PROPOSAL FOR MOTOR INSURANCE

THE GUYANA & TRINIDAD MUTUAL FIRE INSURANCE COMPANY LIMITED
Head Office:
27/29 Robb & Hincks Streets,
Georgetown, Guyana.

FOR OFFICE USE ONLY

Policy No. N283283 Date 2026/11/10
Certificate Index No. _____
Mode of Payment Semi-Annual Mode Premium $60,480
Period of Cover:-
From: 2026/11/10 @ _____ hrs
To: 2027/05/10 @ _____ hrs
Sales Rep/Broker/Branch Raj Singh Insurance Brokers

1) PARTICULARS OF APPLICANT

a) Name of Proposer (in full) Tenika Hunte
b) Home Address Lot 104 Second Street Grove Housing Scheme E.B.D
Tel No. 693-6656
c) Business Address ..... Tel No. .....
d) Business or Profession Nurse Email Address .....
e) Date of Birth 1994/01/24 Identification No. 108676667

2) COVER REQUIRED (Tick ☑ appropriate box)

a) ☑ Comprehensive : - Sum Insured $ 3,780,000 Excess $ 189,000
☐ Third Party Fire & Theft : - Sum Insured $ ..... Excess $ .....
☐ Third Party ☑ Windscreen Sum Insured $ 100,000 Excess $ .....

b) **Limits of Liability**

OPTIONS	*Bodily Injury*		*Property Damage*		*Passenger Liability*	
	Any one Person	Any One Accident	Any One Person	Any One Accident	Bodily Injury	Property Damage
☐ Third Party Act	25,000	125,000	20,000	100,000		
☐ Full Third Party	100,000	250,000	75,000	150,000		
☐ Full Third Party Optional	150,000	300,000	100,000	200,000		
☐ Full Third Party Extended Optional	300,000	1,000,000	300,000	1,000,000		
☐ Other	500,000	1,500,000	500,000	1,500,000		

3) PARTICULARS OF VEHICLE TO BE INSURED

a) Registration No. PAK 7599
b) Engine No. L15B-3502320
c) Chassis No. RU1-1002314
d) Make Honda
e) Model Vezel (DBA-RU1)
f) Type of Body .....
g) HP or CC rating 1498
h) Seating Capacity including Driver 5
i) For hire vehicle, number of paying passengers .....
j) Year of Manufacture 2014
k) Date of Purchase .....
l) Price Paid by Proposer $ .....
m) Present Value including accessories $ 3,780,000
n) Right or Left hand driven R
o) Was the vehicle bought: -
☐ New ☑ Second Hand ☐ Reconditioned

	Yes	No
4) CONDITION OF VEHICLE		
a) Is the vehicle in a good state of repair?	✓	
b) Will the vehicle be kept at night at the above address in an enclosed yard/locked garage?	✓	
If your answer is 'NO' please give details on where the vehicle is usually kept		
c) Has the Engine or Body been modified or altered from the manufacturers standard model?		
d) Has the vehicle been involved in any accident or was a write off?		✓
5) USE OF VEHICLE		
a) Social, Domestic and Pleasure purposes	✓	
b) Professional purposes including business calls		✓
c) Carriage of goods or samples in connection with your business		✓
d) Carriage of passengers and their effects for hire or reward		✓
e) Transport of goods or samples in connection with any trade/business for hire or reward		✓
f) Carriage of goods in the interior		✓
g) Tuition		✓
h) Any other purpose (please describe)		
6) OWNERSHIP OF VEHICLE		
a) Is the Proposer the owner of the vehicle?	✓	
b) Is the vehicle registered in the Proposer's name?	✓	
If not: (1) Please state name and address of person named on the Registration		
(2) Was: - ☐ Agreement of Sale provided ☐ Import Documentation provided		
c) Is vehicle being financed by a Hire Purchase Agreement, Bill of Sale or Lien of any type?		✓
If 'YES', please give full details		

7) DETAILS OF DRIVERS (Tick ☑ appropriate box)

Will the vehicle be driven by: -

- ☐ Proposer Only
- ☐ Proposer and Named authorised licenced driver
- ☑ Proposer and Any authorised licenced driver
- ☐ Other :

Provide details of Insured and other person(s) who are likely to drive: -

		Driver (1)	Driver (2)
a)	**Name**		
b)	**Address**		
c)	**Occupation**		
d)	**Date of Birth**		
e)	**Licence Details:**		
	(1) License No.		
	(2) Original Date of Issue		
	(3) Renewal Date		
	(4) Expiry Date		
	(5) Licence Classes Held		
f)	**Convictions** (Please specify)		

	Yes	No
g) Have you or any of the persons who may drive: -		
(i) Suffer from defective vision, hearing, diabetes, fits, or any other disability?		✓
(ii) Ever had motor insurance cancelled / declined / refused / not renewed?		✓
(iii) Required to pay increased premium or had special conditions imposed?		✓
(iv) Had a motoring accident and/or claim during the past three (3) years?		✓

If 'YES' to any of the above, please provide details : - .....

.....

8) Is the Proposer entitled to a "No Claim Bonus" from previous Insurers in respect of the vehicle described in this proposal?

☑ Yes ☐ No If 'Yes', please provide details: - 10% NCD from NaFico

.....

9) Has the Proposer now or ever been insured in respect of any vehicle during the past three (3) years?

☑ Yes ☐ No If 'Yes', please provide details of all Insurers and vehicle numbers insured .....

NaFico - PAK 7599 & GTM - PAC 371

10) Do you have any Insurance Policy with The GTM Group?

☑ Yes ☐ No If 'Yes', please provide details ..... See Records .....

.....

I the undersigned hereby agree that I would maintain a record of all information relating to the driver's licence for persons whom I have authorised to drive my vehicle. Also, I would make copies of the original licence for my reference as well as the Company in event that the vehicle is involved in an accident and the driver cannot be contacted.

DECLARATION —TO BE READ AND SIGNED BY EVERY PROPOSER

NB: Please read the following declaration very carefully, and read again the questions and answers especially if not completed in your own hand, before signing the form.

1) I/We declare to the best of my knowledge and belief: -
   (a) the above answers are true
   (b) all material particulars affecting the assessment of the risk have been disclosed
   (c) the vehicle(s) is/are in a sound and road worthy condition.
2) I/We agree to advise the Company of any material changes effected to the vehicle as declared on this application.
3) I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers and shall be deemed to be incorporated in such contract.
4) I/We undertake that the vehicle(s) to be insured shall not be driven by any person who to the best of my knowledge has been refused any motor vehicle insurance or continuance thereof.

Date: November 10th 20.26 ***Proposer(s) Signature:*** J. Hind

Registration Seen ☑ Yes ☐ No	Name of Registered Owner	BR & Cancelled Book Checked ☐ Yes ☐ No
Receipt of Sale Seen ☐ Yes ☐ No	Import Documents Seen ☐ Yes ☐ No	To be Registered ☐ Yes ☐ No
INTERVIEW REPORT		
Underwriter		

PREMIUM COMPUTATION WORKSHEET

Basic Premium $3,780,000 × 4% = $151,200		$ 151,200
***Add* RATE-UPS**		
No. of Drivers ..... Age .....}		
Experience ..... Convictions .....}		
Accident Record .....}		
Provisional ..... Foreign .....}	Total Rate Ups ..... %	.....
Sport .....}		
Miscellaneous .....}	**Sub-Total**	151,200
10% SDP for Commercial Vehicles .....}		
5% TPA for Hire Vehicles .....}		
***Less* DISCOUNTS**	FDC 20%	
~~TPD ...5.....%~~		30,240
	Fleet ...5/10.%	.....
	Loyalty ...5.....%	.....
	Schedule...10.....%	.....
	Misc. ...5.....%	.....
	Staff ...15.....%	.....
	NCB .....%	.....
	Power Discount ...10. ...%	.....
	Net Yearly Premium	120,960
	Net Half-Yearly Premium	60,480
	Windscreen Premium	
	TOTAL PREMIUM	$ 60,480

Completed By: Zoraida	*Keypunched By:* .....
Accepted By:	*Verified By:* .....
Date: 2026/11/10	*Date:* .....
Time:	*Time:* .....

GUYANA AND TRINIDAD MUTUAL FIRE GROUP OF INSURANCE COMPANIES
GUYANA AND TRINIDAD MUTUAL LIFE GROUP OF INSURANCE COMPANIES
27-29 Robb & Hincks Streets, Georgetown
Tel No: 225-7910-8
Email:gtmgroup@gtm-gy.com Website: gtminsurance.net

CLIENT VERIFICATION FORM – INDIVIDUAL

IDENTIFICATION DETAILS

Full Name ..... Tenesha Hunte .....

Title: Mr. ☐ Mrs. ☐ Ms. ☑ Miss. ☐ Other: ..... Date of Birth 1994 / 01 / 24

Place of Birth: Guyana Nationality: Guyanese

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

Please indicate any affiliation with Government / Military / State Officials/Politician:

—

State Beneficiary Name, Address & Relation to client:

—

Tax Identification Number (TIN) 114307230

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

☑ National Identification Number 108676667 Issue Date 2009/10/29

☐ Passport Number ..... Expiry Date .....

☑ Driver's License Number 100000233134 Expiry Date 2029/01/24

☐ Other (Please Specify) .....

CONTACT DETAILS

Home Address:

Lot 109 Second Street Grove Housing Scheme E.B.D

Mailing Address (If different from above):

same as home address

Telephone Number: Home ..... Work ..... Cell 693-6656

Email Address Teneikdunn@gmail.com

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

EMPLOYMENT DETAILS

Occupation / Principal Business Activity: Nurse

Employer Name / Business Name: Ministry of Health

Employer / Business Address: .....

SOURCE OF FUNDS

Origin of the money paid to the policy is: Salary

Expected level of activity (Average annual sum expected to be paid on the policy):

$60,480

Declaration: I do hereby declare that I have read the above/the above has been read and explained to me. I further declare that the above information given by me is true and any misrepresentation whatsoever on my part shall render the insurance policy issued herein of no legal effect.

Client's Signature ..... Date 2026/11/10

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Policy Number (s)..... Reason for Declinature .....

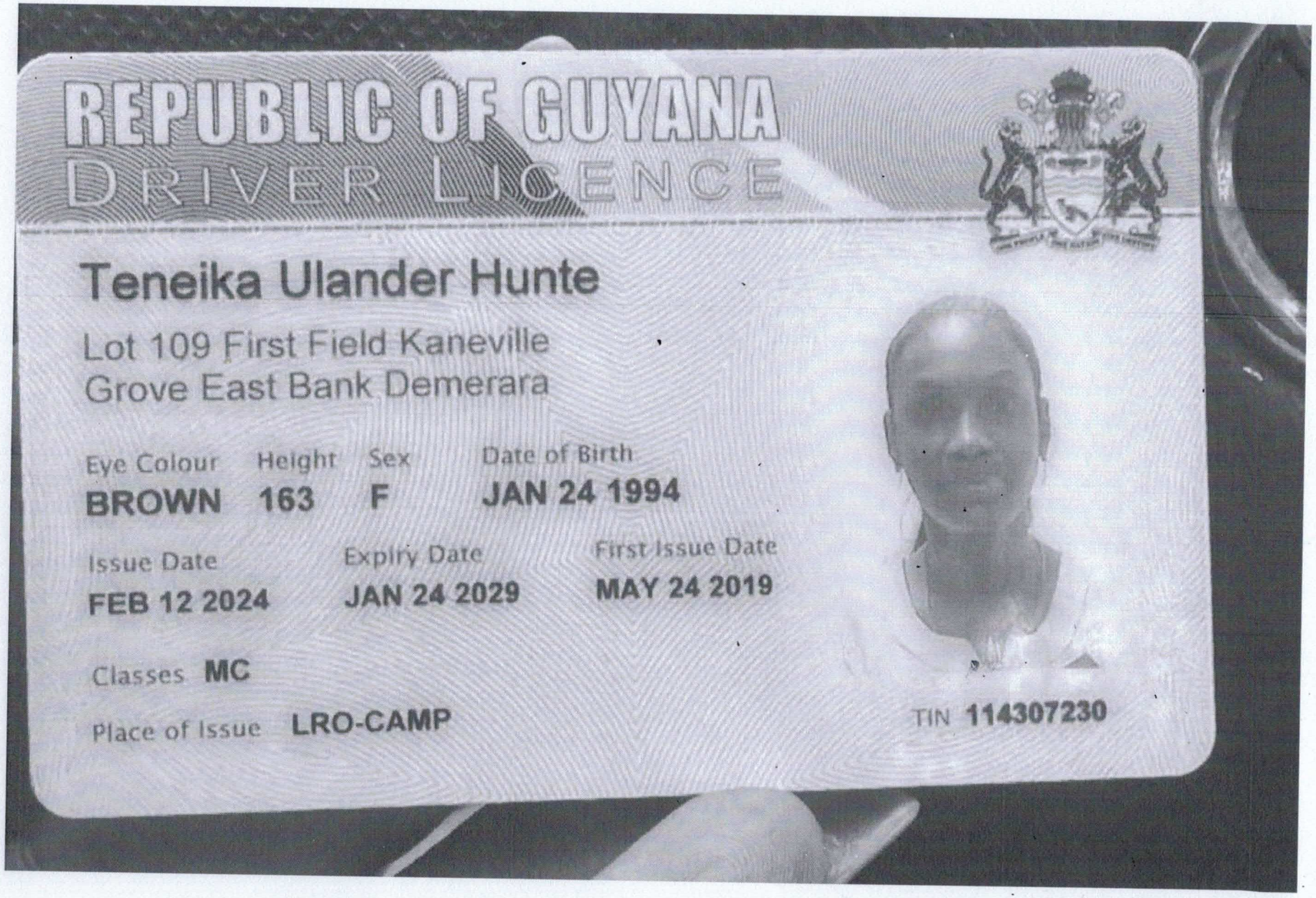
Branch/Agent/Broker..... Transaction taken by:.....

Type of Transaction: Motor ☐ Property ☐ Life ☐ Designation:.....

Sum Insured..... Annual Premium..... Signature:.....

Currency:..... Authorised Official's Signature:.....

Transaction Accepted: Yes ☐ No ☐ Date:.....


REPUBLIC OF GUYANA
DRIVER LICENCE
Teneika Ulander Hunte
Lot 109 First Field Kaneville
Grove East Bank Demerara
Eye Colour
BROWN
Height
163
Sex
F
Date of Birth
JAN 24 1994
Issue Date
FEB 12 2024
Expiry Date
JAN 24 2029
First Issue Date
MAY 24 2019
Classes MC
Place of Issue LRO-CAMP
TIN 114307230

04555842024

GUYANA
CERTIFICATE OF VEHICLE REGISTRATION

Section 5, The Motor Vehicles and Road Traffic Act Chapter 51:02

Plate	Effective Date	Chassis No.	Year
PAK 7599	2025-05-13	RU1-1002314	2014
Manufacturer	**Model**		**Horse Power/Engine Capacity**
HONDA	DBA-RU1(VEZEL)		1498
Engine No.	**Effective Date**	**Type of Vehicle**	**Condition**
L15B-3502320		CAR	USED
Unladen Weight	**Seating Capacity**	**Propulsion**	**Colour**
1240	5	INTERNAL COMBUSTION	BLUE
First Registration	**Issue Date**	**Payload**	**Wheel Count**
13-05-2025	13-05-2025		

Particulars of Owner(s)

TENEIKA HUNTE — 2025-05-13 — LOT 109 FIRST FIELD KANEVILLE GROVE EAST BANK DEMERARA

B0378287

LICENCE REVENUE OPTIMIZATION OFFICIAL

13 MAY 2025

Signature

2025/05/13

Authorising Officer

TNURSE