

NEW FOR OLD VEHICLE COVER (IVP - INCEPTION VALUE POLICY)

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.

NB: Eligibility for cover requires that a valid underlying Comprehensive Insurance Policy must be in place

BROKER'S DETAILS

Name of the Company	
Contact Person	
Telephone Number	
E-Mail	

INSURED'S DETAILS

Name of the Company/ Or Individual	
Trading Name	
Date business was established	
Registration Number	
VAT Number	
Full Name of Key Contact (If Business)	
ID Number	
Physical Address	
Postal Address (incl. postal code)	
Business Description	
Telephone Number	
E-Mail	

VEHICLE FLEET

Vehicle Description	Registration No.	Year Model	Current Retail Value
1)			R
2)			R
3)			R
4)			R
5)			R
6)			R
7)			R

CLAIMS HISTORY

Have you had any losses / claims over the last 3 years, including uninsured losses? If yes, please list the details below:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Loss	Description	Claim Amount
		R
		R
		R
		R

DECLARATION

I/We declare that after proper enquiry the statements and particulars given above are true and that I/we have not misstated or suppressed any material fact.

I/We agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

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