



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?

☐ House	☐ Flat above ground floor	☐ Holiday cottage or flat
☐ Townhouse	☐ Ground floor flat	☐ Cluster house
☐ Retirement village	☐ Semi-Detached	☐ Complex
☐ Duplex	☐ Granny Flat	☐ Maisonette
☐ Simplex	☐ Other (Specify)	_____

SITUATION

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

☐ Yes	☐ No
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Specify _____

Is the residence undergoing alterations?

☐ Yes	☐ No
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Is the residence situated in a newly developed area?

☐ Yes	☐ No
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Are there any of the following within approximately 1km radius of the residence?

☐ Informal settlements	☐ Vacant ground	☐ Park
☐ Minedumps	☐ Sports field	☐ Golf Course
☐ Railway station	☐ Taxi Rank	☐ Highway
☐ Railway lines	☐ Shops / Café	☐ Building Construction

CONSTRUCTION OF WALLS

☐ Brick	☐ Iron	☐ Concrete blocks
☐ wood	☐ Other (Specify)	_____

ROOF MATERIAL

☐ Tile	☐ Asbestos	☐ Concrete
☐ Corrugated Iron	☐ Thatch	
☐ 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 windos 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 permieter 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
