



CHANGE OF ADDRESS / ADDITIONAL PREMISES QUESTIONNAIRE

PERSONAL INFORMATION

Title:	Name:	Surname:
Policy number:		
ID no:	Date of birth:	
Tel no (w):	(h):	(m):
Email:		
Occupation:	Employer:	
New Residential Address:		
	Code:	
New Postal Address:		
	Code:	

DETAILS OF NEW RESIDENCE

(Please tick most appropriate box or circle either Yes or No)

Type of residence:

Detached house/cottage	Townhouse/duplex/semi-detached house
Ground floor flat	Retirement/security village (24hr security)
Above-ground floor flat	Holiday house / flat
Other (give details):	

Construction type (please give full details):

Walls:	Standard <input type="checkbox"/>	Face-brick <input type="checkbox"/>	Other <input type="checkbox"/>		
If other, please specify:					
Made of:	Slate <input type="checkbox"/>	Thatch <input type="checkbox"/>	Cement <input type="checkbox"/>	Tile <input type="checkbox"/>	Asbestos <input type="checkbox"/>

Situation of residence (Please tick all that apply):

Situated on a smallholding / plot:	Situated on a farm:
Undergoing building alterations:	In a new area:

Is the residence located within 1km of any of the following? (Please tick all that apply)

Vacant ground	Building construction	Taxi rank
Railway station	Informal settlement	Mine dumps
Shops / café	Highways	Railway lines
Park	Other (please specify):	

Occupancy (please circle Yes or No):

Will the residence be unoccupied for a period longer than 60 days in any one calendar year?	Yes / No
If yes, please state the full details and number of days:	
Is the residence left unoccupied during office hours?	Yes / No
Is the residence hired / let out, or used as a commune?	Yes / No
Please give full details:	

Security of the residence / property:	
Are all opening portions of all windows protected by burglar bars / grills?	Yes / No
Are all louvres windows protected by burglar bars / grills?	Yes / No
Are all exterior doors protected by grill gates?	Yes / No
Are all glass panels on either side of exterior doors protected?	Yes / No
Are your home contents protected by a fully operational burglar alarm?	Yes / No
If yes, please state the name of installation (Documentary proof required):	
Is it linked to a control centre, with armed response?	Yes / No
Does it incorporate an immediate siren?	Yes / No
Is the system automatic i.e. It doesn't necessitate any action from the Insured to activate the alarm system in the event of a burglary?	Yes / No
Sum Insured Buildings:	R
(Cost of rebuilding main residence, outbuildings, tennis court, swimming pool, spa bath, borehole equipment, driveway, patios, walls, gates and fences)	
Contents:	R
(We strongly recommend that you complete an Inventory checklist to assist you in calculating an adequate Sum Insured)	
Does your Contents Sum Insured represent:	
The new replacement value?	Yes / No
The second hand value?	Yes / No
General information:	
Do you wish to bear the first portion of any claim in exchange for a premium discount? If yes, please refer to us for a quotation.	Yes / No
Do you require that cover be excluded?	Yes / No
Do you require cover to be extended to include accidental damage? If yes, please refer to us for a quotation.	Yes / No
DEBIT ORDER DETAILS	
Have your banking details changed?)If yes, please complete the following)	
Name of Bank:	Branch:
Account holder:	Branch code:
Account number:	
Type of account (e.g. Current, Transmission, Savings, Bond, Sub-share):	
Signature of Insured:	Date: