

## PERSONAL DETAILS

Name:  Surname:   
 ID no:  Marital status:   
 Occupation / Business:

## Contact Details

Tel no landline:  Cell no:   
 Email:   
 Address:   
 Postal code:

## PREVIOUS INSURANCE DETAILS

Current Insurer:

Permission for ITC Check? ITC checks are performed in accordance with insurers' need to accurately assess risk. Information obtained is used solely for this purpose.

YES  NO

## Claims History:

Year	Claims type	Claims value
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## HOUSEHOLD CONTENTS (PRIMARY RESIDENCE)

Address:   
 Postal code:

## Insured amounts:

Residence:  R Power surge cover:  R  
 Accidental damage cover:  R Wild baboons &  R  
 Mechanical/ Electrical breakdown cover  R Monkeys cover:

## Residence type:

House (Fully detached):  Townhouse:  Duet:  Flat (Above Ground level):  Flat (Ground level):   
 Other (Describe):

## Security measures (please tick where applicable):

Burglar proofing (all windows):  Burglar proofing (some windows):  Electric Fence:  Security gates:   
 Alarm system (not linked)  Alarm system (Linked to armed response):  Other:

Is the residence in a high security complex with access control, 24 hour security patrols and electric fence?  YES  NO

## HOUSEHOLD CONTENTS (SECONDARY RESIDENCE)

Address:   
 Postal code:

## Insured amounts:

Residence:  R Power surge cover:  R  
 Accidental damage cover:  R Wild baboons &  R  
 Mechanical/ Electrical breakdown cover  R Monkeys cover:

### Residence type:

House (Fully detached):  Townhouse:  Duet:  Flat (Above Ground level):  Flat (Ground level):   
 Other (Describe):

### Security measures (please tick where applicable):

Burglar proofing (all windows):  Burglar proofing (some windows):  Electric Fence:  Security gates:   
 Alarm system (not linked)  Alarm system (Linked to armed response):  Other:

Is the residence in a high security complex with access control, 24 hour security patrols and electric fence?  YES  NO

### ALL RISKS

Unspecified All Risks:

Specified Items:	Insured Amount
<input type="text"/>	<input type="text" value="R"/>
<input type="text"/>	<input type="text" value="R"/>
<input type="text"/>	<input type="text" value="R"/>
<input type="text"/>	<input type="text" value="R"/>
<input type="text"/>	<input type="text" value="R"/>

### MOTOR VEHICLE 1 – OWNER & DRIVER DETAILS

Owner name:  Owner surname:

#### Regular Driver details:

Name:  Surname:   
 ID no:  Licence code:   
 Date of licence:   
 Address:   
 Postal code:

Does the regular driver have a three year University degree?  YES  NO

#### Vehicle 1 – Regular driver claims history:

Year	Claims type	Claims value
<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="R"/>

#### Vehicle 1 – Cover required:

Comprehensive:  Third Party Only:  Third Party, Fire & Theft:

#### Vehicle 1 – Additional/Optional cover required:

Car Hire:  Excess Waiver:  Roadside Assist:

#### Vehicle 1 – Vehicle details:

Year:  Reg no:  Engine no:  Vin no:   
 Make:  Model:

#### Vehicle 1 – Type of use:

Private:  Business:  Private & to work:  Farming:

### Vehicle 1 – Overnight parking:

On street:  Carport:  Behind locked gates:  Locked garage:  Security complex:

### Vehicle 1 – Security:

None:  Satellite tracking:  Immobiliser/Alarm:  Data dot:

### Vehicle 1 – Other:

4x4 Cover?  Luxury Vehicle Cover?

### MOTOR VEHICLE 2 – OWNER & DRIVER DETAILS

Owner name:  Owner surname:

### Regular Driver details:

Name:  Surname:

ID no:  Licence code:

Date of licence:

Address:   
 Postal code:

Does the regular driver have a three year University degree?  YES  NO

### Vehicle 2 – Regular driver claims history:

Year	Claims type	Claims value
<input type="text"/>	<input type="text"/>	R
<input type="text"/>	<input type="text"/>	R
<input type="text"/>	<input type="text"/>	R
<input type="text"/>	<input type="text"/>	R
<input type="text"/>	<input type="text"/>	R

### Vehicle 2 – Cover required:

Comprehensive:  Third Party Only:  Third Party, Fire & Theft:

### Vehicle 2 – Additional/Optional cover required:

Car Hire:  Excess Waiver:  Roadside Assist:

### Vehicle 2 – Vehicle details:

Year:  Reg no:  Engine no:  Vin no:

Make:  Model:

### Vehicle 2 – Type of use:

Private:  Business:  Private & to work:  Farming:

### Vehicle 2 – Overnight parking:

On street:  Carport:  Behind locked gates:  Locked garage:  Security complex:

### Vehicle 2 – Security:

None:  Satellite tracking:  Immobiliser/Alarm:  Data dot:

### Vehicle 2 – Other:

4x4 Cover?  Luxury Vehicle Cover?

## MOTOR VEHICLE 3 – OWNER & DRIVER DETAILS

Owner name:  Owner surname:

### Regular Driver details:

Name:  Surname:

ID no:  Licence code:

Date of licence:

Address:

Postal code:

Does the regular driver have a three year University degree?  YES  NO

### Vehicle 3 – Regular driver claims history:

Year	Claims type	Claims value
<input type="text"/>	<input type="text"/>	R
<input type="text"/>	<input type="text"/>	R
<input type="text"/>	<input type="text"/>	R
<input type="text"/>	<input type="text"/>	R
<input type="text"/>	<input type="text"/>	R

### Vehicle 3 – Cover required:

Comprehensive:  Third Party Only:  Third Party, Fire & Theft:

### Vehicle 3 – Additional/Optional cover required:

Car Hire:  Excess Waiver:  Roadside Assist:

### Vehicle 3 – Vehicle details:

Year:  Reg no:  Engine no:  Vin no:

Make:  Model:

### Vehicle 3 – Type of use:

Private:  Business:  Private & to work:  Farming:

### Vehicle 3 – Overnight parking:

On street:  Carport:  Behind locked gates:  Locked garage:  Security complex:

### Vehicle 3 – Security:

None:  Satellite tracking:  Immobiliser/Alarm:  Data dot:

### Vehicle 3 – Other:

4x4 Cover?  Luxury Vehicle Cover?

## CARAVAN

Year & Make:  Model:

Value:  R Cover type:

Parking:  Registered owner:

## TRAILER

Year & Make:  Model:

Value:  R Cover type:

Parking:  Registered owner:

## MOTORCYCLE

Owner name:  Owner surname:

### Regular Driver details:

Name:  Surname:

ID no:  Licence code:

Date of licence:

Address:

Postal code:

### Regular driver claims history:

Year	Claims type	Claims value
<input type="text"/>	<input type="text"/>	R <input type="text"/>
<input type="text"/>	<input type="text"/>	R <input type="text"/>
<input type="text"/>	<input type="text"/>	R <input type="text"/>
<input type="text"/>	<input type="text"/>	R <input type="text"/>
<input type="text"/>	<input type="text"/>	R <input type="text"/>

### Cover required:

Comprehensive:  Third Party Only:  Third Party, Fire & Theft:  Theft excluded:

### Details:

Year:  Reg no:  Engine no:  Vin no:

Make:  Model:

### Overnight parking:

On street:  Carport:  Behind locked gates:  Locked garage:  Security complex:

### Security:

None:  Satellite tracking:  Immobiliser/Alarm:  Data dot:

## WATERCRAFT

Owner name:  Owner surname:

ID no:

Year:  Hull length:  Inboard motor?  Outboard motor?

Type of craft:  Motor size:

Value: R

### ADDITIONAL COVER OPTIONS (Do you need more information regarding the following)

Personal Legal Liability  Personal Accident

Client's signature

Date signed: