

# 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 (if yes please complete an additional questionnaire)

## Sums insured

Buildings	Contents (Including valuables)	All Risks
Main Home	Specified valuables	1. Unspecified
		2. Specified (attach list of 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

### 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

Domestic			
ID number			
Beneficiaries	ID number		%
	ID number		%
	ID number		%
	ID number		%
			Totalling 100%
Option Plan			

## 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> Credit shortfall New Vehicle - 3 year Depreciation Protection Cover Roadside assistance Car hire MUA Concierge	<b>Personal Policy</b> Credit shortfall Roadside assistance 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.

Name and surname	
Signature	Date