



A-SURE PERSONAL LINES POLICY PROPOSAL FORM

AGENT DETAILS:

Name:			
Tel. number			
Do you require a Broker Fee?	YES []	NO []	
If yes, state Rand per month or %	R _____	_____ %	

PROPOSER DETAILS:

Title:		First names:	
Surname:			
Postal address:			Code:
ID number:		Occupation:	
Tel. no.:		Cell number:	

COMMENCEMENT DATE:

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PAYMENT DETAILS:

Payment method:	Monthly debit order	Annual cash	Annual debit order																
Name of account holder:																			
Bank / Financial institution:																			
Account number:																			
Branch name:																			
Branch code:																			
Type of account:	Current	Cheque	Savings	Transmission	Credit card														
Payment date:	1 st []	7 th []	15 th []																
Signature of account holder:																			

COVER SELECTED:

BUILDING		HOUSEHOLD GOODS		ALL RISKS	
PERSONAL LIABILITY		MOTOR/MOTORCYCLE		CARAVAN/TRAILER	
PERSONAL ACCIDENT		PLEASURE CRAFT			

1. BUILDING AND / OR HOUSEHOLD GOODS SECTIONS

1.1 Physical address of the private dwelling/s:

Residence 1:	Residence 2:
Code:	Code:

1.2 Type of residence:

Detached house/cottage	[]	Ground floor flat	[]	Above ground floor flat	[]
Townhouse	[]	Holiday home	[]	Retirement village	[]
Other (Please define)	[]				

1.3 Construction:

Roof:	
Walls:	
Size of lapa (if applicable):	

1.4 Security precautions:

Burglar bars on all opening windows:	YES []	NO []
Security gates on all external doors:	YES []	NO []
Alarm system:	YES []	NO []
Alarm linked to armed response:	YES []	NO []
Is the alarm extended to outbuildings:	YES []	NO []

1.5 Sums insured:

Residence 1:		Residence 2:	
Building:	R	Building:	R
Bondholder:		Bondholder:	
Subsidence cover:	YES [] NO []	Subsidence cover:	YES [] NO []
Contents:	R	Contents:	R
Accidental damage:	R	Accidental damage:	R

1.6 Information regarding the residence:

1. Will the residence be left unoccupied during the day?	Yes [] No []
2. Will the residence be left unoccupied for more than 60 consecutive days?	Yes [] No []
3. Is the residence occupied by anyone other than the Insured and members of his/her immediate family?	Yes [] No []
4. Is the residence a commune?	Yes [] No []
5. Is there any business conducted at the residence? If yes, provide details: _____	Yes [] No []
6. Are there any glass panels in or next to exterior doors?	Yes [] No []
7. Are the glass panels protected?	Yes [] No []
8. Is the residence in an established build up area?	Yes [] No []
9. Is the residence near a park / sports field / golf course / vacant stand? If yes, provide details: _____	Yes [] No []
10. Is the residence near a school / shopping centre? If yes, provide details: _____	Yes [] No []
11. Is the residence within 5 kilometers of an informal settlement?	Yes [] No []
12. Are there any new buildings being built in your immediate neighbourhood?	Yes [] No []
13. Do you employ garden service?	Yes [] No []

The sum insured of Buildings must include the full replacement value of the property as well as the costs of professional fees and debris removal, otherwise average will apply.

2. PERSONAL ACCIDENT SECTION (Death & Permanent disability)

INITIALS	SURNAME	OCCUPATION	DATE OF BIRTH	SUM INSURED

3. PERSONAL LIABILITY SECTION

Sum insured:	R5 000 000.00	Compulsory when selecting Building and/or Household Goods Sections
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4. ALL RISKS SECTION

INSURED ITEM	SUM INSURED
Unspecified All Risks: (Minimum sum insured : R5 000.00) Clothing, personal effects, normally worn or designed to be carried on or by a person. Personal equipment normally worn or used by the person participating in sport belonging to you.	R _____
CELLULAR TELEPHONE: Make & Model: _____ IMEI number: _____ Make & Model: _____ IMEI number: _____	R _____ R _____
VEHICLE SOUND SYSTEM: Make & Model: _____ Serial number: _____ Make & Model: _____ Serial number: _____	R _____ R _____
OTHER SPECIFIED ITEMS:	

Valuation certificates are required for jewellery valued over R2500.00 and there is no cover until they are received.

5. PLEASURE CRAFT SECTION

Please complete supplementary Pleasure Craft Proposal form and attach hereto.

6. MOTOR SECTION

DETAILS OF VEHICLES, INCLUDING MOTORCYCLES, CARAVANS AND TRAILERS:

DETAILS:	VEHICLE 1:	VEHICLE 2:												
1. Risk address where parked overnight														
2. Class of use	Private [] Business []	Private [] Business []												
3. Year of manufacture														
4. Make & Model														
5. Type of cover	Comp [] TPFT [] TPO []	Comp [] TPFT [] TPO []												
6. Registration no.														
7. Engine number														
8. VIN number														
9. Sum insured	R	R												
10. Extra's included in above sum insured	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;"></td> <td style="width: 10%; border-bottom: 1px solid black;">R</td> <td style="width: 60%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">R</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		R			R		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;"></td> <td style="width: 10%; border-bottom: 1px solid black;">R</td> <td style="width: 60%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">R</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		R			R	
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11. Is the vehicle imported / modified / turbo charged?	YES [] NO []	YES [] NO []												
12. Has the vehicle been registered as a Code 3 (rebuilt)	YES [] NO []	YES [] NO []												
13. Parking at night														
14. Claim Free Group (Proof required)														
15. Gearlock	YES [] NO []	YES [] NO []												
16. Immobiliser	YES [] NO []	YES [] NO []												
17. Tracking device	YES [] NO []	YES [] NO []												
18. HP/lease Company														
19. Registered owner														
20. ID Number														
21. Regular driver														
22. First Issue of drivers License and Code														
23. Id Number														
24. Car Hire	YES [] NO []	YES [] NO []												
25. Waiver of Excess	YES [] NO []	YES [] NO []												

7. DECLARATION

Questions to be fully answered and signed by the Insured:

1.	Has any Insurer / Underwriter ever cancelled / declined / refuse to renew / impose special terms or conditions on any policy held by you?	YES [] NO []
2.	Name & policy number of previous Insurer / Underwriter	_____ _____
3.	Have you been insolvent or been under any judicial management?	YES [] NO []
4.	Have you had any civil judgements against your name in the last five years?	YES [] NO []
5.	Have you been convicted of any criminal offence / pending cases?	YES [] NO []
6.	Are you in possession of a valid South African driver's license? If no, please state Country: _____	YES [] NO []
7.	Has your driver's license ever been endorsed / cancelled / suspended? If yes, give details: _____	YES [] NO []
8.	Have you suffered any losses / claims during the past three years (whether insured or not)? If yes, provide details below:	YES [] NO []
DETAILS OF LOSS:		DATE OF LOSS:
NAME OF INSURER:		COST (Approx):

⇒ 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 (incl. credit information) that I provide or that is provided by another person on my behalf in respect of any insurance claim made or lodged by me.

I hereby warrant that all the answers given in this proposal form are true and correct. I accept that the proposal form and declaration shall be the basis of the contract between A-Sure Consultants (Pty) Ltd and myself.

SIGNATURE OF PROPOSER

DATE

IMPORTANT NOTE:

In terms of the Policyholder Protection Legislation it is an offence for anybody other than the Proposer to sign this proposal form. Please do not sign blank / partly completed forms. Failure to disclose material facts could result in your policy being invalidated. If you are in doubt whether a fact is material or not, declare it A-Sure Consultants (Pty) Ltd reserves the right to decline any proposal.