LYNDIA REID BENNETT
LOT 169 PETER ROSE STREET
QUEENSTOWN GEORGETOWN
623-8888 667-8888
580-8167

No Answer 2025/12/17.
Renewed No Answer No answer 03/12/2026

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

Policy Number	10M006210	Gross Premium	~~$100,000~~ 90 000
Insured	(see above)	Less Discount(s)	36000
Vehicle Number	PAB8106	40.0 % NCD	~~$40,000~~
Renewal Period	2025/12/23 to 2026/12/22	% Fleet	
Sum Insured	~~$2,000,000~~ $1,800 000	% Fire	
Excess	~~$100,000~~ 90000	% Life	
Due Date	2025/12/23	% Staff	5400
Customer Number	BENLA09	Sub total	~~$60,000~~
Agent code	00006	Other benefits	
Premium Mode	YEARLY	Please pay	~~$60,000~~ 54000

PLEASE BRING VEHICLE FOR INSPECTION ON RENEWAL

5% Rate 3 EX

IMPORTANT $300/$1M.

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.

To be inspected 8000. B 2026/1/26

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.

Assign Credit Union.

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

Estimate reduction done from $2M to $1.8M Excl from $100000 to $90,000, Prem fr $60 to $54000

Policy No: 10M006210 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle PAB8106
2. Name of policyholder BENNETT, LYNDIA REID
3. Effective date of the commencement of Insurance for the purposes ACT 2025/12/23
4. Date of expiry of Insurance 2026/01/05 Already confirmed
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

AUTHORISED SIGNATURE

DBK 09/01 HM