

# MOTOR B DECLARATION

## TAX INVOICE

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

ENDORSEMENT GE  
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 & Motorcycles			R
CATEGORY	DESCRIPTION	TOTAL VALUE ALL VEHICLES	RATE	TOTAL PREMIUM
2.	Light Commercial Vehicle – GVM less than 3500kg			R
3.	Minibus (16 passengers including the driver) Midibus (16-36 passengers Including the driver)			R
4.	Car/Vehicle Ferrying Companies and/or Auto Carrying Companies and Motor Traders			R
5.	Buses			R
6.	Mobile Plants			R
7.	BRT			R
8.	HCV category			
	Net Additional/Refund Premium			
			Annual Premium = R _____	
			Less Premium Paid = R _____	
			x 50% = R _____	

For: Non-mandated Intermediary/UMA \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

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