

PERSONAL PROPOSAL FORM

The Personal Policy can be issued only in the name of an individual and not in a company name or a CC
Wherever the word 'you' appears, it means the insured

Title _____ Initials _____ Surname _____ Date of birth _____
 ID number _____ Passport number (if non-SA resident) _____
 Occupation _____
 Postal address _____ Post Code _____
 Telephone Work (code) _____ Home (code) _____ Cell _____
 Fax number (code) _____ E-mail address _____

PAYMENT OPTIONS AND BANKING DETAILS Please mark the appropriate blocks

Premium payment method _____ Annually _____ Monthly debit order _____
 If paying monthly, date for the debiting of premiums _____

DEBIT ORDER ACCOUNT

Bank _____ Branch _____ Branch code _____
 Account number _____ Account holder name _____
 Type of account _____
 Transmission _____
 Cheque _____
 Savings _____
 Account holder Signature _____ Date _____

GENERAL INFORMATION Please complete (applicable to all sections)

Inception date of this insurance _____ Language preferred Eng Afr
 Are you 55 or older and not gainfully employed YES NO

Physical address of your private residences

Residence (1) _____ Residence (2) _____

 _____ Post code _____ Post code _____

To be completed if cover is required for Household Goods, Buildings or the All Risks Sections

SITUATION OF RESIDENCE	RESIDENCE 1		RESIDENCE 2	
	YES	NO	YES	NO
Smallholding/Plot/Farm	YES	NO	YES	NO
Security village	YES	NO	YES	NO
Retirement complex	YES	NO	YES	NO
Enclosed access-controlled area	YES	NO	YES	NO
Residential area, no access control	YES	NO	YES	NO
Are there any of the following within 1km radius	YES	NO	YES	NO
	YES	NO	YES	NO
From which date have you lived at the residence _____				

CONSTRUCTION and SITUATION OF RISK

	RESIDENCE 1		RESIDENCE 2	
Is the roof of standard construction (i.e. slate, tiles, asbestos, concrete, corrugated iron or metal)	YES	NO	YES	NO
Is the roof constructed of thatch	YES	NO	YES	NO
If Yes, is an SABS-approved lightning mast installed	YES	NO	YES	NO
If neither of the above, please specify the roof construction				
Are the main walls constructed of				
• brick, stone or concrete	YES	NO	YES	NO
• timber, part timber, framed metal	YES	NO	YES	NO
• asbestos	YES	NO	YES	NO
• fibreglass	YES	NO	YES	NO
Is there a thatch lapa situated on the premises	YES	NO	YES	NO
If Yes, Thatch questionnaire to be completed				
Is the residence situated close to water	YES	NO	YES	NO
If Yes, how far? Indicate whether it is a dam, sea, river, lake, stream, etc.				

WHAT TYPE OF HOME DO YOU HAVE

Detached house/cottage	YES	NO	YES	NO
Semi-detached house/cottage	YES	NO	YES	NO
Apartment/flat (ground or first floor)	YES	NO	YES	NO
Apartment/flat (above first floor)	YES	NO	YES	NO

OCCUPATION (Residences occupied as communes are not acceptable)

Will the residence be left unoccupied				
• for more than 7 consecutive days within the first 30 days	YES	NO	YES	NO
• during working hours	YES	NO	YES	NO
• for more than a total of 60 days per year	YES	NO	YES	NO
Is the residence a holiday home	YES	NO	YES	NO
Will the residence be rented or let out	YES	NO	YES	NO
If Yes, provide details				

SECURITY

Are all opening windows burglar-barred	YES	NO	YES	NO
Are all fixed windows burglar-barred	YES	NO	YES	NO
Does any outbuilding or garage adjoining the residence have an interleading door	YES	NO	YES	NO
If Yes, is this door protected by an alarm or security gate	YES	NO	YES	NO
Are external access doors fitted with security gates	YES	NO	YES	NO
Are external sliding doors fitted with security gates or frame-mounted key-operated locking bolts	YES	NO	YES	NO
Is the perimeter of your property walled/fenced with a wall or steel fence of at least 1.8m in height	YES	NO	YES	NO
Are there full-time security guards on your property	YES	NO	YES	NO
Is the residence protected with an approved alarm system linked to a 24-hour control room with armed response	YES	NO	YES	NO
If Yes, attach documentary proof from service provider				

HOUSEHOLD GOODS

	RESIDENCE 1		RESIDENCE 2	
Do you require this insurance	YES	NO	YES	NO
Sum insured: Insure for new replacement costs	R _____		R _____	
Cover required Full Restricted Are parts of the premises used for business purposes	YES	NO	YES	NO
If Yes, complete the Business Run from Home questionnaire				
Are you entitled to a claim-free group	YES	NO	YES	NO
If Yes, state number of years	_____		_____	
OPTIONAL ACCIDENTAL DAMAGE – Do you require cover? Sum Insured	YES	NO	YES	NO
	R _____			

BUILDING

Do you require this insurance	YES	NO	YES	NO
Sum insured: Insure buildings and outbuildings for replacement value	R _____		R _____	
Is the building bonded and do you require the bondholder's interest noted	YES	NO	YES	NO
If Yes, provide details of bondholder and account number	_____		_____	
Are parts of the premises used for business purposes	YES	NO	YES	NO
If Yes, complete the Business Run from Home questionnaire				
Subsidence and Landslip cover required	YES	NO	YES	NO
If Yes, complete the Subsidence and Landslip questionnaire				

ALL RISKS

Do you require this insurance		YES	NO
General All Risks: Property normally carried or worn on the person (minimum R5 000)		R _____	
Specific All Risks: Car radio/tape players/CD players, contact lenses, bicycles, laptops, firearms, cellular phones must be specified regardless of value			

Articles kept permanently in a bank safe deposit box must be specified (mark appropriate box to indicate that the item is kept in a bank safe). Please attach an invoice or valuation certificate for each specified item.

Where applicable, include serial number of specified items. Describe items fully and accurately.

		Bank Safe	
1. _____	R _____	YES	NO
2. _____	R _____	YES	NO
3. _____	R _____	YES	NO
4. _____	R _____	YES	NO

MOTOR VEHICLES

Must be completed if cover is required for motor vehicle, motorcycle or trailer/caravan vehicles.

A copy of the licence/registration papers must be attached for each vehicle for which cover is required.

INFORMATION ABOUT THE DRIVER OF THE VEHICLE	MOTOR VEHICLE 1		MOTOR VEHICLE 2	
Specify the vehicle registration number for which the driver information is completed	_____		_____	
Are you or your spouse the registered owner	YES	NO	YES	NO
If No, state the name of the registered owner	_____		_____	

Name and gender of usual driver

M

F

M

F

Relationship of the usual driver to you

Date of birth of the usual driver

ID number of the usual driver

Occupation of the usual driver

Indicate the type of driver's licence the usual driver holds:

- | | | | | |
|-----------------------------------|-----|----|-----|----|
| • licence issued in RSA | YES | NO | YES | NO |
| • learner's licence issued in RSA | YES | NO | YES | NO |
| • international driver's licence | YES | NO | YES | NO |
| • none | YES | NO | YES | NO |

Year in which licence of the usual driver was first obtained

Does the usual driver or any person who may drive the vehicle:

- | | | | | |
|--|-----|----|-----|----|
| • suffer from defective vision, hearing or from any physical or mental infirmity | YES | NO | YES | NO |
|--|-----|----|-----|----|
- If Yes, provide details

- | | | | | |
|--|-----|----|-----|----|
| • have a conviction or paid an admission of guilt fine for a driving offence in the past 3 years or is there any prosecution pending | YES | NO | YES | NO |
|--|-----|----|-----|----|
- If Yes, provide details

- | | | | | |
|---|-----|----|-----|----|
| • does the usual driver reside at the same risk address | YES | NO | YES | NO |
|---|-----|----|-----|----|
- If No, provide details of risk address where vehicle will be kept overnight

MOTOR VEHICLE

Do you require this insurance

YES

NO

YES

NO

Retail value (include finance costs)

R

R

Registration number

Make and model

Year of manufacture

Engine number

VIN number

Is the vehicle imported

YES

NO

YES

NO

Has the vehicle been modified to alter the performance level

YES

NO

YES

NO

If Yes, provide the following modifications

Tare

Tare

Kilowatt

Kilowatt

- | | | | |
|-----------------------|----------------------------|-----|-----|
| Cover required | Comprehensive | YES | YES |
| | Third Party Fire and Theft | YES | YES |
| | Third Party only | YES | YES |

Class of use	Private	YES		YES	
	Private and commuting	YES		YES	
	Business	YES		YES	
Has the usual driver had any claims		YES	NO	YES	NO
If Yes, indicate the number of claims:					
• number of claims in previous 12 months		_____		_____	
• number of claims in previous 13 to 24 months		_____		_____	
• number of claims in previous 25 to 36 months		_____		_____	
If Yes, state number of years and provide proof of qualification of NCB		_____		_____	
Is the vehicle fitted with a security system installed by the vehicle manufacturers (VSS/Vesa)		YES	NO	YES	NO
Is the vehicle fitted with a Vesa-approved/VSS-approved	• immobiliser	YES	NO	YES	NO
	• gear lock	YES	NO	YES	NO
	• tracking and recovery device:				
	– early warning	YES	NO	YES	NO
	– passive	YES	NO	YES	NO
If Yes, attach a copy of the certificate from the service provider					
Where is the vehicle kept overnight:					
• locked garage		YES	NO	YES	NO
• on pavement/in street		YES	NO	YES	NO
• in yard, no locked gates		YES	NO	YES	NO
• in yard, with locked gates		YES	NO	YES	NO
• in yard, with locked gates and under cover		YES	NO	YES	NO
• in open parking lot		YES	NO	YES	NO
• in basement with electronic access		YES	NO	YES	NO
• in basement without electronic access		YES	NO	YES	NO
• access-controlled area		YES	NO	YES	NO
If No, indicate where the vehicle will be kept overnight		_____		_____	
Provide the suburb and postal code where the vehicle is parked overnight		_____		_____	
Is the vehicle a light delivery vehicle (LDV)		YES	NO	YES	NO
Is the vehicle a minibus/kombi/microbus		YES	NO	YES	NO
Does the vehicle or the windscreen have existing damage		YES	NO	YES	NO
If Yes, provide details		_____		_____	
Is the vehicle subject to a credit or similar agreement		YES	NO	YES	NO
If Yes, state Bank and Account number		_____		_____	
		_____		_____	

Do you wish to insure any non-standard accessories	YES	NO	YES	NO
Supply list and value of each item				
1. _____ R _____			R	_____
3. _____ R _____			R	_____
5. _____ R _____			R	_____

OPTIONAL COVER APPLICABLE TO COMPREHENSIVE MOTOR VEHICLE ONLY

Do you require car hire following accident/theft/hi-jack	YES	NO	YES	NO
Manual	YES	NO	YES	NO
Automatic	YES	NO	YES	NO

MOTORCYCLE

Do you require this insurance			YES	NO
Retail value (include finance costs) R _____	Registration number	_____		
Make and model _____	Year of manufacture	_____		
Engine number _____	VIN number	_____		

Is the motorcycle imported			YES	NO
Has the vehicle been modified to alter the performance level			YES	NO

If Yes, provide details _____

Cover required	Comprehensive	Third Party only	Third Party Fire & Theft	
Class of use	Private (to and from work only)	Private and professional		

Is the vehicle a two-wheeled cycle			YES	NO
------------------------------------	--	--	-----	----

If No, provide details _____

Is there any existing damage to the vehicle			YES	NO
---	--	--	-----	----

If Yes, provide details _____

Occupation of usual driver				
----------------------------	--	--	--	--

Is the usual driver entitled to a no-claim bonus or claim-free group			YES	NO
--	--	--	-----	----

If Yes, state number of years and provide proof of qualification of NCB _____

Is the vehicle kept in a locked garage/enclosed carport overnight			YES	NO
---	--	--	-----	----

If No, indicate where the vehicle will be kept overnight _____

Is the vehicle fitted with a security system installed by the vehicle manufacturers (VSS/Vesa-compliant)			YES	NO
--	--	--	-----	----

Is the vehicle fitted with a Vesa-approved/VSS-approved									
	• immobiliser	YES	NO	• tracking and recovery device	YES	NO			

If Yes, attach a copy of the certificate from the service provider

Do you wish to insure any non-standard accessories			YES	NO
--	--	--	-----	----

Supply list and value of each item				
1. _____ R _____			R	_____
3. _____ R _____			R	_____
5. _____ R _____			R	_____

Is the vehicle subject to a credit or similar agreement			YES	NO
---	--	--	-----	----

If Yes, state Bank and Account number _____

TRAILER/CARAVAN

Do you require this insurance		YES	NO
Retail value (include finance costs)	R _____	Registration number	_____
Make and model	_____	Year of manufacture	_____
VIN number	_____		
Is the trailer/caravan usually kept under cover and behind locked gates overnight		YES	NO
If No, provide details		_____	
Is the trailer/caravan subject to credit agreement		YES	NO
If Yes, state Bank and Account number		_____	

PERSONAL ACCIDENT

Do you require this insurance		YES	NO
Persons to be insured (We cannot offer this cover to persons over the age of 75)			
Name & gender	_____	M	F
Date of birth	_____	M	F
Occupation	_____		
ID number	_____		
Relationship to you	_____		
Benefits required			
Death (compulsory benefit)	R _____	R _____	
Permanent disablement	R _____	R _____	
Maximum not to exceed the death benefit			
Temporary total disablement (max 104 weeks)	R _____	per week	R _____ per week
Medical benefit: Has any person to be insured sustained a recent physical injury (e.g. broken limb)		YES	NO
If Yes, provide details		_____	
Does any person to be insured suffer from defective vision or hearing or from any physical or mental infirmity		YES	NO
If Yes, provide details		_____	
What is the occupation of the person to be insured		_____	
Does the person to be insured take part in dangerous sporting activities		YES	NO
(parachuting, skydiving, bungi-jumping, bridge-jumping, hang-gliding, paragliding, polo, steeple-chasing, rugby, sports of any kind on ice or snow, ice hockey, wrestling, martial arts, scuba-diving, or waterskiing, speed or endurance tests or racing (other than on foot, flying other than as a passenger in a licensed passenger-carrying aircraft piloted by a duly qualified person, big-game hunting or mountaineering where the use of ropes or a guide is necessary)			
Do you wish to nominate a beneficiary		YES	NO
If Yes, state name and ID number		_____	

PLEASURE-CRAFT

Do you require this insurance		YES	NO
Name of vessel	Make and model		
Type of vessel	Rubber-duck	Windsurfer	Jet-ski/Wet-bike
	Sailing craft	Motor boat over 60kph – max 100kph	Motor-boat (max speed 60kph)
			Length of vessel
Is the vessel self-built	YES	NO	Does the vessel have a glitter finish
			YES NO
Engines	Sum insured	R	Hull Sum insured R
Number of engines	Year of manufacture		
Material of hull	Serial/HIN number		
Engine make	Year of manufacture		
Type of engine	Inboard	Outboard	Serial number of engine(s)

ACCESSORIES/SPECIAL EQUIPMENT

Serial numbers for all Global Positioning Systems (GPS) and two-way radio systems including all electronic equipment must be supplied.

Item 1	Description	Serial No.	Sum insured	R
Item 2	Description	Serial No.	Sum insured	R
Item 3	Description	Serial No.	Sum insured	R
Item 4	Description	Serial No.	Sum insured	R
Total Sum Insured	R	Hull, engine and accessories: Total Sum Insured	R	

State the address where the vessel is normally kept _____

Is the vessel kept in a locked garage overnight _____

What are the security arrangements at this address _____

Is the vessel still in mooring _____

What are the security arrangements at the mooring _____

Will the vessel be surf-launched _____

In what waters will the vessel be used Inland Coastal

Have you had any accidents or losses in connection with any vessel you have sailed or owned YES NO

If Yes, provide details _____

Skipper's experience Years _____ Qualifications (if any) _____

Is the vessel subject to a credit or similar agreement YES NO

If Yes, state the Bank and Account number _____

PERSONAL COMPUTERS

Do you require this insurance		YES	NO
Hardware			
Item 1	Make and model	Serial No.	Sum insured R
Item 2	Make and model	Serial No.	Sum insured R
Item 3	Make and model	Serial No.	Sum insured R
Total sum insured			R

EN ROUTE

Do you require this insurance YES NO

DECLARATION – You must complete and sign this section

1. What is your business or occupation _____

2. In what capacity are you employed _____

3. Have you previously been insured YES NO

If Yes, supply the policy number and names of insurance companies _____

4. Have you or has any member of your household:

- had any application for insurance declined or insurance cancelled or renewal refused or not invited or had special conditions imposed YES NO

If Yes, provide details _____

- been involved in any civil or criminal litigation in the past 3 years or have you had a civil judgment against you YES NO

If Yes, please give the amount of the loss and describe what happened. Also give the names of the insurance companies and policy numbers if you were insured at the time. Claims rejected must be mentioned.

- during the past 3 years submitted any claims or suffered any other losses not claimed for (for example – a burglary, or a lost camera, etc.) YES NO

If yes, please supply the value of the loss and describe what happened. Supply the name of the insurer and policy number if you were insured at the time. Declined claims should also be recorded.

Date of loss	Description of loss	Claimed Amount
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R
_____	_____	R

Sharing of insurance information

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On my own behalf and on the behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claims I may submit.

I consent to such information being disclosed to any other insurance company or its agent.

I acknowledge that the information may be verified against legally recognized sources or databases.

I AGREE THAT this proposal shall be the basis of the contract between the insurer and myself.

I WILL ACCEPT the insurer's standard policy.

I UNDERSTAND that this insurance will not commence until this proposal has been accepted by the insurer.

If you are unable to sign this declaration without qualification, please give your reasons here: _____

I warrant that the answers given are true, and I do not know of any material facts, even though specific questions about them have not been asked, that should be communicated to The Hollard Insurance Company Ltd.

Signature _____ Date _____