



**PERSONAL
PROPOSAL FORM**

Applicant

Inception date:	<input type="text"/>	Date of birth:	<input type="text"/>	Email:	<input type="text"/>
Title:	<input type="text"/>	Gender:	<input type="text"/>	Postal address:	<input type="text"/>
Surname:	<input type="text"/>	Marital status:	<input type="text"/>	Physical address:	<input type="text"/>
Name:	<input type="text"/>	Telephone:	<input type="text"/>		
ID/passport:	<input type="text"/>	Cellphone:	<input type="text"/>		

Co-insured

Title:	<input type="text"/>	Date of birth:	<input type="text"/>	Marital status:	<input type="text"/>
Name:	<input type="text"/>	ID/passport:	<input type="text"/>	Gender:	<input type="text"/>

* Thatch risks are specifically excluded. Buildings with thatch lapas are only accepted if the thatch lapa size is less than 20m², more than 5m from the main structure and 2m from an electric fence.

Building 1:

Risk address:	<input type="text"/>	Roof construction:	<input type="text"/>	Days unoccupied:	<input type="text"/>
Sum insured:	<input type="text"/>	Wall construction:	<input type="text"/>	Accidental damage:	<input type="text"/>
Dwelling type:	<input type="text"/>	No. of geysers:	<input type="text"/>	Power surge:	<input type="text"/>
Residence use:	<input type="text"/>	Thatch lapa:	<input type="text"/>	Bond holder:	<input type="text"/>
		Meters from house:	<input type="text"/>	Bond acc. number:	<input type="text"/>

Contents 1:

Risk address:	<input type="text"/>	Roof construction:	<input type="text"/>	Accidental damage:	<input type="text"/>
Sum insured:	<input type="text"/>	Wall construction:	<input type="text"/>	Power surge:	<input type="text"/>
Voluntary excess:	<input type="text"/>	Property adjacent to open area:	<input type="text"/>	Mechanical/electronic breakdown:	<input type="text"/>
Dwelling type:	<input type="text"/>	Thatch lapa:	<input type="text"/>	Home industry:	<input type="text"/>
Residence use:	<input type="text"/>	Meters from house:	<input type="text"/>	Type of industry:	<input type="text"/>
		Days unoccupied:	<input type="text"/>	Stock in trade sum insured:	<input type="text"/>

Contents Security

* House contents minimum security requirements are as follows:
- Burglar bars on all opening windows and security gates on all external doors.
- If the sum insured is over R500 000 the minimum security requirement is an installed alarm linked to a 24 hour armed response.

Burglar bars:	<input type="text"/>	Sliding doors:	<input type="text"/>	Security complex:	<input type="text"/>
Security gates:	<input type="text"/>	Boundary walls:	<input type="text"/>	Alarm:	<input type="text"/>

All Risks

Description and serial number:	Sum insured:	Description and serial number:	Sum insured:
Unspecified clothing and personal effects (25% of the insured amount per item):	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vehicles

* Vehicles valued over R350 000 are required to be fitted with a satellite tracking and recovery device. It is compulsory for the following types of vehicles to have tracking and recovery devices installed: Toyota – Hilux, Fortuner, Hi-ace, Quantum, single cabs, double cabs and panel vans; Volkswagen – All Polo and Golf models manufactured after 2002.

	Vehicle 1:	Vehicle 2:	Vehicle 3:
Registered owner:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Regular driver:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drivers licence code:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year licence was first issued:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Risk address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle finance house:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contract number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of manufacture:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Make:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Model:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
VIN number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle sum insured:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle modified:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional vehicle extras value:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description of extras:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of cover:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class of use:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tracking & recovery device:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overnight parking:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit shortfall:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit shortfall sum insured:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car hire:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Excess assist:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Flat excess:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pothole-sure:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Extended personal legal liability

Insurance Declaration

Have you or any driver of the vehicle/s ever been convicted of any offence under the Road Traffic Act 93 of 1996 in the past 5 years:

If yes, provide details:

Have you or any driver of the vehicle/s had any civil or criminal judgements against you in the past 5 years:

If yes, provide details:

Currently insured:

If yes, name of Insurer:

Policy number:

Has an Insurer at any time:

Declined your insurance:

Imposed special terms:

Refused to renew policy:

Cancelled your policy:

If yes, name of Insurer:

Policy number:

Reason:

Number of claims in the last three years:

Please provide details of all previous incidents in the past 3 years whether a claim was submitted or not:

Type of loss	Year	Amount	Insurer

I/We declare that no material facts which should be communicated to the insurer have been concealed, that the particulars and declarations in this quotation are true, correct and complete in that it includes all information known to me/us which concerns the risk to be insured and that any other written declaration made by or on behalf of me/us for the sake of the requested insurance will be binding and incorporated as the foundation of the agreement between me/us and Insurance Underwriting Managers (Pty) Ltd ("IUM"). I/We furthermore 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 and; I/We agree that this proposal form and quote shall be the basis of the contract of insurance hereby applied for and that I/We will give immediate notice to the insurer of any alteration of the risk herein submitted and; I/We are willing to accept a policy subject to the terms and conditions contained therein and declare that only those policy sections included in the quotation are required and will apply and I/We understand that no insurance will be in force until IUM has signified acceptance of this proposal in writing to your broker.

Full name

Capacity

Date

Signature

Debit Order Authority

Account holder full name:

Name of bank:

Account type:

Branch code:

Name of branch:

Account number:

Payment date:

I/we hereby request and authorise Insurance Underwriting Managers (Pty) Ltd ("IUM") and/or their collection agent(s) to draw against the above-mentioned account (or any other bank or branch whom I/we may transfer my/our Account) the amount necessary for the payment of the monthly premiums due to IUM in respect of the applicable insurance herein in accordance with the above-mentioned information as provided by me/us each consecutive month calculated from the commencement date of the insurance. All future payments and withdrawals from my/our bank shall be treated as though they had been signed by me/us personally.

That all withdrawals herein will be processed via a computer system known as ACB magnetic tape service, and furthermore understand and accept that the details of each withdrawal will be printed on my/our bank account statement or on an accompanying voucher (if applicable) and; to pay any bank charges relating to this debit order instruction and; Should the debit order collection date fall on a weekend or RSA public holiday, such withdrawal/payment will be executed the next ordinary business day thereafter and; this authority may be either cancelled by me/us or IUM by giving 30 (thirty) days written notice; however I/we shall not be entitled to any refund of amounts which IUM and/or their collection agent(s) have withdrawn while this authority was in force if such amounts are legally owing to IUM and; to authorise IUM and/or their collection agent(s) to deposit directly to the above-mentioned account, any amount/s which may be legally owing to me/us for whatever reason either in respect of any refund premiums of any amounts due to me/us in settlement of any claim and; the amount debited may vary from time to time in order to reflect any changes in cover, risk, sums insured and/or applicable premium rates as determined by IUM.

Full name

Capacity

Date

Signature