

QUOTATION REQUEST

Proposer _____

Contact details _____ Occupation _____

ID number _____ Address _____

Proposal for insurance declined Yes No Insurer declined by _____

Claims history (provide details)

Date of loss	Type of incident	Amount paid
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R

Insurer cancelled policy Yes No Insurer name _____

Special conditions applied (provide details) Yes No Marital status _____

Are you currently insured – with whom _____ How long _____

HOUSEHOLD CONTENTS AND BUILDING INSURANCE

Replacement value of contents R _____ Main residence Yes No

Security measures _____

Replacement value of building R _____

Type of residence _____

Is the residence occupied, by whom _____

Situation of residence _____

Is the residence situated close to water Yes No

Construction	Standard roof	Yes	No	Thatch: Treated/Lightning conductor	Yes	No
	Non-standard roof	Yes	No	Thatch/Other	Yes	No
	Standard walls	Yes	No	Non-standard walls	Yes	No

ALL RISK COVER

Unspecified property Yes No Sum insured R _____

Specified property item description	Sum Insured	Specified property item description	Sum Insured
_____	R	_____	R
_____	R	_____	R
_____	R	_____	R

Coin/stamp collections Yes No R _____

Caravan contents Yes No R _____

PERSONAL COMPUTERS			
Item description	Sum insured	Item description	Sum insured
_____	R	_____	R
_____	R	_____	R
_____	R	_____	R

MOTOR VEHICLE INSURANCE			
Year	Make	Model	
Registered owner	_____	Age	Gender _____
Regular driver	_____	Age	Gender _____
ID number of regular driver	_____		
Use of vehicle	Private Private and work Private, work and business		
Type of cover	TP	TPF&T	Comp
Anti-theft device detail	_____		Overnight parking _____
Sum insured	R	Colour of vehicle _____	
Annual km travelled	_____		Date of driver's licence _____

Accessories			
Item description	Sum insured	Item description	Sum insured
_____	R	_____	R
_____	R	_____	R
_____	R	_____	R

Year	Make	Model	
Registered owner	_____	Age	Gender _____
Regular driver	_____	Age	Gender _____
ID number of regular driver	_____		
Use of vehicle	Private Private and work Private, work and business		
Type of cover	TP	TPF&T	Comp
Anti-theft device detail	_____		Overnight parking _____
Sum insured	R	Colour of vehicle _____	
Annual km travelled	_____		Date of driver's licence _____

Accessories			
Item description	Sum insured	Item description	Sum insured
_____	R	_____	R
_____	R	_____	R
_____	R	_____	R

PERSONAL ACCIDENT

Do you require this insurance Yes No

Persons to be insured (We cannot offer this cover to persons over the age of 75)

Name & gender _____ M F _____ M F

Date of birth _____

Occupation _____

ID number _____

Relationship to you _____

Benefits required

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

What is the occupation of the person to be insured _____

Does the person to be insured take part in dangerous sporting activities Yes No

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 vessel _____

Is the pleasure-craft self-built Yes No Does the pleasure-craft have a glitter finish Yes No

Engines

Sum insured R _____ **Hull** 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

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

Item description	Sum insured	Item description	Sum insured
_____	R	_____	R
_____	R	_____	R
_____	R	_____	R

Total Sum Insured R _____ Hull, engine and accessories: Total Sum Insured R _____

In what waters will the pleasure-craft be used Inland Coastal

Skipper's experience Years _____ Qualifications (if any) _____