



QUOTE FORM

PERSONAL DETAILS

Name:		Surname:	
ID Number:		Marital Status:	
Occupation / Business:			
Contact Details:			
Landline:	Cell:	E-mail:	
Address:			Postal Code:

PREVIOUS INSURANCE DETAILS

Current Insurer:			
Permission to do ITC check:	YES	NO	ITC Checks are performed in accordance with insurers' need to accurately assess risk. Information obtained is used solely for this purpose.
Claims History:			
Year:	Claim Type:		Claim Value:
			R
			R
			R
			R
			R
			R
			R

COVER REQUIREMENTS

Household Contents (Primary Residence):			
Address:			Postal Code:
Insured Amounts			
Residence:	R		
Accidental Damage Cover:	R		
Mechanical / Electrical Breakdown Cover:	R		
Power Surge Cover:	R		
Cover for Damage by Wild Baboons & Monkeys:	R		
Residence Type:			
House (Fully detached):			
Duet:			
Townhouse:			
Flat :(Ground Level)			
Flat (Above Ground Level):			
Other (Describe):			



QUOTE FORM

Security Measurements: (Please tick where applicable)

Burglar Proofing (All Windows):		
Burglar Proofing (Only Opening Windows):		
Security Gates:		
Electric Fence:		
Alarm System (Linked to Armed Response):		
Alarm System (Not Linked):		
Is the residence in a high security complex with access control, 24 hr security patrols and Electric Fence?	YES	NO

Household Contents (Primary Residence):

Address:	
	Postal Code:

Insured Amounts

Residence:	R
Accidental Damage Cover:	R
Mechanical / Electrical Breakdown Cover:	R
Power Surge Cover:	R
Cover for Damage by Wild Baboons & Monkeys:	R

Residence Type:

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

Security Measurements: (Please tick where applicable)

Burglar Proofing (All Windows):		
Burglar Proofing (Only Opening Windows):		
Security Gates:		
Electric Fence:		
Alarm System (Linked to Armed Response):		
Alarm System (Not Linked):		
Is the residence in a high security complex with access control, 24 hr 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	Cover for Damage by Wild Baboons & Monkeys:	R
Mechanical / Electrical Breakdown Cover:	R		

Residence Type:

House (Fully detached):	
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QUOTE FORM

Duet:	
Townhouse:	
Flat :(Ground Level)	
Flat (Above Ground Level):	
Other (Describe):	

Security Measurements: (Please tick where applicable)

Burglar Proofing (All Windows):		
Burglar Proofing (Only Opening Windows):		
Security Gates:		
Electric Fence:		
Alarm System (Linked to Armed Response):		
Alarm System (Not Linked):		
Is the residence in a high security complex with access control, 24 hr security patrols and Electric Fence?	YES	NO

ALL RISKS

Unspecified All Risks:	Insured Amount:	
Specified Items:	Description	Insured Amount:
		R
		R
		R
		R
		R

MOTOR VEHICLES

Vehicle 1 - Owner & Driver Details

Owner Name:		Owner Surname:	
Regular Driver Name:		Regular Driver Surname:	
Regular Driver ID No:		Regular Driver Licence Code (E.g. EB, B, C1):	
Date of First Licence:		Driver Address:	
		Code:	
		Does Regular Driver Have a Three Year University Degree?	YES NO

Vehicle 1 - Regular Driver Claims History:

Year:	Claim Type:	Claim Value:
		R
		R
		R
		R

Vehicle 1 - Cover Required

Comprehensive:		Third Party, Fire & Theft:		Third Party Only:	
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Vehicle 1 - Additional/Optional Cover:



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Car Hire:		Excess Waiver:		Roadside Assist:	
Vehicle 1 - Vehicle Details					
Year:		Registration Number:			
Make:		Enige Number:			
Model Description:		VIN Number:			
Vehicle 1 - Type of Use:					
Private:		Retired:			
Private & To Work:		Business:			
Vehicle 1 - Overnight Parking:					
On Street:		Carport:			
Behind locked gates:		Locked Garage:			
Vehicle 1 - Security:					
None:		Satellite Tracking:			
Immobiliser/Alarm:		Data Dot:			
Vehicle 2 - Owner & Driver Details					
Owner Name:		Owner Surname:			
Regular Driver Name:		Regular Driver Surname:			
Regular Driver ID No:		Regular Driver Licence Code (E.g. EB, B, C1):			
Date of First Licence:		Driver Address:			
				Code:	
		Does Regular Driver Have a Three Year University Degree?	YES	NO	
Vehicle 2 - Regular Driver Claims History:					
Year:		Claim Type:		Claim Value:	
			R		
			R		
			R		
			R		
Vehicle 2 - Cover Required					
Comprehensive:		Third Party, Fire & Theft:		Third Party Only:	
Vehicle 2 - Additional/Optional Cover:					
Car Hire:		Excess Waiver:		Roadside Assist:	
Vehicle 2 - Vehicle Details					
Year:		Registration Number:			
Make:		Enige Number:			
Model Description:		VIN Number:			
Vehicle 2 - Type of Use:					
Private:		Retired:			
Private & To Work:		Business:			
Vehicle 2 - Overnight Parking:					
On Street:		Carport:			
Behind locked gates:		Locked Garage:			
Vehicle 2 - Security:					



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None:		Satellite Tracking:	
Immobiliser/Alarm:		Data Dot:	

Vehicle 3 - Owner & Driver Details

Owner Name:		Owner Surname:	
Regular Driver Name:		Regular Driver Surname:	
Regular Driver ID No:		Regular Driver Licence Code (E.g. EB, B, C1):	
Date of First Licence:		Driver Address:	

		Code:	
	Does Regular Driver Have a Three Year University Degree?		YES NO

Vehicle 3 - Regular Driver Claims History:

Year:	Claim Type:	Claim Value:
		R
		R
		R
		R

Vehicle 3 - Cover Required

Comprehensive:		Third Party, Fire & Theft:		Third Party Only:	
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Vehicle 3 - Additional/Optional Cover:

Car Hire:		Excess Waiver:		Roadside Assist:	
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Vehicle 3 - Vehicle Details

Year		Registration Number:	
Make:		Enige Number:	
Model Description		VIN Number:	

Vehicle 3 - Type of Use:

Private:		Retired:	
Private & To Work:		Business:	

Vehicle 3 - Overnight Parking:

On Street:		Carport:	
Behind locked gates:		Locked Garage:	

Vehicle 3 - Security:

None:		Satellite Tracking:	
Immobiliser/Alarm:		Data Dot:	

CARAVAN

Year, Make & Model		Use:	
Value:		Cover:	
Parking:		Registered Owner	

TRAILER

Year, Make & Model		Use:	
Value:		Cover:	
Parking:		Registered Owner	



QUOTE FORM

MOTORCYCLE					
Owner Name:		Owner Surname:			
Regular Rider Name:		Regular Rider Surname:			
Regular Rider ID No:		Date of First Licence:			
Regular Rider Claims History:					
Year:		Claim Type:		Claim Value:	
				R	
				R	
				R	
				R	
Cover Required					
Comprehensive:		Third Party, Fire & Theft:		Third Party Only:	
Motorcycle Details					
Year:		Registration Number:			
Make:		Engine Number:			
Model Description:		VIN Number:			
Overnight Parking:					
On Street:		Carport:			
Behind locked gates:		Locked Garage:			
Security:					
None:		Satellite Tracking:			
Immobiliser/Alarm:		Data Dot:			
WATERCRAFT					
Owner Name:		Owner Surname:			
Owner ID No:					
Year:		Name:			
Make:		Hull Length:			
Model Description:		Motor/s Type:	Inboard	Outboard	
Type of craft:		Motor/s Size:			
Value:					
ADDITIONAL COVER OPTIONS (would you want more information on the following?)					
Personal Legal Liability:	YES	NO	Personal Accident:	YES	NO

Signature _____ Date:

d	d	m	m	c	c	y	y
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