

MOTORCYCLE INSURANCE

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.

INSURED & BROKER DETAILS

BROKER		CONTACT NO.	
INSURED NAME		ID NUMBER	
WORK TELEPHONE		MOBILE	
HOME TELEPHONE		E-MAIL	
PHYSICAL ADDRESS			

MOTORCYCLE DETAILS (1)

MAKE				
MODEL				
YEAR				
TYPE OF MOTORCYCLE	<i>Quad / Off-Road / Cruiser</i> (Rider Age 30 Years +)	<input type="checkbox"/>	<i>Road Bike</i> (Rider Age 30 Years +)	<input type="checkbox"/>
	<i>Road Bike</i> (Rider Age 18 – 29 Years)	<input type="checkbox"/>	<i>Super Bike</i> (Rider Age 30 Years +)	<input type="checkbox"/>
VALUE				
REGISTRATION NUMBER				
ADRESS WHERE BIKE IS KEPT				
TYPE OF OVERNIGHT PARKING	Locked Garage	<input type="checkbox"/>	Behind locked gates	<input type="checkbox"/>
	If other, please specify			
CLASS OF USE	Private including commuting	<input type="checkbox"/>	Personal Use	<input type="checkbox"/>

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LIST OF ENHANCEMENTS			
VALUE OF ENHANCEMENTS			
LIST OF EXTRAS (TOP BOX, BASH PLATE)			
VALUE OF EXTRAS			
ALL RISK ITEMS (RIDING APPAREL)			
VALUE OF ALL RISK ITEMS			
REGISTERED OWNER			
FINANCE HOUSE		BRANCH	
CONTRACT NUMBER			

MOTORCYCLE DETAILS (2)

MAKE				
MODEL				
YEAR				
TYPE OF MOTORCYCLE	<i>Quad / Off-Road / Cruiser</i> (Rider Age 30 Years +)	<input type="checkbox"/>	<i>Road Bike</i> (Rider Age 30 Years +)	<input type="checkbox"/>
	<i>Road Bike</i> (Rider Age 18 – 29 Years)	<input type="checkbox"/>	<i>Super Bike</i> (Rider Age 30 Years +)	<input type="checkbox"/>
VALUE				
REGISTRATION NUMBER				
ADRESS WHERE BIKE IS KEPT				
TYPE OF OVERNIGHT PARKING	Locked Garage	<input type="checkbox"/>	Behind locked gates	<input type="checkbox"/>
If other, please specify				
CLASS OF USE	Private including commuting	<input type="checkbox"/>	Personal Use	<input type="checkbox"/>
LIST OF ENHANCEMENTS				
VALUE OF ENHANCEMENTS				
LIST OF EXTRAS (TOP BOX, BASH PLATE)				
VALUE OF EXTRAS				
ALL RISK ITEMS (RIDING APPAREL)				
VALUE OF ALL RISK ITEMS				
REGISTERED OWNER				
FINANCE HOUSE		BRANCH		
CONTRACT NUMBER				

DETAILS OF THE RIDER

FULL NAMES			
ID NUMBER			
PHYSICAL ADDRESS			
CONTACT NUMBERS			
WORK		MOBILE	
HOME		E-MAIL	
DRIVERS LICENCE	(CODE)	DATE ISSUE	(FIRST ISSUE)
LICENCE NUMBER		ENDORSED ?	

CLAIMS HISTORY

Have you had any claims in the last 3 years ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please Provide Details	

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	