



DOMESTIC - MOTOR ONLY PROPOSAL FORM

Underwritten for and on behalf of Zurich Insurance SA

PERSONAL INFORMATION

Title:	Name :	Surname :
ID no:	Date of birth:	
Tel no (w):	(h):	(cell):
Email:		
Occupation:	Employer :	
Residential address:		
		Code:
How long have you lived here:		
Postal address:		
		Code:
Date cover required from:		

QUESTIONS TO BE ANSWERED BY PROPOSER

Are you currently insured?	Yes / No	Have you previously been insured?	Yes / No
If yes, please supply details:			
Name of Insurer:			
Policy Number:			
Period of insurance:			
Has any Insurer ever cancelled, declined, refused to renew, or imposed special terms or conditions on any policy held by you?			Yes / No
If yes, please supply details:			
Have you suffered any claims or incidents (whether insured or not) in the last 3 years :			Yes / No
If yes, please give details			
Brief description of incident	Year	Cost	
To your knowledge, are all the persons authorised to drive the insured vehicle(s) free from physical defects (including vision and hearing) and are in good health?			Yes / No
If no, please give full details:			
To your knowledge, have you or any person who will normally drive the insured vehicle(s) been convicted of any driving offence?			Yes / No
If yes, please give full details:			

MOTOR SECTION				
Privately owned motorcars, light delivery vehicles, motorcycles, caravans and trailers.				
(Please circle Yes or no, or tick the most relevant box)				
VEHICLE 1				
Drivers name:		Drivers date of birth:		
Code of Drivers Licence:		Issue date of Drivers License:		
Registered Owner of vehicle:				
Make and Model (e.g. 1600i / LG / Sport, automatic etc):	Registration Number:	Colour of vehicle:	Year of Manufacture:	
Engine NO:	VIN/Chassis NO:			
Cover required:				
Comprehensive	Third Party fire & theft	Third party only		
Vehicle Use:				
Business	Commercial	Private		
Security in the vehicle e.g. Immobiliser; Gearlock or Tracking device.:				
System e.g. Immobiliser/Tracking device		Make/model:		
Details of extras e.g. mags, canopy:				
Make of car radio (if non standard):				
Value of car radio (if non standard):				
Retail Value (Please submit dealers invoice for our records):				R
(For vehicles over 10 years in value, a valuation from a reputable dealer will be useful.)				
If the vehicle will be regularly driven by an other persons than the Insured, please state:				
Name of driver	Occupation	Age	Date of Licence	Details of accidents
Where will the vehicle be parked overnight or when not in use?				
Lock up garage		Behind locked gates		
Armed/controlled Security Village		Behind locked carport		
On the street		Carport		
Is this vehicle subject to a credit agreement or similar agreement?				Yes / No
If yes, please supply details:				
Financial Institution:				
Account number:				
TOP UP COVER / CREDIT SHORTFALL				
Top Up Cover or Credit shortfall covers the outstanding finance charges owed to the bank.				
Do you require Top Up/Credit shortfall for this vehicle?				Yes / No
If yes, please advise how much is required:				R
(Alternatively, furnish us with a copy of the finance agreement)				
CAR HIRE ASSISTANCE				
In the event of a valid claim, you will be allowed the use of a hired vehicle - maximum 45 days				
Additional Premium: R60.50pm per vehicle				
Do you require car hire for this vehicle?				Yes / No
ASSISTANCE & LIFESTYLE BENEFITS				
Assistance & Lifestyle Benefits: this is in the event that you require emergency roadside or home assistance. This benefit also offers various discounts for services, such as Pre-Paid Airtime, Movies, Legal Aid, Health Care facilities and Gymnasiums etc. More information is available on request.				
Additional Premium: R35pm for the first vehicle and an extra R5.13 per additional vehicle/driver on the same policy.				
Do you require Roadside Assist for this vehicle?				Yes / No
EXCESS WAIVER				
Excess Waiver: For an additional R150pm we can apply a Nil Basic Excess . Please note the additional excesses still apply (age, licence & theft)				
Please note the additional excesses applicable:				
R3 000 for theft / hi-jacking (this is waived if a tracking device is fitted & proof thereof submitted)				
Under 25's - additional R1 500				
Licence less than 2 Years / Learners Licence - additional R1 500				
These excesses are cumulative				
Do you require the excess waiver?				Yes / No

VEHICLE 2				
Drivers name:		Drivers date of birth:		
Code of Drivers Licence:		Issue date of Drivers License:		
Registered Owner of vehicle:				
Make and Model (e.g. 1600i / LG / Sport, automatic etc):		Registration Number:	Colour of vehicle:	Year of Manufacture:
Engine NO:		VIN/Chassis NO:		
Cover required:				
Comprehensive		Third Party fire & theft		Third party only
Vehicle Use:				
Business		Commercial		Private
Security in the vehicle e.g. Immobiliser; Gearlock or Tracking device.:				
System e.g. Immobiliser/Tracking device		Make/model:		
Details of extras e.g. mags, canopy:				
Make of car radio (if non standard):				
Value of car radio (if non standard):				
Retail Value (Please submit dealers invoice for our records):				R
(For vehicles over 10 years in value, a valuation from a reputable dealer will be useful.)				
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Additional Premium: R35pm for the first vehicle and an extra R5.13 per additional vehicle/driver on the same policy.				
Do you require Roadside Assist for this vehicle?				Yes / No
FLAT EXCESS				
Excess Waiver: For an additional R150, we can apply a Nil Basic Excess . Please note the additional excesses still apply (age, license & theft)				
Please note the additional excesses applicable:				
R3 000 for theft / hi-jacking (this is waived if a tracking device is fitted & proof thereof submitted)				
Under 25's - additional R1 500				
Licence less than 2 Years / Learners Licence - additional R1 500				
These excesses are cumulative				
Do you require the excess waiver?				Yes / No

MONTHLY DEBIT ORDER AUTHORITY

The information required below is to enable your monthly premiums to be debited to your bank or transmission account. To validate cheque / current account information please attached a cancelled cheque. **Important:** If you change you bank account please advise the Company immediately and forward a cancelled cheque from your new cheque book or advise details of your new transmission account.

Account Holder:

Name of Bank: Branch:

Account number: Bank code:

Type of account

I hereby declare, that **Epic/Insure Group** is authorized to debit the **monthly premium** to my bank account stated above and

YourInsurance Brokers may adjust such debit as necessary due to changes in my cover, risk, sum insured or premiums.

Signature of account holder: Signed on:

DECLARATION: I hereby declare:

1. that all particulars and answers in this proposal and specifications are true and complete in every respect, and that no material fact has been withheld; and

2. I accept this proposal and declaration shall be the basis of the contract between YiB - Yourinsurance Brokers SA (Pty Ltd. and myself

Signature of account holder: Signed on: