

# HOME & MOTOR HOME COVER

Quote Form



This quote is valid for 30 days from date of issue

## Insured information

|                                       |           |             |
|---------------------------------------|-----------|-------------|
| Full name of Proposer / Legal Entity  |           |             |
| ID or Passport No. / Registration No. |           |             |
| Responsible Person (Legal Entity)     |           |             |
| Date of Birth                         |           |             |
| VAT No. (where applicable)            |           |             |
| Physical address                      |           |             |
| Postal address                        |           |             |
| E-mail                                |           |             |
| Business Tel.                         | Home Tel. | Mobile Tel. |
| Policy No. (if existing client)       |           |             |

## Home details

|                                                                        |              |                                       |                                                                          |
|------------------------------------------------------------------------|--------------|---------------------------------------|--------------------------------------------------------------------------|
| Wall Construction                                                      |              | - if 'other' please specify wall type |                                                                          |
| Roof construction (if thatch please complete additional questionnaire) |              |                                       |                                                                          |
| - if 'other' please specify roof type                                  |              |                                       |                                                                          |
| Any section used for business purposes?                                |              |                                       |                                                                          |
| Residence Type                                                         |              | - if 'other' please specify           |                                                                          |
| Any part of house let out                                              |              |                                       |                                                                          |
| Do you have detached cottages?                                         |              |                                       |                                                                          |
| Alarm & armed response                                                 | Bars & gates | Armed guards                          | Secure Estate<br>(if yes please complete<br>an additional questionnaire) |

## Sums insured

|           |                                      |                                                      |
|-----------|--------------------------------------|------------------------------------------------------|
| Buildings | Contents<br>(Including<br>valuables) | All Risks                                            |
| Main Home | Specified<br>valuables               | 1. Unspecified                                       |
|           |                                      | 2. Specified<br>(attach list of<br>specified items): |
| Total     | Total                                |                                                      |

### Optional benefits / cover

#### Executive Policy

Home Assistance  
 Subsidence, landslip and groundheave cover  
 Building Geyser Maintenance  
 Rental Income Cover  
 Electrical & Mechanical top-up  
 Average waiver benefit required?

\* Average waiver benefit is subject to terms and conditions

#### Personal Policy

Home Assistance  
 Subsidence, landslip and groundheave cover  
 Building Geyser Maintenance  
 Accidental damage top-up  
 Changes to Building R100 000

### Cyber Insurance

Cyber Liability

Cyber Bullying

Cyber Theft

### Personal Accident

Main member

ID number

Beneficiaries

ID number

%

ID number

%

ID number

%

ID number

%

Totalling 100%

Option Plan

Spouse / Partner

ID number

Beneficiaries

ID number

%

ID number

%

ID number

%

ID number

%

Totalling 100%

Option Plan

|                    |           |  |                |
|--------------------|-----------|--|----------------|
| <b>Domestic</b>    |           |  |                |
| ID number          |           |  |                |
| Beneficiaries      | ID number |  | %              |
|                    | ID number |  | %              |
|                    | ID number |  | %              |
|                    | ID number |  | %              |
|                    |           |  | Totalling 100% |
| <b>Option Plan</b> |           |  |                |

## Driver information

|                                             |  |                |      |
|---------------------------------------------|--|----------------|------|
| Surname                                     |  | Initials       |      |
| ID/Passport                                 |  | Date of birth  |      |
| Policy number (If existing client)          |  | Mobile number  |      |
| Gender                                      |  | Marital status |      |
| Driver's licence code (i.e. B, EB, C1 etc.) |  |                |      |
| Date of first issue of licence: Day         |  | Month          | Year |
| Driver CFG                                  |  |                |      |

## Vehicle details

|                                   |  |                          |  |
|-----------------------------------|--|--------------------------|--|
| Year                              |  | Make/Model               |  |
| Vehicle value (excl. accessories) |  | Accessories value        |  |
| Existing security                 |  | M&M Code                 |  |
| Vehicle use                       |  | Cover type               |  |
| Usual daytime parking             |  |                          |  |
| Overnight parking                 |  |                          |  |
| Vehicle left hand drive           |  | Vehicle right hand drive |  |

## Optional benefits / cover

|                               |  |                        |  |
|-------------------------------|--|------------------------|--|
| <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                 |  |                        |  |

## Claims history (Please provide details of any losses in the last 5 years)

| Date of Event | Description of Event | Amount Claimed |
|---------------|----------------------|----------------|
|               |                      |                |

## Claims history (Please provide details of any losses in the last 5 years)

|                                                                                                                                                                              |              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
|                                                                                                                                                                              |              |  |
| 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?                                    |              |  |
| If 'Yes', please provide 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 judgement taken against him/her? |              |  |
| If 'Yes', please provide full details:                                                                                                                                       |              |  |
| Current Insurers                                                                                                                                                             | Renewal Date |  |
| Current CFG                                                                                                                                                                  |              |  |

### General

- Vehicles must be registered in the Republic of South Africa.
- This quotation is inclusive of VAT and SASRIA, but excludes broker fees.
- This quotation is subject to the terms, exceptions, conditions, limits of indemnity / sum insured and standard excesses of the company's standard motor 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;
- 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;
- accept that this information may be checked against other legal sources or databases; and
- confirm that all information provided is true, correct and complete.

### 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.

|                  |      |
|------------------|------|
| Name and surname |      |
| Signature        | Date |