

MOTOR AMENDMENT FORM

Insured _____		Policy number _____	
Address detail to remain the same:	Yes	No	FOR OFFICE USE
Risk address change:			Supply all detail pertaining to the new risk address

Motor Vehicle/Motorcycle/Caravan/Trailer			
Make of vehicle			i.e. Toyota/VW/BMW
Model of vehicle			i.e. Corolla/GLI/CLS
Year of manufacture			i.e. 2000
Registration number			
Engine number			
Chassis number			
VIN number			
Soft-top/cabriolet			Refer to Hollard
Sum insured	R		

Accessories:	Sum insured
1) _____	R
2) _____	R
3) _____	R
4) _____	R
5) _____	R
6) _____	R

Is the vehicle fitted with a Vesa-approved/VSS-approved:			Anti-theft device warranty
• Immobiliser	Yes	No	
• Gear-lock	Yes	No	
Tracking and recovery device:			
• Early warning	Yes	No	
• Passive	Yes	No	
Where is the vehicle kept overnight:			
In a locked garage	Yes	No	
On pavement/in street	Yes	No	
In yard, no locked gates	Yes	No	
In yard, with locked gates	Yes	No	
In yard, with locked gates and under cover	Yes	No	

In open parking lot Yes No
 In basement with electronic access Yes No
 In basement without electronic access Yes No
 Access controlled area Yes No

Registered owner _____

Insurable Interest

Regular driver's name/date of birth/occupation/date of driver's licence

Not necessarily the policyholder

Name	Date of birth	Occupation	Licence age
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Has the regular driver had any insurance declined or special terms applied Yes No

If Yes, supply detail _____

Losses/claims: (date/type of incident/amount paid/recovery achieved)

Date of loss	Type of incident	Amount paid	Recovery
1) _____	_____	R _____	Yes No
2) _____	_____	R _____	Yes No
3) _____	_____	R _____	Yes No

NCB of regular driver

Check previous insurance, provide proof

Type of Cover Comprehensive Third Party, Fire & Theft
Third Party only

Type of Use Private Private and work
Private, work and business

Vehicle modified: Yes No _____
 (If Yes, provide detail)

Rate accordingly

Refer to Hollard

Sound equipment sum insured R _____

In line with value of vehicle

Make	Model	Serial number
_____	_____	_____

Is the vehicle currently damaged Yes No

Exclude existing damage until proof or repairs received

Is the vehicle financed Yes No

If Yes, supply detail of the financial institution _____

Driver's licence endorsed Yes No

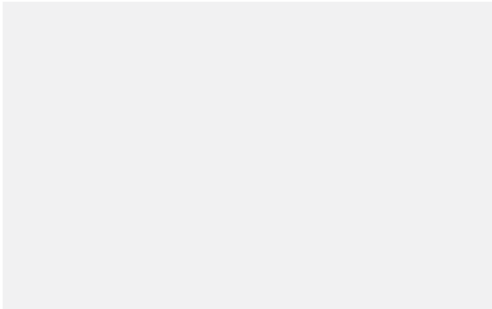
Detail of endorsement and date

Does the regular driver suffer from any physical defect Yes No

Supply details if Yes _____

Has the vehicle been modified to accommodate physical defect Yes No

Supply details if Yes _____



Delete item/details of item to be deleted:

Effective date deletion/amendment:

1) _____

2) _____

3) _____

CLIENT SIGNATURE:

Effective date of amendment:
