CAR RENTAL AGREEMENT.

Payment To :
Capitec
J Nel
Account
1752083782

Agreement Date:_____
Rental Period:_____
Place of Execution:_____

1. PARTIES

Lessor : Bakkie & Suv Rental Gauteng
Name: Jean-Pierre Nel
Business Name : JPs Auto Rental
Physical Address: 4 Aloe Acres , 826 Klippan Street , Montana , Pretoria
Phone: 0837012108 Email: jpnel.j@gmail.com

Lessee (Renter):
Business Name
_____
Responsible Individuals Name:
_____
ID / Passport Number:
_____
Physical Address:
_____
Phone: _____ Email:
_____
Driver's License Number: _____ Expiry:
Date of Birth: _____
Lessee Banking Details :
Account Number_____
Branch Number _____
Bank Name _____

2. VEHICLE DESCRIPTION

Make: _____ Model:
_____
Year: _____ Colour: _____VIN:
_____
Registration Number: _____Odometer at Pickup:
_____km
Fuel Level at Pickup: _____(Full / ¾ / ½ / ¼)
e-Toll Tag:

3. RENTAL TERMS (ZAR)

Item	Details
Daily Rate + Insurance	R
Weekly Rate (if applicable)	R
Total Estimated Charges	R
Security Deposit	R
Payment Method	
Mileage Allowance	
Fuel Policy	

4. PICKUP & RETURN

- **Pickup Location:** _____
- **Return Location:** _____ (same unless specified)
- **Late Return Fee:** R____ per hour after 60-minute grace period.
- Objective :_____
- Destinations :_____

5. LESSEE OBLIGATIONS

1. Lessee must be at least **21 years old** (or **25** for Groups E–H) and hold a **valid South African or international driver's license** with photo.
2. Vehicle shall be used **only by authorized drivers** listed below:
    - Additional Driver 1: _____ License : _____
    - Additional Driver 2: _____ License : _____
3. Lessee shall **not**:
    - Use vehicle for racing, towing (unless pre-approved), off-road, or illegal purposes.
    - Sub-lease or use for ride-hailing (Uber/Bolt) unless pre-approved in writing.
    - Smoke or transport pets (R750 cleaning fee applies).
4. Lessee agrees to **inspect vehicle** at pickup and note pre-existing damage on the checklist.
5. Vehicle will used in which areas _____
6. Specified the vehicle will be parked in a secure parking at night state where _____

6. INSURANCE & LIABILITY (ZAR)

Insurance Company : Outsurance
Policy Number : OT143761932

Coverage	Provided By	Limit
Third-Party Liability	Lessor	R 2,500,000 per incident
Super Collision Damage Waiver (SCDW)	[ ] Included [ ] Optional (+R __/day)	**Zero excess**
Standard Collision Damage Waiver (CDW)	[ ] Included [ ] Optional	Excess: R ____
Theft Waiver (TW)	[ ] Included [ ] Optional	Excess: R ____
Windscreen & Tyre Cover	[ ] Optional (+R __/day)	—

- **Excess Reduction Options:**
  [ ] None (Lessee liable for full repair cost)
  [ ] Standard (R____ excess)
  [ ] Super (R0 excess)
- Lessee must **report any incident** to SAPS (obtain case number) and Lessor within **2 hours**.

7. FEES & CHARGES (ZAR)

Fee Type	Amount (incl. VAT)
Cleaning Fee (excessive dirt)	R 750
Valet / Odour Removal (smoking/pet)	R 2,500
Lost Key / Remote	R 3,000 – R 8,000
Traffic / Parking Fines	Actual cost + R 350 admin fee
e-Tolls	Actual cost + R 100 admin fee
Tyre Damage (per tyre)	R 2,200
Windscreen Chip / Crack	R 1,800 – R 4,500

8. TERMINATION & DEFAULT

- Lessor may repossess vehicle without notice if Lessee breaches terms.
- Lessee remains liable for all charges until vehicle is recovered.

9. GOVERNING LAW

This agreement is governed by the laws of the **Republic of South Africa**. Disputes shall be resolved via **mediation**, then the **Magistrate's Court** (if claim < R 300,000) or **High Court**.

10. CPA COOLING-OFF (if applicable)

If this agreement was concluded **away from Lessor's premises** (e.g., online/phone), Lessee may cancel within **5 business days** with written notice and pay a reasonable cancellation penalty (max 10% of rental value).

11. SIGNATURES

I have read and agree to all terms. I confirm the vehicle condition as noted.

Lessor:

Signature: _____ Date: _____

Printed Name & Designation: _____

Lessee:

Signature: _____ Date: _____

Printed Name: _____

ATTACHMENTS

[ ] Vehicle Condition Checklist (photos mandatory)

[ ] Copy of Lessee's ID / Passport & Driver's License

[ ] Proof of Residence (not older than 3 months)

[ ] EFT / Card Payment Proof

[ ] SAPS Case Number (if incident reported)