

Proposal for personal insurance - Priceless

IMPORTANT

- If this proposal is completed by someone on your behalf, you must read and sign every page
- Make sure that where cover is *not* required, the relevant sections or options are crossed out and marked "not required"
- If you are not sure about any of the questions in this form or other document please ask your consultant
- This form does not oblige us to issue cover to you. Cover only applies once we have confirmed this to you in writing
- All documentation will be sent electronically. If you would prefer hard copies please tick this box.

PERSONAL PARTICULARS

Surname:		Title: Mr Mrs Miss	
First Names:		Other:	
Postal Address:		Postal Code:	
E-mail:	Tel Home:	Tel Work:	
Marital Status:	Cell No:	Fax No:	
Occupation:		Premium payable: Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	
VAT Registration Number (if applicable):		Insurance commencement date	
ID number: Proposer		D	D
Are you a parent permanently living with your spouse and children?	Yes No	M	M
Are you a single parent with your children permanently living with you?	Yes No	Y	Y
		Y	Y

DETAILS OF RESIDENCE(S) Physical address (or situation of house/contents to be insured)

First Residence	Second Residence
Postal Code	Postal Code

Type of home (please indicate Yes in appropriate space)	Residence 1	Residence 2
<ul style="list-style-type: none"> Detached House/Cottage/Townhouse/semi-detached house/duplex/flat 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Holiday Home 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Other, please specify _____ 	<input type="checkbox"/>	<input type="checkbox"/>
Construction of Home including attached outbuildings. (e.g. brick, tiles, thatch etc.)	Walls _____ Roof _____	Walls _____ Roof _____
Construction of the unattached outbuildings, or structures (garden shed, gazebo, lapa, carport etc.)	Walls _____ Roof _____	Walls _____ Roof _____
Is any part of your home still under construction?	Yes No	Yes No
Has any building or structure on the property been flooded (event of nature) in the last 5 years?	Yes No	Yes No

BUSINESS FROM HOME

	Residence 1	Residence 2
Do you run a business from home? (Please tick appropriate answer)	Yes No	Yes No
What is the business	_____	_____
How many people are employed in this business?	_____	_____

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The minimum security requirement for Household Contents cover is that all opening and louvre type windows must be burglar barred, sliding doors (with no security gate) must be fitted with a second lock that is either a key operated locking bolt or locking pin, fitted in a 90 degree plane to the existing door lock. Alternatively, there must be an alarm that is linked to a 24 hour armed response service. The alarm must be kept in proper working order and fully armed whenever the residence is left unoccupied or unattended. There must be a contract in force for the services of a reaction unit whose duties include the physical investigation of all events where the alarm indicates an intrusion or emergency situation.

SECURITY

	Residence 1	Residence 2
Is your home in an established built up area?.....	Yes No	Yes No
Is your home on a small holding or farm?.....	Yes No	Yes No
Near an informal housing settlement?.....	Yes No	Yes No
Are all opening windows (including louvres) burglar barred?.....	Yes No	Yes No
Does your home have external sliding doors?.....	Yes No	Yes No
If Yes, are they all fitted with a second lock that is either a key operated locking bolt or locking pin, fitted in a 90 degree plane to the existing door lock, or a security gate?	Yes No	Yes No
Are security gates fitted to all other external doors of your home?.....	Yes No	Yes No
Is your home normally occupied during office hours?.....	Yes No	Yes No
Will the residence be unoccupied for more than 60 days during any 1 year of insurance?.....	Yes No	Yes No
Will you be going on holiday within the next 30 days?.....	Yes No	Yes No
Does your home have an alarm system linked to an armed response organisation?.....	Yes No	Yes No
Do you employ the services of a patrolling organisation?.....	Yes No	Yes No
Is there electrical fencing?.....	Yes No	Yes No
Please tell us about any other feature, which you believe significantly improves the security of your home _____		

HOUSEHOLD CONTENTS

Cover Options - you have the choice of one of the following options:

	Residence 1	Residence 2
Full Cover (All risks).....	<input type="checkbox"/>	<input type="checkbox"/>
Fire, Perils & Theft.....	<input type="checkbox"/>	<input type="checkbox"/>
Fire and Perils excluding Theft.....	<input type="checkbox"/>	<input type="checkbox"/>
Full Cover (All risks) excluding Theft.....	<input type="checkbox"/>	<input type="checkbox"/>

NB1: The sum insured for any property to be insured under Section 3 All Risks should not be included.
 NB2: Cover automatically applies to property (other than Business property) away from the residence.
 If you have property at other situations e.g. in a furniture depository, bank safe deposit, etc., the sum insured must take this into account. (If cover is not required for property away from residence this must be stated in the policy. Please provide details.)

Cover provides for settlement of claims without deduction for depreciation provided sums insured are adequate. Your Sum Insured must always represent the present day replacement cost of the property insured as new (including VAT).
 Underinsurance can have serious consequences when "average" is applied. For example you insure for R250 000 instead of R500 000 (you are therefore only 50% insured). You suffer a loss of R100 000. Insurer will only pay 50% of the loss and you will have to find the other R50 000 yourself. The premium does not increase in direct proportion to the increase in sum insured so be conservative and insure on the high side. Therefore ask for a quote on the higher amount and you may be pleasantly surprised.

	Residence 1	Residence 2
Sum Insured Household Contents (Business Contents may be included up to R50 000)	R _____	R _____

NB: There is a limit of one third of the contents sum insured for furs, jewellery, gemstones, watches and articles of platinum, gold or silver. Please check your values and see if you need to move some items on to the All Risks section.

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Optional Extensions (Additional premium payable).
Please tick appropriate box

Do you require cover for:-

	Residence 1	Residence 2
Documents – damage covered automatically up to R15 000 If you require increased amount, please state the revised amount	R _____	R _____
Timesharing - cost of alternative accommodation - limit R3 000 per week If Yes, state no. of weeks owned _____ week(s)	Yes No	
Cost of water lost by leakage – automatic cover R15 000 with an excess of R300 Do you need cover of R20 000 with an excess of R300? Do you need cover of R25 000 with an excess of R300?	Yes No Yes No	Yes No Yes No
Guest house (theft by guests) If Yes, state number of Guest bedrooms _____	Yes No _____ rooms	Yes No _____ rooms
Do you wish to reduce the premium by bearing the first portion of each claim in addition to any Compulsory First Amount Payable? If Yes, what additional voluntary amount is to apply? (Options: R 1 000, R2 500, R 5 000, R10 000, R15 000, R20 000 R25 000, R50 000 & R100 000)	Yes No R _____	Yes No R _____

ALL RISKS

NB: Cover provides for settlement of claims without deduction for depreciation, provided sums insured are adequate. Therefore, sums insured must represent the present day replacement cost of the property insured as new. An appropriate amount for VAT must also be included.

Do you require cover for

General wearing apparel, miscellaneous jewellery and other personal effects including sporting equipment (Limit R1 000 or 25% of the sum insured for any one article other than clothing. Despite the 25% item limit, items over R20 000 must be separately specified)	Sum Insured R _____
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This general item covers items of portable hand-held electronic equipment, (not cell phones), up to R3 000. These are still limited to the 25% of sum insured item limit. If you have items over the limits, please specify them.

The following specified items belonging to you or that you are responsible for
(Please provide full description of each item and if kept in bank safe deposit please indicate clearly)

1. Holiday equipment (caravan contents, camping equipment and other household property used for holiday purposes) R _____
2. Pedal cycles (describe) _____ R _____
 _____ R _____
3. Tapes/Cassettes/Compact Discs (maximum R2 000) R _____
 (sound and/or communication equipment fitted in vehicles should be insured under the Motor Section)
4. Cell phones
 (describe) Make: _____ Serial No: _____ R _____
 Make: _____ Serial No: _____ R _____
5. Electronic equipment where the general item limits are not sufficient
 (describe) Make: _____ Serial No: _____ R _____
 Make: _____ Serial No: _____ R _____

NB: Personal computer equipment may be specified, but mechanical and electrical breakdown is excluded

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Please specify below any other items that you need All Risks cover for
(If more items are to be insured, provide a separate list.)

- | | | | |
|-----|-------|---|-------|
| 6. | _____ | R | _____ |
| 7. | _____ | R | _____ |
| 8. | _____ | R | _____ |
| 9. | _____ | R | _____ |
| 10. | _____ | R | _____ |

NB1: If you have specified a stamp, medal, or coin collection, any coin, medal or stamp over R2 500 must be specified seperately.
 NB2: When you claim, you will be required to give evidence of value.
 Please keep a valuation certificate or invoice for any jewellery item exceeding R2 000.
 You should have jewellery and furs re-valued periodically and have the claws and clasps checked for wear and tear.

Money - automatic cover up to R1 000. Do you require cover for R3 000? Yes No

Do you wish to reduce the premium by bearing the first portion of each claim in addition to any Compulsory First Amount Payable? Yes No

If Yes, what additional voluntary amount is to apply?
 (Options: R1 000, R2 500, R5 000, R10 000, R15 000, R20 000, R25 000, R50 000 & R100 000) R _____

MOTOR

The section applies only to motor cars, light delivery vehicles (LDV) not exceeding 3500 kgs gross vehicle mass, motor cycles, caravans and trailers.

	Vehicle 1	Vehicle 2	Vehicle 3
1. Type of vehicle (e.g. car, LDV, trailer)	_____	_____	_____
2. Make	_____	_____	_____
3. Model	_____	_____	_____
4. Year of manufacture	_____	_____	_____
5. Registration number	_____	_____	_____
<u>and</u> chassis number	_____	_____	_____
6. Odometer reading	_____	_____	_____
7. Vehicle Condition ("Good" or "Fair" or "Poor")	_____	_____	_____
8. Sum insured including VAT	R _____	R _____	R _____

NB The amount payable will be based on the retail value of the vehicle at the time of loss, as reflected in a reputable guide used by the motor dealers, with adjustment for mileage and condition. (the Sum insured is the maximum amount payable)

9. Is your vehicle registered as code 3? (Rebuilt) Yes No Yes No Yes No
 (Or does it have SAP VIN numbers?) Failure to disclose will result in a reduced settlement.

10. Factory fitted car radio/sound/communication equipment. Specify the items that you require cover for below.

Make and Model	Description	Retail value	Vehicle Reg No
		R	
		R	
		R	

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11. Retail Value of accessories purchased additionally (i.e. not sold by the manufacturer as standard with the vehicle)

Description	Retail value	Vehicle Reg. No.
	R	
	R	
	R	

12. Cover required - Please tick appropriate option

	Vehicle 1	Vehicle 2	Vehicle 3
• Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Third Party Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Third Party Fire and Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fire and Theft Only (Vehicles Laid Up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Number of years claim free (please attach proof) _____

14. Will the vehicle be used for

	Vehicle 1		Vehicle 2		Vehicle 3	
	Yes	No	Yes	No	Yes	No
a) Private and business purposes only (excluding carriage of goods for commercial purposes)	Yes	No	Yes	No	Yes	No
b) Private and business purposes (including carriage of goods for commercial purposes)	Yes	No	Yes	No	Yes	No

Excluded hiring, carriage of fare-paying passengers, driving instruction for reward, racing, speed or other contests, rallies, trials or use for any purpose in connection with the Motor Trade.

15. Do you wish to insure Credit Shortfall? Yes No Yes No Yes No

i.e. The difference between the retail value of your vehicle and the amount you owe to the bank.

Cover is provided up to 25% of the vehicle Sum Insured.

• You can select your own amount if more than 25% R _____ R _____ R _____

16. Security

a) vehicle fitted with a VESA certified alarm/immobiliser? If Yes, please attach certificate.	Yes	No	Yes	No	Yes	No
b) Is the vehicle fitted with a VESA certified Gearlock? If Yes, please attach certificate.	Yes	No	Yes	No	Yes	No
c) Is the vehicle fitted with a Tracking device If Yes, please attach certificate.	Yes	No	Yes	No	Yes	No
d) Is the vehicle usually garaged overnight? If No, please clarify.	Yes	No	Yes	No	Yes	No

17. Is the vehicle registered in your name or that of your spouse? Yes No Yes No Yes No

• If No, please state name of registered owner _____

• Does he/ she form part of your household Yes No Yes No Yes No

• Relationship to you _____

• Occupation _____

• Date of birth

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	Vehicle 1	Vehicle 2	Vehicle 3
18 Please provide details of the Principal driver			
• Name (state whether Mr/Mrs/Miss)	_____	_____	_____
• Does he/ she form part of your household	Yes No	Yes No	Yes No
• Relationship to you	_____	_____	_____
• Occupation	_____	_____	_____
• Date of birth	_____	_____	_____
▪ Date License first issued	_____	_____	_____
19. If you know that any person likely to drive an insured vehicle has a physical defect (inc. vision or hearing), provide details.	_____		
20. If any person, who will normally drive an insured vehicle, has been convicted of any driving offence or had his license endorsed, please provide details	_____		
21. Do you wish to take advantage of any of the following discounts			
a) Female Driver	Yes No	Yes No	Yes No
b) Limited Mileage:- does the vehicle travel less than 5 000 kilometres per year?	Yes No	Yes No	Yes No
10 000 kilometres per year?	Yes No	Yes No	Yes No
Proof required in the form of service records.			
22. Do you require Car Hire (up to 30 days following Insured Damage?) A basic manual motor car is standard.	Yes No	Yes No	Yes No
23. Do you wish to extend the Car hire cover to a maximum of 60 days?	Yes No	Yes No	Yes No
24. Do you require <u>Executive Car</u> * hire cover?	Yes No	Yes No	Yes No
* The Executive Car option allows for a motor car up to the highest rated standard offering by our supplier. (Subject to availability and other conditions of your Car Hire cover.)			
25. The Basic First Amount Payable does not apply to the principal driver who is 55 or older, or his/her spouse or any other driver who is 55 or older.			
Do you wish to purchase a waiver of the Basic excess for drivers under 55 years of age?	Yes No	Yes No	Yes No
26. Do you wish to reduce the premium by bearing the first portion of Each claim (in addition to any Compulsory First Amount Payable)?	Yes No	Yes No	Yes No
If Yes state additional amount to apply (Options: R 1 000, R 2 500, R 5 000, R10 000, R15 000, R20 000, R25 000, R50 000 & R100 000)	R _____	R _____	R _____
27. Tyre Cover is available for passenger vehicles NOT used for commercial purpose and covers the tyre against damage caused by hard braking, cuts, bursts or road inequalities, on a maintained South African road. Limit per vehicle – R5 000 any tyre; R10 000 any event; maximum 2 events per annum.			
Do you require Tyre Cover ?	Yes No	Yes No	Yes No

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EXTENDED PERSONAL LIABILITY

Your liability protection can be increased up to the amount stated below by payment of a nominal additional premium.

Do you require this additional cover?	Cover limit	R20 000 000	Yes	No
	Cover limit	R30 000 000	Yes	No
	Cover limit	R50 000 000	Yes	No

(NB: there is no liability cover for watercraft exceeding 10.5 metres in length)

IDENTITY THEFT

Identity Theft occurs when personal information is obtained by someone else without the owner's knowledge. It may support criminal activity including fraud, deception, or obtaining benefits and services in the victim's name.

The results can be devastating. Once thieves have your information, they can open new credit cards or bank accounts in your name and run up debts, take out loans or apply for a new passport or identity document, and use your identity as a cover for criminal activity.

Our policy will not prevent the inconvenience that you can suffer but it helps with legal expenses and costs you may incur to clear your name and correct records.

It covers you, your spouse and children up to 21 years of age who are still living with you.

BENEFITS	OPTION A	OPTION B	OPTION C
Legal Expenses to - defend civil or criminal action against you - remove civil or criminal judgement made against you - challenge the accuracy or completeness of information in your consumer credit report	R20 000	R 30 000	R40 000
Earnings - for each whole unpaid working day (up to 3) you take off to sort the problem out. (does not apply to self employed people)	R 750 per day	R 750 per day	R 750 per day
Your legal obligation to pay creditors if accounts are opened in your name without authorisation	R2 500	R10 000	R15 000
Miscellaneous expenses (as defined)	R2 500	R 5 000	R10 000
Monthly Premium	R 5.00	R 10.00	R 20.00
Annual Premium	R 60.00	R 120.00	R 240.00

Method of payment will be as you have chosen on your main proposal form

Please Tick the option you choose

A	B	C
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Do you know of any existing circumstance that may result in a claim being made under this section of cover?

yes	no
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BEREAVEMENT COVER

This valuable peace of mind cover guarantees a cash lump sum upon your death or the death of a loved one.

The benefit is paid to you, or your spouse if you are deceased, or to your estate if both of you are deceased at the same time.

BENEFITS	OPTION A	OPTION B	OPTION C
Policyholder	R 5 000	R 10 000	R 20 000
Spouse	R 5 000	R 10 000	R 20 000
Dependent children who normally live with you			
Aged 14 to 21 years (up to 24 if attending full time school, college or university)	R 5 000	R 7 500	R 10 000
Aged 6 to 13 years	R 2 000	R 5 000	R 10 000
Aged 1 to 5 years	R 1 000	R 2 000	R 5 000
Aged 0 to 11 months including Stillborn	R 500	R 2 000	R 3 000
Monthly Premium	R 37.00	R 50.00	R 70.00
Annual Premium	R 444.00	R 600.00	R 840.00

Method of payment will be as you have chosen on your main proposal form

Please Tick the option you choose

 A

 B

 C

We will not pay for

- the death of any person within 6 months of that person being insured on this section,
- the amount of any increase in cover, within 6 months of that increase if it results from a pre-existing condition or ailment

Persons aged 65 or more at time of proposal are not eligible for cover under this section

Persons aged 65 or more do not have an option to increase the cover.

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SPECIALITY COVERS

May we ask one of our consultants to contact you to discuss any of the following market leading Alexander Forbes products?

- | | | |
|------------------------|-----|----|
| • Family Accident Plan | Yes | No |
| • Hospital Plan | Yes | No |

Special offer!

We have specialists in the Group who can help with wills – they offer to draw up and store a standard will for free!

NB: If you need a customised will, a fee will be quoted.

May we ask one of the wills consultants to contact you to discuss your requirements? Yes No

OTHER COVER TYPES AVAILABLE

All the following covers were discussed with me (Tick to confirm)

I have elected to complete the following Supplementary Proposal Forms (Tick if form used)

- | | |
|---------------------------|--------------------------|
| • Houseowners (Buildings) | <input type="checkbox"/> |
| • Collector's Cars | <input type="checkbox"/> |
| • Electronic Equipment | <input type="checkbox"/> |
| • Pleasure Craft | <input type="checkbox"/> |
| • Personal Accident | <input type="checkbox"/> |
| • Legal Costs | <input type="checkbox"/> |

GENERAL

(THESE QUESTIONS MUST ALWAYS BE ANSWERED)

Has any insurer ever declined to accept, refused to renew or imposed special terms for any insurance for which this proposal is being made? Yes No

If Yes, please provide details _____

Please state the name of your previous insurer, branch and policy number

			Insurance History
Company	Policy Number	Date From	Date To

Give details of all accidents or losses (whether insured or not) suffered by you or any other person to be insured in the past **3** years, for any risks now proposed to be insured. If there are no accidents or losses please state **"None"**.

			Loss History
Date	Cause of Loss	Value	Recovery

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PREMIUM DEBIT ORDER AUTHORITY

(MONTHLY POLICIES ONLY)

Name of Account Holder _____

Please tick the appropriate box: Cheque or Transmission Account

Draw date: 1st or 7th or 16th or 26th of the month

Bank Name Branch Branch Code

Account Number

I request Alexander Forbes on behalf of the Insurers, to draw against my Bank Account (whichever it may be), the amount necessary for payment of premiums and policy fees due under any policy or policies issued on my instructions. I understand that either the Insurers or I may at any time cancel these arrangements in writing. I further understand that the Insurers will receive all payments in terms of this request without prejudice to the Insurers' rights.

Date _____ Signature of Account Holder : _____

INFORMATION SHARING – CONSENT OF INSURED

You agree to share your information - By taking out this policy, you have agreed to share your personal information in certain ways. Below is the agreement that you have made.

1. I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers 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.
2. I 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. This is on my own behalf as well as on behalf of any person I represent in terms of this insurance policy.
3. I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.
4. I consent to such information being disclosed to any other insurance company or its agent.
5. I acknowledge that the information may be verified against legally recognised sources or database.

DECLARATION

I hereby declare that all particulars and answers in this proposal are true and complete in every respect and that no material fact has been withheld. I am aware that this proposal will form part of my insurance contract.

Date _____ Signature of Proposer _____

NB: There are qualifications and restrictions in the coverage, and a copy of the wording showing the full extent of cover, together with the Conditions, Limitations, Exclusions and First Amounts Payable can be requested from Alexander Forbes, if desired, prior to the signing of this proposal.

For and on behalf of the Insurers

Date _____ Counter Signature _____

Sales Consultant _____ Signature _____

