

MOTORCYCLE INSURANCE

PROPOSAL FORM

If more space is required for the below questions, please attach a separate page recording required details.

Broker Details

Broker name		Broker code	
Email address		Telephone number	

Proposer Details

Full name		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
ID number		Date of birth	
Physical/Risk address		Postal code	
Postal address		Postal code	
Telephone number		Cell phone number	
Email address			
Nominated rider	Same as Proposer Yes <input type="checkbox"/> No <input type="checkbox"/>		

Nominated Rider (same as Proposer)

Bike license type	Full <input type="checkbox"/> Learner's <input type="checkbox"/> Off-road n/a <input type="checkbox"/>	Date first obtained		Date renewed	
-------------------	--	---------------------	--	--------------	--

Nominated Rider (if different to Proposer)

Full name		Date of birth	
Bike licence type	Full <input type="checkbox"/> Learner's <input type="checkbox"/> Off-road n/a <input type="checkbox"/>	Date first obtained	
		Date renewed	

Insurance History

	Current	Previous	Previous
Name of insurer			
Policy number			
Period of insurance			
Has any insurer declined to quote?			No <input type="checkbox"/> Yes <input type="checkbox"/>
Has any insurer cancelled your insurance?			No <input type="checkbox"/> Yes <input type="checkbox"/>
Has any insurer refused to renew your policy?			No <input type="checkbox"/> Yes <input type="checkbox"/>
Has any insurer imposed a premium increase for any reason other than normal inflation?			No <input type="checkbox"/> Yes <input type="checkbox"/>
Has any insurer imposed special terms?			No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you had any convictions/admission of guilt in the last 5 years?			No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you had any previous motorcycle claims in the past 3 years?			No <input type="checkbox"/> Yes <input type="checkbox"/>
If you have answered "yes" to any of the questions, please provide full details below:			

Previous Claims

Please provide a history of previous claims/losses for the past 3 years (regardless of whether you were insured or not)

Date of loss	Vehicle type	Vehicle registration	Description of loss	Settlement amount

Vehicle Information - Motorcycle 1

Make		Year	
Model		Registration number	
VIN number		Retail value	R
Engine number		Financed	No <input type="checkbox"/> Yes <input type="checkbox"/>
Registered owner		Finance house	
Please indicate motorcycle category	On-road (General) <input type="checkbox"/> On-road (Scooter) <input type="checkbox"/> Off-road <input type="checkbox"/> Dual-purpose <input type="checkbox"/>		
Is a tracking or alarm system fitted? (If yes, please provide a copy of the certificate)	No <input type="checkbox"/> Yes <input type="checkbox"/>		
Where is the motorcycle kept overnight?	In a locked garage <input type="checkbox"/> In a locked yard <input type="checkbox"/> Other <input type="checkbox"/>		
If other, please specify			
What purpose(s) will the motorcycle be used for?	Social, domestic and pleasure <input type="checkbox"/> Business <input type="checkbox"/> Commuting <input type="checkbox"/>		

Additional Nominated Rider – Motorcycle 1

Full name		Date of birth	
Bike license type	Full <input type="checkbox"/> Learner's <input type="checkbox"/> Off-road n/a <input type="checkbox"/>	Date first obtained	
		Date renewed	

Riding Apparel (Specified Items) – Motorcycle 1

#	Description	Make	Colour	Value
1	Helmet			R
2	Boots			R
3	Jacket			R
4	Chest protector			R
5	Off-road clothing			R
6	Gloves			R
7	Other			R
8	Other			R

Motorcycle Accessories (Specified Items) – Motorcycle 1 (e.g., Paniers, Steering damper, exhaust system, quickshifter)

#	Description	Make	Colour	Value
1				R
2				R

3				R
4				R
All Risks (Specified Items) – Motorcycle 1 (i.e., fitted to a motorcycle but can be removed)				
#	Description	Make	Colour	Retail Value
1	GPS			R
2	Go Pro			R
3	Other			R
4	Other			R

Vehicle Information - Motorcycle 2			
Make		Year	
Model		Registration number	
VIN number		Retail value	R
Engine number		Financed	No <input type="checkbox"/> Yes <input type="checkbox"/>
Registered owner		Finance house	
Please indicate motorcycle category	On-road (General) <input type="checkbox"/> On-road (Scooter) <input type="checkbox"/> Off-road <input type="checkbox"/> Dual-purpose <input type="checkbox"/>		
Is a tracking or alarm system fitted? (If yes, please provide a copy of the certificate)	No <input type="checkbox"/> Yes <input type="checkbox"/>		
Where is the motorcycle kept overnight?	In a locked garage <input type="checkbox"/> In a locked yard <input type="checkbox"/> Other <input type="checkbox"/>		
If other, please specify			
What purpose(s) will the motorcycle be used for?	Social, domestic and pleasure <input type="checkbox"/> Business <input type="checkbox"/> Commuting <input type="checkbox"/>		

Additional Nominated Rider – Motorcycle 2			
Full name		Date of birth	
Bike license type	Full <input type="checkbox"/> Learner's <input type="checkbox"/> Off-road n/a <input type="checkbox"/>	Date first obtained	Date renewed

Riding Apparel (Specified Items) – Motorcycle 2				
#	Description	Make	Colour	Value
1	Helmet			R
2	Boots			R
3	Jacket			R
4	Chest protector			R
5	Off-road clothing			R
6	Gloves			R
7	Other			R
8	Other			R

Motorcycle Accessories (Specified Items) – Motorcycle 2 (e.g., Paniers, Steering damper, exhaust system, quickshifter)				
#	Description	Make	Colour	Value
1				R
2				R

3				R
4				R
All Risks (Specified Items) – Motorcycle 1 (i.e., fitted to a motorcycle but can be removed)				
#	Description	Make	Colour	Retail Value
1	GPS			R
2	Go Pro			R
3	Other			R
4	Other			R

Vehicle Information — Trailer			
Make		Year	
Model		Registration number	
VIN number		Retail value	R
Financed	No <input type="checkbox"/> Yes <input type="checkbox"/>	Finance house	
Registered owner			
Where is the trailer kept overnight?	In a locked garage <input type="checkbox"/>	In a locked yard <input type="checkbox"/>	Other <input type="checkbox"/>

IMPORTANT INFORMATION

Claims notification

All claims are to be reported to Genlib as soon as possible but no later than 30 days after the incident.
 In the event of theft or hijacking, the incident should be reported to Genlib as soon as possible or within 2 working days.
 Inform the South African Police Service as soon as possible or within 24 hours of an incident.
 Complete the claim form and provide Bryte with all material information as requested.
 The insurer will be under no obligation to proceed with the claim if you cannot provide the required information.
 Immediately forward to Genlib, any notice of a claim, communication, written summons or other legal process issued or commenced against you in connection with the incident.

Alteration of risk

Should there be a material change in the risk which increases the exposure to the insurer in any way during the period of insurance; the Insured shall immediately inform Genlib thereof, who will be entitled to review the terms of the policy.

Consent to the use of underwriting, claims and other relevant information

Waive any right to privacy in respect of any insurance information provided by you or on your behalf regarding any insurance policy or claim made or lodged by you or on your behalf.
 Allow such information to be disclosed to any other insurance company or its agents.
 Allow us to verify the information provided by you against other legitimate sources or databases.

DECLARATION

Proposal declaration

The proposal form must be completed and signed by the proposer/insured.

The proposal shall form the basis of the insurance contract between the insured and the insurer, Bryte Insurance Company Limited, on acceptance thereof by both parties and shall be incorporated therein.

Making any false statement(s) or withholding any material facts may give the insurer the right to reject any claim made under the policy or may result in the policy being declared null and void from inception.

A material fact is any fact that will influence the acceptance of the risk.

I/We declare that the statements and particulars in this proposal form are true to the best of our knowledge and belief and that I/We have not misstated, suppressed or omitted any material facts.

I/We undertake to inform the insurers of any material alteration of these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

I/We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Bryte Specialist Motor Proprietary Limited.

Signature

Signed at		On the		Day of		20
Name of insured/authorised representative						
Designation						
Signature						