RSI updated 9/28/2026.

New Application - Motor Insurance

Date Paid: 9/25/2026
Amount: $ 85,000
Receipt #: 4/531

Policy No:	722034
Insured:	Patrick Ketwaru
Vehicle No:-	PAS 1950
Type of Cover:	Motor Comprehensive
Limits of Liability:	$1.5M / $ 2.5M
Period of Cover:	2026/09/25 - 2027/03/25
Mode of Payment:	Semi - Annual
Annual/Semi-Annual Premium:	~~$ 40,000~~ $85,000
Insurer:	Assuria
Sum Insured:	$ 4.5M Duty Free
Excess:	5% $225,000
Postal Address:	182 Lusignan West, ECD
Telephone No:	660-6015
Remarks: 20% upfront Discount	Glass Breakage Limit - $1,000 Theft: $10K.

OIS Physical Form / Glass Breakage
Drivers Licence - Sent.

GP - $180,000 20% upfront
TP - $ 20,000
Less 20% upfront 40,000
Glass Breakage 10,000

Scanned Saved

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 D'Edward, Village West Bank Berbice
West Central Mall, Leonora West Coast Demerara

COMPREHENSIVE MOTOR INSURANCE PROPOSAL FORM

FOR OFFICE USE ONLY
Policy No. 722034 Dated 9/26/2025
Mode of Payment S/Annual Premium $85,500
Agent/Broker/Direct. RG Sims Insur. Brokers

1). PARTICULARS OF APPLICANT

a) Name of Policyholder(s) (Ms./Mr./Mrs.) Patrick Ketwaru
b) Mailing address 182 Lusignan West, ECD
c) Email address _____ Telephone No 640-6015

Initials... PK

2). COVERAGE REQUIRED: (Tick✓ appropriate box).

a) ☑ Comprehensive:- ☐ 1st year ☐ 4th year Sum Insured$ 4.5M Excess$ 225000 (5% of 5M)
☐ Third Party Fire & Theft Sum Insured$..... Excess$.....

b) **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. PAS 1950 e) Year of Manufacture 2026 HP/CC Rating: 25 KW
b Engine No. N/A f) Date of Purchase 9/22/2026
c) Chassis No. L6XCE4GC0V3003935 g) Present Value including accessories $4.5M
d) Make, Model & Type DOLPHIN MINI LORRY CAR ☑ New ☐ Second Hand ☐ Reconditioned ☑ Duty Free

4). CONDITION OF VEHICLE

	YES	NO
a) Please State Security devices attached to vehicle:	✓	
b) Has the vehicle been involved in any accident or theft or was it considered a write off?		✓

Initials... PK

5). 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) Would the vehicle be traversing the interior locations or stationed in		✓
e) Rental		✓

6). OWNERSHIP OF VEHICLE

	YES	NO
a) Is the vehicle registered in the Policyholder's name?	✓	
b) 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:-

☐ 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..... Pik

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

.....

8). Is The Proposer Entitled To Any Discounts '?

YES ☑ NO ☐ If 'Yes', please provide details:- 20% upfront

.....

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 Sept 25 2024 **Policyholder(s) Signature.** [signature]

Company Stamp (IfApplicable)

PREMIUM COMPUTATION WORKSHEET

Semi-

Annual	$100,000
Discount	20% upfront
AMER / Glass Breakage/Underinsured/Loss of Use Premium	$5,000 - Glass Breakage
TOTAL PREMIUM	$85,000

Semi-Annual

Completed by..... Claims Bank Checked by.....

Accepted by..... Remarks.....

Date..... .....

Assuria
LIFE – PENSIONS – FIRE & GENERAL INSURANCE

ASSURIA GENERAL (GY) INC.
ASSURIA LIFE (GY) INC.
Lot 78 Church Street, South Cummingsburg - Georgetown
225-9674, 225-7338
226-7123
P.O Box 10267
guyana@assuria.gy

BRANCH OFFICES
Lot RF Vreed-en-Hoop, West Bank Demerara
Lot 22 'B' Williamsburg, Corentyne, Berbice
Giftland Mall, Turkeyen, East Cost Demerara
Lot 317 Parika, East Bank Essequibo
Lot 20 P/Road, East Bank Demerara
Lot 22 Republic Avenue, Linden

CUSTOMER VERIFICATION FORM – INDIVIDUAL

IDENTIFICATION DETAILS

Full Name Patrick Ketwaru

Title: Mr. ☑ Mrs. ☐ Ms. ☐ Miss. ☐ Other: ..... Date of Birth 1961/03/02

Place of Birth: Georgetown, Guyana Nationality: Guyanese

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

State Beneficiary Name, Address & Relation to customer:

Nil

Tax Identification Number (TIN) 1012777594

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

☑ National Identification Number 103428288 ☐ Passport Number .....

☑ Driver's License Number 12277554 ☐ Other (Please Specify): .....

CONTACT DETAILS

Home Address: 122 Lusignan West, ECD.

Mailing Address (If different from above):

Contact Number: Home — Work — Cell 640-6015

Email Address —

Proof of address (No older than 3 months): Utility Bill ☐ Bank Statement ☐ Other ☑ Drivers License

EMPLOYMENT DETAILS

Occupation / Principal Business Activity: Lecturer.

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):

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

Date 2024/09/25 Customer Signature P. Ketwaru Authorised Official's Signature

FOR OFFICE USE ONLY

Policy Number 722034 Reason for Declinature .....

Branch/Agent/Broker RG Singh Ins. Brok Transaction taken by: .....

Type of Transaction: Life ☐ General ☑ Name: .....

Sum Insured 4.5M Annual Premium 170,000 Position: .....

Currency: GYD Signature .....

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

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

Policy Number 733034 Vehicle Number PBS1950 Name of Policyholder(s) Patrick Kennedy Date 9/2

SUBJECT TO INSPECTION **POLICYHOLDER(S) INITIALS** P.K

It is hereby understood and agreed that Motor Vehicle is insured for a Vehicle value of $ N/A and/or Glass breakag limit of 100,000 subject to an inspection on or before N/A to confirm the value state 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 sai 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 charge 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.