



Head Office
La Lucia Ridge Office Estates
8 Nollsworth Crescent
La Lucia, 4320

315 832 200
info@tibs.co.za
www.tibs.co.za

CHANGE OF ADDRESS / ADDITIONAL PREMISES

PLEASE COMPLETE THIS DOCUMENT ON INK AND PRINT THE ANSWERS TO QUESTIONS OR TICK THE APPROPRIATE APPROPRIATE BOX

In terms of the legislation, after the proposer has signed this document, it will be an offence for anybody else to amend it

ID Number: _____

Your Title (e.g. Mr/Mrs/Miss) _____ Your Initials _____

Surname _____

Policy Reference _____

New Postal address _____

Suburb _____

City Postal code _____

Telephone Work: _____
Home: _____
Cell: _____

Please provide at least one telephone number

Email address _____

Address of property to be insured (if more than one property is to be insured, complete an additional questionnaire)

How long have you been at this address given? Years Months

Approximate age of dwelling? Years Months

Is the roof of your house made of Thatch (please tick one) YES NO

If YES, is the roof protected by lightning conductor approved by the SABS? YES NO

WHAT TYPE OF HOME DO YOU HAVE?

<input type="checkbox"/> House	<input type="checkbox"/> Flat above ground floor	<input type="checkbox"/> Holiday cottage or flat
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Ground floor flat	<input type="checkbox"/> Cluster house
<input type="checkbox"/> Retirement village	<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Complex
<input type="checkbox"/> Duplex	<input type="checkbox"/> Granny Flat	<input type="checkbox"/> Maisonette
<input type="checkbox"/> Simplex	<input type="checkbox"/> Other (Specify)	_____

SITUATION

Is the residence situated on a smallholding/plot/farm?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Specify _____

Is the residence undergoing alterations?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Is the residence situated in a newly developed area?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Are there any of the following within approximately 1km radius of the residence?

<input type="checkbox"/> Informal settlements	<input type="checkbox"/> Vacant ground	<input type="checkbox"/> Park
<input type="checkbox"/> Minedumps	<input type="checkbox"/> Sports field	<input type="checkbox"/> Golf Course
<input type="checkbox"/> Railway station	<input type="checkbox"/> Taxi Rank	<input type="checkbox"/> Highway
<input type="checkbox"/> Railway lines	<input type="checkbox"/> Shops / Café	<input type="checkbox"/> Building Construction

CONSTRUCTION OF WALLS

<input type="checkbox"/> Brick	<input type="checkbox"/> Iron	<input type="checkbox"/> Concrete blocks
<input type="checkbox"/> wood	<input type="checkbox"/> Other (Specify)	_____

ROOF MATERIAL

<input type="checkbox"/> Tile	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Concrete
<input type="checkbox"/> Corrugated Iron	<input type="checkbox"/> Thatch	
<input type="checkbox"/> Other (Specify)	_____	

Please advise if there are any additional buildings on the property, including outbuildings not attached to the main dwelling, e.g. gemini huts and lapas

Construction of the above (wall and roof) _____

OCCUPANCY

Will the residence be left unoccupied within the next 30 days? YES NO

Will the residence be left unoccupied during work hours? YES NO

Will the residence be left unoccupied for more than a total of 60 days a year? YES NO

Will the residence be hired or let out or used as a commune? YES NO

If, YES, please give details

PLEASE TELL US

Are all opening windows (including louvres) burglar barred? YES NO

Are the fixed windows burglar barred? YES NO

Are the external sliding doors fitted with security gates? YES NO

Are the external sliding doors fitted with additional locks or bolts? YES NO

Are other external doors fitted with security gates? YES NO

Is the perimeter of the property walled/fenced? YES NO

Type (e.g. Brick wall, Wood / Concrete / Pallisade / Clear fencing)

Is it Electrified? YES NO

If Electrified, is it connected to the alarm? YES NO

Are there full time security guards on your property? YES NO

Is your home protected by a fully operational burglar alarm? YES NO

Does it extend to your garage? YES NO

Does it extend to all other outbuildings? YES NO

If, YES, please state the name of the installer

(Documentary proof from installer required)

Is it linked to a control centre with armed response which will respond in person at the premises in the event of the alarm being activated? YES NO

Does it incorporate an immediate siren? YES NO

Is the system automatic? (it does not necessitate any action from the residents to activate the alarm in the event of a burglary?) YES NO

Are you a pensioner 65 or older? YES NO

Does the dwelling comply with the requirements in the High Security Living Declaration? YES NO

I declare that all the above information is correct

Signature

Date

HIGH SECURITY LIVING QUESTIONNAIRE (Tick one only)

- 1 **SECURE COMPLEX** Where the property is fully walled with an electrified fence and there is 24hr manned security with supervised entry and exit from the property
- 2 **RETIREMENT VILLAGE** where the property is fully walled with an electrified fence and there is 24hr manned security with supervised entry and exit from the property

PLEASE SIGN THE FOLLOWING DECLARATION

DECLARATION - High security Living Questionnaire : I declare that the dwelling indicated above complies with the security requirements shown. It is understood that the insurer has the right to repudiate liability for loss or damage arising out of theft or attempted theft. if at the time of the loss or damages the above security requirements have not been complied with.

Signature

Date
