RSI updated 4/18

New Application - Motor Insurance

Date Paid: 2026/11/18

Amount: $142,624

Receipt #: 41957

Policy No:	N283285
Insured:	Teanna Thom
Vehicle No:	PAS 7240
Type of Cover:	Comprehensive
Limits of Liability:	$1.5M / $2.5M
Period of Cover:	2026/11/18 to 2027/05/18
Mode of Payment:	Semi - Annual
Annual/Semi-Annual Premium:	GP = $375,325 Less 5% Other Business 20% FDC N.P = $142,624
Insurer:	G.T.M
Sum Insured:	$8,600,000
Excess:	$ 430,000
Postal Address:	Lot 275 Lamaha Park, Georgetown
Telephone No:	646-9177
Remarks:	Details confirmed with Rohan @ GTM, Inspection photos sent to GTM via whatsapp.

PROPOSAL FOR MOTOR INSURANCE

GTM
SOUND, SOLID & RELIABLE
FOR MORE THAN 120 YEARS

THE GUYANA & TRINIDAD MUTUAL FIRE INSURANCE COMPANY LIMITED

Head Office:
27/29 Robb & Hincks Streets,
Georgetown, Guyana.

FOR OFFICE USE ONLY

Policy No. N283285 Date 2026/11/18

Certificate Index No. _____

Mode of Payment Semi Annual Mode Premium $142,624

Period of Cover:-

From: 2026/11/18 @ _____ hrs

To: 2027/05/18 @ _____ hrs

Sales Rep/(Broker)/Branch Raj Singh Insurance Brokers

1) PARTICULARS OF APPLICANT

a) Name of Proposer (in full) Teanna Thom

b) Home Address Lot 275 Lamaha Park, Georgetown

Tel No. 646-9177

c) Business Address _____ Tel No. _____

d) Business or Profession Housewife Email Address teanna.t.thom@gmail.com

e) Date of Birth February 04, 1988 Identification No. 111397711

2) COVER REQUIRED (Tick ☑ appropriate box)

a) ☑ Comprehensive : - Sum Insured $ 8,600,000 Excess $ 430,000

☐ 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	$1,500,000	2,500,000	1,500,000	2,500,000	$1,500,000	$2,500,000

3) PARTICULARS OF VEHICLE TO BE INSURED

a) Registration No. PAS 7240

b) Engine No. 8ARW3096622

c) Chassis No. JTJBARBZ702083420

d) Make Lexus

e) Model NX200T

f) Type of Body Car

g) HP or CC rating 1998

h) Seating Capacity including Driver 5

i) For hire vehicle, number of paying passengers –

j) Year of Manufacture 2016

k) Date of Purchase 16/11/2026

l) Price Paid by Proposer $ _____

m) Present Value including accessories $ 8,600,000

n) Right or Left hand driven Right

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 N/A		
(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 N/A		

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**	Teanna Thom	
b)	**Address**	Lot 275 Lamaha Park, Georgetown	Any Authorized
c)	**Occupation**		Licensed Driver
d)	**Date of Birth**	February 04, 1988	
e)	**Licence Details:**		with the Policyholders
	(1) License No.	1000004020200	
	(2) Original Date of Issue	2012/01/24	
	(3) Renewal Date	2026/02/03	Permission.
	(4) Expiry Date	2031/02/04	
	(5) Licence Classes Held	MV & MC	
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: -.....

.....

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'.....

PPP 2233.....

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 READAND SIGNED BYEVERY 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 18th 20.26... ***Proposer(s) Signature:*** .....

Registration Seen	Name of Registered Owner	BR & Cancelled Book Checked
☑ Yes ☐ No	Teanna Thom	☐ Yes ☐ No
Receipt of Sale Seen	**Import Documents Seen**	**To be Registered**
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

INTERVIEW REPORT

Underwriter .....

PREMIUM COMPUTATION WORKSHEET

Basic Premium $8,600,000 × 4% = $344,000.		$ 8,600,000
	Rate	4%
	Highlimits	$31,325
***Add* RATE-UPS**		
No. of Drivers ..... Age .....}		
Experience ..... Convictions .....}		
Accident Record .....}		
Provisional ..... Foreign .....}	Total Rate Ups ..... %	.....
Sport .....}		
Miscellaneous .....}	**Sub-Total**	375 325
10% SDP for Commercial Vehicles .....}		
5% TPA for Hire Vehicles .....}		
***Less* DISCOUNTS**	TPD ...5.....%	.....
	Fleet ...5/10.%	.....
	Loyalty ...5.....%	.....
	Schedule...10.....%	.....
	Other Business ~~Misc.~~ ...5.....%	.....
	Staff ...15.....%	.....
	~~FDC~~ ~~NCB~~ 20 %	.....
	Power Discount ...10. ...%	.....
		285,247
	Net Yearly Premium	285,247
	Net Half-Yearly Premium	142,624
	Windscreen Premium	
	TOTAL PREMIUM	$ 142,624

Completed By: Zarah Watson

Accepted By: .....

Date: 2026/11/18

Time: .....

Keypunched By: .....

Verified By: .....

Date: .....

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 ..... Teanna Thom .....

Title: Mr. ☐ Mrs. ☑ Ms. ☐ Miss. ☐ Other: ..... Date of Birth ..... 1988 / 02 / 04 .....

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)..... 111058639 .....

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

☑ National Identification Number ..... 111397711 ..... Issue Date ..... 2009 / 10 / 27

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

☑ Driver's License Number ..... 10000042020 ..... Expiry Date..... 2031 / 02 / 04

☐ Other (Please Specify) .....

CONTACT DETAILS

Home Address: ..... lot 275 Lamaha Park, Georgetown .....

Mailing Address (If different from above): ..... same as home address .....

Telephone Number: Home ..... Work ..... Cell 646-9177

Email Address ..... teanna.thom@gmail.com .....

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

EMPLOYMENT DETAILS

Occupation / Principal Business Activity: ..... Housewife .....

Employer Name / Business Name: ..... – .....

Employer / Business Address: ..... – .....

SOURCE OF FUNDS

Origin of the money paid to the policy is: ..... Savings .....

Expected level of activity (Average annual sum expected to be paid on the policy): ..... $142,624 .....

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 ..... T. Thom ..... Date ..... 2026 / 11 / 18

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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:.....