Absconded 3/25/2026

MICKAIL LAWRENCE
LOT 932 PHASE II PLANTATION FARM,
EAST BANK DEMERARA

Date Paid 3/24/2026
Amount Pd $35,035
Receipt # 39849

Clean Folder
621-6981
618-6715

@Client advised to renew & was advised to take vehicle for inspection @ 03/19 - Vehicle inspected @ 3/24/2026

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

Policy Number	10M005958	Gross Premium	$55,000
Insured	(see above)	Less Discount(s)	
Vehicle Number	PAF1286	30.0 % NCD	$16,500
Renewal Period	2026/03/26 to 2026/09/25	% Fleet	
Sum Insured	~~$2,000,000~~ $1,820,000	% Fire	
Excess	~~$100,000~~ $91,000	% Life	
Due Date	2026/03/26	% Staff	
Customer Number	LAWML02	Sub total	$38,500
Agent code	00006	Other benefits	
Premium Mode	SEMI-ANNUALLY	Please pay	~~$38,500~~ $35,035

Sum Insured reduced from 2M to $1,820,000 due to inspection @ 3/24/2026

$1.5M | $215M

PLEASE BRING VEHICLE FOR INSPECTION ON RENEWAL

IMPORTANT

OUR TEMPORARY COVER NOTE when attached provides only **MINIMUM "ACT" INSURANCE** cover 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.

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

Policy No: 10M005958 Minimum Act Cover Only

1. Index mark, if any and registration number of vehicle PAF1286
2. Name of policyholder LAWRENCE, MICKAIL
3. Effective date of the commencement of Insurance for the purposes ACT 2026/03/26
4. Date of expiry of Insurance 2026/04/08
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.

Sam's Card

AUTHORISED SIGNATURE

NORTH AMERICAN FIRE & GENERAL INSURANCE CO. LTD. NAFICO MOTOR DIVISION