

## XOL MOTOR THIRD PARTY LIABILITIES

### PROPOSAL FORM

#### IMPORTANT NOTICE

Please answer all questions fully. If the space provided is insufficient, please attach a separate sheet.

This form may be used for renewals or new business. In the case of renewals, the underwriters must receive the completed form, and acceptance of the renewal terms advised to them prior to renewal date, failing which no cover exists after such date.

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. This refers to facts which are likely to influence the acceptance of the risk by underwriters.

#### BROKERS DETAILS

Name of the Company	
Contact Person	
Telephone Number	
E-mail	

#### INSURED'S DETAILS

Name of the Company	
Trading Name	
Date business was established	
Registration Number	
VAT Number	
Physical Address (incl. postal code)	
Postal Address (incl. postal code)	

Genlib CC **Reg. No.** 2008/032635/23 **VAT. No.** 4670244831 **FSP No.** 35482 **CEO** GA Rodinis

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Unit 002, Howard Terraces, Rose Innes Street, Pinelands, 7405, Cape Town | PO Box 622, Howard Place, Pinelands, 7450, Cape Town

Business Description	
Telephone Number	
E-Mail	

## CURRENT INSURANCE DETAILS

Current Insurer	
Policy Number	
Expiry Date	

## PREVIOUS INSURANCE HISTORY : HAS ANY INSURER :

Declined your insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Imposed special terms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Refused to renew your Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Refused to pay a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cancelled your Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES to any of the above, please provide a full explanation:	

## VEHICLES TO BE INSURED

Year	Make	Model	Registration	Sum Insured	Seating Capacity
				R	
				R	
				R	

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Year	Make	Model	Registration	Sum Insured	Seating Capacity
				R	
				R	
				R	
				R	
				R	

## LIST MAIN AREAS OF OPERATION


## OPERATIONAL RADIUS

RADIUS	PERCENTAGE	DISTANCE
Short Hauls	%	km
Long Hauls in RSA	%	km
Outside of RSA	%	km

## FLEET PROGRESSION FOR THE LAST THREE YEARS

YEAR	TOTAL VALUE	NUMBER OF UNITS
	R	
	R	
	R	

## CLAIMS HISTORY

Provide full details of all claims lodged or uninsured accidents during the past three years:				
Date of Loss	Description of Loss	Vehicle	Gross Loss	Excess
			R	R
			R	R
			R	R
			R	R
			R	R
			R	R
			R	R
			R	R
			R	R
			R	R

## RISK MANAGEMENT

Is a tracking system in place to recover vehicles following theft or hijack ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please provide details	
Is a planned maintenance program in place ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please provide details	
If YES, is this adhered to ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have the Drivers been checked to :	
Verify that they are legally licensed to drive the vehicles ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Establish that they have a crime-free history ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ensure that they have an acceptable driving record ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where are vehicles kept when not in use ?	
What security measures are taken on site ?	
Do you conduct overnight trips?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## COVER REQUIRED

Excess of Loss Motor Third Party Liability	<input type="checkbox"/> in excess of R 2.5 million
Limit (other ~ please specify the amount)	R

## DECLARATION

We, the Directors and Management of the Company, declare that to the best of our knowledge the statements set forth herein are true.	
It is agreed that this form shall be the basis of the Contract should a Policy be issued.	
Signature	
Name of Signatory	
Capacity of Signatory (duly authorised)	
Name of Company	
Date	
Place	