

**MOTOR B
DECLARATION**

TAX INVOICE

THIS NOTICE BECOMES A TAX INVOICE WHEN THE
TOTAL AMOUNT REQUESTED HAS BEEN PAID

ENDORSEMENT **EB**
NUMBER

**ATTACHING AND
FORMING PART OF
SASRIA MOTOR POLICY NO.**

In the Name of _____

It is hereby declared and agreed that the insured having declared the number/total values of vehicles
as at _____ year _____ the premium is adjusted as follows:

CATEGORY	DESCRIPTION	NUMBER OF VEHICLES	PREMIUM	TOTAL PREMIUM
1.	Cars & Small Taxis		X = R _____	
2.	Goods Vehicles		X = R _____	
3.	Taxis (Seating 7 – 19)		X = R _____	
				= R _____
CATEGORY	DESCRIPTION	TOTAL VALUE ALL VEHICLES	RATE	TOTAL PREMIUM
4.	Car/Vehicle Ferrying Companies and/or Auto Carrying Companies And Motor Traders		R X = R _____	
5.	Buses		R X = R _____	
6.	Mobile Plants		R X = R _____	
7.	BRT		R as agreed = R _____	
8.	HCV category		0.01879% = R _____	
	Net Additional/Refund Premium		Annual Premium = R _____ Less Premium Paid = R _____ x 50% = R _____	

For: Non Man dated Interme diary/UMA _____

Signed this _____ day of _____ 20 _____