



Member of Smit Financial Solutions  
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**ADDING VEHICLE TO POLICY NO:** \_\_\_\_\_

1. Name of client: \_\_\_\_\_
2. Start date: \_\_\_\_\_
3. Full model and year model of vehicle: \_\_\_\_\_
4. M&M no.: \_\_\_\_\_
5. a) Engine no. \_\_\_\_\_ b) VIN no. \_\_\_\_\_
6. Registration no. \_\_\_\_\_
7. Registered owner: \_\_\_\_\_
8. Security in vehicle: **Pls. Confirm that the vehicle is installed with a Factory Fitted Immobilizer (yes/no) If not, please install the VESA immobilizer and send the certificate to us within 7 days. Without the applicable security no theft/ hijacking cover will be provided. Vehicles with value more than R300,000.00, a Tracking Device is required for theft and hijacking cover.**
9. Regular driver: \_\_\_\_\_
10. License code: (EB, B etc) \_\_\_\_\_
11. Type of use: Private/business: \_\_\_\_\_
12. 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. \_\_\_\_\_
13. Which financial institution will be doing the finances on the vehicle? \_\_\_\_\_
14. Value of the vehicle: \_\_\_\_\_
15. Extra's on vehicle and values:
 

15a.	R _____
15b	R _____
15c	R _____
15d	R _____
16. Do you wish to specify your car radio? \_\_\_\_\_
17. Do you wish to add the following additional cover to your vehicle?
 

Top Up Cover:	Yes/No (ie: <b><i>Difference between settlement amount and Retail Value</i></b> )
	<i>Client to inform broker regarding settlement amount.</i>
Courtesy Car Hire:	Yes/No
Excess Waiver	Yes/No
4x4 Cover	Yes/No (R125 pm additional)
18. Overnight address: \_\_\_\_\_

Security Specifications at address: \_\_\_\_\_

19. Does this vehicle replace any existing vehicle on the policy? If yes, please supply model of vehicle and removal date: \_\_\_\_\_

All vehicles will be insured comprehensively, unless otherwise advised 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: \_\_\_\_\_