



PROPOSAL FOR INSURANCE

PLEASE COMPLETE IN FULL, SIGN AND FAX TO: 011 462-8981

Policy Number		Broker			
Period Of Insurance					
PROPOSER'S DETAILS					
Name Of Proposer					
Postal Address		Postal Code			
Description Of Business					
VEHICLE DETAILS					
Client I.D number / Company registration number					
Tel No.		Fax No.	Cell No.		
Email Address		Language Preference	Afr Eng		
POLICY REQUIREMENTS					
Policy sections in force	Applicable	Annual Premium	Policy sections in force	Applicable	Annual Premium
<i>(indicate Yes / No as applicable)</i>			<i>(indicate Yes / No as applicable)</i>		
1. Fire			15. State benefits		
2. Buildings combined			16. Group personal accident		
3. Office contents			17. Motor		
4. Business interruption			18. Electronic Equipment		
5. Accounts receivable			19. Motor traders internal risk		
4. Business interruption			20. Motor traders external risk		
			21. House owners		
6. Theft					
7. Money					
8. Glass					
9. Fidelity					
10. Goods in transit					
11. Business all risks					
12. Accidental damage					
13. Public liability			Total premium		
14. Employers' liability			Total Sasria premium		
VAT is included in the premium					
GENERAL					
1. Has any insurer ever declined a proposal of yours, cancelled any policy (or any section thereof) of yours, imposed any special conditions, refused to renew any policy (or any section thereof) of yours, or refused to continue with any insurance of yours? Yes / No If "Yes", please give full particulars					
CONTINUED ON NEXT PAGE					

GENERAL CONT.

2. Have any of the directors/partners/shareholders in your company ever been declared insolvent or had any judgements taken against them? If yes, please give details.

3. History of previous losses / claims. Please give full particulars in respect of all losses sustained by you during the past five years, including all claims which have been paid or not been paid.

Type of loss / claim	Year	Amount	Insurer

METHOD OF PREMIUM PAYMENT

Please indicate below with an "X", the method of premium payment required

Yearly in cash	<input type="checkbox"/>	Per monthly debit order	<input type="checkbox"/>
To Be Drawn Against A:	Cheque Account <input type="checkbox"/>	Transmission Account <input type="checkbox"/>	Credit Card Account <input type="checkbox"/>

DEBIT ORDER INFORMATION AND AUTHORISATION

ACCOUNT HOLDER <i>(Name of account number)</i>	
CHEQUE / TRANSMISSION ACCOUNT NO. <i>(Client identification number)</i>	
INSTITUTION / BRANCH IDENTIFICATION NO. <i>(e.g Banks clearing number)</i>	
NAME OF BANK <i>(Name of institution)</i>	

I authorise SANTAM / AIG / HOLLARD/CIB to draw on my account (wherever it may be) at the above-mentioned institution, in any manner agreed on between SANTAM/ AIG HOLLARDCIB and such institution, the amount of the premium (which includes VAT) payable,.

Signature of Account Holder _____

DECLARATION

I / We hereby declare that all the statements and particulars in this proposal are true and correct and contain all information known to me / our behalf for the purpose of the proposed insurance shall be the basis of and incorporated in the contract between me / us and HOLLARDCIB , SANTAM / AIG and shall be promissory, and I / we declare that if such statements and particulars are in the handwriting of any person other than myself / ourselves such person shall be regarded as having been my / our agent for the purpose of filling in same. I / We required shall be in force(delete company/ies not applicable).

Signature of proposer _____

Date _____