



**Applicant and other insured's details**

	<b>Applicant</b>	<b>Co-insured 1</b>	<b>Co-insured 2</b>
Full name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
ID / passport number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Further details of applicant**

Work telephone:	<input type="text"/>	Home telephone:	<input type="text"/>
Fax number:	<input type="text"/>	Cellphone:	<input type="text"/>
Email:	<input type="text"/>	Postal address:	<input type="text"/>
Physical address:	<input type="text"/>		

**Policy details**

Inception date:	<input type="text"/>	Payment method:	Monthly debit order: <input type="checkbox"/>	Annual premium:	<input type="text"/>
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**Broker details**

Brokerage:	<input type="text"/>	Contact person:	<input type="text"/>
Cellphone:	<input type="text"/>	Email:	<input type="text"/>

**Monthly debit order collection date**

1st:  7th:  15th:

\*Please note collection will take place on the last working day before this date in the event of this date falling on a weekend or public holiday.

**General**

Have you ever been informed of cancellation of insurance, advised to arrange alternative insurance or refused renewal of insurance? Yes:  No:

If yes, give details:

If you are currently not insured but were previously, please provide the following:

Last date of insurance:  Insurer name:

Have you had any incidents in the past 3 years whether a claim was submitted or not? Please provide details below:

Type of loss	Year	Amount	Insurer

**Mark the insurance sections which you require**

**PART 1: PROPERTY AND PERSONAL ACCIDENT**

All risk:  Motorcycles:   
Trailers and caravans:  Water craft:   
Personal accident:

**PART 2: LIABILITY AND LEGAL**

Personal legal liability:  Extended personal legal liability:

**PART 1: PROPERTY AND PERSONAL ACCIDENT**

**ALL RISKS**

**Description:**

Clothing and personal effects (maximum R2 500 or 25% of the insured amount per item):

Stamp and coin collections:

Transport of groceries and household goods:

Keys, locks and remote control units:

**Sum insured:**

**Bicycles or wheelchairs:**

Make, model, serial number, description:

Make, model, serial number, description:

**Sum insured:**

**Mobile communication devices:**

Make, model, serial number, IMEI number:

Make, model, serial number, IMEI number:

Make, model, serial number, IMEI number:

Make, model, serial number, IMEI number:

**Sum insured:**

**Audiovisual equipment:**

Make, type, serial number:

Make, type, serial number:

**Sum insured:**

**Items in a bank vault:**

Description, serial number:

Description, serial number:

**Sum insured:**

**Other specified articles (cameras, jewellery or which exceeds R2 500):**

Description, serial number:

Description, serial number:

Description, serial number:

Description, serial number:

**Sum insured:**

**Computer equipment**

Make, model, serial number:

Computer equipment section - Portable or non-portable? Yes:  No:

Make, model, serial number:

Computer equipment section - Portable or non-portable? Yes:  No:

**Sum insured:**

**MOTORCYCLES**

**Motorcycle 1:**

**Motorcycle 2:**

Registered owner:

ID number:

**Nominated rider 1**

**Motorcycle 1:**

**Motorcycle 2:**

Full name:

Gender:		
Date of birth:		
ID number:		
License date of issue:		
License code:		

**Nominated rider 2**

**Motorcycle 1:**

**Motorcycle 2:**

Full name:		
Gender:		
Date of birth:		
ID number:		
License date of issue:		
License code:		

**Motorcycle details**

**Motorcycle 1:**

**Motorcycle 2:**

Year of manufacture:		
Make and model:		
Registration number:		
VIN number:		
Engine number:		

Class of use:	Private: <input type="checkbox"/>	Business: <input type="checkbox"/>
Type of cover:	Comprehensive: <input type="checkbox"/>	Limited (TP, F and T): <input type="checkbox"/>
	Third-party only: <input type="checkbox"/>	

Sum insured of motorcycle:		
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No-claim bonus (in years):		
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Motorcycle modified?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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Value of extras:		
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Extras description:		
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Factory fitted immobiliser?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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Motion sensor alarm?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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Tracking device fitted?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Make: <input type="text"/>
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Credit shortfall?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>
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Riot and strike (outside RSA and Namibia)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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Pillion liability (R250 000):	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>
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Where is the motorcycle parked overnight?		
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Where is the motorcycle parked during the day?		
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Tools, spare parts and travel accessories?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>
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Hire-purchase owner:		
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Hire-purchase number:		
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**TRAILERS AND CARAVANS**

**Trailer / caravan 1:**

**Trailer / caravan 2:**

Registered owner:		
ID number:		

**Trailer / caravan details**

Type:

Year of manufacture:

Make and model:

Registration number:

VIN number:

Type of cover: Comprehensive:  Limited (TP, F and T):   
 Third-party only:

Sum insured of caravan / trailer:

Where is trailer / caravan parked overnight?

Where is trailer / caravan parked during the day?

Contents of caravan / trailer? Yes:  No:  Amount:

Credit shortfall? Yes:  No:  Amount:

Riot and strike (outside RSA and Namibia)? Yes:  No:

Tools, spare parts and travel accessories? Yes:  No:

Hire-purchase owner:

Hire-purchase number:

**Trailer / caravan 1:**

Caravan:  Trailer:

Comprehensive:  Limited (TP, F and T):   
 Third-party only:

Yes:  No:  Amount:

Yes:  No:  Amount:

Yes:  No:

Yes:  No:

**Trailer / caravan 2:**

Caravan:  Trailer:

Comprehensive:  Limited (TP, F and T):   
 Third-party only:

Yes:  No:  Amount:

Yes:  No:  Amount:

Yes:  No:

Yes:  No:

**WATERCRAFT**

Registered owner:

ID number:

**Watercraft details**

Skipper's license date issued and code:

Year of manufacture:

Type of craft:

Make / hull class:

Model:

Registration number and SAMSA number:

Glitter finish? Yes:  No:

Length of hull (meters):  Maximum speed (knots):

Name of craft:

Sum insured of craft:

Outboard motors? Yes:  No:  Amount:

Make / model:

Engine capacity:

Horse power:

Engine number:

Specified accessories? Yes:  No:

Value of accessories:

Accessories description:

Place of use: Inland:  Sea:

**Watercraft 1:**

**Watercraft 1:**

Yes:  No:

Maximum speed (knots):

Yes:  No:

Inland:  Sea:

**Watercraft 2:**

**Watercraft 2:**

Yes:  No:

Maximum speed (knots):

Yes:  No:

Inland:  Sea:

Tracking device fitted?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Make: <input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Make: <input type="text"/>
Housing of watercraft:	<input type="text"/>			<input type="text"/>		
Credit shortfall?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>
Riot and strike (outside RSA and Namibia)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Sailing craft racing risk?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Passenger liability (R500 000)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Water-skiers liability (R250 000)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Parasail liability (R250 000)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Hire-purchase owner:	<input type="text"/>			<input type="text"/>		
Hire-purchase number:	<input type="text"/>			<input type="text"/>		

**PERSONAL ACCIDENT**

	Insured 1	Insured 2	Insured 3
Full name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relation to applicant:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Death / permanent disablement limit: (R1 000 - R1 000 000)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temporary total disablement (weekly):	Amount: <input type="text"/> Weeks: <input type="text"/>	Amount: <input type="text"/> Weeks: <input type="text"/>	Amount: <input type="text"/> Weeks: <input type="text"/>
Medical expenses:	Amount: <input type="text"/>	Amount: <input type="text"/>	Amount: <input type="text"/>

**PART 2: LIABILITY AND LEGAL**

**PERSONAL LEGAL LIABILITY**

Personal legal liability (R5 000 000)? Yes:

**EXTENDED PERSONAL LEGAL LIABILITY**

Yes:  No:  If yes, for which amount? R10 000 000:  R20 000 000:

**LEGAL COSTS**

Yes:  No:  If yes, for which amount? R20 000:  R30 000:  R40 000:

**IDENTITY THEFT**

Yes:  No:  If yes, for which amount? R20 000:  R30 000:  R40 000:

**Declaration**

I / We declare that: I / We will give immediate notice to the insurer of any alteration of the risk herein submitted. I / We have not concealed any material facts which should be communicated to the insurer and agree that all information supplied by me is true and correct, and I / we understand that should this information ever be proved to be false or untrue, it may lead to the denial of any liability and cancellation of my cover. I / We agree that this proposal form and quote shall be the basis of the contract of insurance hereby applied for. I / We are willing to accept a policy subject to the terms and conditions contained therein and I / we understand that no insurance will be in force until IUM has signified acceptance of this proposal in writing to your broker.

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Full name	Capacity	Date	Signature