

SHORT TERM INSURANCE POLICY APPLICATION FORM

MOTOR ONLY POLICY 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:		Broker:	
Agent:		Insurer:	
Home Language:		Inception Date:	
(Please mark Product Option with an 'X')			
Product Option	General Motor:	Privately owned Commercial LDV, Farmer:	
PERSONAL DETAILS			
Title:	Initials:	Surname:	
Id No:		Date of Birth:	
Occupation:		Marital Status:	
Postal Address:			
		Code:	
Residential Address:			
		Code:	
Tel No:		Fax No:	
Cell No:		Email:	
BANKING DETAILS			
Bank Name:			
Branch:			
Branch Code:			
Account Holder:			
Account Type:			
Account Number:			

DECLARATION	
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:	Until:	
2. Insurer:		Broker:	
Policy Number:			
Period Insured:	From:	Until:	
3. Insurer:		Broker:	
Policy Number:			
Period Insured:	From:	Until:	
PREVIOUS AND CURRENT CLAIMS/LOSSES WETHER INSURED OR NOT DURING THE PAST THREE YEARS			
Date of Loss:	Description of loss:	Amount claimed:	Insurer:

DECLARATION
<p>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 the 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, 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.</p> <p>Signed at _____ on the _____ day of _____ 20__</p> <p>SIGNATURE OF INSURED: _____</p>

MOTOR VEHICLE		
1	Type (e.g. Sedan, LDV)	
2	Make	
3	Model And cubic capacity	
4	Engine no	
5	Chassis no	
6	Year manufactured	
7	Registration no	
8	Insured amount	
9	Non standard accessories (i.e. mags)	
10	COVER: Comprehensive	
11	No claim bonus	
12	Registered owner	
	Date of Birth	
13	Occupation	
14	REGULAR DRIVER: Age	
	Date of birth	
	Mature driver (age 55+)	
	Lady driver (age 30+)	
15	Licence longer than 2 years – Yes/no	
16	USE: Private use	
	Commercial, Farmer (please provide details)	
	Business use	
17	Is vehicle kept in a locked garage at night? If not, please give details	
18	Make and type of anti-theft device	
19	IS THE VEHICLE: Imported	
	Turbo charged	
	Modified / Specially adapted	
<p>Is there any information which may affect the risk or effect the acceptance of the risk proposed for? If YES please describe.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
TOTAL PREMIUM		R

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.

ADDITIONAL COVER IF REQUIRED**CREDIT SHORTFALL**

Vehicle		
Sum insured		R
	TOTAL PREMIUM	R

VEHICLE RADIO

Make and Model	Sum Insured	Premium
	R	R

LOSS OF USE (CAR HIRE)

Total Loss only	
Full Cover	
	TOTAL PREMIUM R

BASIC EXCESS WAIVER

Vehicle	
	TOTAL PREMIUM R

SASRIA COVER (POLITICAL RIOT)

SASRIA cover will automatically arranged

AFRIC-COVER ASSIST PRODUCTS (24 Hours a day)

Medical Assistance	Roadside Assistance	HIV Personal Protection
		TOTAL PREMIUM R 12.00

The above mentioned products are automatically part of the comprehensive package. AFRIC-COVER offers 24 hour assistance, 7 days a week. The cost of service providers for the above products must be arranged via our call centre at 011 640 3188.

Sub total:	R
Admin fee:	R
Computer fee:	R R12-00
SASRIA:	R
Broker fee:	R
TOTAL PREMIUM	R

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 _____ 20_____

SIGNATURE OF INSURED: _____