

## **Amendment Request**

OFFICE / BROKE	R USE ONLY								
Name of broker:				Contact:					
Email of broker:							Code:		
Client name:	ame: Policy/Quote no:								
No of claims during th	e past 5 years?	M/V:		Content:		Building:		All risks:	
Broker is approved for	(mark with an x)	Santam 10	Santam	Personal	Zu	rich	Но	llard	M&F
BUILDINGS & CONTENT									
Risk address:									
							Code:		
Sum insured:	R					Claims fre	e group:		
								re ground):	
Wall construction:  Roof construction:								, ,	
Type of residence : Primary residence: Additional residence: Holiday home:									
Situated in or on a:	Residential area:	Sm	allholding:		F	arm / Plot:		Other:	
Is this a high security complex with guards at main gate, 24 hour patrol and electric fencing?									No
Is there a thatch lapa within 3m of the main dwelling?									No
If yes (or if Roof is thatch) - Is the property protected by an SABS approved lightning conductor?  Yes									No
Situated below the 50 year flood line; within 100m of a stream, river, dam, lake or the sea; or in flood prone area?  Yes									No
								Yes	No
								Yes	No
Are you in a 24 hour security area?								Yes	No
								Yes	No
Is there currently construction underway on the premises?								Yes	No
Is the premises within 2km from an informal settlement?								Yes	No
Do you require additio	nal cover for damage b	by wild baboons or mo	nkeys?					Yes	No
Do you require: (Mark with an X)   Accidental damage   Power surge   General accidental & mechanical   R									
ALL RISKS									
Item description:  Insured amount: R									
MOTOR									
How many years has	passed since the usual	driver was last involve	ed in an acc	cident?					
	as the usual driver hac								
Make: Model:									
Year:	Reg no:	Vehicle ty	pe:						
Engine no:			Vin no:						
Chassis no:				Odometer	reading:				
Reg owner name:	wner name: Reg owner ID no:								
Usual driver name: Driver nationality:									
Driver gender: Male Female Company Driver ID no:									
Driver date of first lice	nse:	Driver lice	nse type:		Driver da	te of birth:			
Driver marital status:  Registered owner is: Spouse Policy holder Insured's child								d's child	Other
Cover: 3 <sup>rd</sup> Party 3 <sup>rd</sup> Party, fire & theft Comprehensive Theft excluded Vehicle use: Social Busine								Business	Private
Voluntary excess: R Sum insured: R									
Does the usual driver have a University degree or higher qualification?  Yes  No  Data dots?  Yes									No
Where is the vehicle parked overnight?  Type of immobiliser:									
Type of gearlock:  Type of tracking device:									
Excess Waiver? Yes No Do you want to include car hire? Yes No									
Client's signature						Date signe	. d.		