Veritas Global Protection South Africa (Pty) Ltd
Reg: 2023/708582/07

Email: info@veritasglobalprotection.co.za
Tel No: 021 013 3087
Address: 50 Long Street,
Cape Town City Centre,
Cape Town, 8001

MCV WARRANTY PROPOSAL FORM

COMMERCIAL INFORMATION (vehicle in company name)	
Company Name:	
Trading Name:	
Company Type:	
Company Reg Number:	
VAT Number:	
Physical Address:	
Postal Address:	
Contact Name:	
Contact Number:	
Contact Email Address:	
PERSONAL INFORMATION (vehicle in personal name)	
Full Names and Surname:	
ID Number:	
Physical Address:	
Contact Number:	
Email Address:	

POLICY TERM							
Monthly	☐	12-Month	☐	24-Month	☐	36-Month	☐
48-Month	☐	60-Month	☐				

VEHICLE INFORMATION #1	
Year:	
Make and Model:	
Finance House:	
M&M Code:	
VIN Number:	
Engine Number:	
Registration Number:	
Current Odometer Reading:	
VEHICLE INFORMATION #2	
Year:	
Make and Model:	
Finance House:	
M&M Code:	
VIN Number:	
Engine Number:	
Registration Number:	
Current Odometer Reading:	
VEHICLE INFORMATION #3	
Year:	
Make and Model:	
Finance House:	
M&M Code:	
VIN Number:	
Engine Number:	
Registration Number:	
Current Odometer Reading:	
VEHICLE INFORMATION #4	
Year:	
Make and Model:	
Finance House:	
M&M Code:	
VIN Number:	
Engine Number:	
Registration Number:	
Current Odometer Reading:	

VEHICLE INFORMATION #5	
Year:	
Make and Model:	
Finance House:	
M&M Code:	
VIN Number:	
Engine Number:	
Registration Number:	
Current Odometer Reading:	
VEHICLE INFORMATION #6	
Year:	
Make and Model:	
Finance House:	
M&M Code:	
VIN Number:	
Engine Number:	
Registration Number:	
Current Odometer Reading:	
VEHICLE INFORMATION #7	
Year:	
Make and Model:	
Finance House:	
M&M Code:	
VIN Number:	
Engine Number:	
Registration Number:	
Current Odometer Reading:	
VEHICLE INFORMATION #8	
Year:	
Make and Model:	
Finance House:	
M&M Code:	
VIN Number:	
Engine Number:	
Registration Number:	
Current Odometer Reading:	

UNDERWRITING QUESTIONS		
Have any of the vehicles been registered as a code 3?	Yes ☐	No ☐
Have any of the vehicles been modified to perform beyond manufacturer's specifications?	Yes ☐	No ☐
Are any of the vehicles used in any form of motor sports?	Yes ☐	No ☐
Are any of the vehicles foreign registered?	Yes ☐	No ☐
Are any of the vehicles currently unroadworthy?	Yes ☐	No ☐
Are any of the vehicles either a driving tuition vehicle, emergency vehicle, or security vehicle?	Yes ☐	No ☐
Are any of the vehicles classified as a stolen recovered vehicle?	Yes ☐	No ☐
If yes, please specify which vehicles using the # of the vehicles above:		

Were all the vehicles purchased from a registered dealer and is the cover being purchased on the date that the vehicle was purchased?	Yes ☐	No ☐
If no, please specify which vehicles using the # of the vehicles above:		

POLICY INFORMATION – COMPLETABLE ON ACCEPTANCE OF QUOTATION			
Plan Chosen:	Powertrain ☐	Deluxe ☐	Premier ☐
Quote Number:			
Inception Date:			
Please provide us with a copy of the vehicles licence disc, service history and odometer reading			

Roadside Assist Yes ☐ No ☐

NAME

DATE:

SIGNATURE

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DEBIT ORDER AUTHORISATION

*Only complete on quote acceptance and if it is a monthly policy

Name of Insured:						
Account Holder Name:						
Name of Bank:						
Account Number:			**Branch Code:**			
Type of Account:	**Current:**		**Transmission:**		**Savings:**	
Debit Order Date:	**1st**		**15th**			

I/we hereby authorise the Collection Agency (Authorised Agents) mandated by and on behalf of the Insurer to debit the above account monthly with the insurance premium calculated for the policy. I/ We understand that any change made by me/us in terms of the policy will automatically authorise the Authorised Agents to adjust the premium debit on behalf of the Insurer according to their calculations without prior notice thereof to me/us.

I/we understand that:
1) The withdrawal will be processed by computer
2) The details of each withdrawal will be reflected on my/our bank statement
3) Notwithstanding this debit order authority, the onus rests on me/us to ensure that the premium is paid and that I/we shall check my/our bank statement regularly to ensure that my/our insurance premium is paid.

NAME SIGNATURE

DATE