

**INTERIM COVER NOTE**

**RISK NOTE NO :**

**1235**

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