

CLIENT DETAILS

Surname: _____ First Name: _____

Title: Mr Mrs Miss Ms Other (specify) _____

ID Number: _____

Date of Birth: _____ (DD/MM/YYYY) Occupation: _____

Marital Status: Single Married Divorced Widowed

Residential Address: _____ Code: _____

Cell Number: _____ Home Number: _____

Email Address: _____

DECLARATION

PREVIOUS INSURANCE

1) Has any insurer ever declined a proposal, cancelled any policy (or any section thereof) imposed any conditions, refused to renew any policy (or any section thereof) or refused to continue with any insurance of yours? Yes No
If "YES" please give full particulars:

2) Are you presently insured against any of the perils in respect of which you now propose to insure against? Yes No
Insurance Company: _____ Policy Number: _____

3) Consent to ITC check? Yes No

4) History of previous losses/claims:
Please give full particulars in respect of off all losses incurred by you during the last 5 years, including all claims which have been paid or rejected for any reason.

| TYPE OF LOSS | DESCRIPTION | YEAR | AMOUNT | INSURER |
|--------------|-------------|------|--------|---------|
| | | | R | |
| | | | R | |
| | | | R | |

SECTION A – OUTDOOR ALL RISKS

PLEASE NOTE THE MAXIMUM VALUE LIMIT ANY ONE ITEM IS R100 000!

| Item Description | Serial Number | Required Insured Value (NRV) |
|------------------|---------------|------------------------------|
| 1 | | R |
| 2 | | R |
| 3 | | R |
| 4 | | R |
| 5 | | R |
| 6 | | R |
| 7 | | R |
| 8 | | R |
| 9 | | R |
| 10 | | R |

NOTE

The following is to be supplied for all individual items carrying an insured value in excess of R50 000.
Clear photographs of: a) Each item specified; b) Where applicable a valuation certificate.



SECTION B: MOTOR/MOTORCYCLE/CARAVAN/TRAILER

MOTOR CATEGORY – (COVER COMPREHENSIVE ONLY)

| Vehicle Particulars | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|---|-----------|-----------|-----------|
| AWD/4WD SUV/ RV or 4X4 Single/double cab or single/double cab with diff. lock | | | |
| Vehicle Make | | | |
| Vehicle Model | | | |
| Colour | | | |
| Year of manufacture | | | |
| Engine cc | | | |
| Current retail value for year model vehicle | R | R | R |
| Fitments/Accessories | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| Provide details | | | |
| Total value Fitments # | R | R | R |
| Total value vehicle incl. # | R | R | R |

FURTHER VEHICLE PARTICULARS

| Vehicle Security | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|--|--------------|--------------|--------------|
| Factory fitted alarm/ immobilizer | Y N | Y N | Y N |
| Tracking device | Y N | Y N | Y N |
| Use of Vehicle | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| Private incl. commuting | | | |
| Private and Business | | | |
| Registered Owner | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| Name | | | |
| Relationship to Insured | | | |
| Regular Driver's name | | | |
| Marital status | S M D W | S M D W | S M D W |
| Claim Free Group | | | |
| ID Number (if not policy holder) | | | |
| Date of Birth | (DD/MM/YYYY) | (DD/MM/YYYY) | (DD/MM/YYYY) |
| Licence Issue Date | (DD/MM/YYYY) | (DD/MM/YYYY) | (DD/MM/YYYY) |
| Address of overnight parking. | | | |
| | Code: | Code: | Code: |
| Specify off-road driver or advanced driver courses completed and when. | | | |
| IS the owner/ driver likely to use the vehicle off-road? | Y N | Y N | Y N |

The following is to be supplied with each vehicle to be insured:

Clear photographs of: a) License disk for vehicle; b) Front, rear and side views of vehicle showing window glass; c) Odometer reading



FINANCE ON VEHICLE

| Finance Particulars | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|--|-----------|-----------|-----------|
| Finance house/banking institution name | | | |

ADDITIONAL VEHICLE EXTENSIONS – SPECIFY IF REQUIRED (SUBJECT TO AN ADDITIONAL PREMIUM CHARGE)

Car Hire 30 days max. Select below (p.m. = per month)

| | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|-----------------------------|-----------|-----------|-----------|
| Group B Hatch man. R75 p.m. | | | |
| Group C Sedan man. R85 p.m. | | | |
| Group D Automatic R95 p.m. | | | |
| Group K SUV R280 p.m. | | | |
| Group L 1ton LDV R120 p.m. | | | |
| Not Required | | | |

Tyre Insurance

(OPTIONS – R3000/R6000 or R5000/R10000 or R7500/R15000 per tyre/per claim)

If required, specify number, OR:

Tyre & Rim Insurance

(OPTIONS – R10 000 or R20 000 or R30 000 Incident Limit)

Xs'Sure (basic excess only)

BASIC EXCESS BUY DOWN – 4% of claim amount/maximum R50 000: X's Sure

Credit Shortfall

Maximum Shortfall/Vehicle Value R200 000/R1 000 000

Value Added Products and Emergency Assistance

Automatic Cover R60pm Non Optional

Customer Loyalty Consultants – Value added Products and Emergency Medical Response/Assistance and Evacuation Services including Guaranteed Hospital Admission up to R5 000 is automatically provided in terms of this policy. VAP's include accident manager, roadside/vehicle locksmith-flat tyre-out of fuel-flat battery/trauma/legal/medical emergency assistance/funds protect/HELP 247 Mobile Application

SECTION C – WET-DECK / SMALL CRAFT

Note – this section does not cater for any vessel used for commercial purposes! Maximum value any one vessel including machinery and accessories is limited to R1 500 000.

| Vessel particulars | Vessel 1 | Vessel 2 |
|--|----------|----------|
| Type (Ski boat, bass boat, power boat, yacht etc): | | |
| Hull Particulars | Vessel 1 | Vessel 2 |
| Manufacturer's Name: | | |
| Hull Type (Rigid Mono/Twin/Tri Hull or Semi Rigid Mono Hull): | | |
| Year of Manufacture: | | |
| Retail Value when Hull was purchased New: | R | R |
| If hull is older than 5 years what is the current insured market value: | R | R |
| Motor/Motors' Particulars | Vessel 1 | Vessel 2 |
| Motor Manufacturer Name: | | |
| Number of motor/s powering Vessel | | |
| Is Motor or are Motors' 2 or 4 stroke? | 2 4 | 2 4 |
| Motor/s Retail Value/s Total per vessel | R | R |
| Motor/s year/s of manufacture? | | |
| Use of Vessel | Vessel 1 | Vessel 2 |
| a) Inland waters only and for what purpose. | | |
| b) Coastal waters only and for what purpose. | | |
| c) Both inland and coastal waters only and for what purpose. | | |
| Regular storage address | Vessel 1 | Vessel 2 |
| Address of premises where vessel is normally kept. | | |
| | Code: | Code: |
| Is the vessel kept behind perimeter wall or palisade fence with a locked gate? | Y N | Y N |
| Is the vessel kept in a lock up garage or shed? | Y N | Y N |
| Vessel Accessories | Vessel 1 | Vessel 2 |
| Provide details of other equipment | | |
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |
| Total value Accessories | R | R |
| Total Value to be Insured – Vessel | R | R |
| Is the Vessel financed? | Y N | Y N |
| If so, with which bank? | | |

NOTE: The following is to be supplied for each unit specified above:

Clear photographs of: a) Front, rear and sides of the vessel; b) The motor/s attaching the vessel; c) Skipper's ticket; d) Vessel Safety Inspection certificate