

# HOME AND MOTOR COVER

Proposal Form



All MUA documentation will be sent electronically.

## Details of insured

Full name of proposer / Legal entity		
ID / Date of Birth or Passport No. / Registration No.		
Responsible Person (Legal Entity)		
VAT No. (where applicable)		
Physical address and code		
Postal address and code		
Email		
Business tel.	Home tel.	Mobile tel.
Inception date		

## Premium Payment Frequency

Do you wish to make monthly or annual premium payments?
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## Risk 1 Details

Risk address	
Wall construction	- if 'other' please specify wall type
Roof construction	- if 'other' please specify roof type
* If any part of the roof is thatch please complete an additional thatch questionnaire.	
Is the building and its outbuildings (please give full details in the text block after your answer)	
- subject to renovations?	
- rented out?	
- used for business or professional purposes?	
- value of business equipment	
- subject to interest of a third party / financial institution?	

## Risk 1 Security

Please select 'YES' or 'NO' from the drop down list (please give full details in the text block after your answer).

Are all opening windows protected by burglar bars?	
Do all external doors have security gates?	
Are the premises fully walled?	
Do you have security on duty day and night?	
Is a fully operational burglar alarm linked to a 24 hour control room with armed response installed?	
Armed guards	Secure Estate (if yes please complete an additional questionnaire)

## Risk 1 Sum insured

Buildings		Contents	
Main home		Contents including valuables	
Total		Total	
<b>Unspecified All Risk Items</b>			
<b>Specified All Risk Items</b>			
1.	3.	5.	
2.	4.	6.	
<b>Optional benefits / cover</b>			
<b>Executive Policy</b>		<b>Personal Policy</b>	
Home Assistance		Home Assistance	
Subsidence, landslip and groundheave cover		Subsidence, landslip and groundheave cover	
Building Geyser Maintenance		Building Geyser Maintenance	
Rental Income Cover		Accidental damage top-up	
Electrical & Mechanical top-up		Changes to Building R100 000	
Average waiver benefit required?			
<small>* Average waiver benefit is subject to terms and conditions</small>			
<b>Cyber Insurance</b>			
Cyber Liability	Cyber Bullying	Cyber Theft	
<b>Personal Accident</b>			
Main member			
ID number			
Beneficiaries	ID number		%
	ID number		%
	ID number		%
	ID number		%
			Totalling 100%
Option Plan			

## Risk 1 Sum insured

Spouse / Partner			
ID number			
Beneficiaries	ID number		%
	ID number		%
	ID number		%
	ID number		%
			Totalling 100%
Option Plan			
Domestic			
ID number			
Beneficiaries	ID number		%
	ID number		%
	ID number		%
	ID number		%
			Totalling 100%
Option Plan			

## Risk 2 Details

Risk address	
Wall construction	- if 'other' please specify wall type
Roof construction	- if 'other' please specify roof type
* If any part of the roof is thatch please complete an additional thatch questionnaire.	
Is the building and its outbuildings (please give full details in the text block after your answer)	
- subject to renovations?	
- rented out?	
- used for business or professional purposes?	
- value of business equipment	
- subject to interest of a third party / financial institution?	

## Risk 2 Security

Please select 'YES' or 'NO' from the drop down list (please give full details in the text block after your answer).

Are all opening windows protected by burglar bars?	
Do all external doors have security gates?	
Are the premises fully walled?	
Do you have security on duty day and night?	
Is a fully operational burglar alarm linked to a 24 hour control room with armed response installed?	
Armed guards	Secure Estate (if yes please complete an additional questionnaire)

## Risk 2 Sum insured

Buildings		Contents	
Main home		Contents including valuables	
Total		Total	
<b>Unspecified All Risk Items</b>			
<b>Specified All Risk Items</b>			
1.	3.	5.	
2.	4.	6.	
Optional benefits / cover			
Executive Policy		Personal Policy	
Home Assistance		Home Assistance	
Subsidence, landslip and groundheave cover		Subsidence, landslip and groundheave cover	
Building Geyser Maintenance		Building Geyser Maintenance	
Rental Income Cover		Accidental damage top-up	
Electrical & Mechanical top-up			
Average waiver benefit required?			
* Average waiver benefit is subject to terms and conditions			

## Motor Vehicle 1

Vehicle details			
Sum insured		Make	
Model		Year of manufacture	
Auto/manual transmission		Left/right -hand drive	
Registration No.		Chassis/VIN No.	
Engine No.		M&M Code	
Details of vehicle modifications/accessories		Security device (please supply certificate)	
Is the vehicle registered as built up?			
Usual daytime parking		Overnight parking	
Driver(s) details			
Registered owner			
Title	First name	Surname	
- Date of birth	- Marital status	- ID number	
- Type of use	- Driver's licence code (i.e. B, EB, C1 etc.)		
- Date of first issue of licence:	Day	Month	Year
Main driver			
Title	First name	Surname	
- Date of birth	- Marital status	- ID number	
- Type of use	- Driver's licence code (i.e. B, EB, C1 etc.)		
- Date of first issue of licence:	Day	Month	Year
- Vehicle night address and code			

## Motor Vehicle 1

<b>Other driver</b>			
Title	First name	Surname	
- Date of birth	- Marital status	- ID number	
- Type of use	- Driver's licence code (i.e. B, EB, C1 etc.)		
- Date of first issue of licence:	Day	Month	Year
<b>Optional benefits / cover</b>			
<b>Executive Policy</b>		<b>Personal Policy</b>	
Credit shortfall		Credit shortfall	
New Vehicle - 3 year		Roadside assistance	
Depreciation Protection Cover		Car hire	
Roadside assistance		MUA Concierge	
Car hire			
MUA Concierge			
<b>Policyholder vehicle risk history and information</b>			
Does the policyholder/proposer or main driver(s) suffer from defective hearing or vision or any physical or mental disability?			
Yes	No	If Yes, provide full details	
Has the policyholder/proposer or main drivers been charged or convicted of any driving violations?			
Yes	No	If Yes, provide full details	
Is the vehicle listed above financed? Yes No			
If Yes, provide name of institution and account number			

## Motor Vehicle 2

<b>Vehicle details</b>			
Sum insured	Make		
Model	Year of manufacture		
Auto/manual transmission	Left/right -hand drive		
Registration No.	Chassis/VIN No.		
Engine No.	M&M Code		
Details of vehicle modifications/accessories	Security device (please supply certificate)		
Is the vehicle registered as built up?			
<b>Usual daytime parking</b>		<b>Overnight parking</b>	
<b>Driver(s) details</b>			
<b>Registered owner</b>			
Title	First name	Surname	
- Date of birth	- Marital status	- ID number	
- Type of use	- Driver's licence code (i.e. B, EB, C1 etc.)		
- Date of first issue of licence:	Day	Month	Year

## Motor Vehicle 2

<b>Main driver</b>			
Title	First name	Surname	
- Date of birth	- Marital status	- ID number	
- Type of use	- Driver's licence code (i.e. B, EB, C1 etc.)		
- Date of first issue of licence:	Day	Month	Year
- Vehicle night address and code			
<b>Other driver</b>			
Title	First name	Surname	
- Date of birth	- Marital status	- ID number	
- Type of use	- Driver's licence code (i.e. B, EB, C1 etc.)		
- Date of first issue of licence:	Day	Month	Year
<b>Optional benefits / cover</b>			
<b>Executive Policy</b>		<b>Personal Policy</b>	
Credit shortfall		Credit shortfall	
New Vehicle - 3 year		Roadside assistance	
Depreciation Protection Cover		Car hire	
Roadside assistance		MUA Concierge	
Car hire			
MUA Concierge			
<b>Policyholder vehicle risk history and information</b>			
Does the policyholder/proposer or main driver(s) suffer from defective hearing or vision or any physical or mental disability?			
Yes      No      If Yes, provide full details			
Has the policyholder/proposer or main drivers been charged or convicted of any driving violations?			
Yes      No      If Yes, provide full details			
Is the vehicle listed above financed?    Yes                      No			
If Yes, provide name of institution and account number			

## Watercraft

<b>Details of skipper</b>	
Surname	Initials
ID/ Passport	Date of Birth
Years with Skipper licence	Years owning a Watercraft

## Details of watercraft

Type of Watercraft
Where is the Watercraft kept when not in use?
Address of place where Watercraft kept when not in use

## Details of watercraft

<b>Hull details</b>	Year	Make/model	Material of hull	
Value of Hull		Overall length (maximum 8 meters)		
<b>Engine &amp; Motors</b>	Inboard	Outboard	Single	Twin
Year	Make/ model		Serial number	
Horsepower of each		Total value of engine/motor(s)		
<b>Accessories normally sold with the Watercraft</b>				
Description				
Value of accessories				
Total value of Watercraft to be insured (Hull, engine/motor(s) and accessories)				
Is the watercraft financed?				

## Details of trailer

Trailers to be insured separately under the Trailers section of the policy. Details to be completed below.

Year	Make/model
Registration number	Chassis number
Value of trailer	
Where is the Trailer kept when not in use?	

## General

Watercraft must be registered and licenced in the Republic of South Africa.

## Debit order authorisation (MONTHLY POLICIES ONLY)

Kindly complete the following debit order authorisation (Note Debits cannot be raised through FNB Savings Accounts, Master Card Holders or account numbers exceeding 13 digits)	
I hereby authorise Auto & General Insurance Company Limited to debit my bank account at	
<b>Bank</b>	<b>Branch</b>
<b>Branch code</b>	<b>Account type</b>
<b>Account number</b>	
<b>Name of account holder</b>	
ID / Co. Reg. / Trust no.	
Date to be collected	
Signature of Account Holder Who warrants authority to bind proposer/insured.	
Date	

## Claims history

Home (please provide details of any losses in the last 5 years)		
Date of event	Description of event	Amount claimed

Motor (please provide details of any losses in the last 5 years)		
Date of event	Description of event	Amount claimed

Has any insurer ever refused, cancelled or declined to renew any policy held by you or any individual who will be covered by this policy? Yes                      No

If Yes, provide full details

Has the policyholder/proposer/any individual who will be covered by this policy been involved in a criminal/civil offence or ever had civil/criminal judgement taken against him/her? Yes                      No

If Yes, provide full details

Current insurers	Renewal date
Current CFG	

## Warranty and information sharing

I hereby warrant that the above information, facts and statements given by me are true and complete and contain all relevant information known to me which affects the assessment of the risk to be insured and that this and any other statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of the contract between Auto & General Insurance Company Limited, as represented by MUA, and myself. I agree to accept the insurance on the terms, conditions and requirements stated in the policy.

### Information Sharing Declaration

It is necessary for insurance companies to share information in order to underwrite (assess and price the risks) policies fairly and lower the number of fraudulent claims.

In view of the above, I/we (and any person representing me) declare by the submission and/or signing of this document to

- accept that it is in the public interest for insurers to share insurance information (including credit information);
- consent to my policy, claims or credit information being verified or shared with third parties in the ordinary course of business;
- accept that any information provided to the insurer may be stored in a shared database and used by other insurance companies as explained above. This includes information regarding the renewal or continuation of your policy or any claim that you may submit;
- consent to such information being given to any other insurance company and/or reinsurance company or its agent should there be a legitimate business reason for doing so; and
- accept that this information may be checked against other legal sources or databases.



## Warranty and information sharing

**Processing Consent:**

By making use of our services, products and service channels, I explicitly agree and consent that MUA may process my personal information (which includes special personal information) for the purposes as described in the [Privacy and Security Policy](#). Please note that if you are acting on behalf of the proposer / policyholder in any capacity, by signing, you explicitly confirm that you have the written/recorded authority and/or mandate to act on their behalf.

Signature of Proposer

Date