CROSS X COUNTRY

Take us with you

Proposal Form

You should not sign this form, unless you have confirmed the accuracy of all information supplied on the proposal form.

AGENT NAME OR BROKER: _____ Policy Fee: _____

INCEPTION DATE OF INSURANCE: _____

THE INSURED

Title: _____ Initials: _____ Surname: _____

Occupation: _____ Insured's ID No: _____

Email Address: _____ Fax No: _____

Tel. No. (H): _____ Tel. No. (W): _____ Cell No: _____

Postal Address: _____ Postal Code: _____

Physical Address: _____ Postal Code: _____

If the motorcycle is registered in a Company name, please complete the following:

Company Name: _____ Company Registration No: _____

BANK DETAILS

Account Holder: _____ Account Number: _____

Bank: _____ Branch: _____ Branch Code: _____

Account Type: (tick whichever applicable) - NO CREDIT CARDS

CHEQUE ☐

TRANSMISSION ☐

SAVINGS ☐

Account Holders Signature: _____

I hereby authorize the Insurers 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 adjustments due to Hollard Insurance Company Limited 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 Hollard Insurance Company Limited has received premium (subject to the period of grace the Insurers wish to offer).

GENERAL

Do you have or had any Judgements against you? ☐ Yes ☐ No

If yes, please specify full details: _____

_____

_____

Insured to disclose details of all previous losses in the past 5 years: _____

_____

Insured to disclose details of all previous claims in the past 5 years: _____

ALL RISK ITEMS TO BE INSURED (IF ANY)

Description: 1) _____ Sum insured _____

2) _____ Sum insured _____

3) _____ Sum insured _____

4) _____ Sum insured _____

5) _____ Sum insured _____

	Motorcycle 1	**Motorcycle 2**
Make and Model	_____	_____
Type of Motorcycle (Off Road, Dual Purpose or Quad)	_____	_____
Year of Manufacture	_____	_____
Retail Value	_____	_____
Financial Institution and Account Number	_____	_____
Vin Number	_____	_____
Engine Number	_____	_____
Is the Motorcycle registered as	☐ New ☐ Used	☐ New ☐ Used
Details of Modifications and/or Accessories	_____	_____
(if any, please attach separate list with retail values)	_____	_____
Usual Overnight Address	_____	_____
	_____	_____
Overnight Parking	☐ Locked Garage	☐ Locked Garage
	☐ Carport	☐ Carport
	Other _____	Other _____
Principal Driver	_____	_____
Principal Driver ID Number	_____	_____
Principal Driver Date of Birth	_____	_____
Has the Principle Driver had a drivers licence for 2 years or longer?	☐ Yes ☐ No	☐ Yes ☐ No
Is the Motorcycle fitted with a tracking device?	☐ Yes ☐ No	☐ Yes ☐ No

(Quads over R40 000 and dual purpose bikes over R80 000 require a compulsory tracking device to be fitted)

All Motorcycles must be NATIS registered, otherwise cover cannot be granted. A copy of the NATIS document must be submitted within 30 days of inception of cover.

A tracking device is compulsory in Quad bikes with retail values of R40 000 and above, and Dual Purpose bikes with retail values of R80 000 and above. The tracking device must be installed within 14 days of inception of cover and a copy of the certificate submitted to Us, failing which, NO theft cover will prevail until such proof is received

Year: _____ Make and Model: _____

Registration No: _____ VIN No: _____

Sum Insured: _____

Where is the trailer kept when not in use? _____

WARRANTY

I hereby warrant that the above particulars and statements are true, correct and complete and contain all information known to me affecting the risks 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 and incorporated in the contract between Me and Hollard Insurance Company Limited and shall be promissory. Should there be any material changes in the above risk, We are to be notified immediately.

I hereby declare that the Vehicle to be insured shall not be driven by any person who to my knowledge has been refused any motor vehicle insurance and continuance thereof. I further agree to accept the Insurance on the terms and conditions set forth in the Policy.

Insured Applicant's Signature: _____ Date: _____

DirtSure
comprehensive dirt bike insurance

Take us with you