RSI updated ~~to~~ 11/02. ~~ZZ~~

WINSTON SUTHERLAND
LOT 119 'F' SOUTH SOPHIA
GREATER GEORGETOWN

P/D: 2026/11/02
Amt: $8,100.
Receipt#: 41791

8175

~~603-0549~~ 694-3937
~~671-9945~~.

Mr. Winston given gentle reminder, advised visit office before renewal policy.

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

11/02 - Client advised to renew will visit office. ~~eb~~

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

Policy Number	10M005674	Gross Premium	$13,500
Insured	(see above)	Less Discount(s)	
Vehicle Number	GAC6530	~~40~~ 0 % NCD	$~~X,XXX~~ 5400
Renewal Period	2026/~~08/08~~ 11/02 to 2027/~~08/07~~ 11/01	% Fleet	
Sum Insured		% Fire	
Excess		% Life	
Due Date	2026/08/08	% Staff	
Customer Number	SUTWN04	Sub total	$~~X,XXX~~ 8100
Agent code	00006	Other benefits	
Premium Mode	YEARLY	Please pay	$~~X,XXX~~ 8100

IMPORTANT @300/$1M. DD ext. to ~~November~~ 2026/11/02 to 2027/11/01.
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. ... insured, type of cover, persons to drive, etc.

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

Policy No: 10M005674 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle GAC6530
2. Name of policyholder SUTHERLAND, WINSTON
3. Effective date of the commencement of Insurance for the purposes ACT 2026/08/08
4. Date of expiry of Insurance 2026/08/21
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 REGENT & HINCK STS GTOWN
NAFICO
MOTOR
DIVISION