

ADDING CARAVAN TO POLICY NO: _____

1. Name of client:
2. Start date:
3. Full model and year model of CARAVAN:
4. M&M no.: N/A
5. a) Engine no. _____ b) VIN no. _____
6. Registration no. _____
7. Registered owner:
8. Regular driver:
9. License code: (EB, B etc)
10. If the regular driver is not the insured or co-insured: Please supply us with the regular driver's name, ID number, license code, insurance and claims history, overnight address and their relationship to the insured.
11. Which financial institution will be doing the finances on the vehicle?
12. Value of the CARAVAN:
13. Extra's on CARAVAN and values:

13a.	R _____
13b	R _____
13c	R _____
13d	R _____
14. Overnight address: _____
—
- Security Specifications at address: _____
15. Does this CARAVAN replace any existing CARAVAN on the policy? If yes, please supply model of vehicle and removal date:

All vehicles will be insured at retail value as per the insurance regulation.

PLEASE NOTE THAT ALL COVER IS EXCLUDED, UNLESS ALL OF THE MINIMUM REQUIREMENTS ARE MET. PLEASE REFER TO YOUR POLICY SCHEDULE

Contact details of the dealership and sales person: (Name, telephone number and email address.)

Signature: _____