

MOTOR

(To be completed for supported and unsupported motor business)

DATE: _____ CONSULTANT: _____

INSURED: _____ MARRIED: YES NO

ID NUMBER: _____ AGE (Regular driver): _____

SUPPORTED WITH HOUSE HOLDERS UNSUPPORTED MOTOR-ONLY

USE OF VEHICLE: DOMESTIC COMMERCIAL
 PRIVATE FARMER
 BUSINESS NON-FARMER

RESIDENTIAL AREA (Be specific): _____

RESIDENTIAL AREA CODE: _____

SUM-INSURED: R _____

FOR OFFICE USE

CAR HIRE: TOTAL LOSS FULL COVER

CREDIT SHORTFALL: SUM INSURED: R _____ PREMIUM: R _____

EXCESS WAIVER (M&F ONLY): YES NO

REGULAR DRIVER : MALE FEMALE

TYPE OF VEHICLE : SEDAN 4X4
LDV MINIBUS

COVER : COMPREHENSIVE TP, F & THEFT
TP ONLY

YEAR OF MANUFACTURE: _____

MAKE OF VEHICLE (Be specific): _____
(e.g. Toyota Corolla 160i GLE)

FOR OFFICE USE

SATELLITE TRACKING DEVICE: YES NO

CURRENTLY INSURED: YES NO

CLAIM FREE YEARS (NCB): _____

TOTAL MOTOR PREMIUM	:	R	_____
SUB-TOTAL	:	R	_____
ADMIN FEE	:	R	_____
COMPUTER FEE	:	R	_____
SASRIA	:	R	_____
BROKER FEE	:	R	_____
TOTAL PREMIUM	:	R	_____

ON BEHALF OF (INSURER) _____