

Administered by: Smartsure Twenty20 (Pty) Ltd | Reg 2014/074456/07 | FSP45422

Address – 212 Bram Fischer Drive, Kensington B, Randburg | Postal - PO Box 321 Cramerview 2060 | Tel - 011 840-6000

PROPOSER DETAILS

| PROPOSER DETAIL  | e e                |                          |              |   |            |  |                 |       |
|--|--------------------|--------------------------|--------------|---|------------|--|-----------------|-------|
| Surname:   | บ                  |                          |              | First Name:   |            |  |                 |       |
| Title:   | Mr                 | Mrs                      | Miss         |   |            | hor (specify)  |                 |       |
| ID Number:   | IVII               | IVII S                   | IVIISS       | Ms  |            | ther (specify)   |                 |       |
| Date of Birth:   |                    |                          | (DD/MM/YYYY  | Occupation:   | •          |  |                 |       |
| Marital Status:  | Single             | Married                  | Divorced     | Widowed   |            |  |                 |       |
| Postal Address:  | 311.6.0            |                          |              |   |            | Code:  |                 |       |
| Residential Address:   |                    |                          |              |   | ,          | Code:  |                 |       |
| Email Address:   |                    |                          |              |   |            |  |                 |       |
| Cell Number:   |                    |                          |              |   |            |  |                 |       |
| 4x4 Club / Association:  |                    |                          |              | Referred by   | :          |  |                 |       |
| Your outdoor interests :   |                    |                          |              |   |            |  |                 |       |
| DECLARATION  |                    |                          |              |   |            |  |                 |       |
| PREVIOUS INSURANCE   |                    |                          |              |   |            |  |                 |       |
| 1) Has any insurer ever decli<br>refused to renew any policy   | (or any section    |                          |              |   |            |  | Yes             | No    |
| If "YES" please give full parti  |                    |                          |              |   |            |  |                 |       |
|  |                    |                          |              |   |            |  |                 |       |
|  |                    | 6.1                      |              |   |            |  |                 |       |
| 2) Are you presently insure  | ed against an      | y of the perils in       | respect of w | hich you now p  | propose    |  | Yes             | No    |
| Insurance Company:   |                    |                          |              |   |            | Policy Number:   |                 |       |
| 3) Consent to ITC check?   |                    |                          |              |   |            |  | Yes             | No    |
| 4) History of previous loss including all claims which h   |                    |                          |              | spect of off all lo   | sses inc   | urred by you during t  | he last 5 ye    | ears, |
| TYPE OF LOSS   |                    | DES                      | CRIPTION     | Υ   | EAR        | AMOUNT   | INS             | URER  |
|  |                    |                          |              |   |            | R  |                 |       |
|  |                    |                          |              |   |            | R  |                 |       |
|  |                    |                          |              |   |            | R  |                 |       |
|  |                    |                          |              |   |            |  |                 |       |
| CONSENT TO INFO  | RMATION            | SHARING                  |              |   |            |  |                 |       |
| Where it is felt necessary, Insurers will p  |                    |                          |              |   |            | the claim, will be included on                                     |                 |       |
| for material validation purposes and to of fraudulent incidents in the insurance   | industry could re  | duce the need to impos   | se increases | system and in so doir<br><b>Declaration</b>   | ng be made | e available to all other participa                                 | ating insurers. | ,     |
| in premiums in the future. Information sprospect policyholders. Information sh   | aring or gathering | of information is in the | main, done   |   |            | by myself or my authorised re                                      |                 |       |
| via the Information Data Sharing System<br>behalf of the South African Insurance A   |                    | ans Union ITC and opera  |              |   |            | y material facts, even though s<br>ked, that should in addition be |                 |       |
| By your insurer agreeing to insure your risk or renew your insurance, you and any person authorised to effect insurance on your behalf, consent to all information (both current and previous) being made available to any other insurer or it's representative. You or your representative also hereby accept that any information supplied can be verified by any legally recognized source or central information data base. By acceptance or renewal of your insurance, you have hereby consented to the insurer sharing or verifying information and also waive any rights of confidentiality concerning the underwriting or claims information |                    |                          | y pc13011    | I AGREE THAT this proposal shall be the basis of the contract between the insurer and myself.  I WILL ACCEPT the insurer's supplied policy wording, unless otherwise agreed or altered in writing by Smartsure Twenty20 & myself.  I UNDERSTAND THAT this insurance will not commence until this proposal has been accepted by the insurer. |            |  |                 |       |
|  |                    |                          | u or your    |   |            |  |                 |       |
|  |                    |                          | ewal of your |   |            |  |                 |       |
|  |                    |                          | ormation     | If you are unable to sign this declaration without qualification, then please provide your  |            |  |                 |       |
| provided by yourself or your authorized<br>Should you incur a claim, the information   |                    | ı with your proposal and |              | reason/s below:   |            |  |                 |       |
| •  | , ,                |                          | -            |   |            |  |                 |       |
| Signature of Proposer:   |                    |                          |              | Date:   |            |  |                 |       |
| 2.0.19ca. c 01 1 10h03c1   |                    |                          |              | - a .c  |            |  |                 |       |

 $In terms \ of the \ policyholder \ protection \ legislation, it is \ an \ of fence \ for \ anyone \ other \ than \ the \ proposer \ to \ complete \ and \ sign \ this \ proposal \ form.$ 

WE REMIND YOU NOT TO SIGN ANY BLANK OR PARTIALLY COMPLETED FORM/S



## MOTOR CATEGORY: MOTOR CYCLES - CRUISER/TOURER/ADVENTURE ONLY/ATV'S/GOLF CARTS PLEASE REPRINT PAGE 2 FOR EACH ITEM ADDED. The Vehicle a) Motor Vehicle 4x2 4x4 AWD Classic or Collectable 4x4 range b) Motor cycle Cruiser Tourer Adventurer c) Golf Caddy/Cart Full Make and Model Year and Registration Number Finance House/Banking Institution Name Engine Number Use Domestic, Social & Professional Domestic, Social and to Work Comprehensive Third Party, Fire & Theft Cover Third Party Only Third Party & Fire Only Value R Value R Optional Extras Value R (description and value) Value R

| Night time parking | Closed Gates   | In locked Garage           | Parked in Street |  |  |  |
|--------------------|--|----------------------------|------------------|--|--|--|
| Night time parking | Security Complex   | Carport                    | Other            |  |  |  |
|                    | Insured  |                            |                  |  |  |  |
| Registered Owner   | Other  | ID No.                     |                  |  |  |  |
|                    |  | Drivers license issue date |                  |  |  |  |
|                    | Insured  |                            |                  |  |  |  |
|                    | Othor  | ID No.                     |                  |  |  |  |
|                    | Other  | Drivers license issue date |                  |  |  |  |
|                    | How long has the owner/driver been driving LDV, SUV, 4WD, RV vehicles? years |                            |                  |  |  |  |
| Dec les Déces      | Specify off-road driver or advanced driver courses completed, with dates:    |                            |                  |  |  |  |

Tracking Device Make and Model of Tracking Device:

In locked Garage

Factory Fitted Alarm or Immobilizer

Closed Gates

| Is the owner likely to use the vehicle off-road?     | Yes         | No        |     |    |  |
|--|-------------|-----------|-----|----|--|
| Will the driver take part in any off-road recreation | nal club ch | allenges? | Yes | No |  |

Value R

Parked in Street

## OPTIONAL VALUE-ADDED PRODUCTS

| Specify | Ιf  | Real | iired |
|---------|-----|------|-------|
| Specify | ••• | Negi | an cu |

Regular Driver

Vehicle security

| Car Hire 30 days max. (p.m. = per month) | Group B Hatch man.<br>Group K SUV   | Group C Sedan man<br>Group L 1ton LDV | Group D Automatic<br>Not Required |  |  |  |
|--|-------------------------------------|---------------------------------------|-----------------------------------|--|--|--|
|  | Basic Excess Waiver                 |                                       |                                   |  |  |  |
| Tyre Insurance                           | Tyres & Rims Insurance              |                                       |                                   |  |  |  |
|  | Credit shortfall cover Max R200 000 |                                       |                                   |  |  |  |



| Towable  |   | Caravan                          | Trailer          |                   |                           |
|--|---|----------------------------------|------------------|-------------------|---------------------------|
| T <sub>1</sub> ma  |   | Motorcycle                       | Boat             | Luggage           | غ                         |
| Туре   |   | Utility                          | Other            |                   |                           |
| Make and Model   |   |                                  |                  |                   |                           |
| Year and Registration number                                   |   |                                  |                  |                   |                           |
| Optional Extras (value and description)                        | R |                                  |                  |                   |                           |
| a) Contents  | R |                                  |                  |                   |                           |
| b) Fitments  | R |                                  |                  |                   |                           |
| c) Accessories   | R |                                  |                  |                   |                           |
| Where is the unit stored/ parked whilst not in use?            |   | Closed Gates<br>Security Complex | In lock<br>Carpo | ked Garage<br>ort | Parked in Street<br>Other |
| Chassis Length in metres                                       |   |                                  |                  |                   |                           |
| f the unit is a boat trailer is it a break-neck or fixed unit? | Υ | N                                |                  |                   |                           |
| Does the unit have an independent braking system?              | Υ | Ν                                |                  |                   |                           |
| Does the unit have a tandem axle-system?                       | Υ | Ν                                |                  |                   |                           |
| s the unit the subject of a finance agreement?                 | Υ | Ν                                |                  |                   |                           |
| f so, state which Bank?  |   |                                  |                  |                   |                           |
| Are you likely to take the unit cross border,                  | Υ | N                                |                  |                   |                           |



## SECTION C - OUTDOOR ALL RISKS

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

| CATEGORY #                          | DESCRIPTION OF CATEGORY   | Item description including make, model, serial no.if applicable, accessories if fitted, calibre in the case of a firearm | VALUE |
|-------------------------------------|---|--|-------|
| Unspecified                         | Wearing apparel and personal effects  |  | R     |
| Fishing/Boating                     | Rods, reels, tackle box and contents, kites and boating equipment   |  | R     |
| Diving gear                         | Scuba diving and snorkeling apparatus, equipment & spearguns  |  | R     |
| Firearms/Bows/<br>Precision airguns | Any rifle, shotgun, hand gun ( black powder or smokeless versions), recurve, long, compound, cross bow owned by you plus accessories.                   |  | R     |
| Camera/Optical                      | Photographic and Optical Equipment and accessories  |  | R     |
| Aerial                              | Parachute, Parasails, hang-gliders,<br>man-kite owned by you  |  | R     |
| Trail blazers                       | Bicycles such as racing, mountain, tandem, multi-seat versions  |  | R     |
| Bikers kit                          | Motorcycle gear and apparel   |  | R     |
| Non-motorized<br>craft              | Any non-motorised waterborne craft or apparatus such as surf boards, paddle-skis, canoes, kayaks, windsurfers, inflatables, water-ski's and tow devices |  | R     |
| Removable off-road accessories      | Removable 4WD/AWD vehicle fitments & accessories including spare wheels   |  | R     |
| Camping                             | Tents, sleeping bags, portable cooking equipment and other camping paraphernalia  |  | R     |

Select tick box above and specify below with value to be insured (note the unspecified and camping items are to be insured on a blanket value basis and where applicable non standard supplied caravan equipment/contents are to be insured in the same manner on a blanket value basis)

