North American Fire & General Insurance Company Ltd.

30/31 Regent & Hinck Streets, Robbstown, Georgetown, Guyana

To: The Motor Manager *Policy No.* 10M006340

With effect from 8/22/2016 kindly include/exclude the following Motor Policy Extension(s) to/from my/our above-mentioned policy.

Option 1: *Windscreen Cover*

Estimated Value: Front $ Rear $

FRONT	REAR	BOTH	EITHER	WINDSCREEN(S) FIT TO BE INSURED
☐ $ 3,000	☐ $ 3,000	☑ $ 5,000	☐ $ 3,000	Yes☐ No ☐ Sum Insured: $ 30,000 Deductible: $ 1,500

Vehicle No. Inspected By:

NB: Any windscreen to be insured over the sum insured of $30,000 consult management.

Option 2: *Uninsured Protection Plan*

This cover provides reasonable compensation for losses, which may occur as a result of the Third Party's Motor Vehicle not being insured. Compensation is to the maximum Sum Insured of $100,000.

Deductible: 5% of the approved settlement Premium: $ 3,000

Option 3: *Personal Accident Cover*

Benefits: (A) $100,000 Accidental Death & Dismemberment Coverage.
(B) $ 50,000 Accident Medical Expense Coverage.

Policy No: Premium Per Person: $ 3,000

	Names of Persons to be Insured	Licence #	Premium
Policyholder	Alexandra Arias		
Driver			
Conductor			

Total

Is the Policyholder/Driver/Conductor in good health and actively at work? Yes☐ No ☐

(If no give details)

Is the Policyholder/Driver/Conductor suffering from any infirmity? Yes☐ No ☐

(If yes give details)

(Settlement will be dependent on Police & Physician reports and evidence of expenses incurred)

NB: For Higher Personal Accident Cover consult Management.

Option 1: $
Option 2: $
Option 3: $
Total: $ 1,000

TOTAL PREMIUM

NAFICO Incorporated

I hereby agree that there shall be no contract of insurance unless the first premium thereon is actually paid during the lifetime of the proposed insured.

Signature: X A. Arias

NAFICO
Incorporated In Guyana

NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED

Head Office: 30/31 Regent and Hincks Streets, Robbstown, Georgetown P.O. Box 10607. Tel. No: 226-5885 - 8, Fax. No: 226-8550
Motor Division: 189 Charlotte Street. Lacytown, Georgetown Tel. No: 227-0444, 227-8696 Fax. No. 227-8697

ENDORSEMENT FORM -- MOTOR DEPARTMENT

TO: THE MOTOR MANAGER

DATE& TIME: 8/28/2026

FROM: Alexandre Arias

ADDRESS: C/O Raj Singh Ins. Brokers.

RE Policy No. 10M006340 Vehicle No. PAL 6961 Due Date: 8/28/2026 Mode Of Payment: Annual

Type Of Policy: _____ Sum Insured: _____ Compulsory Excess: _____

Kindly effect the following change(s) to the above-mentioned policy with effect from: 8/28/2026

CHANGE THE: Type of Coverage

FROM: Comprehensive

TO: Third Party $1-3M | $5.5M

K A. Arias.
Signature Of Policyholder

Prepared By: Sherol Checked By: _____ Date: 8/28/2026

Computer Updated By: _____ Date: _____

Endorsement No. _____ Typed By: _____ Date: _____

Checked By: _____ Date: _____ Authorized Signature: _____