

MOTOR VEHICLE

Insured Initials and Surname : _____

Effective Date : _____

* ☐ Replace ☐ Addition ☐ Cancellation ☐ Amendment ☐ Quotation

Make and Model _____

Year of Manufacture _____

Registration Number _____

Enjin No _____

Vin No _____

Retail value of Vehicle _____

Extras added _____

Registered Owner _____

Class of Use _____

Type of Cover _____

Additional Security _____

Day time Security _____ Day time Area : _____

Colour of Vehicle _____

Voluntary Excess _____ Car Rental ☐ YES / NO Keys & Locks ☐ YES / NO

Regular Drivers

Insured	Spouse	Dependant Child	Other : Specify
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Initials & Surname (if not Insured) : _____

Identity Number : _____

Drivers License Date of First Issue _____/_____/_____

Drivers License Code

C1	C	EB1	EC1	EC	B
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* **DETAILS OF VEHICLE WHICH SHOULD BE TAKEN OFF** _____