

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 _____ Full names _____

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 _____

GENERAL INFORMATION Please complete (applicable to all sections)

Inception date of this insurance _____

Are you a pensioner YES NO Not gainfully employed YES NO

Physical address of your private residences

Residence (1) _____ Residence (2) _____

_____ 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		
	YES	NO	YES	NO	
Smallholding/Plot/Farm	YES	NO	YES	NO	
Security village with 24-hour manned access control	YES	NO	YES	NO	
Retirement complex	YES	NO	YES	NO	
Enclosed access-controlled area	YES	NO	YES	NO	
Residential area with no access control	YES	NO	YES	NO	
Apartment/flat (ground or first floor)	YES	NO	YES	NO	
Apartment/flat (above first floor)	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
	Open park/area	YES	NO	YES	NO
	Building operations	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 Yes, has thatch fire treatment been applied	YES	NO	YES	NO
If Yes, have fire extinguishers been installed	YES	NO	YES	NO
If thatch, a survey of the premises will be required. No cover until a survey report has been received				
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
If Yes, Thatch questionnaire to be completed				
Is the residence situated close to water, within the 50 year flood line	YES	NO	YES	NO
If Yes, how far? Indicate whether it is a dam, sea, river, lake, stream, etc. _____				
How far is the residence situated from the closest fire brigade _____				

WHAT TYPE OF HOME DO YOU HAVE

Detached house/cottage	YES	NO	YES	NO
Semi-detached house/cottage	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 60 days	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 _____				
Are parts of the premises used for business purposes	YES	NO	YES	NO
If Yes, what type of business is conducted at home _____				
Do clients have access to the house	YES	NO	YES	NO
If Yes, how often do clients access your house _____				
Is cash kept on the premises for business purposes	YES	NO	YES	NO
Do you carry stock on the premises	YES	NO	YES	NO
If Yes, what value	R _____		R _____	

SECURITY OF SECURITY VILLAGE

Is access control monitored by armed guards	YES	NO	YES	NO
Are entrance and exit points secured by electronic gates	YES	NO	YES	NO
Is the perimeter secured by an electric fence	YES	NO	YES	NO
Is there an intercom or any other link between the entrance point of premises and the unit	YES	NO	YES	NO

SECURITY OF OTHER SITUATIONS

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/pin locks	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
Is the property secured by an electric fence	YES	NO	YES	NO
If Yes, is it linked to armed response	YES	NO	YES	NO
Are there full-time security guards on your property	YES	NO	YES	NO
Is the residence protected with a SAIDSA approved alarm system linked to a 24-hour control room with armed response	YES	NO	YES	NO
Is the alarm activated when the property is unattended	YES	NO	YES	NO
Have any alterations been done to the property/building in the last 12 months	YES	NO	YES	NO
If Yes, provide details	_____			
Are you planning to do any alterations to the property/building in the next 12 months	YES	NO	YES	NO
If Yes, provide details	_____			

HOUSEHOLD GOODS

	RESIDENCE 1		RESIDENCE 2	
	YES	NO	YES	NO
Do you require this insurance				
Sum insured: Insure for new replacement costs	R		R	
Does the above sum insured include jewellery	YES	NO	YES	NO
If yes, state value of jewellery	R		R	

If part of premises is used for business purposes, complete the following

Office equipment detail (items cannot be covered unless the exact details are available. Make, model, serial number and value is the minimum information required for electronic items to be covered.)

Make and model	Serial number	Value
1. _____	_____	R _____
2. _____	_____	R _____
3. _____	_____	R _____
4. _____	_____	R _____
5. _____	_____	R _____

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
POWER SURGE – Do you require cover (limit up to R100 000)	Sum Insured	R _____	YES	NO	YES	NO
SUBSIDENCE AND LANDSLIP – Do you require cover	Sum Insured	R _____	YES	NO	YES	NO

If Yes, complete the Subsidence and Landslip questionnaire

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 _____

ADDITIONAL COVER YOU CAN CHOOSE

SUBSIDENCE AND LANDSLIP
 Do you require cover Sum Insured R _____ YES NO YES NO

If Yes, complete the Subsidence and Landslip questionnaire

ALL RISKS

Do you require this insurance YES NO
General All Risks: Property normally carried or worn on the person R _____
Specific All Risks: 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.

Where applicable, include serial number of specified items. Describe items fully and accurately. **Bank Safe**

1.	_____	R _____	YES	NO
2.	_____	R _____	YES	NO
3.	_____	R _____	YES	NO
4.	_____	R _____	YES	NO

MOTOR VEHICLES /MOTORCYCLES/TRAILERS/CARAVANS

Must be completed if cover is required for motor vehicle, motorcycle or trailer/caravan.
 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 | YES | NO | YES | NO |
| • learner's licence issued in RSA | YES | NO | YES | NO |
| • international driver's licence | YES | NO | YES | NO |
| • none | YES | NO | YES | NO |

Year in which licence of the usual driver was first obtained _____

State driver's licence code _____

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 VEHICLES /MOTORCYCLES/TRAILERS/CARAVANS

Do you require this insurance	YES	NO	YES	NO
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Retail value	R		R	
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Top-up cover required	YES	NO	YES	NO
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Registration number _____

Make and model _____

Year of manufacture _____

Engine number _____

VIN number _____

- | | | | | |
|-------------------------------------|-----|--|-----|--|
| Is vehicle registered as New | YES | | YES | |
| Used | YES | | YES | |
| Rebuilt | YES | | YES | |
| Stolen/recovered | YES | | YES | |

Is the vehicle a full import	YES	NO	YES	NO
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Has the vehicle been modified to alter the performance level	YES	NO	YES	NO
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If Yes, provide the following modifications

Tare	_____	Tare	_____
Kilowatt	_____	Kilowatt	_____

Is this vehicle a two wheeled cycle (only applicable to motorcycles)		YES	NO	YES	NO
If Yes, provide details		<hr/>		<hr/>	
Cover required	Comprehensive	YES		YES	
	Third Party Fire and Theft	YES		YES	
	Third Party only	YES		YES	
Class of use	Private, professional, business use, but excluding the carrying of goods for commercial purposes and sales representatives	YES		YES	
	Private, professional, business use, but including the carrying of goods for commercial purposes and sales representatives	YES		YES	
Does the usual driver qualify for no-claim bonus or claim-free group		YES	NO	YES	NO
If Yes, state number of years and provide proof of qualification of NCB		<hr/>		<hr/>	
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
If Yes, attach a copy of the certificate from the service provider					
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
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
Is the vehicle subject to a credit or similar agreement		YES	NO	YES	NO
If Yes, state Bank and Account number		<hr/>		<hr/>	
		<hr/>		<hr/>	

Do you wish to insure any non-standard accessories
Supply list and value of each item

YES NO YES NO

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

PERSONAL ACCIDENT

Do you require this insurance YES NO

If Yes, please contact our offices for further details of cover

PLEASURE-CRAFT

Do you require this insurance YES NO

Name of pleasure-craft _____	Make and model _____
Type of pleasure-craft	Motor-boat (max speed 60kph)
Rubber-duck Windsurfer	Jet-ski/Wet-bike
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
Engine(s) Sum insured R _____	Hull Sum Insured R _____
Engine make _____	Year of manufacture _____
Number of engines _____	Serial number of engines _____
Type of engine Inboard Outboard	
Hull year of manufacture _____	Serial/HIN number _____
Material of hull _____	

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 _____

State the address where the pleasure-craft is normally kept _____

Is the pleasure-craft kept in a locked building overnight _____

What are the security arrangements at this address _____

Is the pleasure-craft still in mooring _____

- 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: _____

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

Premium payment method Annually Monthly debit order

I/We hereby authorise TIG Administration and The Hollard Insurance Company Ltd to debit my bank account necessary for payment of premium and charges due under the policy/policies issued by you, commencing on 01 ____ or 05 ____ or 07 ____, 20____ and continuing on the same day of every month thereafter.

DEBIT ORDER ACCOUNT

Bank _____ Branch _____ Branch code _____

Account number _____ Account holder name _____

Type of account Cheque Savings

_____ Account holder signature _____ Date

I warrant that the answers given are true, and I do not know of any material facts, even though specific questions about them have not been asked, that should be communicated to The Hollard Insurance Company Ltd.

Signature _____ Date _____