



INTERIM COVER NOTE RISK NOTE NO: 1235 **Cover Note No** MLCLG0003762 **Insured Name** medical **Policy No** 0 **Insurance Type** vehicle **Debit No** MR medical File No 0 Account **Tax Invoice No** MFRI36290 **Address** asdfadadsa **Insurer Name** 1mrjjXLGQV 01-Sep-2021 12:00AM To 31-Dec-1969 **Cover Period From DETAILS OF COVERAGE DESCRIPTION OF RISK**