

**MOTORCYCLE
PROPOSAL FORM**

Registered Financial Services Provider: 4430

Registered Financial Services Provider: 42389

On behalf of Constantia Insurance Company

BROKER NAME	C	L	U	B		M	A	R	I	N	E		I	N	S	U	R	A	N	C	E			
AGENCY NUMBER	6	0	1	7	9																			
TELEPHONE NUMBER	0	8	6	1	2	5	0	3	5	0		F	A	X	0	8	6	1	2	5	0	3	5	1
EMAIL ADDRESS	c	a	r	y	n	e	@	c	l	u	b	m	a	r	i	n	e	s	a	.	c	o	m	

POLICY HOLDER DETAILS (one letter/number per block please)

Surname: Title:

First Name: Initials:

ID Number: Marital Status: Married Single Other

Occupation:

Risk Address:

Code:

Postal Address:

Code:

Telephone Number: Work: Cell:

Fax: Home:

email:

DATE COVER IS TO COMMENCE: (Year) (Month) (Day)

INSURED MOTORCYCLE (Use supplementary sheet for additional machines)

Make: Year:

Model:

VIN No.:

Registration No.: Value: R

Registered Owner:

If this is not the Insured, please provide reason:

Named Rider Details

Full Name:

Date of Birth: (Year) (Month) (Day)

Licence Details

Licence Code:

Date Obtained: (Year) (Month) (Day)

Where is the motorcycle kept overnight?

In a locked up garage? Yes No In a locked up yard? Yes No

In a locked parking garage? Yes No

None of the above - please supply full details:

Is a tracking or alarm system fitted? Yes No **Please attach a copy of the installation certificate.**

DETAILS OF INSURANCE COVER

Comprehensive Full Business Use

Is the motorcycle financed? Yes No If so, by whom?

USE AND HISTORY

For what purpose will the motorcycle be used?

Social, domestic and pleasure, including commuting Social, domestic, pleasure and business

Have you or any named rider had any accidents or claims in the last 3 (three) years?
(If yes, give details) _____ Yes No

Have you or any named rider had any convictions/admission of guilt in the last 5 (five) years?
(If yes, give details) _____ Yes No

Have you or any named rider ever had any insurance declined/cancelled or had increased terms imposed?
(If yes, give details) _____ Yes No

Have you or any named rider successfully completed an advanced rider's course?
(If yes, give details) _____ Yes No

ADDITIONAL COVER

Is "All Risks" cover required for helmets and riding apparel?
(If yes, give details) _____ Yes No

BANKING DETAILS

Account Holders Name:

Account Number:

Name of Bank: Type of Account:

Branch Name: Branch Code:

PREMIUM PAYMENT

I hereby request you to draw against my existing account with the above mentioned bank (or any other bank or branch to which I may transfer my account) the amount necessary for payment of the monthly amount due in respect of this insurance. On the FIRST day of every month commencing on (Year) (Month) (Day)

All such withdrawals from my bank account by you shall be treated as though they had been signed for by me personally.

CONSENT TO THE USE OF UNDERWRITING, CLAIMS AND OTHER RELEVANT INFORMATION

Acceptance by you of this insurance includes consent to the sharing of claims, underwriting and other relevant information (including credit information) by Insurers. Such consent shall:

- * Waive any right to privacy in respect of any insurance information provided by you or on your behalf regarding any insurance policy or claim made or lodged by you or on your behalf.
- * Allow such information to be disclosed to any other insurance company or its agents.
- * Allow us to verify the information provided by you against other legitimate sources or databases.

DECLARATION

I/We agree that if any claim lodged under any policy or section issued by Constantia Insurance Company Limited to me/us or any person or company on my/our behalf be in any respect fraudulent, or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this insurance/policy, or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this insurance policy in respect of such claim shall be forfeited.

I/We declare that this proposal/application contains full details of the risk and is complete and true and correct in every respect. I/We agree that this application and declaration form the basis of the contract between me/us and Constantia Insurance Company Limited. Further, I/we understand that if any fraudulent information is provided or any fraudulent means or devices be used by me/us or on my/our behalf to obtain cover, the cover/benefit will be inoperative as from inception and any premiums paid shall be forfeited.

Signature

(Year)

(Month)

(Day)