

## PERSONAL PROPOSAL FORM

The Personal Policy can be issued only in the name of an individual and not in a company name or a CC  
Wherever the word 'you' appears, it means the insured

Title	Initials	Surname	Date of birth
ID number	Passport number (if non-SA resident)		
Occupation			
Postal address			Post Code
Telephone Work (code)	Home (code)	Cell	
Fax number (code)	E-mail address		

**PAYMENT OPTIONS AND BANKING DETAILS** Please **mark** the appropriate blocks

Premium payment method	Annually	Monthly debit order
If paying monthly, date for the debiting of premiums		

## DEBIT ORDER ACCOUNT

Bank	_____	Branch	_____	Branch code	_____
Account number	_____	Account holder name	_____		
Type of account	Transmission				
	Cheque				
	Savings				
			Account holder Signature		Date

**GENERAL INFORMATION** Please complete (applicable to all sections)

Inception date of this insurance	_____	Language preferred	Eng	Afr
Are you 55 or older and not gainfully employed			YES	NO

## Physical address of your private residences

<b>Residence (1)</b>	<b>Residence (2)</b>
_____	_____
Post code	Post code

**To be completed if cover is required for Household Goods, Buildings or the All Risks Sections**

SITUATION OF RESIDENCE		RESIDENCE 1		RESIDENCE 2	
Smallholding/Plot/Farm		YES	NO	YES	NO
Security village		YES	NO	YES	NO
Retirement complex		YES	NO	YES	NO
Enclosed access-controlled area		YES	NO	YES	NO
Residential area, no access control		YES	NO	YES	NO
Are there any of the following within 1km radius	Informal settlement	YES	NO	YES	NO
	Taxi rank	YES	NO	YES	NO

From which date have you lived at the residence

## CONSTRUCTION and SITUATION OF RISK

	RESIDENCE 1		RESIDENCE 2	
Is the roof of standard construction (i.e. slate, tiles, asbestos, concrete, corrugated iron or metal)	YES	NO	YES	NO
Is the roof constructed of thatch	YES	NO	YES	NO
If Yes, is an SABS-approved lightning mast installed	YES	NO	YES	NO
If neither of the above, please specify the roof construction				
Are the main walls constructed of				
• brick, stone or concrete	YES	NO	YES	NO
• timber, part timber, framed metal	YES	NO	YES	NO
• asbestos	YES	NO	YES	NO
• fibreglass	YES	NO	YES	NO
Is there a thatch lapa situated on the premises	YES	NO	YES	NO
<b>If Yes, Thatch questionnaire to be completed</b>				
Is the residence situated close to water	YES	NO	YES	NO
If Yes, how far? Indicate whether it is a dam, sea, river, lake, stream, etc.				

## WHAT TYPE OF HOME DO YOU HAVE

Detached house/cottage	YES	NO	YES	NO
Semi-detached house/cottage	YES	NO	YES	NO
Apartment/flat (ground or first floor)	YES	NO	YES	NO
Apartment/flat (above first floor)	YES	NO	YES	NO

## OCCUPATION (Residences occupied as communes are not acceptable)

Will the residence be left unoccupied				
• for more than 7 consecutive days within the first 30 days	YES	NO	YES	NO
• during working hours	YES	NO	YES	NO
• for more than a total of 60 days per year	YES	NO	YES	NO
Is the residence a holiday home	YES	NO	YES	NO
Will the residence be rented or let out	YES	NO	YES	NO
If Yes, provide details				

## SECURITY

Are all opening windows burglar-barred	YES	NO	YES	NO
Are all fixed windows burglar-barred	YES	NO	YES	NO
Does any outbuilding or garage adjoining the residence have an interleading door	YES	NO	YES	NO
If Yes, is this door protected by an alarm or security gate	YES	NO	YES	NO
Are external access doors fitted with security gates	YES	NO	YES	NO
Are external sliding doors fitted with security gates or frame-mounted key-operated locking bolts	YES	NO	YES	NO
Is the perimeter of your property walled/fenced with a wall or steel fence of at least 1.8m in height	YES	NO	YES	NO
Are there full-time security guards on your property	YES	NO	YES	NO
Is the residence protected with an approved alarm system linked to a 24-hour control room with armed response	YES	NO	YES	NO
If Yes, attach documentary proof from service provider				

### HOUSEHOLD GOODS

	RESIDENCE 1		RESIDENCE 2	
Do you require this insurance	YES	NO	YES	NO
Sum insured: Insure for new replacement costs	R _____		R _____	
Cover required    Full        Restricted        Are parts of the premises used for business purposes	YES	NO	YES	NO
<b>If Yes, complete the Business Run from Home questionnaire</b>				
Are you entitled to a claim-free group	YES	NO	YES	NO
If Yes, state number of years	_____		_____	

### ADDITIONAL COVER YOU CAN CHOOSE

#### ACCIDENTAL DAMAGE

Do you require cover?	Sum insured	R _____	YES	NO	YES	NO
-----------------------	-------------	---------	-----	----	-----	----

### BUILDING

Do you require this insurance	YES	NO	YES	NO
Sum insured: Insure buildings and outbuildings for replacement value	R _____		R _____	
Is the building bonded and do you require the bondholder's interest noted	YES	NO	YES	NO
If Yes, provide details of bondholder and account number _____				
Are parts of the premises used for business purposes	YES	NO	YES	NO
<b>If Yes, complete the Business Run from Home questionnaire</b>				
Subsidence and Landslip cover required	YES	NO	YES	NO
<b>If Yes, complete the Subsidence and Landslip questionnaire</b>				

### ALL RISKS

Do you require this insurance	YES	NO
<b>General All Risks:</b> Property normally carried or worn on the person (minimum R5 000)	R _____	
<b>Specific All Risks:</b> Car radio/tape players/CD players, contact lenses, bicycles, laptops, firearms, cellular phones must be specified regardless of value		

Articles kept permanently in a bank safe deposit box must be specified (mark appropriate box to indicate that the item is kept in a bank safe). Please attach an invoice or valuation certificate for each specified item.

	Bank Safe	
Where applicable, include serial number of specified items. Describe items fully and accurately.		
1. _____	R _____	YES    NO
2. _____	R _____	YES    NO
3. _____	R _____	YES    NO
4. _____	R _____	YES    NO

### MOTOR VEHICLES

Must be completed if cover is required for motor vehicle, motorcycle or trailer/caravan vehicles.

A copy of the licence/registration papers must be attached for each vehicle for which cover is required.

INFORMATION ABOUT THE DRIVER OF THE VEHICLE	MOTOR VEHICLE 1		MOTOR VEHICLE 2	
Specify the vehicle registration number for which the driver information is completed	_____		_____	
Are you or your spouse the registered owner	YES	NO	YES	NO
If No, state the name of the registered owner	_____		_____	

Name and gender of usual driver

M

F

M

F

Relationship of the usual driver to you

Date of birth of the usual driver

ID number of the usual driver

Occupation of the usual driver

**Indicate the type of driver's licence the usual driver holds:**

- licence issued in RSA
- learner's licence issued in RSA
- international driver's licence
- none

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

Year in which licence of the usual driver was first obtained

**Does the usual driver or any person who may drive the vehicle:**

- suffer from defective vision, hearing or from any physical or mental infirmity

YES

NO

YES

NO

If Yes, provide details

- have a conviction or paid an admission of guilt fine for a driving offence in the past 3 years or is there any prosecution pending

YES

NO

YES

NO

If Yes, provide details

- does the usual driver reside at the same risk address

YES

NO

YES

NO

If No, provide details of risk address where vehicle will be kept overnight

### MOTOR VEHICLE

Do you require this insurance

YES

NO

YES

NO

Retail value (include finance costs)

R

R

Registration number

Make and model

Year of manufacture

Engine number

VIN number

Is the vehicle imported

YES

NO

YES

NO

Has the vehicle been modified to alter the performance level

YES

NO

YES

NO

If Yes, provide the following modifications

Tare

Tare

Kilowatt

Kilowatt

**Cover required**

Comprehensive

YES

YES

Third Party Fire and Theft

YES

YES

Third Party only

YES

YES

<b>Class of use</b>	Private	YES	YES		
	Private and work	YES		YES	
	Private, work and business	YES		YES	
Has the usual driver had any claims		YES	NO	YES	NO
<b>If Yes, indicate the number of claims:</b>					
• number of claims in previous 12 months					
• number of claims in previous 13 to 24 months					
• number of claims in previous 25 to 36 months					
If Yes, state number of years and provide proof of qualification of NCB					
Is the vehicle fitted with a security system installed by the vehicle manufacturers (VSS/Vesa)		YES	NO	YES	NO
Is the vehicle fitted with a Vesa-approved/VSS-approved	• immobiliser	YES	NO	YES	NO
	• gear lock	YES	NO	YES	NO
	• tracking and recovery device:				
	– early warning	YES	NO	YES	NO
	– passive	YES	NO	YES	NO
<b>If Yes, attach a copy of the certificate from the service provider</b>					
Where is the vehicle kept overnight:					
• locked garage		YES	NO	YES	NO
• on pavement/in street		YES	NO	YES	NO
• in yard, no locked gates		YES	NO	YES	NO
• in yard, with locked gates		YES	NO	YES	NO
• in yard, with locked gates and under cover		YES	NO	YES	NO
• in open parking lot		YES	NO	YES	NO
• in basement with electronic access		YES	NO	YES	NO
• in basement without electronic access		YES	NO	YES	NO
• access-controlled area		YES	NO	YES	NO
If No, indicate where the vehicle will be kept overnight					
Provide the suburb and postal code where the vehicle is parked overnight					
Is the vehicle a light delivery vehicle (LDV)		YES	NO	YES	NO
Is the vehicle a minibus/kombi/microbus		YES	NO	YES	NO
Does the vehicle or the windscreen have existing damage		YES	NO	YES	NO
If Yes, provide details					
Is the vehicle subject to a credit or similar agreement		YES	NO	YES	NO
If Yes, state Bank and Account number					

Do you wish to insure any non-standard accessories YES NO YES NO  
Supply list and value of each item

1. _____ R _____	2. _____ R _____	
3. _____ R _____	4. _____ R _____	
5. _____ R _____	6. _____ R _____	

#### ADDITIONAL COVER YOU CAN CHOOSE

##### COVER APPLICABLE TO COMPREHENSIVE MOTOR VEHICLE ONLY

Do you require car hire following accident/theft/hi-jack	YES	NO	YES	NO
Manual	YES	NO	YES	NO
Automatic	YES	NO	YES	NO

#### MOTORCYCLE

Do you require this insurance			YES	NO
Retail value (include finance costs)	R _____	Registration number	_____	
Make and model	_____	Year of manufacture	_____	
Engine number	_____	VIN number	_____	
Is the motorcycle imported			YES	NO
Has the vehicle been modified to alter the performance level			YES	NO

If Yes, provide details \_\_\_\_\_

<b>Cover required</b>	Comprehensive	Third Party only	Third Party Fire & Theft
<b>Class of use</b>	Private (to and from work only)	Private and work	

Is the vehicle a two-wheeled cycle	YES	NO
------------------------------------	-----	----

If No, provide details \_\_\_\_\_

Is there any existing damage to the vehicle	YES	NO
---	-----	----

If Yes, provide details \_\_\_\_\_

Occupation of usual driver	_____	
----------------------------	-------	--

Is the usual driver entitled to a no-claim bonus or claim-free group	YES	NO
--	-----	----

If Yes, state number of years and provide proof of qualification of NCB \_\_\_\_\_

Is the vehicle kept in a locked garage/enclosed carport overnight	YES	NO
---	-----	----

If No, indicate where the vehicle will be kept overnight \_\_\_\_\_

Is the vehicle fitted with a security system installed by the vehicle manufacturers (VSS/Vesa-compliant)	YES	NO
--	-----	----

Is the vehicle fitted with a Vesa-approved/VSS-approved	• immobiliser	YES	NO	• tracking and recovery device	YES	NO
---	---------------	-----	----	--------------------------------	-----	----

**If Yes, attach a copy of the certificate from the service provider**

Do you wish to insure any non-standard accessories Supply list and value of each item	YES	NO
--	-----	----

1. _____ R _____	2. _____ R _____	
3. _____ R _____	4. _____ R _____	
5. _____ R _____	6. _____ R _____	

Is the vehicle subject to a credit or similar agreement	YES	NO
---	-----	----

If Yes, state Bank and Account number \_\_\_\_\_

### TRAILER/CARAVAN

Do you require this insurance		YES	NO
Retail value (include finance costs)	R	Registration number	
Make and model		Year of manufacture	
VIN number			
Is the trailer/caravan usually kept under cover and behind locked gates overnight		YES	NO
If No, provide details			
Is the trailer/caravan subject to credit agreement		YES	NO
If Yes, state Bank and Account number			

### PERSONAL ACCIDENT

Do you require this insurance		YES	NO
<b>Persons to be insured (We cannot offer this cover to persons over the age of 75)</b>			
Name & gender	M	F	
Date of birth			
Occupation			
ID number			
Relationship to you			
<b>Benefits required</b>			
Death (compulsory benefit)	R	R	
Permanent disablement	R	R	
Maximum not to exceed the death benefit			
Temporary total disablement (max 104 weeks)	R	per week	
		R	per week
<b>Medical benefit:</b> Has any person to be insured sustained a recent physical injury (e.g. broken limb)		YES	NO
If Yes, provide details			
Does any person to be insured suffer from defective vision or hearing or from any physical or mental infirmity		YES	NO
If Yes, provide details			
What is the occupation of the person to be insured			
Does the person to be insured take part in dangerous sporting activities		YES	NO
(parachuting, skydiving, bungi-jumping, bridge-jumping, hang-gliding, paragliding, polo, steeple-chasing, rugby, sports of any kind on ice or snow, ice hockey, wrestling, martial arts, scuba-diving, or waterskiing, speed or endurance tests or racing (other than on foot, flying other than as a passenger in a licensed passenger-carrying aircraft piloted by a duly qualified person, big-game hunting or mountaineering where the use of ropes or a guide is necessary)			
Do you wish to nominate a beneficiary		YES	NO
If Yes, state name and ID number			

### PLEASURE-CRAFT

Do you require this insurance						YES	NO
Name of pleasure-craft			Make and model				
Type of pleasure-craft	Rubber-duck	Windsurfer	Jet-ski/Wet-bike	Motor-boat (max speed 60kph)			
	Sailing craft	Motor boat over 60kph – max 100kph			Length of pleasure-craft		
	Is the pleasure-craft self-built	YES	NO	Does the pleasure-craft have a glitter finish	YES	NO	
<b>Engines</b>	Sum insured	R	<b>Hull</b>	Sum insured	R		
Number of engines				Year of manufacture			
Material of hull				Serial/HIN number			
Engine make				Year of manufacture			
Type of engine	Inboard	Outboard	Serial number of engine(s)				

### ACCESSORIES/SPECIAL EQUIPMENT

Serial numbers for all Global Positioning Systems (GPS) and two-way radio systems including all electronic equipment must be supplied.

Item 1	Description	Serial No.	Sum insured	R
Item 2	Description	Serial No.	Sum insured	R
Item 3	Description	Serial No.	Sum insured	R
Item 4	Description	Serial No.	Sum insured	R
Total Sum Insured	R	Hull, engine and accessories: Total Sum Insured		R

State the address where the pleasure-craft is normally kept

Is the pleasure-craft kept in a locked garage overnight

What are the security arrangements at this address

Is the pleasure-craft still in mooring

What are the security arrangements at the mooring

Will the pleasure-craft be surf-launched

In what waters will the pleasure-craft be used

Inland      Coastal

Have you had any accidents or losses in connection with any pleasure-craft you have sailed or owned

YES      NO

If Yes, provide details

---

Skipper's experience      Years      Qualifications (if any)

Is the pleasure-craft subject to a credit or similar agreement

YES      NO

If Yes, state the Bank and Account number

### PERSONAL COMPUTERS

Do you require this insurance					YES	NO
<b>Hardware</b>						
Item 1	Make and model	Serial No.	Sum insured	R		
Item 2	Make and model	Serial No.	Sum insured	R		
Item 3	Make and model	Serial No.	Sum insured	R		
Total sum insured				R		



### EN ROUTE

Do you require this insurance. YES NO

### EMERGENCY ASSISTANCE

**Home Assistance** – Do you require this cover YES NO

**Roadside Assistance** – Do you require this cover YES NO

### DECLARATION – You must complete and sign this section

1. What is your business or occupation \_\_\_\_\_

2. In what capacity are you employed \_\_\_\_\_

3. Have you previously been insured YES NO

If Yes, supply the policy number and names of insurance companies \_\_\_\_\_  
\_\_\_\_\_

4. Have you or has any member of your household:

- had any application for insurance declined or insurance cancelled or renewal refused or not invited or had special conditions imposed YES NO

If Yes, provide details \_\_\_\_\_

- been involved in any civil or criminal litigation in the past 3 years or have you had a civil judgment against you YES NO

If Yes, please give the amount of the loss and describe what happened. Also give the names of the insurance companies and policy numbers if you were insured at the time. Claims rejected must be mentioned.

- during the past 3 years submitted any claims or suffered any other losses not claimed for (for example – a burglary, or a lost camera, etc.) YES NO

If yes, please supply the value of the loss and describe what happened. Supply the name of the insurer and policy number if you were insured at the time. Declined claims should also be recorded.

Date of loss	Description of loss	Claimed Amount
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R

#### Sharing of insurance information

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On my own behalf and on the behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claims I may submit.

I consent to such information being disclosed to any other insurance company or its agent.

I acknowledge that the information may be verified against legally recognized sources or databases.

I AGREE THAT this proposal shall be the basis of the contract between the insurer and myself.

I WILL ACCEPT the insurer's standard policy.

I UNDERSTAND that this insurance will not commence until this proposal has been accepted by the insurer.

If you are unable to sign this declaration without qualification, please give your reasons here: \_\_\_\_\_

I warrant that the answers given are true, and I do not know of any material facts that should be communicated, even though specific questions about them have not been asked. This means that The Hollard Insurance Company Ltd. has been made aware of all important information and that any incorrect information may mean that the policy will be cancelled or voided.

Signature \_\_\_\_\_

Date \_\_\_\_\_