

MOTOR VEHICLE INSURANCE PROPOSAL FORM

INCEPTION DATE OF INSURANCE:

THE INSURED (general details)

INDIVIDUAL

Title: _____ Initials: _____ Full Name: _____ Surname: _____

Nationality: _____ Occupation/Profession: _____ Degreed Person Yes No

What degree? _____ Outdoor Interest: _____

Insured's ID No: _____

COMPANY

Company's Name: _____ Nature of Business: _____ Co. Reg. No.: _____

OTHER PARTICULARS

Postal Address: _____ Postal Code: _____

Residential Address: _____

_____ Postal Code: _____

Work Tel. No.: (_____) _____ Home Tel. No.: (_____) _____

Cell No.: _____ Fax No.: (_____) _____

E-mail Address: _____

BANK DETAILS

Account Holder: _____ Branch: _____

Bank: _____ Branch Code: _____ Account No: _____

Account Type: CHEQUE SAVINGS TRANSMISSION (tick whichever applicable)

Account Holders Signature: _____

I hereby authorise The Insurer / collection agency on behalf of Club Marine Insurance to draw against the above account (or any other institution to which I may transfer my account) the amount necessary for the payment of the monthly premiums and adjustment premiums due in respect of the insurance herein proposed. I agree that in the event of any debit order not being met by my financial institution the policy will be cancelled and of no effect from midnight on the last day of that month for which the insurer has received premium. (Subject to the period of grace)

VEHICLE PARTICULARS

Registered Owner: _____ Principle Driver: _____

Month of First Registration of Vehicle: _____ Principle Driver ID Number: _____

Year of Vehicle: Make and Model:

Colour: Odometer Reading: Registration No.:

Chassis No.: (Vin No.) Engine No.:

Value of Vehicle (RETAIL value):

Value of Vehicle Accessories:

Value of Radio in Vehicle:

TOTAL VALUE OF VEHICLE TO BE INSURED:

Use of Vehicle: (Tick Appropriate)

- PRIVATE USE ONLY (including to work and back)
- LIMITED BUSINESS USE (Maximum of 3 business calls a day - no carriage of goods)
- FULL BUSINESS USE (sales, reps, site visits, brokers, estate agents etc - excluding carriage of goods for reward)
- COMMERCIAL LODGES/PROFESSIONAL TOUR OPERATORS

If Business what type: _____

Overnight Parking: (Tick whichever applicable)

- LOCKED GARAGE
- BEHIND SECURITY GATES
- SECURE CARPORT

- Has the Principal Driver completed an ON road driving course? Yes No
- Has the Principal Driver completed a OFF road driving Course? Yes No
- Is the Principal Driver a full time farmer? Yes No
- Is the Principal Driver over 55 years of age or a retired pensioner? Yes No

Is the vehicle fitted with a TRACKING DEVICE? If YES, please tick whichever is applicable:

- NEO-TRACK
- BANDIT FAILSAFE
- CTRACK INSURE
- CARTRACK QUICK OR FLEET MANAGEMENT PLUS
- OTHER TRACKING DEVICE WITH AUTOMATIC ACTIVATION Specify make and model: _____
- OTHER TRACKING DEVICE, MANUALLY ACTIVATED Specify make and model: _____

Is the vehicle equipped with a VESA level 3 / 4 approved immobilizer or factory fitted system with equivalent specification Yes No

Nominated Drivers:

Driver Two: _____ ID No.: _____

Driver Three: _____ ID No.: _____

Principle Drivers Claim Free Group: _____

Details of the principal (regular) driver/s detailed in this proposal for which any losses have been suffered, or any claims submitted under any Motor Insurance Policy in the past 3 years: _____

Declaration:

I hereby warrant that all the statements included on all pages are true and correct and complete and contain all information known to me affecting the risks under the Sections to be insured and that this and any other written statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of and incorporated in the contract between myself Club Marine Insurance and the Underwriter. I further declare that the vehicle/s to be insured shall not be driven by any person who to my knowledge has been refused any motor vehicle insurance or continuance thereof. I agree to accept the insurance on the terms and conditions set forth in the policy wording. I acknowledge that the sharing of information for underwriting and claims purposes (including credit information) is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I, the Applicant/Insured hereby sign acceptance of the insurance offered in terms of this cover in accordance with the details entered on this Application.

INSURED/APPLICANT'S SIGNATURE: _____ DATE: _____