



* Tel (011) 380 3195 *Email: MotumiM@ivp-uma.co.za; ivp-uma@renasa.co.za
 web address: www.ivp-uma.co.za Renasa House, 170 Oxford Road, Melrose, Johannesburg.
 P.O. Box 412072 * Craighall *2014 * Johannesburg * South Africa 2006/009/086/07 * FSP License Number 39213

Inception Value Policy (“IVP”) – Application Form

Name of Broker	Policy No.:
Contact person	Broker code:

1. Policyholder Details

Surname	
First Name	
Gender	
Marital Status	
ID No.:	
Date of Birth	

2. Driver Details (if different to policyholder)

Surname													
First Name													
Gender							Marital Status						
ID No.:													
Date of Birth	Day				Month				Year				

3. Contact Details

Cell No.:		Work Tel	
Home No.:		Fax No.:	
Email Address			

4. Risk Address

4.1. Suburb Name			
4.2. Province		Post Code	

5. Vehicle Details

Make (e.g. VW)	
Model (e.g. Polo Vivo)	
Variant (e.g. 1.4 3Dr	
Year of First Registration	
M&M Code (e.g. 64020050)	
Tracking Device? (Y/N)	

6. Vehicle Finance Details (only if vehicle is financed)

Financial Institution	
Branch	
Contract No.:	



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Contract Start Date	
Original Finance Amount	
Balloon / Residual Value	
Outstanding Amount	

7. Banking Details (for debit order and claims settlement purposes)

Accountholder Name	
Accountholder No.:	
Financial Institution	
Account Type	
Branch Name	
Branch Code	
Debit day	

I authorize IVP UMA (or its appointed representative) to deduct the premium for this policy from my bank account.

Account holder's Signature: _____ **Date:** _____

8. Information sharing statutory requirements

I acknowledge that the sharing of claims information and underwriting information (including credit information) by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidences of fraudulent claims in the public interest. On my behalf and on behalf of any other person I represent herein, I hereby waive any right to privacy in any insurance information provided by me or on my behalf in respect of any insurance policy or claim made or lodge by me, and I consent to such information being disclosed to any other legitimate sources or databases. I also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning myself.

9. Declaration

Is there any other material fact that may influence the risk for which you have applied for? Please provide particulars:



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I warrant that the information in this proposal is true, correct and complete in every respect and that I have not withheld or changed any material information and that this proposal forms the basis of this insurance contract.

I confirm that I have received, read, understood and agreed to the above declaration and information sharing requirement.

Signed at: _____ on this _____ day of _____ 20____

Insured's signature: _____