

Medical Rescue & Roadside Assistance

P.O. Box 1554 Lanseria 1748

Tel: 076-448-6641 Fax: 086-443-4012

Email: [medraafrica@gmail.com](mailto:medraafrica@gmail.com)

http://medrarsa.weebly.com

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**Vehicle Recovery Agreement.**

**Office use only**

|  |  |
| --- | --- |
| **MEDRA Member:** | **Persal Number:** |
|  |  |

**Client Information**

|  |  |
| --- | --- |
| **Name:** |  |
| **Surname:** |  |
| **Identity Number:** |  |
| **Mobile Number:** |  |
| **Landline Number:** |  |
| **Work Number:** |  |
| **Full Residential Address:** |  |
| **Full Employment Address:** |  |
| **Alternative Contact Number:** |  |

**Vehicle Information**

|  |  |
| --- | --- |
| **Make:** |  |
| **Model:** |  |
| **Colour:** |  |
| **Registration Number:** |  |
| **Vehicle Register Number:** |  |
| **VIN Number:** |  |
| **Engine Number:** |  |
| **Chassis Number:** |  |

**SAPS Information**

|  |  |
| --- | --- |
| **Police station where incident was reported:** |  |
| **Date the incident was reported:** |  |
| **CAS Number:** |  |
| **Circulation Number:** |  |
| **Investigating Officer:** |  |
| **Police station contact number:** |  |
| **Contact Number of investigating officer:** |  |

**Terms and Conditions**

**PLEASE TAKE NOTE THAT THERE WILL BE NO DEVIATION AND/OR EXCEPTIONS MADE TO THE BELOW MENTIONED.**

1. **I the aforementioned understand that a quote will be sent to me and should I accept and I indicate this in writing, the quote will be converted to an invoice and the full amount of the invoice will be required before any service will be provided.**
2. **Further to that, I understand that should I not pay for the services requested within 24 hrs of the service agreement being signed, then my vehicle will be handed over to the nearest police station. It will then be left to me to communicate with the investigation officer regarding the process to recover my vehicle. I understand should the latter occur then I will not hold MEDRA responsible for any damage and/loss to my vehicle whilst it is in the possession of the South African Police Service. Further to that I understand that I will still be responsible for any and all costs incurred by MEDRA.**
3. **Should any specialised equipment be required for the recovery of my vehicle, I understand that the service provider will send a quote to myself and I must pay the service provider directly and this will be over and above the costs invoiced to me by MEDRA.**
4. **I understand that should my vehicle be in a location that exceeds the distance of 200 km from MEDRA head office, I will be responsible for costs incurred by MEDRA in leu of accommodation, toll gates etc. I understand that I will get an invoice from MEDRA and attached to this invoice will be certified copies of all receipts/slips for verification purposes.**
5. **I understand that my vehicle will be taken to the nearest police station in the area that it has been recovered in and that specific police station will communicate with the police station where I reported the theft of motor vehicle and only when the investigating officer authorises in writing that MEDRA may take my vehicle to a MEDRA yard will it be moved. Should this not occur, then my vehicle will be taken to the SAPS 13 impound yard nearest to the police station where I reported the theft of motor vehicle.**
6. **I understand that should the investigating officer authorise the fact that my vehicle be taken to a MEDRA yard instead of an SAPS 13 impound yard, then I must communicate with the investigating officer to get the (S) mark removed from the vehicle as quickly as possible. As after a period of five (5) days I will be charged an amount of R250.00 p/day until I collect my vehicle. I understand that should I not collect my vehicle within a period of thirty (30) days, MEDRA will place a notification in the printed media that should the vehicle not be collected within a period of thirty (30) days of the notification, MEDRA will then sell the vehicle to recover costs incurred on my behalf.**

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**I the aforementioned understand that by signing this document I am bound by the terms and conditions mentioned herein.**

**Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_**

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**Client**