**CARNECTION REQUEST FORM**

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| --- | --- |
| **Date OUT** | \_\_\_\_\_\_\_\_\_\_**Time: \_\_\_\_\_\_\_\_\_\_** |
| **Date IN** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **RENTAL CO****RES #****BRANCH****VOUCHER:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**GRP**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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 **SMIT & KIE BROKERS**

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| --- | --- |
| NAME OF CLIENT |  |
| INSURANCE POLICY NUMBER |  |
| CONTACT PERSON  |  |
| CONTACT EMAIL ADDRESS |  |
|  DRIVERS NAME AND ID NUMBER(NB. Person who will collect vehicle) |  |
| CONTACT NUMBERS 1 )2) |  |
| REQUIRED DAYS  |  |
| MOTOR HIRE GROUP |  |
| DAYS REQUIRED EXTENTION  |  |
| NAME OF BROKERAGE | SMIT & KIE BROKERS (PTY) LTD |
| CONTACT PERSON |  |
| CONTACT NUMBER | 015 307 5587 |
| INSURANCE COMPANY | RENASA  |
| CLAIM REF / SPM  |  |
| INSURED’S VEHICLE |  |
| REGISTRATION NUMBER |  |
| CLAIMS CONSULTANT |  |
| **Kindly inform your client that the FUEL DEPOSIT of R2000 is payable on collection of vehicle.** |

**Carnection Contact Details**

Tel: 076 642 1952

Email: carnection@smitk.co.za

Jacolien Smit

Many thanks,

Sent by: Tel number: 015 307 5587

Date sent: Email: