

HOME AND MOTOR COVER

Proposal Form



PRINT

RESET

All MUA documentation will be sent electronically.

Details of insured

First Name	Surname	
Name of 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? Choose:

Risk 1 Details

Risk address	
Wall construction Choose:	
Roof construction Choose: - 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? Choose:	
- rented out? Choose:	
- used for business or professional purposes? Choose:	
- value of business equipment	
- subject to interest of a financial institution? Choose:	
- part of a sectional title body corporate? Choose:	
- Is the property vacant (completely empty, lacking any personal belongings, furniture or appliances)? Choose:	
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	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:

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? Choose:	
Do all external doors have security gates? Choose:	
Are the premises fully walled? Choose:	
Electric Fence Perimeter? Choose:	
Do you have security on duty day and night? Choose:	
Is a fully operational burglar alarm linked to a 24 hour control room with armed response installed? Choose:	
Armed guards ☐	Secure Estate (if yes please complete an additional questionnaire) ☐
Is risk address situated within 1km radius of a taxi rank / informal settlement? Choose:	

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	Personal Policy	
Home Assistance ☐	Home Assistance ☐	
Subsidence, landslip and groundheave cover ☐	Subsidence, landslip and groundheave cover ☐	
Building Geyser Maintenance ☐	Building Geyser Maintenance ☐	
Rental Property ☐	Accidental damage top-up	
Electrical & Mechanical top-up	Changes to Building R100 000 ☐	
CareComplete ☐	CareComplete ☐	
Average waiver benefit required? ☐		
* Average waiver benefit is subject to terms and conditions		
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 Choose:			
Spouse / Partner			
ID number			
Beneficiaries		ID number	%
		ID number	%
		ID number	%
		ID number	%
Totalling 100%			
Option Plan Choose:			
Domestic			
ID number			
Beneficiaries		ID number	%
		ID number	%
		ID number	%
		ID number	%
Totalling 100%			
Option Plan Choose:			

Risk 2 Details

Risk address	
Wall construction Choose:	
Roof construction Choose: - 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? Choose:	
- rented out? Choose:	
- used for business or professional purposes? Choose:	
- value of business equipment	
- subject to interest of a financial institution? Choose:	
- part of a sectional title body corporate? Choose:	
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	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:

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? Choose:	
Do all external doors have security gates? Choose:	
Are the premises fully walled? Choose:	
Electric Fence Perimeter? Choose:	
Do you have security on duty day and night? Choose:	
Is a fully operational burglar alarm linked to a 24 hour control room with armed response installed? Choose:	
Armed guards ☐	Secure Estate (if yes please complete an additional questionnaire) ☐
Is risk address situated within 1km radius of a taxi rank / informal settlement? Choose:	

Risk 2 Sum insured

Buildings	Contents
Main home	Contents including valuables
Total	Total
Unspecified All Risk Items	
Specified All Risk Items	
1.	3.
2.	4.
5.	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? ☐ * 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 CareComplete ☐

Motor Vehicle 1

Vehicle details			
Sum insured		Make	
Model		Year of manufacture	
Auto/manual transmission Choose:		Left/right -hand drive Choose:	
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? Choose:			
Usual daytime parking Choose:		Overnight parking Choose:	
Driver(s) details			
Registered owner Title First name Surname			
- Date of birth		- Marital status Choose: - ID number	
- Type of use Choose:		- 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 Choose: - ID number	
- Type of use Choose:		- 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 Choose: - ID number	
- Type of use Choose:		- 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 Choose:	
Roadside assistance	☐	MUA Concierge	☐
Car hire Choose:		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			

Motor Vehicle 2

Vehicle details			
Sum insured		Make	
Model		Year of manufacture	
Auto/manual transmission Choose:		Left/right -hand drive Choose:	
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? Choose:			
Usual daytime parking Choose:		Overnight parking Choose:	
Driver(s) details			
Registered owner Title First name Surname			
- Date of birth		- Marital status Choose:	- ID number
- Type of use Choose:		- 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 Choose:	- ID number
- Type of use Choose:		- 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 Choose:	- ID number
- Type of use Choose:		- 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 Choose:	
Roadside assistance	☐	MUA Concierge	☐
Car hire Choose:		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	Choose:		
Where is the Watercraft kept when not in use?	Choose:		
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? Choose:			

General

Watercraft must be registered and licenced in the Republic of South Africa.

Debit order authorisation (MONTHLY POLICIES ONLY)

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

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