

PERSONAL DETAILS									
Name:				Surname:					
ID Number:			Marital Status:						
Occupation / Business:									
		Contact De	tails:						
Landline:		Cell:			E-mail:				
Address:									
Address.					Postal Code:				
	Postal Code.								
PREVIOUS INSURANCE	DETAILS								
Compat Income									
Current Insurer:	\/=0 \\\0 \\\								
Permission to do ITC check:	YES NO ITC obta	Checks are performed in accordined is used solely for this put	rpose.	insurers' ne	ed to accurately assess i	risk. Information			
		Claims His	tory:						
Year:		Claim T	ype:		Clain	n Value:			
					R				
					R				
					R				
					R				
					R				
					R				
					R				
COVER REQUIREMENTS	S								
		Household Contents (Pr	imary Rosic	lence):					
		riouseriola Contents (i i	illiary ivesic	ierice).					
Address:					Destal Cada				
		In accord Acc	Postal Code:						
	5	Insured Am	ounts						
	Residence:	R							
	ental Damage Cover:	R							
Mechanical / Electric	R								
	R								
Cover for Damage by Wild	R								
		Residence '	Туре:						
	Н	ouse (Fully detached):							
		Duet:							
		Townhouse:							
		Flat :(Ground Level)							
	Flat (Above Ground Level):							
		Other (Describe):							



		Secu	rity Measurements:	(Please tick where applicable)					
Burglar Proofing (All Windows):									
Burglar P	roofing (Only Opening \	Windows):							
	Secui	rity Gates:							
	Elect	tric Fence:							
Alarm Sys	tem (Linked to Armed R	esponse):							
	Alarm System (No	ot Linked):							
	Is the residence in a	high secu	rity complex with acc	ess control, 24 hr security patrols and Electric Fend	e?	YES	NO		
			Household Conte	nts (Primary Residence):					
Address:									
				Postal Co	de:				
			Insur	ed Amounts					
	Res	sidence:	R						
	Accidental Damage	e Cover:	R						
Mechanic	al / Electrical Breakdowr	n Cover:	R						
	Power Surge	e Cover:	R						
Cover for Damag	ge by Wild Baboons & M	lonkeys:	R						
			Resid	dence Type:					
		Hou	se (Fully detached):						
			Duet:						
			Townhouse:						
			Flat :(Ground Level)						
		Flat (Al	oove Ground Level):						
			Other (Describe):						
		Secu	rity Measurements:	(Please tick where applicable)					
	Burglar Proofing (All \	Windows):							
Burglar P	roofing (Only Opening \	Windows):							
	Secui	rity Gates:							
	Elect	tric Fence:							
Alarm Sys	tem (Linked to Armed R	esponse):							
	Alarm System (No	ot Linked):							
	Is the residence in a	high secu	rity complex with acc	ess control, 24 hr security patrols and Electric Fenc	e?	YES	NO		
			Household Content	s (Secondary Residence):					
Address:									
				Postal Co	de:				
			Insur	ed Amounts					
	Residence:	R		Power Surge Cover:	R				
	dental Damage Cover:	R		Cover for Damage by Wild Baboons & Monkeys:	R				
Mechanical / Electrical Breakdown Cover:									
			Resid	dence Type:					
		Hou	se (Fully detached):						



				Duet:							
				Townhouse:							
				Ground Level)							
	Flat (Above Ground Level)										
			Oth	er (Describe):							
			Security Me	easurements:	(Please tick v	vhere applica	able)				
		Burglar Proofing (All Win	idows):								
В	Burglar Pro	ofing (Only Opening Win	idows):								
		Security	Gates:								
		Electric	Fence:								
Al	arm Syste	m (Linked to Armed Resp	oonse):								
		Alarm System (Not L	inked):								
		Is the residence in a hig	h security cor	mplex with acc	ess control, 24	hr security pa	atrols ar	nd Electric Fence	? YES	i	NO
ALL RISK	(S										
Unspecif Risk		Insured Amount:									
				Descri	ption				Insur	ed Am	ount:
									R		
									R		
Specified	I Items:								R		
									R		
									R		
									R		
MOTOR	VEHICLI	ES									
			\	Vehicle 1 - Ov	/ner & Driver I	Details					
Owne	er Name:					Owner Surn	ame:				
Regul	ar Driver				Regula	ar Driver Surn	ame:				
Regular I	Name: Driver ID			Re	gular Driver Li	cence Code (E	E.g. EB	, B, C1):			
Date	No: e of First				Driver Address	s:					
	Licence:										
								Code:			
					Door Boarder F	Orivor Hove a	Throc	Year University D	logroo?	YES	NO
							THEE	rear Offiversity D	regree :	ILS	INO
Year:	I				r Driver Claim	ns History:		Clo	im Value:		
rear.	: Claim Type:							Cia	iiii value.		
							R				
							R				
							R				
					_		R				
					· Cover Requir	ed					
	Comprehe	ensive:			Fire & Theft:			Thi	rd Party On	y:	
			Ve	hicle 1 - Addi	tional/Optiona	I Cover:					



Car H	re:		Excess Waiver:			Roadside Assist:	
		Vehicle	1 - Vehicle Deta	ils			
Yea	ar		Regist	ration Number:			
Make) :			Enige Number:			
Model Description	n			VIN Number:			
		Vehic	le 1 - Type of Use) :			
Private) :			Retired:			
Private & To Wor	c :			Business:			
		Vehicle 1	- Overnight Parl	king:			
On Stree	t:			Car	rport:		
Behind locked gate	S:			Locked Ga	rage:		
		Veh	icle 1 - Security:				
None	e :			Satellite Trac	king:		
Immobiliser/Alarn	n:			Data	Dot:		
		Vehicle 2 -	Owner & Driver I	Details			
Owner Name:				Owner Surnam	ne:		
Regular Driver Name:			Regul	ar Driver Surnam	ne:		
Regular Driver ID No:			Regular Driver Li	cence Code (E.g	. EB, B, C1):		
Date of First Licence:			Driver Address	s:			
						Code:	
			Does Regular I	Oriver Have a Th	ree Year Univ	ersity Degree? Y	ES NO
		Vehicle 2 - Reg	ular Driver Clain	ns History:			
Year:		Claim Type:				Claim Value:	
				F	₹		
				F	₹		
				F	₹		
					?		
		Vehicle	2 - Cover Requi				
Comprehensi	ve:		ty, Fire & Theft:			Third Party Only:	
			dditional/Optiona	al Cover:			
Car H	re.		Excess Waiver:			Roadside Assist:	
Guill	10.		2 - Vehicle Deta	ile		rtoudolido / toolot.	
Yea	ar	Vernoic		ration Number:			
Make			_	Enige Number:			
Model Description				VIN Number:			
woder Description	"	Vahia	la 2. Tuma af llas				
Debug		venic	le 2 - Type of Use				
Private:				Retired:			
Private & To Wor	.	M-1-1-1 0	Oversiel D	Business:			
2 2:		venicle 2	- Overnight Parl	=			
On Stree					rport:		
Behind locked gate	S:			Locked Ga	rage:		
		Veh	icle 2 - Security:				



N	one:			Satellite Tra	acking:					
Immobiliser/Al	arm:		Data Dot:							
		Vehicle 3 - Owner & Driv	er De	etails						
Owner Nam		Owner Surna	ame:							
Regular Driver Name: Regular Driver Surname:										
Regular Driver ID No: Regular Driver Licence Code (E.g. EB, B, C1):										
Date of First Licence	ce:	Driver Addr	ess:							
		'								
						Code	э:			
		Does Regul	ar Dr	iver Have a	Three Ye	ear University	Degre	ee? YI	ES NO)
		Vehicle 3 - Regular Driver Cl	ims	History:						
Year:		Claim Type:				С	laim V	'alue:		
					R					
					R					
					R					
					R					
		Vehicle 3 - Cover Rec	uire	d						
Comprehe	nsive:	Third Party, Fire & Thef	:			Т	hird P	arty Only:		
		Vehicle 3 - Additional/Option	nal	Cover:						
Ca	r Hire:	Excess Waive	:		Roadside Assist					
		Vehicle 3 - Vehicle D	etails	s						
,	Year	Re	jistra	ation Number	:					
M	ake:		E	nige Number	-:					
Model Descrip	otion			VIN Number	r:					
		Vehicle 3 - Type of	Jse:							
Priv	vate:			Retired	l:					
Private & To W	/ork:		Business:							
		Vehicle 3 - Overnight F	arkiı	ng:						
On St	reet:			Carport	t:					
Behind locked ga	ates:		Locked Garage:							
		Vehicle 3 - Securi	y:							
N	one:		Sate	ellite Tracking	g:					
Immobiliser/Al	arm:		Data Dot:							
CADAVAN										
CARAVAN										
Year, Make & M	odel			Use	e:					
Va	alue:			Cove	r:					
Parl	king:		Regi	stered Owne	er					
TRAILER										
Year, Make & M	odel			Use	e:					
	alue:			Cove						
	king:		Regi	stered Owne						
	-		٠.							



MOTORCYCL	E							
Owner	er Name: Owner Surname:							
Regular Rider					Regu	lar Rider Surname:		
Regular Rider						ite of First Licence:		
3				Pogular	r Rider Claims Hist			
Year:			CI	aim Type:	Rider Claims His	ory.	Claim V	/alue:
						R		
						R		
						R		
						R		
					Cover Required	11		
Comp	rehensive:				arty, Fire & Theft:		Third D	arty Only:
Comp	renensive.				otorcycle Details		Tillia P	arty Offiy.
	Year			IVI		ration Number:		
	Make:				_	Enige Number:		
Model De						VIN Number:		
Woder De	Scription			0	vernight Parking:	VIIV INGITIDEI.		
0	n Street:			0	vernight i arking.	Carpo	ort.	
Behind locke						Locked Gara		
Definite foots	ou guico.				Security:	200koa Gara	90.	
	None:				Coounty.	Satellite Trackir	na:	
Immobilise						Data D	-	
mmiobilio.	oi// dami.					Data D		
WATERCRAF	Т							
Owner	Name:					Owner Surname:		
Owner	ID No:							
	Year					Name	:	
	Make:					Hull Length		
Model Desc						Motor/s Type		Outboard
	of craft:					Motor/s Size		
	Value:							
ADDITIONAL	COVER O	PTIONS (v	vould you v	vant more	information on	the following	?)	
	Personal I	egal Liability:	YES	NO			Personal Accident:	YES NO
	. Ciodilai L	ogai Liability.	120	110			i diddiai Addident.	120 110
Cianatura						Date:	d d m	m 0 0 1
Signature						Date:	d d m	m c c y y