

INTERIM COVER NOTE

RISK NOTE NO :

1235

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