

PASSENGER LIABILITY (PAX) / PERSONAL ACCIDENT (PA)

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 / Individual	
Trading Name	
Date business was established	
Registration Number / ID Number	
VAT Number	
Physical Address	
Postal Address (incl. postal code)	
Business Description	
Telephone Number	
E-Mail	

VEHICLE FLEET

Vehicle Description	Registration No.	Year Model
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

FLEET SIZE

Please state any proposed changes that the insured foresees in respect of fleet size or any new major contracts that may be taken on:

DRIVERS LICENCE 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 are always in force?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PASSENGER TRANSPORT DETAILS

Local commuter (less than 50km radius)	<input type="checkbox"/>	%
Local commuter (50km – 200km radius)	<input type="checkbox"/>	%
Local scholar (less than 50km radius)	<input type="checkbox"/>	%
Long distance scholar (more than 50km radius)	<input type="checkbox"/>	%
Local corporate contracts (less than 50km radius)	<input type="checkbox"/>	%
Long distance corporate (more than 50km radius)	<input type="checkbox"/>	%
Inter-city	<input type="checkbox"/>	%
Tourism within RSA	<input type="checkbox"/>	%
Tourism outside RSA	<input type="checkbox"/>	%
Hire with driver	<input type="checkbox"/>	%
Hire without driver	<input type="checkbox"/>	%
Other (please specify)	<input type="checkbox"/>	%

LIMIT OF INDEMNITY

Limit of Indemnity required	R
-----------------------------	---

TERRITORIAL LIMITS AND ROUTE DETAILS

Territorial limits:	Africa, South of the Sahara
Distance travelled one way per journey	±
Do you conduct overnight trips?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Approximate number of trips outside RSA per year:	
Please note that Cross Border risks are limited to a maximum of R 5 000 000	

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:	

OPERATING ABILITY

Have you ever had any vehicle suspended from operating by the authorities, whether as a result of un-roadworthiness or any other cause?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide a full explanation:	
Are your vehicles subject to a regular scheduled maintenance program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, is this done by an outside, authorised agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are vehicles serviced by mileage recommendation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are vehicles inspected before embarking on a journey?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, by whom?	
What numbers of passengers are transported per annum?	
How are drivers trained?	

CLAIMS HISTORY

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

HOLD COVER INSTRUCTIONS

From which date do you require cover from ?	
---	--

DECLARATION

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