WARRANTY & DECLARATION

PRINT RESET

MUA
Insuring the Individual

Policy Inception Date:

Insured contact number:

Claims History

I, (full name and surname) (ID No:)
hereby warrant that I have declared all losses that I (or anyone else who may benefit from this insurance policy) have experienced in the last **5 years**. I refer to the attached claims history from my previous insurer and in addition to this; I hereby declare the following additional losses:

Home (please provide details of any losses in the last **5 years** that are not disclosed in the attached claims history from your previous insurer)		
Date of event	Description of event	Amount Claimed
Motor (please provide details of any losses in the last **5 years** that are not disclosed in the attached claims history from your previous insurer)		
Date of event	Description of event	Amount Claimed

- Does the buiding or unit form part of a sectional title body corporate?
- Is the property vacant (completely empty, lacking any personal belongings, furniture, or appliances)
- 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, 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, provide details:

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

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

Policy Schedule

I hereby warrant that the attached information, in the form of a policy schedule from my previous insurer, is true, correct, complete and contains all relevant information known to me which affects the assessment of the risk to be insured and that this and any other statement made or information provided 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 further declare that, unless specifically disclosed and quoted for, the main driver(s) of the vehicle(s) above is not a person less than 25 years.

I further declare that, unless specifically disclosed and quoted for, the main driver(s) of the vehicle(s) above is not a person that has a driver's licence less than five years.

I agree to accept the insurance on the terms, conditions and requirements stated in the MUA quotation, the MUA policy schedule and wording. I hereby note and agree that should I (or anyone benefiting from this insurance) not comply with the above, the insurer may refuse to cover my claim and / or reclaim any benefit already paid to me and will be entitled to cancel my policy.

Signature of Policyholder Date

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** (available on request or on www.mua.co.za). 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.

DEBIT ORDER AUTHORISATION

To allow effect to the policy, the Debit Order Authorisation Form must be completed and signed and must accompany this form.