

TOURISM MOTOR 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.

BROKER'S 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 / Previous Insurer	
Expiry Date of Policy	

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:	

DRIVER'S 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 Drivers 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 (TOP-UP IN ADDITION TO THE R5,000,000 INCLUDED)

Amount (In addition to R5,000,000 included)	R
Alternative limit (In addition to R5,000,000 included)	R
Alternative limit (In addition to R5,000,000 included)	R

DECLARATION

I/We waive the right to privacy regarding underwriting, claims history information and/or credit information. This includes the information I/we provided as well as information provided by a third party in respect of any historic insurance policy or claims lodged.

I/We acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

The insurance information provided by me/us may be stored in the shared database and used for any decision pertaining to the continuance of my/our policy or claims I/we may submit.

I/WE CONSENT to such information being disclosed to any other insurance company or its agent.

I/WE ACKNOWLEDGE that my/our insurance history including claims information may be verified against other sources and databases.

I/WE AGREE that this proposal shall be the basis of the contract between the insurer and me/us.

I/WE ACCEPT the insurer's standard policy.

I/WE UNDERSTAND that this insurance will not commence until this proposal has been accepted by the insurer.

If you are unable to sign this declaration without qualification, please give your reasons here:

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I/We hereby declare that the information, statements and/or particulars contained herein are true and complete and that no facts, that are likely to influence the acceptance and assessment of this insurance, have been withheld / misrepresented.

I/We understand that I/we must disclose and declare all such information as a reasonable person would deem to influence the decision of an insurer to accept the risk as well as provide appropriate underwriting terms and premium rating for insuring the risk.

I/We undertake to inform Zenith for the Accomplished of any changes to the above information, statements and/or particulars, occurring before or after inception of this policy.

I/We acknowledge that the information contained herein may be brought into consideration by Zenith for the Accomplished in underwriting the risk.

I/We acknowledge that that non-disclosure of facts material to underwriting the physical or moral risk, may impact the validity of any claims made against the policy as well as the policy itself.

Policyholder Signature	
Full Name of Signatory	
Date	
Signed at	

Schedule of Motor Vehicles

* It is a condition of cover that all vehicles, unless specified differently, are insured on an agreement value basis which needs to be substantiated at claim stage

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

Make & Model	Reg. No.	Year of Manuf.	Registered Owner	Is Satellite Tracking Installed?	Type of Cover Required	Is Vehicle Modified?	* Insured Value
				Yes <input type="checkbox"/> No <input type="checkbox"/>	C <input type="checkbox"/> TP <input type="checkbox"/> TPFT <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	R
Number of Seats			VIN Number	Engine Number			

** Mark the VAPS & Extensions Required for the above vehicle by ticking YES below (If not marked, it will not be included in cover)

VAP	VAP	VAP	VAP	Sec. A Ext.	Sec. A Ext.	Sec. A Ext.	Sec. A Ext.	Sec. A Ext.	Se. B Ext.	Sec B Ext.	Sec. B Ext.
A.A.S.	Roadside Assist (Less than 3,500kg)	Roadside Assist (More than 3,500kg)	Beame Tracking	Loss of use – 30 day Vehicle Hire	Credit Shortfall	Emergency Accommodation	Riot & Strike (Outside RSA)	Waiver of Basic Excess	Contingent Liability	Passenger Liability (Top-Up)	Unauthorised Passenger Liability
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

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Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

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If you need to add additional vehicles, please use the separate Schedule of Motor Vehicles Addendum provided, thank you.