

TRANSPORTER INSURANCE - TRUCKS

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.

BROKER'S DETAILS

Name of the Company	
Contact Person	
Telephone Number	
E-mail	

Proposer details (All fields in this section are mandatory and must be completed where applicable)

Trading name			
Previous trading name(s)			
Director/Member details	First name		ID number
	Last name		
	First name		ID number
	Last name		
Business description			
Company registration number		VAT number	
Type of organisation	(Pty) Ltd <input type="checkbox"/> Close Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/>		
Physical address			Postal number
Postal address			Postal code
Telephone number			Cell phone number
Email address			
How long have you been a transporter?			

Insurance history			
	Current	Previous	Previous
Name of insurer			
Policy number			
Period of insurance			
Has any insurer declined to quote?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any insurer cancelled your insurance?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any insurer refused to renew your policy?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any insurer required a premium increase?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Was cover with any insurer uninterrupted?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any insurer imposed special terms?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered "yes" to any of the questions, please provide full details			
Driver details			
Owner driver?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you employ drivers who are not South African citizens?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, do you verify the foreign driver's licences of non-SA citizens?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you check drivers PrDP and DDC licences every year?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you maintain copies of drivers PrDP and DDC licences?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do your drivers complete pre-start checklists?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are previous driving and employment records investigated?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any in-house driving programmes in place?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any external driving programmes in place?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have your drivers been formally trained in the following			Yes <input type="checkbox"/> No <input type="checkbox"/>
Correct operation of vehicle being driven			Yes <input type="checkbox"/> No <input type="checkbox"/>
Security of the vehicle and trailer			Yes <input type="checkbox"/> No <input type="checkbox"/>
Taking rest periods as required			Yes <input type="checkbox"/> No <input type="checkbox"/>
Hijacking prevention methods			Yes <input type="checkbox"/> No <input type="checkbox"/>
Procedures following an accident			Yes <input type="checkbox"/> No <input type="checkbox"/>
Correct securing of the load			Yes <input type="checkbox"/> No <input type="checkbox"/>
Firefighting measures			Yes <input type="checkbox"/> No <input type="checkbox"/>
First aid			Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered "yes" to any of the questions, please submit copies of certificates.			

Do your drivers undergo medical checks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do your drivers undergo eye tests?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide full details:		
Communication and security		
Do any of your vehicles have the following fitted or installed?		
Cellular phones	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Registration number on roof	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anti-hijacking devices	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Driver telematics system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ABS braking system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Two-way radios	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dry powder extinguishers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Automatic engine cut out	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vehicle/Trailer overloading devices	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fleet management system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have any other communication and safety devices fitted, please specify		
Do you have a tracking and recovery system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are your vehicles fitted with cameras (cab/forward or rear facing)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a 24-hour control room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive monthly or weekly reports?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered "yes" to any of the questions, please provide full details		
What are your security measures at the premises where the vehicle is kept?		
Travelling distances		
Short haulage	Up to 100 km	%
Medium haulage	101 km to 400 km	%
Long haulage	401 km to 800 km	%
Extremely long haulage	801 km to 2,000 km	%
Into neighbouring territories	Over 2,001 km	%

Areas of operations outside RSA (please specify)				
				%
				%
				%
Motor fleet information				
Motor section on a fleet basis (please indicate the fleet information over the past 3 years)				
Year	Total number of vehicles	Full value of the fleet		
		R		
		R		
		R		
Motor section on a specified basis (please provide an inventory with full vehicle details) by completing the last page of this form.				
Vehicle operations				
Are any of the vehicles owned or operated by anyone other than you?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any of the vehicles leased out/control assigned to any other party?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are the drivers leased out with the lease vehicles?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any of the vehicles in an unsafe, damaged or un-roadworthy condition?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your company perform its own vehicle servicing?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your company perform its own accident repairs?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered "yes" to any of the questions, please provide full details				
Details of excesses				
Please provide details of excess structures over the past 3 years				
Details of non-conventional insurance				
Please provide details of any non-conventional insurance arrangements over the past 3 years (if applicable)				
Previous motor claims				
Please provide a history of previous claims/losses for the past 3 years as confirmed by the insurer				
Date of loss	Vehicle type	Vehicle registration	Description of loss	Settlement amount

Mechanical breakdown towing			
Do you require Mechanical breakdown towing?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please insert amount required next to each vehicle on the Fleet List: R10,000 / R15,000 / R20,000 / R30,000			
Previous mechanical breakdown claims			
Please provide a history of previous claims/losses for the past 3 years as confirmed by the insurer			
Date of loss	Item insured	Description of loss	Settlement amount
			R
			R
			R
			R
			R

Important information

Claims notification
<p>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.</p> <p>Inform the South African Police Service as soon as possible or within 24 hours of an incident.</p> <p>Complete the claim form and provide Genlib 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.</p> <p>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.</p>
Condition of cover
<p>All vehicles as defined with an insured value of R200,000 or more, must be protected with an approved, operative tracking and recovery device. If a tracking and recovery device is installed, loss of or damage to the vehicle following theft, hijacking or attempted theft or hijacking will be covered only if:</p> <ol style="list-style-type: none"> At the occurrence of a claim the policyholder must supply proof of such tracking and recovery device and that it was activated at the time of the loss (a 14-day grace period is allowed for the installation of the device from the date that cover inception in instances where the vehicle does not have an approved tracking and recovery device installed). The policyholder must ensure that the tracking and recovery device is operational and maintained in a good working order and that the device is tested at least once every 6 months. The theft or hijacking is immediately reported to the supplier of the required tracking and recovery device.
Alteration of risk
<p>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.</p>
Fire extinguishers
<p>All heavy type commercial vehicles, medium commercial vehicles and plant items covered by the policy must be fitted with a minimum of a 9kg drypowder fire extinguisher.</p>

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.

I consent to Genlib CC and other operators processing, and further processing, my personal information in accordance with the Protection of Personal Information Act for the purposes of concluding and performing in terms of this insurance contract. For further information please read the Privacy Notice which can be found www.genlib.co.za

Signature	
Name of Signatory	
Capacity of Signatory (duly authorised)	
Name of Company	
Date	
Place	

TRANSPORTER INSURANCE - TRUCKS

PROPOSAL FORM – SCHEDULE OF VEHICLES – MOTOR FLEET INFORMATION

#	Year	Make	Model	Registration	Registered Owner	VIN Number	Current Retail Value	Details of Accessories	Value of Accessories	Mechanical Breakdown Towing Limits *
1							R		R	R
2							R		R	R
3							R		R	R
4							R		R	R
5							R		R	R
6							R		R	R
7							R		R	R
8							R		R	R
9							R		R	R
10							R		R	R
11							R		R	R
12							R		R	R
13							R		R	R
14							R		R	R
15							R		R	R

* For Mechanical Breakdown Towing, please insert amount required: R10,000 / R15,000 / R20,000 / R30,000