New System updated 2026/10/09. HH

ALLISON ROBERTS ROSE
LOT 554 TOUCAN DRIVE
SOUTH RUIMVELDT GARDENS
GEORGETOWN

Pd: 2026/10/07
Amt Pd: $34,500
Rec No. 41613 HH.

Scan Folder. 697.3957
218.1987

Ms. Rose acw to renew, & to also take vehicle for inspection 09/29

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

Renewed 9.

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

| | | | |
|---|---|---|---|
| Policy Number | 10M005673 | Gross Premium | $57,500 |
| Insured | (see above) | Less Discount(s) | |
| Vehicle Number | PWW4379 | 40.0 % NCD | $23,000 |
| Renewal Period | 2026/10/03 to 2027/04/02 | % Fleet | |
| Sum Insured | $2,300,000 | % Fire | |
| Excess | $103,500 | % Life | |
| Due Date | 2026/10/03 | % Staff | |
| Customer Number | ROBAN22 | Sub total | $34,500 |
| Agent code | 00006 | Other benefits | |
| Premium Mode | SEMI-ANNUALLY | Please pay | $34,500 |

PLEASE BRING VEHICLE FOR INSPECTION ON RENEWAL

**IMPORTANT** $1,150 | $2,350.

**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.

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

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

Policy No: 10M005673 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle PWW4379
2. Name of policyholder ROSE, ALLISON ROBERTS
3. Effective date of the commencement of Insurance for the purposes ACT 2026/10/03
4. Date of expiry of Insurance 2026/10/16
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.

NORTH AMERICAN FIRE & GENERAL INSURANCE CO LTD
NAFICO
MOTOR DIVISION
HINCK STS GTOWN

DBk 06/10 HH