

CERTIFICATE OF INSURANCE

Sir,

I certify, to the best of my knowledge and belief, and in good faith that in respect of Motor Vehicle, particulars as follows:-

Registered Number	Make	Type of body	Horse Power	Year of Manufacture	Engine Number	Policy Number	Risk Of Insurance as Listed Below	Insured's Estimates of Value Including Accessories	Period for which the Insurance is effective
							<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">All risks</div> <div> <p>(i) Accidents (by road)</p> <p>(ii) Theft</p> <p>(iii) Fire</p> <p>(iv) Third Party Risks Unlimited</p> <p>(v) Natural Calamities</p> </div> </div>		

An Insurance Policy or the Renewal of an Insurance Policy as described above has been subscribed in the joint names of the Accountant General of Mauritius and Mr/Mrs

Name and Address of Assured :

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Yours faithfully,

To: The Accountant General
The Treasury
Rabadia Building
38, Mere Barthelemy Street
Port Louis
Mauritius

Manager, Insurance Company