

# 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 vehicles	With effect from	day/month/year	
YEAR	MAKE	MODEL	REGISTRATION NO.

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

Have you attended any defensive driving course?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Will anyone else drive the vehicle? (If YES, complete the following questions)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Name of Driver			
Drivers ID & 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	Strictly Private	Strictly Private
	Social (Inc to work & back)	Social (Inc to work & back)	Social (Inc to work & back)
	Business	Business	Business
	Professional Business	Professional Business	Professional Business
Average kilometers travelled per month			
Type of Cover	Comprehensive	Comprehensive	Comprehensive
	3rd Party, Fire & Theft	3rd Party, Fire & Theft	3rd Party, Fire & Theft
	3rd Party Only	3rd Party Only	3rd Party Only
Security fitted in vehicle	Anti-Hijack	Anti-Hijack	Anti-Hijack
	Immobiliser	Immobiliser	Immobiliser
	Tracking	Tracking	Tracking
	Alarm	Alarm	Alarm
	Transponder Key	Transponder Key	Transponder Key
Any extras fitted & value			
Do you require these extras to be insured	YES NO	YES NO	YES NO
Car radio cover required	YES NO	YES NO	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	YES NO	YES NO
If YES, please specify			
Address where the vehicle is kept at night			
Is the vehicle in a locked garage or behind locked gates at night	YES NO	YES NO	YES NO
Address where the vehicle is kept during the day			
What security is in place at the risk address during the day			

INITIAL

	VEHICLE 1				VEHICLE 2				VEHICLE 3			
Credit Shortfall (Purchase invoice required)		YES		NO		YES		NO		YES		NO
	Amount				Amount				Amount			
Do you require car hire  If MANUAL  If AUTOMATIC  If EXECUTIVE		YES		NO		YES		NO		YES		NO
		30 days		60 days		30 days		60 days		30 days		60 days
		30 days		60 days		30 days		60 days		30 days		60 days
		30 days		60 days		30 days		60 days		30 days		60 days
Excess Structure		STANDARD			STANDARD			STANDARD			STANDARD	
		EXCESS BUSTER (No excess buster applies to under 30's)			EXCESS BUSTER (No excess buster applies to under 30's)			EXCESS BUSTER (No excess buster applies to under 30's)			EXCESS BUSTER (No excess buster applies to under 30's)	
		FLAT EXCESS (No flat excess applies to under 30's)			FLAT EXCESS (No flat excess applies to under 30's)			FLAT EXCESS (No flat excess applies to under 30's)			FLAT EXCESS (No flat excess applies to under 30's)	
Has the vehicle been purchased through		Dealership			Dealership			Dealership			Dealership	
		Privately			Privately			Privately			Privately	
		Finance House			Finance House			Finance House			Finance House	
Interest of Financial Institutions (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?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b) Had any judgements, sequestration or financial administration orders made against you/any person mentioned on this policy?                            | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| c) Are there any pending judgements, sequestration or financial administration orders made against You/any person mentioned in this policy?              | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| d) Have a criminal record?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| e) Are there any pending criminal investigations against You/any person mentioned on this policy?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| f) Have a physical defect i.e. vision, hearing, epilepsy etc?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| g) Have you or any other driver of the vehicle/s ever had their licence endorsed or cancelled?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | 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? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

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

INITIAL

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 *day/month/year*