

McCrystal Insurance Brokers (Pty) Ltd

Short Term Insurance Brokers and Advisors

PO Box 1704, Pinegowrie, 2123
38 Dover Street, Ferndale, 2194
FSP Number 13998

Tel: 0860 222 552
Fax: 011 789 8527/8
Email: info@mccrystal.co.za

Needs Analysis and Proposal Form - CARAVAN INSURANCE

CLIENT DETAILS

Surname: _____ Name: _____ Title: _____

ID Number: _____ Date of Birth: _____

Contact No (h): _____ (w) _____ (cell) _____
(fax) _____ (email) _____

Physical Address: _____ (code) _____

Postal Address: _____ (code) _____

Preferred method of communication: Post / Email Signature: _____

RISK DETAILS

- Are you or have you ever been insured for any caravan (s)? Yes / No
If Yes, Name of Company _____ Policy No: _____
- Has any insurer ever cancelled, restricted, endorsed, failed to renew your policy or any section thereof or repudiated a claim which you or any member of your household? Yes / No
Details: _____
- Have you or any member of your household suffered any previous losses or claims? Yes / No
Details: _____
- Have you or any member of your household been convicted of any motoring or criminal offences in the last 5 years?? Yes / No
Details: _____
- Have you or any member of your household ever been sequestrated or had a civil judgement Taken against them/you? Yes / No
Details: _____

CARAVAN DETAILS

Make: _____ Model: _____ Year _____

Reg No: _____ Chassis No _____

Sum Insured: R _____

Storage: Locked Garage Yes / No Behind Locked Gates Yes / No Other _____

Contents Cover: R 30 000 included, subjected to sub limits as per policy documents

Use: Only Private use is covered – NO BUSINESS / COMMERCIAL USE

OTHER INFORMATION

Excesses:

- Own damage: 5% of the claim with minimum R 1 000
- Contents: R 500
- Caravan window: 30% of the claim with minimum R 250 in case of replacement, nil for repairs

Additional cumulative excesses:

- Loss/claim within the first 60 days of cover: 5% of claim with a minimum of R 2 500

Referred by: _____ Paid R250 Admin Fee- Cash / Debit with first premium

Monthly Premium including all broker commission and Fees: R _____

Please note that a pro-rata amount will be debited with the first month's premium if a policy is issued at the beginning or middle of a month. Please contact our offices for the amount to be debited.

Payment Authorisation

I/We hereby request "instruct" and authorise you to draw against my/our payment details above the amount necessary for payment of the monthly premium due in respect of the above mentioned contract, on a monthly basis, until this contract is terminated in writing.

The amount may change from time to time or reflect any change in cover, risk, sum insured and/or premium rates.

Cover is subject to Terms and Conditions of The Hollard Insurance Co.

If this application is accepted, I accept the policy issued by The Hollard Insurance Co.

All the information contained in the application is correct and complete. I have read and understand the information contained in the proposal form which has been explained to me. If there is any aspect of the insurance product, excesses or conditions that I do not understand I can contact McCrystal Insurance Brokers on 011 789 8514 and be placed in contact with a financial advisor before signing the proposal form which is binding.

Date: _____ Signature: _____

DEBIT ORDER

Name of Bank: _____ Branch & Branch Code: _____

Account Type: _____ Account Number: _____

Account Holder: _____ Signature: _____

Kindly note that this document is considered to be a legal document & must be signed & dated by the applicant. Please note for any queries regarding your insurance or the policy, please contact our offices 011 789 8514, info@mccrystal.co.za

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