

HOME & MOTOR HOME COVER

Quote Form



This quote is valid for 60 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
Does the building or unit form part of a sectional title body corporate?				
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)	
Is the buildings within 30 meters of a shoreline, dam or lake, stream, or river?				
- if 'yes', when last was there storm damage arising from one or more of the above? Provide details and costs:				
Was property impacted by floods April 2022 and May 2022?				
- if 'yes', provide details of damage to buildings, foundations, walls, pool, driveway, etc.				
Is property on level ground/above road level/below road level				
Is risk address situated within 1km radius of a taxi rank / informal settlement?				

MUA Insurance Acceptances (Pty) Ltd (Registration number 2008/011925/07) is an authorised Financial Services Provider (FSP No.: 37947) underwriting on behalf of **Compass Insurance Company Limited (Pty) Ltd** (Registration number 1994/003010/06), an licensed non-life Insurer and Financial Services Provider (FSP No.: 12148)
EMAIL info@mua.co.za **WEB** www.mua.co.za

Compass Insure 

Home details

GEYSERS - please indicate the number, type and location of all geysers of the risk address

Geyser 1	Geyser Type	Geyser Location
Geyser 2	Geyser Type	Geyser Location
Geyser 3	Geyser Type	Geyser Location
Geyser 4	Geyser Type	Geyser Location
Geyser 5	Geyser Type	Geyser Location

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 Property
Electrical & Mechanical top-up
CareComplete
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
CareComplete

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	
Executive Policy Credit shortfall New Vehicle - 3 year Depreciation Protection Cover Roadside assistance Car hire MUA Concierge CareComplete	Personal Policy Credit shortfall Roadside assistance Car hire MUA Concierge CareComplete

Claims history (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?

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