NAFICO
INCORPORATED IN GUYANA

NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED

HEAD OFFICE: 30/31 Regent & Hinck Streets, Georgetown.
MOTOR DIVISION: 189 Charlotte Street, Lacytown, Georgetown.

PROPOSAL FOR MOTOR VEHICLE INSURANCE

POLICY NO. 10M006564

IMPORTANT: All questions must be fully answered. Please use block capitals and tick appropriate boxes.

1. **Full Name of Proposer (Mr/Mrs/Ms/Rev Etc.)** Rookmani Alfred ..... **Sex** M [F]
2. **Address** LOT 41 Nerstelling New Housing Scheme East Bank Demerara ..... **D.O.B** 03 March 1955
3. **Email Address** Nirvanierp@gmail.com ..... **Cell No.** 600-0309 ..... **Tel. No.** .....
4. **Occupation/Trade/Business** Administrative manager ..... **Marital Status** M [S] D
5. **Employer** Ministry of Health
6. **Address** Brickdam. ..... **Telephone No.** .....

	Vehicle Make & Exact Model	Registration No.	Engine No.	Chassis No.
1.	Toyota DAA-NKE165G Fielder.	PAS 3630.	1NZ7658916	NKE165-8009036
2.				

Engine Size Cc/Hp	Seating Cap. Inc. Driver	Weight	Year of Manufacture	Present Value	Date of Purchase	Price Paid
1496	5	1190	2015			$2,800,000.

6. Is the vehicle:

	VEHICLE 1		VEHICLE 2	
(a) Left hand or right hand drive?	LHD ☐	RHD ☑	LHD ☐	RHD ☐
(b) Modified or tuned?	YES ☐	NO ☑	YES ☐	NO ☐
(c) In a good state repair?	YES ☑	NO ☐	YES ☐	NO ☐
(d) Subject to any hire purchase or other financing agreements?	YES ☐	NO ☑	YES ☐	NO ☐
If yes to any of the above give details	JIA.			
(e) New, second-hand or reconditioned?	1. N ☐ SH ☑ REC ☐		2. N ☐ SH ☐ REC ☐	

7. Give details of all accessories: .....

8. Who will be the main user? **VEH 1** PA & AAD **VEH 2** .....
9. Who is the registered owner? **VEH 1** Rookmani Alfred **VEH 2** .....
10. Where is the vehicle normally garaged? Client address & various location
11. What security devices are fitted to the vehicle? .....

PLEASE INDICATE THE TYPE OF COVER REQUIRED BY TICKING THE APPROPRIATE BOX

Comprehensive First Loss	Comprehensive Full Loss	Third Party A B C D	Third Party Fire & Theft	Third Party Act	Additional Benefits
☐	☑	☐ ☐ ☐ ☐	☐	☐	

12. Do you have any other type of insurance with this Company? **YES** ☑ **NO** ☐ If yes, give particulars: .....
13. If you now hold or have held insurance for a motor vehicle please give: **Name of Insurer:** .....
Expiry date of the policy: See Records.
14. Are you entitled to any no claim bonus on your previous policy on the vehicle to be insured? If so please state percentage and attach evidence. .....

15. Will the vehicle(s) be used for

	VEHICLE 1	VEHICLE 2
a) Social, domestic and pleasure purposes?	Yes ☒ No ☐	Yes ☐ No ☐
b) Your own personal business use?	Yes ☒ No ☐	Yes ☐ No ☐
c) Commercial traveling, carriage of goods, hire and reward or Motor Trade purposes?	Yes ☐ No ☒	Yes ☐ No ☐
d) Carriage of passengers for hire or reward?	Yes ☐ No ☒	Yes ☐ No ☐

If yes for (b) to (d) above please give details _____

16. To whom do you require driving to be limited?

- Yourself only ☒
- Yourself and one other driver ☐
- Yourself and two other drivers ☐
- Any licenced driver ☒

17. Please give details of all persons including yourself who will or may drive

	Full Name	Date of Birth	Occupation	Number & Type of Licence	Date Issued / Renewed	Date of Expiry
Main Drivers						
Others						

I/We _____ do not wish to be covered as insured _____ drivers.

18. Have you or any other person who will drive the vehicle

a) been involved in a motor accident or claim during the last 3 years? ..... Yes ☐ No ☒

b) been convicted of any motoring offence or had a driver's licence suspended within the last 5 years or is any prosecution(s) pending? ..... Yes ☐ No ☒

c) been convicted on any offence(s) involving dishonesty of any kind e.g. fraud, theft, arson, or handling stolen goods? ..... Yes ☐ No ☒

d) any physical or mental defect or infirmity, e.g. diabetes, epilepsy, or heart complaint, defective vision or hearing? ..... Yes ☐ No ☒

e) had a proposal declined, a policy cancelled or renewal refused, or been required to pay an increased premium or had special conditions imposed by any motor insurer? ..... Yes ☐ No ☒

f) been resident in Guyana for less than 3 years? Yes ☐ No ☒

If you have answered yes to any of these questions please give full details.

INDICATE TYPE OF THIRD PARTY COVERAGE REQUIRED. **(THIRD PARTY 'Ext' COVER**

With effect from 2026/10/01 I fully understand and hereby agreed that:-

1. The Company's liability in respect of **death or bodily injury** to Third Parties where such liability is covered by the policy is limited to $ 1,500,000 :- arising out of any one claim by one person and $ 2,500,000 :- arising out of the total claims for any one accident.

2. The Company's liability in respect of **damage to property** to Third Parties where such liability is covered by the policy is limited to $ 1,500,000 :- arising out of any one claim by one person and $ 2,500,000 :- arising out of the total claims for any one accident.

Signature of Proposer(s) _____

SUM INSURED AND COMPULSORY EXCESS

With effect from 2026/10/01. I fully understand that the ***SUM INSURED*** under the above policy is $ 2,800,000 and the ***COMPULSORY EXCESS*** is $ 140,000.

I/We agree to bear the first $ 140,000 **(compulsory excess)** of any claim I make under my policy.

AVERAGE

I hereby agree that if my Motor Vehicle shall at the time of any loss or damage for which indemnity is provided under Section 1 be of greater value than- the Sum Insured of $, then I shall be considered as being my own Insurer for the difference and shall bear a ratable proportion of the amount of such loss or damage accordingly and every item insured shall be separately subject to this condition.

I also agree that **NAFICO** shall have the right to appoint an Independent Valuator of its choice to determine the value of the vehicle at the time of any loss or damage.

ASSIGNMENT

Referring to my application for Comprehensive cover on vehicle no. I have to inform you that this vehicle is bought under a hire purchase Loan Agreement with and the said will remain the owner of the said vehicle for the life of this Agreement. I shall be pleased if your Company will endorse this Policy as follows:-

It is hereby understood and agreed that **(Hereinafter referred to as the Owner)** is the Owner of the said Motor vehicle described in the Schedule hereto and that the said Motor vehicle is the subject of a Hire Purchase/Loan Agreement made between the Owner of one part and the Assured of the other part and it is further understood and agreed that the said 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 t to the said Motor vehicle (which loss or damage is not made good by repair, reinstatement or replacement, such monies shall be a full and final discharge to the Company in repect of such loss or damage).

Save as by this endorsement expressly agree nothing herein shall modify or affect the rights or liabilities of the Assured of the Company respectively under or in connection with this policy or any condition or term thereof.

Signature of Proposer(s) _____

PREMIUM

I hereby understand that I have paid the sum of $ _____ being insurance for the period of _____ months. I understand that in the event of a Partial Loss I have to pay the remaining balance of $ _____ I understand that in the event of a Total Loss I have to pay the remaining balance of $ _____. I further agree and understand that **NO CLAIM(S)** will be paid by **NAFICO** unless the amount outstanding is paid.

Period of Cover: Semi-Annual **From:** 2026/10/01 **To:** 20270401 30.

DECLARATION

I/We desire to effect insurance with the **NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED** and declare that the Motor Vehicle(s) described in the above proposal is/are and shall be kept in good condition. I/We hereby warrant that the answers and particulars given are in every respect true and correct to the best of my/our knowledge and belief and that I/We have not suppressed, misrepresented or misstated any material fact.

I/We agree that this Proposal and Declaration shall be the basis of the insurance contract which shall be subject to the terms and conditions of the policy to be issues in answer too this proposal. I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused Motor Vehicle Insurance or continuance thereof.

Signature of Proposer ..... **Date** 2026/10/01

ID/Passport/Driver's Licence 14728548

No insurance is in force until the proposal has been accepted by the Company and the premium, or a deposit paid, except as provided by an official Cover Note issued by the Company.

THE NORTH AMERICAN FIRE AND GENERAL INSURANCE COMPANY LIMITED

Other Remarks:

FOR OFFICE USE ONLY

Registration Seen Yes/No	Receipt of Sale Seen Yes/No
Bad Records Book Checked Yes/No	Import Documents Seen Yes/No
Sales Representative	

Remarks

Details confirm with dealer & Sales.

Notes

Premium	Calculation	
	Annual	Semi-Annual
Gross Premium	$126,000	
Loadings		
Discounts 10% NCD		
Net Premium	$113,400	$56,700

COMPUTER UPDATE

Details:	
Date Entered:	
Entered By:	
Checked By:	
Date Checked:	

Policy	Date
Prepared By:	
Checked By:	
Authorised Signature:	

Completed By: Soph

Accepted By:

Date: 2026/10/01

Time:

NORTH AMERICAN FIRE & GENERAL INSURANCE COMPANY LIMITED
30-31 REGENT AND HINCK STREET, GEORGETOWN. TEL # 227-0440-3,
227-8717, 226-9325 FAX: 226-8550

CUSTOMER VERIFICATION FORM - INDIVIDUAL

IDENTIFICATION DETAILS

Full Name Rookmani Alfred

Title: Mr. ☐ Mrs. ☐ Ms. ☐ Other: ☐ Please state .....

Date of Birth 03 / 03 / 1985

Place of Birth: Georgetown Guyana

Nationality: Guyanese

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

State Beneficiary Name, Address & Relation to customer:

Tax Identification Number (TIN) 113411617

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

☐ National Identification Number 147285 480 ☐ Passport Number .....

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

CONTACT DETAILS

Home Address: Lot 41 Hausteling New Housing Scheme East Bank Demerara.

Mailing Address (If different from above): Same as Above.

Contact Number: Home ..... Work ..... Cell 600-0309

Email Address.....

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

EMPLOYMENT DETAILS

Occupation / Principal Business Activity: Administrative Manager.

Employer Name / Business Name: Ministry of Health.

Employer / Business Address: Brickdam

SOURCE OF FUNDS

Origin of the money paid to the policy is: Savings Income.

Expected level of activity (Average annual sum expected to be paid on the policy): 958,700.-

I do hereby declare that the above answers are true.

Date 2026/10/01 Customer Signature ..... Authorised Official's Signature .....

Raj Singh
Insurance Brokers & Risk Management Consultants Inc.

FOR OFFICE USE ONLY

Policy #

.....

Branch/Agent/Broker.....

Type of Transaction: Motor ☐ Property ☐

Sum Insured..... Annual Premium.....

Transaction Accepted: Yes ☐ No ☐

Reason for Declinature.....

Transaction taken by:.....

Name: .....

Position: .....

Signature.....

Date:.....