



NETWORK

**GROEPSKEMA
GROEPSHEME**

**BUS/BOX 2803
PIETERSBURG
0700**

**TEL 015 296 1287
FAX 015 296 3525**

DOMESTIC INSURANCE PROPOSAL FORM

SPECIAL NOTICE: This Insurance is based on the following statements made by the Proposer or his agent and any incorrect answers may entitle the Insurer to repudiate in the event of a claim. If you are in doubt on any questions please detail further under the remarks section to protect your interests otherwise it is taken that have understood and answered the questions in full. The proposer must initial each and every page of this proposal form and any amendment made.

BROKER / AGENT : _____

POLICY NO. : _____

PERSONAL DETAILS (Please print answers to all questions and tick appropriate box)

TITLE	<input type="text"/>	SURNAME	<input type="text"/>		
FIRST NAME	<input type="text"/>				
ID NUMBER	<input type="text"/>	DATE OF BIRTH	<input type="text"/>		
OCCUPATION	<input type="text"/>	EMPLOYER	<input type="text"/>		
POSTAL ADDRESS			RESIDENTIAL ADDRESS		
<input type="text"/>			<input type="text"/>		
<input type="text"/>			<input type="text"/>		
CODE:			CODE:		
TELEPHONE NUMBERS					
BUS	<input type="text"/>	HOME	<input type="text"/>	CELL .1	<input type="text"/>
CELL. 2	<input type="text"/>	FAX	<input type="text"/>		
PERIODS OF INSURANCE FROM			LANGUAGE PREFERRED		
<input type="text"/>	<input type="text"/>	<input type="text"/>	AFRIKAANS	ENGLISH	
	<small>YEAR</small>	<small>MONTH</small>	<small>DAY</small>		

HOUSOWNERS (BUILDINGS)

COVER REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RISK ADDRESS		
<input type="text"/>		SUM INSURED
<input type="text"/>		<input type="text"/>
<input type="text"/>		PREMIUM
<input type="text"/>		<input type="text"/>
CODE :		
<input type="text"/>		

PROPOSER

DATE

HOUSHOLDERS (CONTENTS)

COVER REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
RISK ADDRESS				SUM INSURED	<input type="text" value="R"/>
<input type="text"/>				PREMIUM	<input type="text" value="R"/>
<input type="text"/>					
CODE:					
<input type="text"/>					
STATE THE TOTAL VALUE OF JEWELLERY, GOLD, SILVER, PLATINUM, FURS AND PAINTINGS. IF THEIR REPLACEMENT COST EXCEEDS 15% OF THE CONTENTS SUM INSURED					<input type="text" value="R"/>

UNDERWRITING DETAILS FOR HOUSOWNERS AND HOUSHOLDERS SECTIONS

1. IS THE RISK ADDRESS OCCUPIED DURING WORKING HOURS	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
If yes by whom	<input type="text"/>							
2. IS THE RISK ADDRESS ACCUPIED AS A COMMUNE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
3. WILL THE RISK ADDRESS BE LEFT UNOCCUPIED FOR MORE THAN 60 DAYS IN ANY ONE YEAR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
<small>Note! Theft cover is excluded if the private residence is left unoccupied for More than 30 consecutive days or 60 days in any one calendar year</small>								
IF YES, STATE NUMBER OF DAYS	<input type="text"/>							
4. WILL YOU BE GOING ON HOLIDAY WITHIN THE NEXT 30 DAYS AFTER PROPOSED DATE OF COMMENCEMENT OF THIS INSURANCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
5. FOR HOW LONG HAVE YOU BEEN STAYING IN THE RESIDENCE?	NUMBER OF YEARS	<input type="text"/>						
6. ON WHICH OF THE FOLLOWING IS THE RESIDENCE SITUATED?								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">SMALL-HOLDING</td> <td style="width:20%;">FARM</td> <td style="width:20%;">NEW AREA / EXTENSION</td> <td style="width:20%;">HIGH DENSITY HOUSING</td> <td style="width:20%;">ESTABLISHED AREA</td> </tr> </table>				SMALL-HOLDING	FARM	NEW AREA / EXTENSION	HIGH DENSITY HOUSING	ESTABLISHED AREA
SMALL-HOLDING	FARM	NEW AREA / EXTENSION	HIGH DENSITY HOUSING	ESTABLISHED AREA				
7. ARE THERE ANY OF THE FOLLOWING, IN THE IMMEDIATE VICINITY OF THE RESIDENCE?								
Vacant stands	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
Open fields	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
Parks	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
Golf course	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
Highways	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
Railway lines	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
Shops/Cafes	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
New Buildings Under construction	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
8. WHICH BEST DESCRIBES THE RISK?	<input type="checkbox"/> RETIREMENT VILLAGE	<input type="checkbox"/> HOUSE	<input type="checkbox"/> DUPLEX / SIMPLEX					
	<input type="checkbox"/> TOWN HOUSE	<input type="checkbox"/> CLUSTER	<input type="checkbox"/> FLAT FLOOR -----					
	<input type="checkbox"/> HOLIDAY COTTAGE							
9. CONSTRUTION: WHALL	<input type="text"/>		ROOF <input type="text"/>					
10. IS THE ROOF OF YOUR HOUSE MADE OF THATCH? IF SO, DOES IT HAVE A LIGHTNING CONDUCTOR CONFORMING TO S.A.B.S. STANDARDS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
11. IN A GOOD STATE OF REPAIRS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
12. FREE FROM FLOODING, IN AN AREA WHICH IS FREE FROM FLOODING AND NOT IN THE VICINITY OF ANY RIVERS, STREAMS OR TIDAL WATERS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
13. FREE FROM SIGNS OF DAMAGE DUE TO SUBSIDENCE, LANDSLIP (SUCH AS INTERNAL OE EXTERNAL CRACKS), AND NOT IN AN AREA WHERE THERE HAS BEEN OR IS EVIDENCE OF THESE CAUSES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
14. WHO OVER THE AGE OF 18 YEARS NOT BEING A MEMBER OF YOUR IMMEDIATE FAMILY IS SHARING THE RESIDENCE WITH YOU?	<input type="text"/>							
15. DO YOU EMPLOY A DOMESTIC SERVANT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
If yes, number of years in your employment?	<input type="text"/>		Number of days working per week <input type="text"/>					

PROPOSER

DATE

UNDERWRITING DETAILS FOR HOUSOWNERS AND HOUSHOLDERS SECTIONS (Cont.)

16. IS YOUR RESIDENCE UNDERGOING BUILDING ALTERATIONS?

17. BURGLAR BARS ON ALL OPENING WINDOWS (including Louvres)

ON ALL NON-OPENING WINDOWS

18. ARE THERE ANY SLIDING DOORS IN THE RESIDENCE AND/OR DOMESTIC OUTBUILDINGS?

If yes, describe its protection

19. BURGLAR ALARM: MAKE MODEL

20. DO YOU HAVE AN ARMED RESPONSE CONTRACT IN FORCE?

Is it linked to a Security company control room?

21. DO YOU HAVE A SAFE / STRONGROOM IN THE RESIDENCE?

22. PLEASE GIVE BELOW, FULL PARTICULARS OF THE LOCATION, TYPE AND PROTECTION OF EACH EXITING DOOR OF THE RESIDENCE

LOCATION OF EXISTING DOORS (e.g. : Front door)	TYPE OF OUTER DOOR (e.g. : Wood with glass)	PROTECTION (e.g. : lever lock)

23. DO YOU OR ANYBODY ELSE CARRY OUT ANY PROFFESION / BUSINESS FROM THE RESIDENCE?
If yes, please describe under remarks.

24. DO YOU OWN JEWELLERY, THE COMBINED VALUE OF WHICH EXCEED R2500.00 THAT IS NOT SPECIFIED UNDER THE ALL RISK SECTION?
If so, what is the combined value thereof?

25. IS YOUR PROPERTY FULLY WALLED OR FENCED? If yes please describe under remarks

26. ARE ALL THE PERIMETER GATES LOCKED AT NIGHT AND WHEN THE RESIDENCE IS UNATTENDED?

REMARKS

PROPOSER

DATE

ALL RISKS

COVER REQUIRED

 YES NO

SUM INSURED

PREMIUM

UNSPECIFIED CLOTHING AND PERSONAL EFFECTS (LIMITED TO R1000.00 PER ITEM)

R

R

THE LIABILITY OF THE COMPANY IN RESPECT OF ANY ONE ARTICLE (OTHER THAN WEARING APPAREL)
SHALL NOT EXCEED 20% OF THE SUM INSURED UNDER THIS ITEM.

SPECIFIED ITEMS:

DESCRIPTION	MAKE	MODEL	R	PREMIUM

PERSONAL LIABILITY

POLICY LIMIT OF LAIBILITY R1000 000.00

R1000 000.00

PREMIUM

R

SMALL CRAFT

COVER REQUIRED

 YES NO

MAKE & TYPE OF HULL

MAKE OF MOTOR/S

YEAR

H/P

SPEED

SUM INSURED

PREMIUM

R R

1. PLEASE DESCRIBE USE

INLAND WATER

COASTAL WATERS

2. TYPE OF GARAGING USED?

3. PHYSICAL ADDRESS WHERE NORMALLY KEPT

CODE:

PROPOSER_____
DATE

MOTOR/ MOTOR SYSLE / CARAVAN/ TRAILER

	1	2	3												
VEHICLE MAKE	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>												
MODEL	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>												
YEAR OF MANUFACTURE	<input style="width:50%;" type="text"/>	<input style="width:50%;" type="text"/>	<input style="width:50%;" type="text"/>												
POSTAL CODE WHERE GARAGED	<input style="width:50%;" type="text"/>	<input style="width:50%;" type="text"/>	<input style="width:50%;" type="text"/>												
TYPE OF GARAGING USED?	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>												
MARKET VALUE INCL. VAT	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>												
REGISTRATION No.	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>												
USE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">PRIVATE</td> <td style="width:50%; text-align: center;">BUSINESS</td> </tr> </table>	PRIVATE	BUSINESS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">PRIVATE</td> <td style="width:50%; text-align: center;">BUSINESS</td> </tr> </table>	PRIVATE	BUSINESS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">PRIVATE</td> <td style="width:50%; text-align: center;">BUSINESS</td> </tr> </table>	PRIVATE	BUSINESS						
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NOTE: BUSINESS	<p>COVER IS NOT FOR KOMBIS, MICROBUSES OR LIGHT DELIVERY TYPE VEHICLES WHILE BEING USED FOR BUSINESS PURPOSES OR VEHICLES USED FOR HIRE, OR FOR THE CARRIAGE OF PASSENGARS FOR REWARD, TRIALS, RACING, SPEED OR OTHER CONTESTS.</p>														
COVER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">COMPREHENSIVE</td> <td style="width:33%; text-align: center;">T.P.F & T</td> <td style="width:33%; text-align: center;">T.P</td> </tr> </table>	COMPREHENSIVE	T.P.F & T	T.P	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">COMPREHENSIVE</td> <td style="width:33%; text-align: center;">T.P.F & T</td> <td style="width:33%; text-align: center;">T.P</td> </tr> </table>	COMPREHENSIVE	T.P.F & T	T.P	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">COMPREHENSIVE</td> <td style="width:33%; text-align: center;">T.P.F & T</td> <td style="width:33%; text-align: center;">T.P</td> </tr> </table>	COMPREHENSIVE	T.P.F & T	T.P			
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No. OF NO CLAIM BONUS	<input style="width:50%;" type="text"/>	<input style="width:50%;" type="text"/>	<input style="width:50%;" type="text"/>												
VESA APPROVED IMMOBILISER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO						
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TRACKING DEVICE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO						
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GEARLOCK	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO	YES	NO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO	YES	NO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO	YES	NO
YES	NO														
YES	NO														
YES	NO														
YES	NO														
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HAS ENGIN BEED MODIFIED IN ANY WAY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO						
YES	NO														
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YES	NO														
IS THE VEHICLE REGISTERD IN YOUR NAME	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> </table>	YES	NO						
YES	NO														
YES	NO														
YES	NO														
PREMIUM	R <input style="width:100%;" type="text"/>	R <input style="width:100%;" type="text"/>	R <input style="width:100%;" type="text"/>												

PROPOSER

DATE

REGULAR DRIVER'S

NAME OF DRIVER	VEHICLE REGISTRATION No.	ID. NUMBER	DATE OF ISSUE OF LICENCE
1.
2.
3.

DRIVERS DETAILS ON EACH VEHICLE INSURED

DRIVERS.

1. DO YOU WISH DRIVING TO BE RESTRICTED TO NAMED DRIVERS ONLY? YES NO

2. HAVE YOU OR ANY OF THE DRIVERS EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE OR THEIR LICENCES ENDORSED IN ANY FORM? If yes pleas give details under remarks YES NO

3. DO YOU OR ANY OTHER PERSON WHO TO YOUR KNOWLEDGE WILL DRIVE THIS VEHICLE SUFFER ANY DEFECTIVE VISION OR HEARING, OR FROM ANY PHYSICAL OR MENTAL INFIRMITY? YES NO

4. HAVE YOU, OR ANY PERSON WHO TO YOUR KNOWLEDGE WILL DRIVE THIS VEHICLE BEEN CONVICTED OR PAID ANY ADMISSION OF GUILT FOR ANY OFFENCE IN CONNECTION WITH THE DRIVING OF ANY VEHICLE DURING THE PAST FIVE YEARS, OR IS ANY PROSECUTION PENDING (NOT PARKING FINES) YES NO

5. WILL ANYBODY UNDER THE AGE OF 25 YEARS BE DRIVING ANY OF THE INSURED VEHICLES? YES NO

CLAIMS EXPERIENCE (MUST BE COMPLETE)

1. PREVIOUSLY BEEN INSURED WITH (INSURER'S NAME) BRANCH

POLICY NUMBER: PERIOD FROM TO

2. IF DURING THE LAST FIVE YEARS YOU HAVE MADE A CLAIM AGAINST ANY INSURANCE, SUFFERED ANY LOSS OR ANY ACCIDENTS, INSURED OR NOT. PLEASE COMPLETE THE FOLLOWING:

DATE OF LOSS	DETAILS	AMOUNT OF LOSS	INSURER AND POLICY NUMBER
		R	
		R	
		R	
		R	
		R	

3. HAS ANY INSURER (a) DECLINED TO ACCEPT, (b) CANCELLED, (c) REFUSED TO CONTINUE OR (d) AGREED TO CONTINUE ONLY ON SPECIAL TERMS ANY INSURANCE FOR THE PROPOSER OR ANY OTHER PERSON TO WHOM THIS INSURANCE WOULD APPLY? YES NO

4. HAVE YOU OR ANY PERSON RESIDING WITH YOU, EVER BEEN CONVICTED OF ARSON OR ANY CRIMINAL OFFENCE INVOLVING DISHONESTY? YES NO

PROPOSER

DATE

DEBIT ORDER AUTHORITY (FOR MONTHLY PREMIUMS ONLY)

FINANCIAL INSTITUTION		BRANCH	
BANK CODE		TYPE OF ACCOUNT	
ACCOUNT No.		ACCOUNT HOLDER	
SIGNATURE OF ACCOUNT HOLDER			

DECLARATION (MUST BE SIGNED BY PROPOSER)

I UNDERSTAND THAT FAILURE TO DISCLOSE ALL RELEVANT FACTS COULD INVALIDATE ALL OR PART OF MY POLICY. I UNDERSTAND AND ACCEPT THAT NO INSURANCE COVER IS IN FORCE UNTIL THIS PROPOSAL FORM HAS BEEN RECEIVED AND ACCEPTED BY THE UNDERWRITERS AND THAT PAYMENT OF A PREMIUM DOES NOT MEAN THAT THE UNDERWRITER ACCEPT THE RISK FROM THE DATE OF PAYMENT OF PREMIUM. I UNDERSTAND THAT THE INSURANCE CONTRACT WILL ONLY COMMENCE AT SUCH TIME AS OFFICIALLY ACCEPTED BY SA EAGLE AND ONLY UPON SUCH SIGNATURE OF AN AUTHORISED UNDERWRITER OF SA EAGLE. I WILL ACCEPT THE POLICY SUBJECT TO THE TERMS AND CONDITIONS THEREIN. WHERE FINANCIAL DETAILS HAVE BEEN SUPPLIED, I AUTHORISE SA EAGLE TO DEBIT THE PREMIUM TO SUCH ACCOUNT AND TO VARY SUCH DEBITS FROM TIME TO TIME TO REFLECT ANY CHANGE IN COVER, RISIK, SUM INSURED OR POLICY RATES. I HAVE NOT WITHELD ANY MATERIAL INFORMATION. I ACCEPT THAT THIS PROPOSAL FORM AND DECLARATION, EVEN IF COMPLETED ON MY BEHALF AND SIGNED BY ME, SHALL BE THE BASIS OF THE CONTRACT BETWEEN THE NOMINATED UNDERWRITERS AND MYSELF. I DECLARE THAT THE STATEMENT MADE BY ME WHICH ARE SET OUT ABOVE AND OVERLEAF ARE TRUE AND CORRECT AND WILL BE THE BASIS OF THE CONTRACT BETWEEN ME AND THE UNDERWRITERS AND THAT I HAVE READ AND UNDERSTAND THE CONTENTS.

DATE

SIGNATURE OF PROPOSER: