New System Updated 2026/9/10

SHONDELL MUNROE
LOT 122 FRYISH VILLAGE
CORENTYNE
BERBICE

Pd. 2026/9/12
Bnk# 28000

2026/09/02 - Shakeia Gafoor Ref# 41343.
~~Cton Client~~. advised to Renew for one year.

client is Shakeia's Staff 2026/9/12 Renewed.

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

Policy Number	10M006347	Gross Premium	~~$18,000~~	$20,000
Insured	(see above)	Less Discount(s)		
Vehicle Number	PAL9031	20.0 % NCD	~~$2,000~~	$4,000
Renewal Period	2026/09/10 to 2027/~~03~~09	% Fleet		
Sum Insured		% Fire		
Excess		% Life		
Due Date	2026/09/10	% Staff		
Customer Number	MUNSL04	Sub total	~~$8,000~~	$16,000
Agent code	00006	Other benefits	~~$6,000~~	$12,000
Premium Mode	SEMI-ANNUALLY	Please pay	~~$14,000~~	$28,000

Mode of Payment amended to Annual
Due Dates " from Sept 10 & Mar 10 to Sept 10th of each year

IMPORTANT
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.

wef 2026/09/10

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. the insured, type of cover, persons to drive, etc.

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

Policy No: 10M006347 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle PAL9031
2. Name of policyholder MUNROE, SHONDELL
3. Effective date of the commencement of Insurance for the purposes ACT 2026/09/10
4. Date of expiry of Insurance 2026/09/23
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.