

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?

Risk 1 Details

Risk address
Wall construction
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 financial institution?
- part of a sectional title body corporate?
Is the risk the main dwelling or holiday home?

Risk 1 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

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?	
Electric Fence Perimeter?	
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)
Is risk address situated within 1km radius of a taxi rank / informal settlement?	

Risk 1 Sum insured

Buildings		Contents	
Main home		Contents including valuables	
Total		Total	
Unspecified All Risk Items			
Specified All Risk Items			
1.	3.	5.	
2.	4.	6.	
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? <small>* Average waiver benefit is subject to terms and conditions</small>		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	

Risk 1 Sum insured

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			

Risk 2 Details

Risk address
Wall construction
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 financial institution?
- part of a sectional title body corporate?
Is the risk the main dwelling or holiday home?

Risk 2 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

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?	
Electric Fence Perimeter?	
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)
Is risk address situated within 1km radius of a taxi rank / informal settlement?	

Risk 2 Sum insured

Buildings		Contents	
Main home		Contents including valuables	
Total		Total	
Unspecified All Risk Items			
Specified All Risk Items			
1.	3.	5.	
2.	4.	6.	
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? <small>* Average waiver benefit is subject to terms and conditions</small>		Personal Policy Home Assistance Subsidence, landslip and groundheave cover Building Geyser Maintenance Accidental damage top-up CareComplete	

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			
Other 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
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	
Policyholder vehicle risk history and information			
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

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			
Other 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
Optional benefits / cover			
Executive Policy		Personal Policy	
Credit shortfall		Credit shortfall	
New Vehicle - 3 year		Roadside assistance	
Depreciation Protection Cover		Car hire	
Roadside assistance		MUA Concierge	
Car hire		CareComplete	
MUA Concierge			
CareComplete			
Policyholder vehicle risk history and information			
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

Details of skipper

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

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 Master Card Holders or account numbers exceeding 13 digits)	
I hereby authorise Compass Insurance Company Limited to debit my bank account at	
Bank	Branch
Branch code	Account type
Account number	
Name of account holder	
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 or alleged to have been involved or charged 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 Compass 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.

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
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