

GENERAL ENDORSEMENT COUPON



GENERAL ENDORSEMENT		
COUPON	NUMBER	YEAR
GE		

ENDORSEMENT ATTACHING TO AND FORMING PART OF COUPON/POLICY

No. _____ IN THE NAME OF _____

Insured: VAT Reg No _____ EFFECTIVE DATE: _____

(Please Tick The Appropriate Box/boxes)

	1. Change of name of the Insured to _____
	2. Change of underlying Policy Number (If reissued by Insurer) From _____ To _____
	3. Change of Period of Insurance: From _____ To _____
	4. Change in date of Commercial Operation: (ASC Policies only) From _____ To _____
	5. Change in Annual Premium (if incorrectly rated) From R _____ To R _____
	6. Policy/Coupon cancelled
	7. Sum Insured increased/reduced From R _____ To R _____
	8. Premium adjustment (Declaration Adjustment): For Period ending
	9. Indemnity Period increased/reduced (Standing Charges Policy) From _____ months To _____ months

Sasria SOC Limited



	<p>10. Change of vehicle</p> <p>Delete Bus</p> <p>Make _____ Reg _____</p> <p>Cat _____ Value R _____</p> <p>Replaced by Bus</p> <p>Make _____ Reg _____</p> <p>Cat _____ Value R _____</p>
	<p>11. Change of Registration No.</p> <p>From _____ To _____</p>
	<p>12. Change/addition of Company Registration Number:</p> <p>From _____ To _____</p>
	<p>13. Change/addition of Holding Company:</p> <p>From _____ To _____</p>
	<p>14. Change/addition of Risk Address:</p> <p>Risk Address 1: _____ Risk Address 2: _____</p> <p>Street name and number: _____ Street name and number: _____</p> <p>_____</p> <p>Risk City: _____ Risk City: _____</p> <p>Postal Code: _____ Postal Code: _____</p> <p>Risk Address 3: _____ Risk Address 4: _____</p> <p>Street name and number: _____ Street name and number: _____</p> <p>_____</p> <p>Risk City: _____ Risk City: _____</p> <p>Postal Code: _____ Postal Code: _____</p>
	<p>15. Premium</p> <p>PREMIUM: R _____ REFUND PREMIUM: R _____</p> <p>(The above premium is inclusive of Value Added Tax at a standard rate.)</p>
	<p>16. Change of Insurer/Broker</p> <p>From _____ To _____</p>

Subject otherwise to the terms and conditions of this Coupon/Policy. Warranted otherwise no change in the property insured or the Insured's interest therein.



Signed on behalf of **Sasria SOC Limited**

Countersigned at _____

On the _____ day of _____ Year _____

Executive Manager

For: Agent/UMA