

## Proposal Form

PLEASE COMPLETE DOCUMENT IN INK AND PRINT THE ANSWERS TO THE QUESTIONS OR TICK THE APPROPRIATE BOX.

In terms of legislation, after the proposer has signed this document, it will be an offence for anybody else to amend it.

**The Policy can only be issued in the name of an individual and not in a company or a CC**

Excess Payable – See Annexure for details of the Excesses

All fields marked with \* are mandatory

### THE PROPOSER - Wherever the word **YOU** appears, it means the Proposer

\*Title:  \*First Names:  \*Surname:

\*ID Type:  SA Bar Coded ID  SA Non Bar Coded ID  \*\*Foreign Passport  \*Date of Birth:  Y  Y  M  M  D  D

\*ID Number:  \*Passport Number (if non SA resident):

\*Marital Status:  Married  Single  Living Together  Widow  Widower  Divorced  \*Gender  M  F

\*Postal Address:  \*Occupation:

\*Contact Numbers: Mobile No.:

Work No.:  (code) Home No.:  (code)

Postal Code:  \*Email Address:  Fax No.:  (code)

**\*May we perform a credit rating check to assist with rating, underwriting and claims?**  Y  N

### THE CO-POLICYHOLDER DETAILS

\*Initials:  \*Surname:  \*Date of Birth:  Y  Y  M  M  D  D

\*ID Type:  SA Bar Coded ID  SA Non Bar Coded ID  \*\*Foreign Passport  \*Gender:  M  F

\*ID Number:  \*Passport Number (if non SA resident)

### PAYMENT OPTIONS AND BANKING DETAILS - Please (✓) the appropriate blocks

Premium payment method:  Annual  Monthly Debit Order

If paying monthly, please indicate the date for the debiting of premiums:  D  D

#### MONTHLY DEBIT ORDER ACCOUNTS

Bank:  Branch:  Branch Code:

Account Number:  Type of Account:  Cheque  Savings

Accountholder Name:  Date:  Y  Y  M  M  D  D

Accountholder Signature:  Preferred Language  E  A

Start date of this cover:  Y  Y  M  M  D  D

Are you 55 years and older and not gainfully employed:  Y  N If Yes, your policy will be "Excess Free".

SASRIA cover included where applicable

\*\* Foreign Passports - copy of passport document must be attached and retained on file

**GENERAL INFORMATION** - Please complete (applicable to all sections)

Physical address of your Private Home

**PRIVATE HOME (1)**

Postal Code:

**PRIVATE HOME (2)**

Postal Code:

**This section is compulsory if cover is required for Household Goods, Houseowners and / or All Risks Section.**

**Private homes occupied as communes are not acceptable.** Please (✓) the appropriate option:

**INFORMATION ABOUT THE PRIVATE HOME**

**Private Home (1)**

**Private Home (2)**

Is this your main home:

Y  N

Y  N

Does your Private Home have a solar geyser:

Y  N

Y  N

Is the roof constructed of:

Tile  Slate  
 Concrete  Metal  
 Shingles  \*Thatch  
 Fibre Cement Sheet / Asbestos

Tile  Slate  
 Concrete  Metal  
 Shingles  \*Thatch  
 Fibre Cement Sheet / Asbestos

\* Thatch risks - an SABS approved Lightning Certificate is required.

Are the main walls constructed of:

Brick / Stone or Concrete  
 Asbestos or Timber Clad  
 Metal Frame and Fibreglass  
 Timber / Part Timber Framed Metal  
 Prefabricated Sandwich Panels

Brick / Stone or Concrete  
 Asbestos or Timber Clad  
 Metal Frame and Fibreglass  
 Timber / Part Timber Framed Metal  
 Prefabricated Sandwich Panels

Where is your Private Home situated:

Smallholding, Plot or Farms  
 Security Village / Complex  
 Retirement Complex  
 Enclosed Access Controlled Area  
 Residential Area, No Access Control

Smallholding, Plot or Farm  
 Security Village / Complex  
 Retirement Complex  
 Enclosed Access Controlled Area  
 Residential Area, No Access Control

What type of Private Home do you have:

Detached House/Cottage  
 Semi-detached House/Cottage  
 Flat (Above 1<sup>st</sup> Floor)  
 Flat (Ground Floor/1<sup>st</sup> Floor)

Detached House/Cottage  
 Semi-detached House/Cottage  
 Flat (Above 1<sup>st</sup> Floor)  
 Flat (Ground Floor/1<sup>st</sup> Floor)

How long have you lived at this Private Home:

-

-

Will your Private Home be left unoccupied by you:

▪ During working hours:

Y  N

Y  N

▪ For more than a total of 60 days per year:

Y  N

Y  N

Will the private home be unoccupied for the first 7 days in the first 30 days of cover:

Y  N

Y  N

Is the Private Home a holiday home:

Y  N

Y  N

Will your Private Home be hired or let out:

Y  N

Y  N

If Yes, provide details:

**Private Home (1)**

**Private Home (2)**

Are all opening windows burglar barred:

Y	N
---	---

Y	N
---	---

Does any outbuilding or garage adjoining to the private home have an adjoining door:

Y	N
---	---

Y	N
---	---

Are all access doors fitted with security gates:

Y	N
---	---

Y	N
---	---

Is the perimeter of your private home walled/fenced with a wall or steel fence of at least 1.8m height:

Y	N
---	---

Y	N
---	---

Are there full time security guards on your property:

Y	N
---	---

Y	N
---	---

Is there 24 hour access control to your property:

Y	N
---	---

Y	N
---	---

Is your Private Home protected with an alarm system:

Y	N
---	---

Y	N
---	---

Is the alarm linked to a 24 hour control room with armed response:

Y	N
---	---

Y	N
---	---

Who is the Service Provider:



(Please attach documentary proof from the Service Provider)

**HOUSEHOLD GOODS SECTION** Do you require this insurance?  Y  N

**Householders Liability is automatically included**

The Inventory Form included on page 19 of this proposal can assist you in determining the value of your Household Goods.

**Private Home (1)**

**Private Home (2)**

Compensation Limit (Insure for New Replacement Value):



Cover type Options:

 Full Cover including \*Subsidence

 Full Cover including \*Subsidence

 Full Cover excluding Subsidence

 Full Cover excluding Subsidence

 Limited Cover

 Limited Cover

**\*Subsidence cover that is provided by this insurance is limited cover. For full Subsidence cover please consult with your Scheme Administrator.**

Have you suffered any losses under this section in the last 5 years:

Y	N
---	---

Y	N
---	---

If Yes, please advise how many losses you have suffered per year for the last 5 years:

Year	No. of claims

Year	No. of claims

Do you wish pay a higher excess:

Y	N
---	---

Y	N
---	---

If Yes, state the amount \*selected:



**Retired Persons (Excess Free):** Do you wish to pay an excess:

Y	N
---	---

Y	N
---	---

If Yes, state the amount \*selected:



**\* Selectable Excess Option - See the attached Annexure for details.**

**OPTIONAL COVER TO THE HOUSEHOLD GOODS SECTION**

Your Household Goods Section can be extended to include the under noted Optional Cover. For a more detailed explanation of this cover, please consult with your Schemes Administrator.

**Private Home (1)**

**Private Home (2)**

**Accidental Damage including Power Surge -**

If you require this cover please (✓) the limit required:

 R 10,000

 R 10,000

 R 25,000

 R 25,000

 R 50,000

 R 50,000

 R 100,000

 R 100,000

**PERSONAL LIABILITY SECTION** - Cover is automatically included with Household Goods cover

**HOUSEOWNERS SECTION**

Do you require this insurance?

Y

N

Houseowners Liability is automatically included.

**Private Home (1)**

**Private Home (2)**

Compensation Limit (Insure Buildings and Outbuildings for New Replacement value):

R

R

Cover type Options:

Full Cover including \*Subsidence

Full Cover including \*Subsidence

Full Cover excluding Subsidence

Full Cover excluding Subsidence

\*Subsidence cover that is provided by this insurance is limited cover. For full Subsidence cover please consult with your Scheme Administrator.

Do you have a registered bond on your property:

Y

N

Y

N

If Yes, please note the Credit Provider's details:

Do you wish to pay a higher excess:

Y

N

Y

N

If Yes, state the amount \*selected:

R

R

**Retired Persons (Excess Free):** Do you wish to pay an excess:

Y

N

Y

N

If Yes, state the amount \*selected:

R

R

\* Selectable Excess Option - See the attached Annexure for details.

**OPTIONAL COVERS TO THE HOUSEOWNERS SECTION**

Your Houseowners Section can be extended to include the under noted Optional Cover. For a more detailed explanation on this cover, please consult with your Schemes Administrator.

**Private Home (1)**

**Private Home (2)**

**Accidental Damage to fixed machinery used in your home -**

If you require this cover please (✓) the limit required:

R 10,000

R 10,000

R 25,000

R 25,000

R 50,000

R 50,000

R 100,000

R 100,000

**Power Surge -**

If you require this cover please (✓) the limit required:

R 10,000

R 10,000

R 25,000

R 25,000

R 50,000

R 50,000

R 100,000

R 100,000

**PERSONAL ACCIDENT SECTION**

Do you require this insurance?

Y

N

This cover cannot be offered to persons over the age of 80 at start date of cover

**Note:** There are Statutory Limitations applicable to policy benefits in the event of the death of a minor.

- Persons under the age of 6 years maximum **DEATH** benefit applicable is R10 000
- Persons 6 years and over but under the age of 14 years maximum **DEATH** benefit applicable is R30 000

There are no Statutory Limitations applicable to policy benefits in the event of **Permanent Disability** of a minor.

Please (✓) the appropriate option:

**Insured Person (1)**

**Insured Person (2)**

Name and Surname:

Gender:

Male

Female

Male

Female

	Insured Person (1)	Insured Person (2)
Date of Birth:	Y Y M M D D	Y Y M M D D
ID Number:	<input type="text"/>	<input type="text"/>
Occupation of insured person:	<input type="text"/>	<input type="text"/>
Occupation Class Type:	<input type="checkbox"/> Class 1: Administrative and Professional <input type="checkbox"/> Class 2: Supervisory and others not in Class 1 <input type="checkbox"/> Class 3: Manual work	<input type="checkbox"/> Class 1: Administrative and Professional <input type="checkbox"/> Class 2: Supervisory and others not in Class 1 <input type="checkbox"/> Class 3: Manual work
Relationship of insured person to you:	<input type="checkbox"/> Policy Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Full-time Domestic Worker	<input type="checkbox"/> Policy Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Full-time Domestic Worker
Cover type Options:	<input type="checkbox"/> Full Insurance Cover <input type="checkbox"/> Motor Vehicle Accidents only	<input type="checkbox"/> Full Insurance Cover <input type="checkbox"/> Motor Vehicle Accidents only

**Benefits required:**

Death (Compulsory Benefit) - (Maximum Benefit: R1 500 000)	<input type="text"/>	<input type="text"/>
Permanent Disability - (Maximum Benefit R1 500 000)	<input type="text"/>	<input type="text"/>
Temporary Disability - (Maximum Benefit: R5 000 per week)	<input type="text"/>	<input type="text"/>

Has the insured person sustained previous injuries:  Y  N

If Yes, provide details:

Does any person to be insured suffer from defective vision or hearing or from any physical or mental infirmity:  Y  N

If Yes, provide details:

Does the person insured have cover with another insurer:  Y  N

If Yes, please provide details:

Do you wish to nominate Beneficiary/ies:  Y  N

If Yes, state Name, ID Number and percentage amount to be allocated:

Name and Surname	ID Number	%
Name and Surname	ID Number	%
Name and Surname	ID Number	%

<b>ALL RISKS SECTION</b>	Do you require this insurance? <span style="float: right;"><input type="text"/> Y <input type="text"/> N</span>
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**GENERAL ITEMS** - clothing and personal items normally worn or carried by you, subject to each item being limited to **25% of the General Item limit of compensation.**

**SPECIFIED ITEMS** – the following items must be specified regardless of the value: Any Mobile Communication devices, Car Radios, Bicycles, Surf Boards, Kite Boards, Paddle Skis, Kayaks, Canoe's, Surf Ski's, Windsurfers and Sailboards, Tools, Stamp and Coin collections, Money and Documents, Furs and Leather jackets, Wheelchairs and Firearms.  
Articles kept permanently in a bank safe deposit must be specified (✓) appropriate box to indicate that the item is kept in a bank safe.

**Invoices or valuation certificates for each item specified must be attached.**

1 **GENERAL ITEMS** (minimum compensation limit R5 000)  R

At which Private Home will these items be kept:

**SPECIFIED ITEMS:**

1	<input type="text"/>	<input type="text"/> Serial Number	<input type="text"/> R	<input type="text"/> Bank Safe	<input type="text"/> Y	<input type="text"/> N
	At which Private Home will this item be kept:					
	<input type="text"/> Address:					
2	<input type="text"/>	<input type="text"/> Serial Number	<input type="text"/> R	<input type="text"/> Bank Safe	<input type="text"/> Y	<input type="text"/> N
	At which Private Home will this item be kept:					
	<input type="text"/> Address:					
3	<input type="text"/>	<input type="text"/> Serial Number	<input type="text"/> R	<input type="text"/> Bank Safe	<input type="text"/> Y	<input type="text"/> N
	At which Private Home will this item be kept:					
	<input type="text"/> Address:					
4	<input type="text"/>	<input type="text"/> Serial Number	<input type="text"/> R	<input type="text"/> Bank Safe	<input type="text"/> Y	<input type="text"/> N
	At which Private Home will this item be kept:					
	<input type="text"/> Address:					
5	<input type="text"/>	<input type="text"/> Serial Number	<input type="text"/> R	<input type="text"/> Bank Safe	<input type="text"/> Y	<input type="text"/> N
	At which Private Home will this item be kept:					
	<input type="text"/> Address:					
6	<input type="text"/>	<input type="text"/> Serial Number	<input type="text"/> R	<input type="text"/> Bank Safe	<input type="text"/> Y	<input type="text"/> N
	At which Private Home will this item be kept:					
	<input type="text"/> Address:					
7	<input type="text"/>	<input type="text"/> Serial Number	<input type="text"/> R	<input type="text"/> Bank Safe	<input type="text"/> Y	<input type="text"/> N
	At which Private Home will this item be kept:					
	<input type="text"/> Address:					
8	<input type="text"/>	<input type="text"/> Serial Number	<input type="text"/> R	<input type="text"/> Bank Safe	<input type="text"/> Y	<input type="text"/> N
	At which Private Home will this item be kept:					
	<input type="text"/> Address:					
9	<input type="text"/>	<input type="text"/> Serial Number	<input type="text"/> R	<input type="text"/> Bank Safe	<input type="text"/> Y	<input type="text"/> N
	At which Private Home will this item be kept:					
	<input type="text"/> Address:					
10	<input type="text"/>	<input type="text"/> Serial Number	<input type="text"/> R	<input type="text"/> Bank Safe	<input type="text"/> Y	<input type="text"/> N
	At which Private Home will this item be kept:					
	<input type="text"/> Address:					

Do you require cover for Money, Cheques or similar documents (R1 000 compensation limit):  Y  N

**Retired Persons (Excess Free):** \*Do you wish to pay an excess:  Y  N

\* Selectable Excess Option - See the attached Annexure for details.

**MOTOR SECTION**

This section must be completed if cover is required for Motor Car, Motorcycle or Trailer/Caravan.  
**A copy of the Licence / Registration papers must be attached for each Vehicle for which cover is required.**  
**LDV's (Light Delivery Vehicles) used for business use cannot be insured in terms of your personal policy.**  
**This cover cannot be offered to persons over the age of 80 at start date of cover.**

**MOTOR VEHICLE SECTION**  Do you require this insurance?  Y  N

INFORMATION ABOUT THE REGULAR DRIVER	Motor Vehicle (1)	Motor Vehicle (2)
Are you or your spouse the registered owner:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
If No, state the name of the registered owner:	<input type="text"/>	<input type="text"/>
Name of the regular driver:	<input type="text"/>	<input type="text"/>
Type of ID of the regular driver:	<input type="checkbox"/> SA ID (non Bar Coded) <input type="checkbox"/> SA ID (Bar Coded) <input type="checkbox"/> **Foreign Passport	<input type="checkbox"/> SA ID (non Bar Coded) <input type="checkbox"/> SA ID (Bar Coded) <input type="checkbox"/> **Foreign Passport

\*\* Foreign Passport - copy of passport document must be attached

**Motor Vehicle (1)**

**Motor Vehicle (2)**

ID / Passport Number of regular driver:

Gender of the regular driver:

 Male  Female Male  Female

Marital status of the regular driver:

 Married  Single  
 Divorced  Widow  
 Widower  Living together Married  Single  
 Divorced  Widow  
 Widower  Living together

What is the regular driver's occupation:

Date of birth of the regular driver:

 Y  Y  M  M  D  D Y  Y  M  M  D  D

Relationship of regular driver to you:

 Self  Parent  
 Spouse  Other  
 Child Self  Parent  
 Spouse  Other  
 Child

Have you suffered any losses under this section in the last 5 years:

 Y  N Y  N

If Yes, please advise how many losses you have suffered per year for the last 5 years:

Year	No. of claims
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Year	No. of claims
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

When did the regular driver obtain his/her driver's licence:

 Y  E  A  R Y  E  A  R

What is the regular driver's licence code:

 B  C  C1  
 EB  EC  EC1 B  C  C1  
 EB  EC  EC1

Are there any restrictions imposed on the licence:

 Y  N Y  N

If Yes, is it:

 Electrically Powered  
 Automatic Transmission  
 Physically Disabled Electrically Powered  
 Automatic Transmission  
 Physically Disabled

Does the regular driver or any person who may drive the vehicle:

- suffer from defective vision, hearing or from any physical or mental infirmity:

 Y  N Y  N

If Yes, provide details:

- have a conviction or paid an admission of guilt fine for a driving offence in the past 5 years or is there prosecution pending:

 Y  N Y  N

If Yes, provide details:

Do you wish to pay a higher excess:

 Y  N Y  N

If Yes, state the amount \*selected:

 R R

**Retired Persons (Excess Free):** Do you wish to pay an excess:

 Y  N Y  N

If Yes, state the amount \*selected:

 R R

\* Selectable Excess Option - See the attached Annexure for details.

**INFORMATION ON THE VEHICLE TO BE INSURED**

**Motor Vehicle (1)**

**Motor Vehicle (2)**

Which Vehicle Value type would you like to insure your vehicle for:

- Option 1** - \*Reasonable Retail Value

 Y  N  R Y  N  R

- Option 2** - \*\*Agreed Value

 Y  N  R Y  N  R

- Option 3** - \*\*\* Compensation Limit

 Y  N  R Y  N  R

\* Reasonable Retail Value means the price at which a car dealer sells a vehicle with its factory-fitted accessories. The value is based on the retail value shown for the vehicle in a recognised and current motor trade publications.

\*\* Agreed Value means the average value that up to 3 (three) independent motor industry sources will in writing determine as the value of the vehicle and you specify at the time of your application for this policy, or any subsequent update. Agreed Value is only available to vehicles where the value of the vehicle is not obtainable from any recognised and current motor trade publications

\*\*\* Compensation Limit is the limit of compensation shown in the schedule or the reasonable retail value of the vehicle at the time of the loss whichever is the lower. This Option is only available for Recreational Tractors and Golf Cars.

	Motor Vehicle (1)	Motor Vehicle (2)			
Mead & McGrouther code (if known)	<input type="text"/>	<input type="text"/>			
Licence/Registration Number of the vehicle:	<input type="text"/>	<input type="text"/>			
What is the vehicle type:	<input type="checkbox"/> Standard car <input type="checkbox"/> LDV's, 4x4 and 4x2 with gross vehicle mass of 3 500kg and less <input type="checkbox"/> Kombi/Microbus/Hi-Ace <input type="checkbox"/> Beach Buggy / Kit Car <input type="checkbox"/> Recreational Tractor <input type="checkbox"/> Golf Car	<input type="checkbox"/> Standard car <input type="checkbox"/> LDV's, 4x4 and 4x2 with gross vehicle mass of 3 500kg and less <input type="checkbox"/> Kombi/Microbus/Hi-Ace <input type="checkbox"/> Beach Buggy / Kit Car <input type="checkbox"/> Recreational Tractor <input type="checkbox"/> Golf Car			
Make and Model of your vehicle:	<input type="text"/>	<input type="text"/>			
Year of Manufacture:	<input type="text"/> Y <input type="text"/> E <input type="text"/> A <input type="text"/> R	<input type="text"/> Y <input type="text"/> E <input type="text"/> A <input type="text"/> R			
Engine Number:	<input type="text"/>	<input type="text"/>			
VIN Number:	<input type="text"/>	<input type="text"/>			
Is there any modification done to the vehicle:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N			
If Yes, what is the modification type:	<input type="checkbox"/> Cosmetic Modification <input type="checkbox"/> Performance Modification <input type="checkbox"/> Performance and Cosmetic Modification	<input type="checkbox"/> Cosmetic Modification <input type="checkbox"/> Performance Modification <input type="checkbox"/> Performance and Cosmetic Modification			
What is the colour of the vehicle:	<input type="text"/>	<input type="text"/>			
Is the vehicle metallic:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N			
What Cover type do you require for the vehicle:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <small>(Not applicable to Recreational Tractors and Golf Cars)</small> <input type="checkbox"/> Third Party Only <small>(Not applicable to Recreational Tractors and Golf Cars)</small>	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <small>(Not applicable to Recreational Tractors and Golf Cars)</small> <input type="checkbox"/> Third Party Only <small>(Not applicable to Recreational Tractors and Golf Cars)</small>			
What is the vehicle used for:	<input type="checkbox"/> Domestic Use <input type="checkbox"/> Business Use <small>(Not applicable to Recreational Tractors and Golf Cars)</small>	<input type="checkbox"/> Domestic Use <input type="checkbox"/> Business Use <small>(Not applicable to Recreational Tractors and Golf Cars)</small>			
Is the vehicle VSS compliant:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N			
Is the vehicle fitted with:					
▪ an immobiliser:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N			
▪ a gearlock:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N			
▪ a tracking and recovery device:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N			
If Yes, provide Service Provider's details:	<input type="text"/>	<input type="text"/>			
<b>Please attach a copy of the Certificate from the service Provider</b>					
Where is the vehicle parked during the day:	<table border="1"> <tr> <td>Code</td> <td>Suburb</td> </tr> </table>	Code	Suburb	<table border="1"> <tr> <td>Suburb</td> </tr> </table>	Suburb
Code	Suburb				
Suburb					

**Motor Vehicle (1)**

**Motor Vehicle (2)**

What is the security where the vehicle is parked during the day:

- No access control and no security guards
- Access control and security guards
- Access control and no security guards
- Security guards and no access control

- No access control and no security guards
- Access control and security guards
- Access control and no security guards
- Security guards and no access control

Where is the vehicle parked overnight:

Code	Suburb
<input type="text"/>	<input type="text"/>

Code	Suburb
<input type="text"/>	<input type="text"/>

What is the situation of the residence where the vehicle is parked overnight:

- Smallholding, Plot or Farms
- Security Village / Complex
- Retirement Complex
- Enclosed Access Controlled Area
- Residential Area, No Access Control

- Smallholding, Plot or Farm
- Security Village / Complex
- Retirement Complex
- Enclosed Access Controlled Area
- Residential Area, No Access Control

Is the vehicle kept in a locked garage overnight:

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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What is the status of the vehicle:

- New
- Second-hand
- Built-up

- New
- Second-hand
- Built-up

Does the vehicle or the windscreen have existing damage:

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
----------------------	----------------------

If Yes, provide details:



Is the vehicle subject to credit or similar agreement:

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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If Yes, please note the Registered Credit Provider's details:



**OPTIONAL COVERS APPLICABLE TO COMPREHENSIVE INSURANCE**

The following covers are Optional Cover. For a more detailed explanation on this cover, please consult with your Schemes Administrator.

**Motor Vehicle (1)**

**Motor Vehicle (2)**

**Optional Covers** - Please (✓) the appropriate option

**4x4 and 4x2 Cover**

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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**Waiver of Excess** (including windscreen) not for persons under 30 years of age and for vehicles with values in excess of R500 000:

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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**Named Driver (in addition to the regular driver maximum 2):**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**Driver 1**

Name and Surname of Driver:



Marital Status of Driver:



Date of birth of Driver:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Occupation of Driver:



Date of Licence issue:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Drivers Licence Code:



**Driver 2**

Name and Surname of Driver:



Marital Status of Driver:

Date of birth of Driver:

**Motor Vehicle (1)**

Y Y M M D D

**Motor Vehicle (2)**

Y Y M M D D

Occupation of Driver:

Date of Licence issue:

Y Y M M D D

Y Y M M D D

Drivers Licence Code:

**Car Hire:**

1<sup>st</sup> Option - 30 days:

1300cc 1600cc 2000cc

1300cc 1600cc 2000cc

2<sup>nd</sup> Option - 60 days:

1300cc 1600cc 2000cc

1300cc 1600cc 2000cc

3<sup>rd</sup> Option - 90 days:

1300cc 1600cc 2000cc

1300cc 1600cc 2000cc

**Credit Shortfall:**

Y N

Y N

**Spare Parts and Accessories:**

Y N

Y N

R

R

R

R

R

R

R

R

R

R

R

R

**MOTORCYCLE SECTION**

Do you require this insurance?

Y

N

**INFORMATION ABOUT THE REGULAR DRIVER**

**Motorcycle (1)**

**Motorcycle (2)**

Are you or your spouse the registered owner:

Y N

Y N

If No, state the name of the registered owner:

Name of the regular driver:

Type of ID of the regular driver:

SA ID (non Bar Coded)

SA ID (non Bar Coded)

SA ID (Bar Coded)

SA ID (Bar Coded)

\*\*Foreign Passport

\*\*Foreign Passport

ID / Passport Number of regular driver:

Gender of the regular driver:

Male  Female

Male  Female

Marital status of the regular driver:

Married  Single

Married  Single

Divorced  Widow

Divorced  Widow

Widower  Living together

Widower  Living together

What is the regular driver's occupation:

Date of birth of the regular driver:

Y Y M M D D

Y Y M M D D

Relationship of regular driver to you:

Self  Parent

Self  Parent

Spouse  Other

Spouse  Other

Child

Child

Have you suffered any losses under this section in the last 5 years:

Y N

Y N

If Yes, please advise how many losses you have suffered per year for the last 5 years:

Year	No. of claims
Year	No. of claims
Year	No. of claims
Year	No. of claims
Year	No. of claims

Year	No. of claims
Year	No. of claims
Year	No. of claims
Year	No. of claims
Year	No. of claims

**Motorcycle (1)**

**Motorcycle (2)**

Does the regular driver have a Learner's Licence:  Y  N

If No, when did the regular driver obtain his/her driver's Licence:  Y  E  A  R

What is the regular driver's licence code:  A  A1

Y  N

Y  E  A  R

A  A1

Does the regular driver or any person who may drive the motorcycle:

- suffer from defective vision, hearing or from any physical or mental infirmity:  Y  N  
If Yes, provide details:
- have a conviction or paid an admission of guilt fine for a driving offence in the past 5 years or is there prosecution pending:  Y  N  
If Yes, provide details:

Y  N

Y  N

Y  N

Do you wish to pay a higher excess:  Y  N

If Yes, state the amount \*selected:

Y  N

**Retired Persons (Excess Free):** Do you wish to pay an excess:  Y  N

If Yes, state the amount \*selected:

Y  N

\* Selectable Excess Option - See the attached Annexure for details.

**INFORMATION ON THE MOTORCYCLE TO BE INSURED**

**Motorcycle (1)**

**Motorcycle (2)**

Limit of Compensation (Include finance costs):

Mead & McGrouther code (if known):

Licence/Registration Number of the motorcycle:

What is the motorcycle type:

Standard Road Two wheeler motorcycle

Scooter

Quad(three or four wheeler motorized vehicles)

Off-road Scrambler

Three wheeler motorcycle

All Terrain Vehicles (ATV's, three and four wheeler motorised vehicles)

Standard Road Two wheeler motorcycle

Scooter

Quad(three or four wheeler motorized vehicles)

Off-road Scrambler

Three wheeler motorcycle

All Terrain Vehicles (ATV's, three and four wheeler motorised vehicles)

Make and Model of your motorcycle:

Year of Manufacture:  Y  E  A  R

Y  E  A  R

Engine Number:

VIN Number:

Is there any modification done to the motorcycle:  Y  N

Y  N

If Yes, what is the modification type:

Cosmetic Modification

Performance Modification

Performance and Cosmetic Modification

Cosmetic Modification

Performance Modification

Performance and Cosmetic Modification

What cover do you require for the motorcycle:

Comprehensive

Third Party Fire & Theft

Third Party Only

Own Damage (Applicable to Quads, ATV's, Off-road Scramblers & Three Wheelers only)

Comprehensive

Third Party Fire & Theft

Third Party Only

Own Damage (Applicable to Quads, ATV's, Off-road Scramblers & Three Wheelers only)

**Motorcycle (1)**

**Motorcycle (2)**

What is the motorcycle used for:

- Domestic Use
- Business Use  
**(Not applicable to ATV's, Quads, Off-road Scramblers & Three Wheelers)**

- Domestic Use
- Business Use  
**(Not applicable to ATV's, Quads, Off-road Scramblers & Three Wheelers)**

Where is the motorcycle parked during the day:

Code  Suburb

Suburb

What is the security where the motorcycle is parked during the day:

- No access control and no security guards
- Access control and security guards
- Access control and no security guards
- Security guards and no access control

- No access control and no security guards
- Access control and security guards
- Access control and no security guards
- Security guards and no access control

Where is the motorcycle parked overnight:

Code  Suburb

Code  Suburb

What is the situation of the residence where the motorcycle is parked overnight:

- Smallholding, Plot or Farms
- Security Village / Complex
- Retirement Complex
- Enclosed Access Controlled Area
- Residential Area, No Access Control

- Smallholding, Plot or Farm
- Security Village / Complex
- Retirement Complex
- Enclosed Access Controlled Area
- Residential Area, No Access Control

Is the motorcycle kept in a locked garage overnight:

Y  N

Y  N

Is there any existing damage to the motorcycle:

Y  N

Y  N

If Yes, provide details:

Is the motorcycle subject to credit or similar agreement:

Y  N

Y  N

If Yes, state the Registered Credit Provider's Name:

Registered Credit Provider

Registered Credit Provider

**\*\* Foreign Passport - copy of passport document must be attached**

**TRAILER / CARAVAN SECTION**

Do you require this insurance?

Y

N

**Contents of the Caravan that do not form part of the Caravan can be specified under the All Risks Section.**

Are you or your spouse the registered owner:

Y  N

If No, state the name of the registered owner:

Limit of Compensation (include finance costs):

R

Licence / Registration Number:

VIN Number:

What type of trailer/caravan do you wish to insure:

Trailer

Boat Trailer

Horse Trailer

Caravan

Bakkie mate

Tent Trailer

Collapsible Caravan

Make and Model:

Year of Manufacture:

Y  E  A  R

Is the trailer/caravan usually kept undercover:

Y  N

If No, provide details:

Is the trailer/caravan subject to a credit of similar agreement:

Y  N

If Yes, please note the Registered Credit Provider's details:

Registered Credit Provider

**Retired Person (Excess Free):** Do you wish to pay an excess:

Y  N

\* Selectable Excess Option - See the attached Annexure for details.

**WATERCRAFT SECTION**

Do you require this insurance?

 Y N**INFORMATION ABOUT THE WATERCRAFT TO BE INSURED**Name of Watercraft:  Make and Model: Description of the Watercraft: Type of Watercraft (Please (✓) the appropriate option):  Jetski / Wetbike  Windsurfer  Sailing Craft Motor Boat (max speed 60kph)  Rubber Duck  Motor Boat over (60kph - max 100kph)  Self BuiltMaterial of Hull:  Rubber  Steel  Fibreglass  Wood  Canvas  ConcreteYear of Manufacture:  Y  E  A  R Length of Watercraft:  Maximum Speed: HIN Number:  Serial Number:  Gross Ton: In what waters will the watercraft be used:  Inland  Coastal  BothDoes the watercraft have a Certificate of Fitness:  Y  N Year Certificate first obtained:  Y  E  A  RDoes the skipper have a Skipper's Certificate of Competence:  Y  N Name of skipper: State the address where the watercraft is normally kept: Limit of Compensation:  R **Hulls up to 4 years old are covered for Replacement Value**Is the watercraft subject to a credit of similar agreement:  Y  NIf Yes, please note the Registered Credit Provider's details:  Registered Credit Provider**Retired Person (Excess Free):** Do you wish to pay an excess:  Y  N**INFORMATION ABOUT THE ENGINES TO BE INSURED****Engine (1)****Engine (2)****Engines cannot be insured on their own, they must be supported with the Hull**Hull Name: Make and model of engine: Year of Manufacture:  Y  E  A  RType of Engine:  Inboard  Outboard  Inboard  OutboardSerial Number: Maximum speed of the engine: Horse power of the engine: Limit of Compensation  R  RIs the engines insured subject to credit or similar agreement:  Y  NIf Yes, please note the Registered Credit Provider's details:  Registered Credit Provider  Registered Credit Provider**INFORMATION ABOUT THE ACCESSORIES / SPECIAL EQUIPMENT****Accessories and Special Equipment cannot be insured on their own, they must be supported with the Hull.****Serial numbers for all Global Positioning Systems (GPS) and Two-way Radio system including Electronic Equipment must be supplied**

	HULL NAME	DESCRIPTION OF ITEM	SERIAL NUMBER	COMPENSATION LIMIT
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> R
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> R
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> R
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> R

Is the property insured subject to a credit of similar agreement:  Y  NIf Yes, please note the Item and the Registered Credit Provider's details:  Credit Provider

Total Compensation Limit:  **Hull, Engine and Accessories (Maximum Sum Insured R500 000)**

Have you had any accidents or losses in connection with any watercrafts you have sailed or owned:

If Yes, please provide details:

Have you suffered any losses under this section in the last 5 years:

If Yes, please advise how many losses you have suffered per year for the last 5 years:

Year	No. of claims
Year	No. of claims
Year	No. of claims
Year	No. of claims
Year	No. of claims

Year	No. of claims
Year	No. of claims
Year	No. of claims
Year	No. of claims
Year	No. of claims

**Retired Person (Excess Free):** \*Do you wish to pay an excess:

\* Selectable Excess Option - See the attached Annexure for details.

**PERSONAL COMPUTER SECTION** Do you require this insurance?

**Personal Computers and ancillary equipment**

	*MAKE AND MODEL	SERIAL NUMBER	*COMPENSATION LIMIT
1	<input type="text"/>	<input type="text"/>	R <input type="text"/>
2	<input type="text"/>	<input type="text"/>	R <input type="text"/>
3	<input type="text"/>	<input type="text"/>	R <input type="text"/>
4	<input type="text"/>	<input type="text"/>	R <input type="text"/>
5	<input type="text"/>	<input type="text"/>	R <input type="text"/>
6	<input type="text"/>	<input type="text"/>	R <input type="text"/>

\* Please include any software in the description of the item and include the value under the Compensation Limit

Is the property insured subject to a credit or similar agreement:

If yes, state the Registered Credit Provider's Name:

**Retired Person (Excess Free):** \*Do you wish to pay an excess:

\* Selectable Excess Option - See the attached Annexure for details.

**LEGAL COSTS SECTION** Do you require this insurance?

Indicate the Limit of Compensation you require by (✓) the appropriate amount:

Have you or to your knowledge has any other person to be covered by this insurance been involved in any civil or criminal litigation in the past 3 years:

If Yes, provide details:

Are you aware of the existence of any circumstances likely to give rise to the payment of legal fees or expenses:

If Yes, provide details:

**Retired Person (Excess Free):** \*Do you wish to pay an excess:

\* Selectable Excess Option - See the attached Annexure for details.

**EXTENDED LIABILITY SECTION** Do you require this insurance?

Indicate the Limit of Compensation you require by (✓) the appropriate amount:

**Note: Household Goods, Houseowners, Motor or Watercraft must be insured for this cover to operate**

**BEREAVEMENT EXPENSES**

Do you require this insurance?

Y

N

This cover cannot be offered to persons over the age of 69 at start date of cover.

Please (✓) the appropriate Plan that you require:	*PLAN A <input type="checkbox"/>		*PLAN B <input type="checkbox"/>		*PLAN C <input type="checkbox"/>	
	Death as a result of:		Death as a result of:		Death as a result of:	
Relationship to the Insured	Natural Causes	Accident	Natural Causes	Accident	Natural Causes	Accident
Insured / Policyholder	R 5,000	R 10,000	R 10,000	R 20,000	R 20,000	R 40,000
Spouse	R 5,000	R 10,000	R 10,000	R 20,000	R 20,000	R 40,000
Parent	R 5,000	R 10,000	R 10,000	R 20,000	R 20,000	R 40,000
Children under 6 years	R 1,250	R 2,250	R 2,250	R 3,500	R 5,000	R 6,000
Children over 6 years	R 5,000	R 7,500	R 7,500	R 10,000	R 10,000	R 12,500
Full-time Domestic Staff	R 5,000	R 7,500	R 7,500	R 10,000	R 10,000	R 12,500

\* Only 1 Plan per family may be selected

Cover is only provided for persons named below:

NAME (Initials & Surname)	DATE OF BIRTH						AGE	GENDER		*ID TYPE	RELATIONSHIP
	Y	Y	M	M	D	D		M	F		
	Y	Y	M	M	D	D		M	F		
	Y	Y	M	M	D	D		M	F		
	Y	Y	M	M	D	D		M	F		
	Y	Y	M	M	D	D		M	F		
	Y	Y	M	M	D	D		M	F		
	Y	Y	M	M	D	D		M	F		
	Y	Y	M	M	D	D		M	F		
	Y	Y	M	M	D	D		M	F		
	Y	Y	M	M	D	D		M	F		

\*ID Type:  1 SA ID (non-bar Coded)

2 SA ID (Bar Coded)

4 Foreign Passport

In respect of persons to be insured:

Are you aware of any pre-existing ailments which could result in your death or the death of any persons stated hereon within 6 months of date cover under this section:

Y

N

If Yes, provide details:

**BENEFICIARY/IES**

Do you wish to nominate Beneficiary/ies to whom the Benefits must be paid:

Y

N

If Yes, state Name, ID Number and Percentage of Benefits to be allocated:

NAME	ID NUMBER	%

**MECHANICAL AND ELECTRICAL BREAKDOWN SECTION**

Do you require this insurance?

 Y N

This section covers you for sudden mechanical and electrical breakdown on any household appliance. Items such as LCD televisions, Plasma Televisions and Burglar Alarms may be specified or you may choose to insure these items as a global item which may also include any other household appliances.

**All Household Appliances** (you may only have one global item per risk address)

At which Private home will these items be kept:

**All Household Appliance** (you may only have one global item per risk address)

At which Private home will these items be kept:

Specify each item to be insured:

Category	MAKE AND MODEL	SERIAL NUMBER	LIMIT OF COMPENSATION
			R
	At which Private home will this item be kept:		<input type="text" value="Address:"/>
			R
	At which Private home will this item be kept:		<input type="text" value="Address:"/>
			R
	At which Private home will this item be kept:		<input type="text" value="Address:"/>
			R
	At which Private home will this item be kept:		<input type="text" value="Address:"/>
			R
	At which Private home will this item be kept:		<input type="text" value="Address:"/>
			R
	At which Private home will this item be kept:		<input type="text" value="Address:"/>

Categories available for selection are:

 1

LCD Televisions

 2

Plasma Televisions

 6

Burglar Alarm

 Global Items

All Household Appliances

**DECLARATION - You must complete and sign this section**

Are you currently insured?

Y	N
---	---

If Yes, please provide details:

INSURANCE COMPANY	PERIOD OF INSURANCE	INSURANCE POLICY NUMBERS

Have you previously been insured:

Y	N
---	---

If Yes, please provide details:

INSURANCE COMPANY	PERIOD OF INSURANCE	INSURANCE POLICY NUMBERS

Have you or has any member of your household:

- had any application for insurance declined or insurance cancelled or renewal refused or not invited or has special conditions imposed:

Y	N
---	---

If Yes, please provide details:

- during the past 5 years have you or any member of your household been involved in a motor accident or suffered any other losses (for example - a burglary, or a lost camera, etc.):

Y	N
---	---

If Yes, please provide details:

TYPE OF LOSS	AMOUNT	YEAR	INSURER	POLICY NUMBER

- been involved in any civil or criminal litigation in the past 5 years or have you had a civil judgments against you?

Y	N
---	---

If Yes, please provide details:

- been convicted of any offence, other than as stated in the Motor Section of this proposal form?

Y	N
---	---

If Yes, please provide details:

**Sharing of insurance information**

I acknowledge that sharing of insurance information about me, including credit information, for underwriting and claims purposes between insurers is in the public interest. It enables insurers to underwrite policies and assess risks fairly and to reduce fraudulent claims so that premiums can be limited.

I waive my right to privacy and those of any person that I represent regarding the information that I or another person on my behalf provides. I acknowledge that the information that I provide may be stored in the shared database and used as set out above. It can also be used for any decision about my policy or the meeting of any claim.

I consent to the information being given to another insurance company or its agents. I acknowledge that the information about me may be verified against legally recognised sources or databases.

**I AGREE THAT** this proposal shall be the basis of the contract between the insured and myself.

**I WILL ACCEPT** the insurer's personal group schemes policy.

**I UNDERSTAND THAT** this insurance will not commence until this proposal has been accepted by the insurer.

If you are unable to sign this declaration without qualification, please give your reason here:

I warrant that the answers given are true, and I do not know of any material facts, even though specific questions about them have not been asked, that should be communicated to Old Mutual Insure Limited (the insurer).

Signature:

DATE:

Y	Y	M	M	D	D
---	---	---	---	---	---

# personal group schemes excess structure

EXCESS ANNEXURE

Effective Date: November 2018

RETIRED PERSONS ARE "EXCESS FREE" - (Policyholders 55 years and older and not gainfully employed)  
THESE EXCESSES ARE COMPULSORY FOR ALL PERSONS WHO DO NOT QUALIFY FOR A RETIRED EXCESS FREE POLICY

STANDARD AND SELECTABLE EXCESSES										
	HOUSEOWNERS SECTION		HOUSEHOLD GOODS SECTION		MOTORCYCLE SECTION Comprehensive and 3 <sup>rd</sup> Party Fire & Theft Cover			MECHANICAL AND ELECTRICAL BREAKDOWN SECTION		
	Non-Retired	Retired	Non-Retired	Retired	Standard	Non-Retired	Retired	Item	Non-Retired	Retired
Standard	R 1,000	Excess Free	R 750	Excess Free	Standard	R 1,500	Excess Free	LCD Television	10% of claim minimum R500	10% of claim minimum R500
Selectable Excess	n/a	R 1,000	n/a	R 750	Selectable Excess	n/a	R 1,500	Plasma Televisions		
	R 2,000	R 2,000	R 1,000	R 1,000		R 2,000	R 2,000	All other appliances		
	R 3,000	R 3,000	R 2,000	R 2,000		R 3,000	R 3,000	Burglar Alarms		
	R 4,000	R 4,000	R 3,000	R 3,000		R 4,000	R 4,000	<b>WATERCRAFT SECTION</b>		
	R 5,000	R 5,000	R 4,000	R 4,000		R 5,000	R 5,000		Non-Retired	Retired
	R 7,500	R 7,500	R 5,000	R 5,000		R 6,000	R 6,000	<b>All Hull makes except Jet skies &amp; Wetbikes</b>		
	R 10,000	R 10,000	R 7,500	R 7,500		R 7,000	R 7,000	Standard Excess	R 500	Excess Free
	R 12,500	R 12,500	R 10,000	R 10,000		R 8,000	R 8,000	Selectable Excess	n/a	R 500
	R 15,000	R 15,000	R 12,500	R 12,500		R 10,000	R 10,000	<b>Jet skies &amp; Wetbikes</b>		
	R 17,500	R 17,500	R 15,000	R 15,000	<b>Quad Bikes</b>			Standard Excess	R 1,000	Excess Free
	R 20,000	R 20,000	R 17,500	R 17,500	Standard Excess	R 1,500	Excess Free	Selectable Excess	n/a	R 1,000
	R 22,500	R 22,500	R 20,000	R 20,000	Selectable Excess	n/a	R 1,500	<b>PERSONAL COMPUTER SECTION</b>		
	R 25,000	R 25,000	R 22,500	R 22,500	<b>Driver's under the age of 25 - Additional Excess</b>				Non-Retired	Retired
			R 25,000	R 25,000		R 1,000	R 1,000	Standard Excess	R 500	Excess Free
<b>Subsidence &amp; Landslip</b>	R 5,000	R 5,000	R 5,000	R 5,000	<b>ALL RISKS SECTION</b>			Selectable Excess	n/a	R 500
					<b>General</b>			<b>TRAILER / CARAVAN SECTION</b>		
<b>Accidental Damage Including Powersure - Applicable to Household Goods Section only</b>					Standard Excess	R 500	Excess Free	Standard Excess	R 500	Excess Free
<b>Compensation Limit:</b>			<b>Non-Retired</b>	<b>Retired</b>	Selectable Excess	n/a	R 500	Selectable Excess	n/a	R 500
R 10,000			R 1,000	R 1,000	<b>Cell Phones</b>					
R 25,000					Standard Excess	R 750	Excess Free			
R 50,000					Selectable Excess	n/a	R 750			
R 100,000					<b>Loss of Money</b>					
<b>Accidental Damage to Fixed Machinery in the Home and Powersurge - Applicable to Houseowners Section only</b>					Standard Excess	R 100	Excess Free			
<b>Compensation Limit:</b>			<b>Non-Retired</b>	<b>Retired</b>	Selectable Excess	n/a	R 100			
R 10,000			R 1,000	R 1,000	<b>All other Categories</b>					
R 25,000					Standard Excess	R 500	Excess Free			
R 50,000					Selectable Excess	n/a	R 500			
R 100,000										

MOTOR INCLUDING TRACTORS STANDARD AND SELECTABLE EXCESSES								
	COMPREHENSIVE AND 3 <sup>RD</sup> PARTY FIRE AND THEFT COVER							
	Compensation Limit <R500 000		Compensation Limit between R500 001 - R750 000		Compensation Limit between R750 001 - R1 000 000		Compensation Limit between R1 000 001 - R1 500 000	
	Non-Retired	Retired	Non-Retired	Retired	Non-Retired	Retired	Non-Retired	Retired
Standard Excess	R 4,000	Excess Free	R 5,000	R 5,000	R 10,000	R 10,000	R 15,000	R 15,000
Selectable Excess	n/a	R 4,000	R 6,000	R 6,000	R 12,500	R 12,500	R 17,500	R 17,500
	R 5,000	R 5,000	R 8,000	R 8,000	R 15,000	R 15,000	R 20,000	R 20,000
	R 6,000	R 6,000	R 10,000	R 10,000	R 17,500	R 17,500	R 22,500	R 22,500
	R 8,000	R 8,000	R 12,500	R 12,500	R 20,000	R 20,000	R 25,000	R 25,000
	R 10,000	R 10,000	R 15,000	R 15,000	R 22,500	R 22,500	R 27,500	R 27,500
	R 12,500	R 12,500	R 17,500	R 17,500	R 25,000	R 25,000	R 30,000	R 30,000
	R 15,000	R 15,000	R 20,000	R 20,000	R 27,500	R 27,500	R 35,000	R 35,000
	R 17,500	R 17,500	R 22,500	R 22,500	R 30,000	R 30,000	R 40,000	R 40,000
	R 20,000	R 20,000	R 25,000	R 25,000	R 35,000	R 35,000	R 45,000	R 45,000
	R 22,500	R 22,500	R 27,500	R 27,500	R 40,000	R 40,000	R 50,000	R 50,000
	R 25,000	R 25,000	R 30,000	R 30,000	R 45,000	R 45,000		
	R 27,500	R 27,500	R 35,000	R 35,000	R 50,000	R 50,000		
	R 30,000	R 30,000	R 40,000	R 40,000				
	R 35,000	R 35,000	R 45,000	R 45,000				
	R 40,000	R 40,000	R 50,000	R 50,000				
	R 45,000	R 45,000						
	R 50,000	R 50,000						

ADDITIONAL EXCESSES APPLICABLE ACCUMULATIVE TO THE STANDARD/SELECTABLE EXCESSES			
<b>Replacement of Window Glass Excess</b>			
<b>Non-Retired Profile</b>	Motor Compensation Limit - All Values	20% of claim minimum R500	<b>Retired Profile</b>
			Motor Compensation Limit - All Values
			Excess Free
<b>Note:</b> If Excess Waiver is selected then the Window Glass Excess is also waived - <b>Excess waiver is only applicable to drivers over the age of 30 years and older</b>		<b>Note:</b> If the Standard / Selectable is selected then the Window Glass Excess becomes payable as well.	
<b>Driver Age Excess excluding Motorcycles and Golf Cars</b>			
<b>Non-Retired Profile</b>	Driver's under the age of 25 years and/or licence duration less than 3 years	R 2,500	<b>Retired Profile</b>
			Driver's under the age of 55 years and/or licence duration less than 3 years
			R 2,500
<b>Golf Cars Excess</b>			
<b>Non-Retired Profile</b>	Standard Excess	R750	<b>Retired Profile</b>
	Selectable Excess	n/a	Standard Excess
			Excess Free
			Selectable Excess
			R750
<b>Driver's under the age of 25 years and/or licence duration less than 3 years</b>		R 1,000	<b>Driver's under the age of 55 years and/or licence duration less than 3 years</b>
			R 1,000

# Inventory form

BEDROOMS/DRESSING ROOM	1	2	3	4	STUDY/WORKROOM	
Audio Visual Equipment					Audio Visual Equipment	
Bed/Mattress/Bed & Base Set					Books	
Clothing & Footwear					Cabinets/Cupboards	
Curtains/Loose Carpets/Rugs					Cameras & Projectors	
Furs & Jewellery					Computer Equipment/Typewriter	
Heaters					Curtains/Loose Carpets/Rugs	
Lamps					Desk & Bookcase	
Linen/Blankets/Comforters/Duvets/Throws					Fax/Communication Equipment	
Mirrors					Firearms & Binoculars	
Pictures/Paintings/Ornaments					Heaters	
Radio/Clock/Alarm					Knitting Machine	
Suitcases					Lamps	
Tables & Chairs					Pictures/Paintings/Ornaments	
Toys & Games					Sewing Machine/Overlockers	
Wardrobe/Dressing Table/Bedroom Suite					Sports Equipment	
Other					Table & Chairs	
					Other	
<b>Sub-Total</b>	<b>R</b>	<b>R</b>	<b>R</b>	<b>R</b>	<b>Sub-Total</b>	<b>R</b>
BATHROOM/TOILET	1	2	LAUNDRY		ENTRANCE HALL/PASSAGE	
Bath Set			Iron/Ironing Board		Curtains/Loose Carpets/Rugs	
Curtains/Loose Carpets			Ironing Press Machine		Mirrors	
Hairdryer			Linen Basket		Pictures/Paintings/Ornaments	
Linen Basket			Linen Stored		Table & Chairs	
Shaving Equipment			Tumble Dryer		Other	
Towels & Toiletries			Washing Machine			
Other			Other		<b>Sub-Total</b>	<b>R</b>
<b>Sub-Total</b>	<b>R</b>		<b>Sub-Total</b>	<b>R</b>		
LOUNGE		FAMILY ROOM			DINING ROOM	
Audio Visual Equipment		Audio Visual Equipment			Curtains/Loose Carpets/Rugs	
CD's/Tapes/DVD's/MP3's		CD's/Tapes/DVD's/MP3's			Cushions/Covers	
Curtains/Loose Carpets/Rugs		Curtains/Loose Carpets/Rugs			Cutlery Set(s)	
Cushions./Throws		Cushions./Throws			Dining Room Suite	
Display Cabinets & Contents		Game Consoles/Games			Dinner Service	
Heaters		Heaters			Dresser & Sideboard	
Lamps		Lamps			Glassware	
Liquor & Glass Sets		Liquor & Glass			Heaters	
Lounge Suite		Mirrors			Hot Tray/Hostess Trolley	
Mirrors		Musical Instruments			Lamps	
Pictures/Paintings/Ornaments		Personal Computer			Mirrors	
Tables & Chairs		Pictures/Paintings/Ornaments			Pictures/Paintings/Ornaments	
Other		Tables & Chairs			Silverware	
		Other			Other	
<b>Sub-Total</b>	<b>R</b>		<b>Sub-Total</b>	<b>R</b>	<b>Sub-Total</b>	<b>R</b>
KITCHEN		GARAGE & WORKSHOP			BAR/ENTERTAINMENT AREA	
Cutlery & Crockery		Bicycles			Alcohol	
Dishwasher		Braai Equipment			Audio Visual Equipment	
Electrical Appliances		Camping Equipment			Bar & Stools	
Freezer & Contents		Garden Furniture			Board Games	
Fridge & Contents		Garden Implements			CD's/Tapes/DVD's/MP3's etc	
Groceries		Hand Tools			Crockery	
Stove		Lawnmower & Weedeater			Curtains/Loose Carpets/Rugs	
Tumble Dryer		Power Tools			Cushions/Throws	
Utensils/Pots & Pans		Swimming Pool Equipment			Dartboard	
Washing Machine		Welding Equipment			Display Cabinet	
Other		Woodworking Equipment			Freezer & Contents	
		Workbench & Vice			Furniture	
		Other			Glassware	
<b>Sub-Total</b>	<b>R</b>		<b>Sub-Total</b>	<b>R</b>	Ice Maker	
OTHER OUTBUILDINGS		ANY ITEMS NOT SPECIFIED ELSEWHERE				
Audio Visual Equipment					Lamps	
Bed & Mattress					Mirrors	
Curtains/Loose Carpets/Rugs					Musical Instruments	
Exercise Equipment					Optics	
Lamps					Patio Furniture	
Linen/Blankets/Comforter/Duvet(s)					Pictures/Paintings/Ornaments	
Pictures/Paintings/Ornaments					Pool Table	
Tables & Chairs					Sports Equipment	
Wardrobe					Table Tennis Table	
Other					Trophies	
					Other	
<b>Sub-Total</b>	<b>R</b>		<b>Sub-Total</b>	<b>R</b>	<b>Sub-Total</b>	<b>R</b>
<b>TOTAL</b>						<b>R</b>