

ADDITION OF VEHICLES



Please provide us with your details and additional vehicle information to be added to your policy.

Details

Name of Insured:

Policy No.:	Contact Tel. No.:
-------------	-------------------

Vehicle Details

Kindly DELETE the following vehicle/s:		With effect from: <i>day/month/year</i>	
YEAR	MAKE	MODEL	REGISTRATION NO.

Kindly ADD the following vehicle/s:	With effect from: <i>day/month/year</i>		
	VEHICLE 1	VEHICLE 2	VEHICLE 3
Year:			
Make:			
Model:			
Engine No.:			
VIN No.:			
Registration No.:			
Vehicle Code:			
Registered Owner:			
Registered Owner's ID and relationship to Insured:			
Regular Driver:			
Regular Driver's ID and relationship to Insured:			
Occupation of Driver:			
Marital Status of Driver:			
Year drivers license obtained:			

License code:

Have you attended any defensive driving course? Yes No

Vehicle Details (Continued)

Will anyone else drive the vehicle? Yes No
 (If YES, complete the following questions)

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Name of Driver:			
Driver's ID and relationship to Insured:			
Occupation of Driver:			
Marital Status of Driver:			
Year drivers license obtained:			

License code:

Have you attended any defensive driving course? Yes No

Type of Use:	STRICTLY PRIVATE <input type="checkbox"/>	STRICTLY PRIVATE <input type="checkbox"/>	STRICTLY PRIVATE <input type="checkbox"/>
	SOCIAL (Incl. to work & back) <input type="checkbox"/>	SOCIAL (Incl. to work & back) <input type="checkbox"/>	SOCIAL (Incl. to work & back) <input type="checkbox"/>
	BUSINESS <input type="checkbox"/>	BUSINESS <input type="checkbox"/>	BUSINESS <input type="checkbox"/>
	PROFESSIONAL BUSINESS <input type="checkbox"/>	PROFESSIONAL BUSINESS <input type="checkbox"/>	PROFESSIONAL BUSINESS <input type="checkbox"/>

Average kilometers travelled per month:

Type of Cover:	COMPREHENSIVE <input type="checkbox"/>	COMPREHENSIVE <input type="checkbox"/>	COMPREHENSIVE <input type="checkbox"/>
	THIRD PARTY, FIRE & THEFT <input type="checkbox"/>	THIRD PARTY, FIRE & THEFT <input type="checkbox"/>	THIRD PARTY, FIRE & THEFT <input type="checkbox"/>
	THIRD PARTY ONLY <input type="checkbox"/>	THIRD PARTY ONLY <input type="checkbox"/>	THIRD PARTY ONLY <input type="checkbox"/>

Security fitted in vehicle:	ANTI-HIJACK <input type="checkbox"/> TRACKING <input type="checkbox"/>	ANTI-HIJACK <input type="checkbox"/> TRACKING <input type="checkbox"/>	ANTI-HIJACK <input type="checkbox"/> TRACKING <input type="checkbox"/>
	IMMOBILISER <input type="checkbox"/> ALARM <input type="checkbox"/>	IMMOBILISER <input type="checkbox"/> ALARM <input type="checkbox"/>	IMMOBILISER <input type="checkbox"/> ALARM <input type="checkbox"/>
	TRANSPONDER KEY <input type="checkbox"/>	TRANSPONDER KEY <input type="checkbox"/>	TRANSPONDER KEY <input type="checkbox"/>

Any extras fitted and value:

Do you require these extras to be insured? Yes No

Car radio cover required? Yes No

If YES, please provide further details:	MAKE:	MAKE:	MAKE:
	MODEL:	MODEL:	MODEL:
	INSURED VALUE:	INSURED VALUE:	INSURED VALUE:

Is the vehicle modified or converted? Yes No

If YES, please specify:

Address where the vehicle is kept at night:

Address where the vehicle is kept during the day:

What security is in place at the risk address during the day:

Is the vehicle in a locked garage or behind locked gates at night? Yes No

Vehicle Details (Continued)

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Credit Shortfall (purchase invoice required):	Yes <input type="checkbox"/> No <input type="checkbox"/> AMOUNT:	Yes <input type="checkbox"/> No <input type="checkbox"/> AMOUNT:	Yes <input type="checkbox"/> No <input type="checkbox"/> AMOUNT:
Do you require car hire?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If MANUAL	30 days <input type="checkbox"/> 60 days <input type="checkbox"/>	30 days <input type="checkbox"/> 60 days <input type="checkbox"/>	30 days <input type="checkbox"/> 60 days <input type="checkbox"/>
If AUTOMATIC	30 days <input type="checkbox"/> 60 days <input type="checkbox"/>	30 days <input type="checkbox"/> 60 days <input type="checkbox"/>	30 days <input type="checkbox"/> 60 days <input type="checkbox"/>
If EXECUTIVE	30 days <input type="checkbox"/> 60 days <input type="checkbox"/>	30 days <input type="checkbox"/> 60 days <input type="checkbox"/>	30 days <input type="checkbox"/> 60 days <input type="checkbox"/>
Excess Structure:	STANDARD <input type="checkbox"/> EXCESS BUSTER (No excess buster applies to under 30's) <input type="checkbox"/> FLAT EXCESS (No flat excess applies to under 30's) <input type="checkbox"/>	STANDARD <input type="checkbox"/> EXCESS BUSTER (No excess buster applies to under 30's) <input type="checkbox"/> FLAT EXCESS (No flat excess applies to under 30's) <input type="checkbox"/>	STANDARD <input type="checkbox"/> EXCESS BUSTER (No excess buster applies to under 30's) <input type="checkbox"/> FLAT EXCESS (No flat excess applies to under 30's) <input type="checkbox"/>
Has the vehicle been purchased through?	DEALERSHIP <input type="checkbox"/> PRIVATELY <input type="checkbox"/> FINANCE HOUSE <input type="checkbox"/>	DEALERSHIP <input type="checkbox"/> PRIVATELY <input type="checkbox"/> FINANCE HOUSE <input type="checkbox"/>	DEALERSHIP <input type="checkbox"/> PRIVATELY <input type="checkbox"/> FINANCE HOUSE <input type="checkbox"/>
Interest of Financial Institution (purchase invoice required):			

Do you require motor assistance cover? Yes No

Have you as the Insured; or your spouse, or any person that may be living with you, or any other person that may at any time drive any of the vehicles stated in this policy in any capacity:

- a) Been declared insolvent? Yes No
- b) Had any judgements, sequestration or financial administration orders made against You / any person mentioned on this policy? Yes No
- c) Are there any pending judgements, sequestration or financial administration orders made against You / any person mentioned on this policy? Yes No
- d) Have a criminal record? Yes No
- e) Are there any pending criminal investigations against You / any person mentioned on this policy? Yes No
- f) Have a physical defect i.e. vision, hearing, epilepsy etc? Yes No
- g) Have you or any other driver of the vehicle/s ever had their drivers license endorsed or cancelled? Yes No
- h) **Has any insurance company ever cancelled or applied any special conditions to a policy of yours or your spouse / any person mentioned on this policy?** Yes No

If 'Yes', to any of the above, please provide further details:

Vehicle Details (Continued)

Please provide details of any claims or losses suffered by you or any other person that may drive any of the vehicles during the past five years, whether insured on any policy or not.

DATE	DESCRIPTION	AMOUNT	SETTLED

Please Note

If the vehicle is not being bought from a dealership or not currently insured elsewhere, we required a copy of an inspection certificate obtainable from any PG Glass or Glassfit before we can add the vehicle to the policy.

You are required to please attach copies of the purchase invoice/s and registration document/s of vehicle/s to this questionnaire.

Declaration

I hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information which is likely to influence the decision of the Insurers in regard to this application.

Signing this form does not bind the Proposer to complete the insurance but it is agreed that this shall be the basis of the contract should a policy be issued. No liability attaches to the Insurers until this application has been accepted.

Signature:	Date: <i>day/month/year</i>
------------	-----------------------------