Georgetown

Dear Sir/Madam

Referring to my application for Comprehensive cover on Motor Vehicle No. PNP 5735 I have to inform you that this vehicle is bought through a loan/under a Hire Purchase Agreement from Republic Bank (Guyana) Ltd of [illegible] and Republic Bank will remain the owner of the said motor vehicle No. PNP 5735 until the full repayment of the loan/ hire purchase agreement.

I shall be pleased if your Company will endorse this policy as follows: -

"It is hereby understood and agreed that Republic Bank (Guyana) Ltd (hereafter referred to as the owner) is the Owner of the Motor Vehicle described in the Schedule hereto. It is further understood and agreed that the 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 to the said Motor Vehicle (which loss or damage is not made good by repair, re-instatement or replacement) such monies shall be paid to the said Owner as long as it is the Owner of the Vehicle and its receipt shall be a full and final discharge to the Company in respect of such loss or damage."

"Save as by this endorsement expressly agreed nothing herein shall modify or effect the right or liabilities of the Assured or the Company respectively under or in connection with this policy or any condition or term thereof."

Yours faithfully

.....
Assignor

.....
General Manager

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