

MOTOR COMPREHENSIVE

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	
Postal Address (incl. postal code)	

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:	

DRIVERS DETAILS

Has any drivers' license ever been suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please provide a full explanation of the circumstances and action taken:	
Are all drivers' licenses checked to ensure that they are legally licensed to drive the appropriate category of vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you regularly ensure that drivers' public driving permits (PrDP's) are always in force?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had any vehicle suspended from operating by an authority, whether as a result of being unroadworthy or any other cause?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please provide a full explanation of the circumstances and action taken:	
Do you operate in Angola or The Congo ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please provide a full explanation:	
Operating Licences Board: Where was your permit obtained ?	
What type of passenger transport are you involved in ?	
Approximate number of trips outside RSA per year ?	

CLAIMS HISTORY

Have you had any losses / claims over the last 3 years, including uninsured losses?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Loss	Type of Claim and Description	Total Amount	Registration	Vehicle
		R		
		R		
		R		
		R		
		R		
		R		

PASSENGER LIABILITY

Limit of Indemnity required	R
Alternative limit	R
Alternative limit	R

Schedule of Motor Vehicles									
	Make & Model	Registration	Year of Manuf.	Registered Owner	Satellite Tracking	NCB / CFG	Cover	Sum Insured	SASRIA
1)					Yes <input type="checkbox"/> No <input type="checkbox"/>		FC <input type="checkbox"/> TP <input type="checkbox"/> TPFT <input type="checkbox"/>	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
2)					Yes <input type="checkbox"/> No <input type="checkbox"/>		FC <input type="checkbox"/> TP <input type="checkbox"/> TPFT <input type="checkbox"/>	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
3)					Yes <input type="checkbox"/> No <input type="checkbox"/>		FC <input type="checkbox"/> TP <input type="checkbox"/> TPFT <input type="checkbox"/>	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
4)					Yes <input type="checkbox"/> No <input type="checkbox"/>		FC <input type="checkbox"/> TP <input type="checkbox"/> TPFT <input type="checkbox"/>	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
5)					Yes <input type="checkbox"/> No <input type="checkbox"/>		FC <input type="checkbox"/> TP <input type="checkbox"/> TPFT <input type="checkbox"/>	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
6)					Yes <input type="checkbox"/> No <input type="checkbox"/>		FC <input type="checkbox"/> TP <input type="checkbox"/> TPFT <input type="checkbox"/>	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
7)					Yes <input type="checkbox"/> No <input type="checkbox"/>		FC <input type="checkbox"/> TP <input type="checkbox"/> TPFT <input type="checkbox"/>	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
8)					Yes <input type="checkbox"/> No <input type="checkbox"/>		FC <input type="checkbox"/> TP <input type="checkbox"/> TPFT <input type="checkbox"/>	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
9)					Yes <input type="checkbox"/> No <input type="checkbox"/>		FC <input type="checkbox"/> TP <input type="checkbox"/> TPFT <input type="checkbox"/>	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
10)					Yes <input type="checkbox"/> No <input type="checkbox"/>		FC <input type="checkbox"/> TP <input type="checkbox"/> TPFT <input type="checkbox"/>	R	Yes <input type="checkbox"/> No <input type="checkbox"/>

Key-Cover: FC = Fully Comprehensive TP = Third Party only TPFT = Third Party, Fire and Theft

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	