

SHORT TERM INSURANCE APPLICATION FORM



Telephone: (011) 640-3188 Facsimile: (011) 640-6524
Physical Address: 334 Louis Botha Avenue, Orange Grove, 2192
Postal Address: P O Box 46293. Orange Grove. 2119

IMPORTANT: Cover under this policy will only commence after the proposal has been approved and a policy number has been issued.

Policy No:		Broker:	
Agent No:		Inception Date:	
Home Language:		Insurer:	

PERSONAL DETAILS

Title:		Initials:		Surname:	
ID No:				Date of Birth:	
Occupation:				Marital Status:	
Postal Address:					
	Postal Code:				
Residential Address:					
	Postal Code:				
Tel No:				Fax No:	
Cell No:				Email:	

BANKING DETAILS / BANK BESONDERHEDE

Bank Name:	
Branch:	
Branch Code:	
Account Holder:	
Account Type:	
Account Number:	

I hereby authorise the monthly premiums to be debited from my bank account stated above and to adjust debits as necessary due to changes in cover, sums insured or premiums, by the Specialised Premium Collection Company appointed by AFRIC-COVER.

SIGNATURE OF ACCOUNT HOLDER: _____ **DATE:** _____

GENERAL

Has any insurer ever refused any proposal of yours, cancelled any policy (or section thereof) refused to renew or imposed any special conditions?		
YES	REASON:	NO

PREVIOUS AND CURRENT INSURANCE DETAILS FOR THE PAST THREE YEARS

1. Insurer:		Broker:	
Policy Number:			
Period Insured:	From:		To:

2. Insurer:		Broker:	
Policy Number:			
Period Insured:	From:		To:

3. Insurer:		Broker:	
Policy Number:			
Period Insured:	From:		To:

**PREVIOUS AND CURRENT CLAIMS/LOSSES –
WETHER INSURED OR NOT DURING THE PAST THREE YEARS**

Date of Loss	Description of loss	Amount claimed	Insurer

DECLARATION

I/We hereby declare that all the particulars and statements disclosed in respect of this proposal is true and that all information is disclosed to the best of my/our knowledge. I/we understand and accept that this information supplied by me/us will have a direct influence on whether the insurance applied for will be accepted or be declined by the Company. Non-disclosure may result in the repudiation of a claim or the policy or any part thereof can be declared null and void. I/we herewith agree that the monthly premiums must be paid in advance and that it is my/our responsibility to make sure that the premiums are paid in time.

Signed at _____ on the _____ day of _____ 200__

SIGNATURE OF INSURED: _____ **DATE:** _____

HOUSEOWNERS (Building)

Risk Address 1:							
							Postal Code:
	Sum Insured:					Premium:	
Wall Construction:					Roof structure:		
Subsidence and Landslide:	Yes	No	Occupied by Whom:				
Type of Dwelling:	Private House:			Town House:			Flat:
Will the residence be unoccupied for a period longer than 60 days in any one calendar year? If yes, please state number of days:							
Risk Address 2:							
							Postal Code:
	Sum Insured:					Premium:	
Wall Construction:					Roof structure:		
Subsidence and Landslide:	Yes	No	Occupied by Whom:				
Type of Dwelling:	Private House:			Town House:			Flat:
Will the residence be unoccupied for a period longer than 60 days in any one calendar year? If yes, please state number of days:							
TOTAL PREMIUM							R

HOUSEHOLDERS (Contents)

Risk Address 1:							
							Postal Code:
Non Claim Bonus :		Sum Insured:					Premium:
Wall Construction:					Roof structure:		
Type of Dwelling:	Private House:			Town House:			Flat:
Will the residence be unoccupied for a period longer than 60 days in any one calendar year? If yes, please state number of days:							
Risk Address 2:							
							Postal Code:
Non Claim Bonus :		Sum Insured:					Premium:
Wall Construction:					Roof structure:		
Occupied by Whom:							
Type of Dwelling:	Private House:			Town House:			Flat:
Will the residence be unoccupied for a period longer than 60 days in any one calendar year? If yes, please state number of days:							
TOTAL PREMIUM							R

ACCIDENTAL DAMAGE / TOEVALLIGE BREEKSKADE

R 20 000.00 Cover Included)	Limited to R5 000 anyone item
TOTAL PREMIUM	R FREE

QUESTIONS TO BE ANSWERED BY THE PROPOSER (HOUSE CONTENTS & BUILDING SECTIONS)
All questions must be answered completely

1. Will you be going on holiday within the next 30 days? If yes, please give details.

YES		NO
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2. Is anybody else except your immediate family residing with you? If yes, please describe.

YES		NO
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3. In the case of a thatch roof, do you make use of any fire retarding method i.e. lightning conductor or is the thatch treated in accordance with SABS Fire Safety Regulations? If so, please provide details.

YES		NO
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4. Where is the dwelling situated?

Plot		New extension		Farm		Established area	
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5. Is there any of the following in the immediate vicinity of the home?

Open premises		Squatter camps		Open field		Golf course		Parks	
Highway		Railway Line		Shops		Buildings under construction			

6. Is there burglar proofing and security gates in front of:

All opening windows		All windows		All outside doors		Some outside doors	
If not, please give details:							

7. In the case of sliding doors, French doors or swivel doors, are these protected by additional security other than the normal locking mechanism?

YES		NO	
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Please give details: _____

8. Is there a burglar alarm system with 24 hr Armed Response installed in the house and is it in a working condition?

YES		NO	
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Please give details: _____

9. Is the property fully fenced? If yes, please describe type and the height of fencing:

YES		NO
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MOTOR VEHICLE, MOTORCYCLE, TRAILER AND CARAVAN

		1	2	3
1	Type (caravan, motorcycle, sedan etc) :			
2	Make:			
3	Model & cubic capacity:			
4	Engine no:			
5	Chassis no:			
6	Year manufactured:			
7	Registration no:			
8	Insured Amount (including accessories as listed in 9):	R	R	R
9	Non standard accessories:	R	R	R
10	COVER:			
	Comprehensive:			
	3rd party, fire & theft:			
	3rd party only:			
11	No claim bonus:			
12	Registered owner:			
	Date of Birth:			
13	Principal driver:			
14	Occupation:			
15	REGULAR DRIVER:			
	Age:			
	Date of birth:			
	Initials and Surname:			
	Male			
16	Licence longer than 2 Years – Yes/No:			
17	Ever been convicted of any driving offences:			
18	Suffer from any defective vision, hearing, physical or mental infirmity?			
19	USE:			
	Private use:			
	Business use:			
20	Is vehicle kept in a locked garage at night?			
	If not, please provide details:			
21	Make and type of anti-theft device:			
22	IS THE VEHICLE:			
	Imported:			
	Turbo charged:			
	Modified:			
	Specially adapted:			
	Subject to a Finance Agreement?			

Is there any information which may affect the risk or effect the acceptance of the risk proposed for? If YES please describe:	YES		NO	
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TOTAL PREMIUM:		R	R	R

IMPORTANT: Non Standard Caravan Contents must be specified under the All Risk Section to enjoy cover.

IMPORTANT: The insurer will not be liable for the loss or damage to motor vehicle or sound equipment fitted to the vehicle if the Insured can not provide a copy of the compulsory vehicle inspection report done within 48 hours from inception of cover by an approved inspection centre. A purchase invoice for vehicles registered as new would also suffice.

OPTIONAL COVER IF REQUIRED

CREDIT SHORTFALL	1	2	3
Vehicle Reg:			
Sum insured:			
TOTAL PREMIUM	R	R	R

LOSS OF USE (CAR HIRE)

	1	2	3
Total Loss only:			
Full Cover:			
TOTAL PREMIUM	R	R	R

BASIC EXCESS WAIVER	1	2	3
Vehicle:			
TOTAL PREMIUM	R	R	R

WATERCRAFT (RECREATIONAL USE ONLY)

Make:		Length of Hull:		Sail:		Ski:		Motor:	
Make and model of outboard motor:		Outboard engine no:		Horse power:		Maximum speed:			
Where do you keep the boat?			Where do you use the boat?						
Registered owner:			Finance Company:			Branch:			
Value of Hull and fixed equipment:		Value of outboard motors:		Value of the sail, mast & tackle:		Insured amount:			
R		R		R		R			
TOTAL PREMIUM						R			

WATER CRAFT TRAILER

Make and model of trailer:	Trailer registration no:	Value of trailer:
		R
TOTAL PREMIUM		R

PERSONAL ACCIDENT (INCLUDED)

INSURED & SPOUSE	INSURED AMOUNT
	R20 000
TOTAL PREMIUM	FREE

- **Death Benefit – R20 000 ()**
Permanent Disablement – As per table of benefits (%) FREE

ADDITIONAL PERSONAL ACCIDENT COVER

Persons to be insured:	1	2	3
1 Name:			
2 Date of Birth:			
3 Occupation:			

BENEFITS REQUIRED / VOORDELE VERLANG

Additional Death & Disability cover (Maximum of further R50 000 cover available)	R	R	R
TOTAL PREMIUM	R		

(Limited to insured age 18 to 69 years old)

PUBLIC LIABILITY / PUBLIEKE AANSPREEKLIKHEID

Standard Limit	R2 500 000 (Regent)	FREE / GRATIS
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SASRIA COVER (POLITICAL RIOT)

SASRIA cover will automatically be arranged
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**AFRIC-COVER ASSIST PRODUCTS
(24 Hours a day)**

MEDICAL ASSISTANCE:	
ROADSIDE ASSISTANCE:	
HOUSEHOLD ASSISTANCE:	
LEGAL ASSISTANCE:	
HIV PERSONAL PROTECTION:	
TOTAL PREMIUM	R13.55

The above mentioned products are automatically part of the comprehensive package. Afric-Cover Assist offers a 24 hour assistance, 7 days a week.

The cost of service providers for the above products must be arranged via the call centre at 011 640-3188.

SUB TOTAL:	
ADMIN FEE:	
COMPUTER FEE:	R12-00
SASRIA:	
BROKER FEE:	
TOTAL PREMIUM:	

DECLARATION

I/we hereby warrant that all the above particulars and statements, regarding this proposal, are true and complete in every respect and contain all information known to me/us affecting the risks under the sections to be insured, whether completed in my handwriting or not, and any other written statement made by me/us, or on my/our behalf for the purpose of the insurance proposed for. This shall be the basis of and incorporated in the contract between me/us and the Insurer and no material fact has been withheld. I/We understand that no cover will be in force until this proposal has been accepted by the Company's Authorised Assignee.

Signed at _____ **on the** _____ **day of** _____ **200** _____

SIGNATURE OF INSURED: _____