



TEL: (011) 483-1212
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PROPOSAL FORM

MARKETER:

START DATE:

FREQUENCY

Annual

Monthly

In terms of the Policyholder Protection Legislation, it is an offence for anybody other than the Proposer to complete and/or sign this Proposal Form.

PERSONAL PARTICULARS

TITLE Mr. Mrs. Miss Dr. Other: SURNAME:

FIRST NAMES: ID NUMBER:

If you require cover for any non-family members normally resident with you, please state name/s:

Is proposer a permanent resident in South Africa YES NO

COMPANY: OCCUPATION:

TELEPHONE: (H) (W) (F) (C)

POSTAL ADDRESS: CODE

RESIDENTIAL ADDRESS: CODE

E-MAIL ADDRESS:

HOUSEOWNERS (Building)

The sum insured for each dwelling should represent the full rebuilding cost of your residence, including outbuildings, tennis courts, swimming pools, walls, gates, paving and fences. The cost of rubble removal, architect's fees and other incidental charges required for rebuilding should also be included.

PHYSICAL ADDRESS 1 CODE

PHYSICAL ADDRESS 2 CODE

SUM INSURED: 1 2

TYPE OF RESIDENCE Private House Flat Holiday Home Other:

CONSTRUCTION: WALLS Brick Concrete Other:

ROOF Tile Metal Concrete Thatch Other:

If Thatch: Has the roof been treated with fire retardant material? YES NO

Is there a SABS Approved Lightning Conductor? YES NO

Is there a Lapa on the Property? If yes, how far from main residence? 0 to 5m 5 to 10m Over 10m

NAME OF MORTGAGEE/BONDHOLDER:

Will the residence be left unoccupied for more than 60 consecutive days in any one year? YES NO

If YES please provide full details

Do you wish to bear any of the following voluntary excesses? YES NO

If YES, which amount? R 1 000 R 2 500 R 5 000

HOUSEHOLDERS (Contents)

This section provides cover for items lost, stolen or damaged by an insured event inside your home.

TYPE OF COVER REQUIRED: Comprehensive-Including Theft Limited-Excluding Theft

PHYSICAL ADDRESS 1 CODE

PHYSICAL ADDRESS 2 CODE

SUM INSURED: 1 2

TYPE OF RESIDENCE Private House Flat Holiday Home Other:

HOUSEHOLDERS(Contents) (Continued)

CONSTRUCTION: WALLS Brick Concrete Other:

ROOF Tile Metal Concrete Thatch Other:

If Thatch: Has the roof been treated with fire detardant material? YES NO

Is there a SABS Approved Lightning Conductor?		YES	NO
Is there a Lapa on the Property ? If yes, how far from main residence?	0 to 5m	5 to 10m	Over 10m
Will the residence be left unoccupied for more than 60 consecutive days in any one year?		YES	NO
Will the residence be left unoccupied for more than 10 days in the next 30 days?		YES	NO
Are all opening windows protected by burglar bars?		YES	NO
Are all exterior doors fitted with security gates?		YES	NO
Are all sliding doors fitted with security gates/frame locks?		YES	NO
Is the dwelling/complex surrounded by a 1,8m perimeter wall?		YES	NO
Have all building operations been completed?		YES	NO
Is the residence situated in a security complex?		YES	NO
If YES, are there 24 hour guards employed?		YES	NO
Does the residence have a burglar alarm connected to 24 hour armed response company?		YES	NO
If YES, state name of manufacturer and company / installer:			
Is the alarm maintained under a maintenance contract?		YES	NO
Is the private residence occupied during the day (other than domestic servants)?		YES	NO
If YES, please provide full details:			
Is the residence situated near any open / industrial area / informal settlement etc.?		YES	NO
If YES, please provide full details:			
Is the residence situated on a plot / farm / small holding etc.?		YES	NO
If YES, please provide full details:			
Do you wish to bear any of the following voluntary excesses?		YES	NO
If YES, which amount?		R 1 000	R 2 500 R 5 000
Optional extension - Accidental damage cover?		YES	NO
Please note that we are unable to provide cover for communes (more than 3 unrelated persons resident)			
ALL RISKS			
UNSPECIFIED ITEMS: Items normally worn or carried on the person such as clothing, baggage and personal effects.			
SUM INSURED (Min. R5 000) - Limit per item is 20% of the sum insured		R	
SPECIFIED ITEMS (Full descriptions of all items required. Valuations for Jewellery items over R2000)		SUM INSURED	
1	R		
2	R		
3	R		
4	R		
5	R		
PERSONAL COMPUTERS	PC 1	PC 2	PC 3
Make and Type			
Serial Number			
Sum Insured			
Laptop / Desktop			
Software to be included (supply full details):			
Value:			
VEHICLES			
Should cover be required for car radio/cell phone kits, please specify under All Risks section.			
MOTOR VEHICLE	VEHICLE 1	VEHICLE 2	VEHICLE 3
Make and Model			
Year of Manufacture			
Engine Capacity			
Vin / Chassis Number			
Engine Number			
Registration Number			

Sum Insured						
Cover Required	Comp / TPFT / TP		Comp / TPFT / TP		Comp / TPFT / TP	
Is the vehicle fitted with any non-standard accessories?	YES	NO	YES	NO	YES	NO
If YES, supply full details						
Registered Owner						
Regular Driver						
Does the driver have a valid South African drivers licence?						
Is vehicle registered in South Africa?						
How long have you had your licence?						
Licence code						
Date-of-Birth of Driver						
Anti-theft devices eg. Imm., Alarm, Gearlock, Tracking Device						
Class of use	Business / Private / Social		Business / Private / Social		Business / Private / Social	
If used for Business, please supply full details						
Credit Agreement						
Is vehicle modified?	YES	NO	YES	NO	YES	NO
Garaged Overnight?	YES	NO	YES	NO	YES	NO
If NO, supply full details						
Postal code where vehicle is kept over night						
Is the vehicle Imported?	YES	NO	YES	NO	YES	NO
Registered as code 3 (Rebuilt)	YES	NO	YES	NO	YES	NO
Open Roof / Soft Top?	YES	NO	YES	NO	YES	NO
Car Hire Required? (at an additional premium)	YES	NO	YES	NO	YES	NO
Do you wish to bear any of the following voluntary excesses?					YES	NO
If YES, which amount?				R 1 000	R 2 500	R 5 000
ROADSIDE ASSISTANCE						
GIB Assist	YES	NO				
TYRE WARRANTY						
(Tyre Insurance)	YES	NO				
MOTOR CYCLE	VEHICLE 1		VEHICLE 2		VEHICLE 3	
Year, Make & Model						
Registration Number						
Engine Capacity						
Sum Insured						
Regular Driver						
Date-of-Birth of Driver						
Cover Required	Comp / TPFT / TP		Comp / TPFT / TP		Comp / TPFT / TP	
Class of use	Business / Private / Social		Business / Private / Social		Business / Private / Social	
TRAILER / CARAVAN	VEHICLE 1		VEHICLE 2		VEHICLE 3	
Year, Make & Model						
Registration Number						
Sum Insured						
PERSONAL ACCIDENT	Insured and spouse Maximum R 100 000					
Death or permanent disability as a result of violent, accidental, external and visible means						
1 Name:	Occupation:		Date of Birth:			
2 Name:	Occupation:		Date of Birth:			

BENEFITS:	Person 1 (Sum Insured)	Person 2 (Sum Insured)	
Death			
Permanent Disability			
LEGAL COSTS			
Have you or to your knowledge, has any other person to be covered by this insurance been involved in any litigation in the past 3 years?		YES	NO
If YES, please provide full details:			
Are you aware of the existence of any circumstance likely to give rise to the payment of legal fees or expenses or any other claims hereunder?		YES	NO
If YES, please provide full details:			
MONTHLY PREMIUM PAYMENT AUTHORITY			
NAME OF ACCOUNT HOLDER:		ACCOUNT TYPE:	
BANK NAME:		ACCOUNT NUMBER:	
BRANCH NAME:		BRANCH CODE:	
I/We hereby request and authorize GIB Insurance Brokers and/or their collection agents to draw against the above account (or any other bank or branch to whom I/we may transfer my/our account) the amount necessary for payment of the premiums due to them in respect of insurance herein proposed on the first working day of each and every month commencing on the commencement date of my insurance and continuing. All such withdrawals from my/our bank account shall be treated as though they had been signed by me/us personally. The amount of debits may vary from time to time to reflect any changes in cover, risks, sums, insured and/or premium rates.			
SIGNATURE OF ACCOUNT HOLDER		DATE:	
DECLARATION (MUST BE COMPLETED)			
Have you had previous insurance?		YES	NO
If YES, please provide full details (Company name, policy no., proof from previous insurer)			
Have you made a claim against your insurance or suffered any loss in the last 5 years?		YES	NO
If YES, please provide full details			
Date of loss:	Details:	Amount:	Insurer:
Date of loss:	Details:	Amount:	Insurer:
Has any insurer ever declined to accept, refused to renew, imposed excesses/endorsed or cancelled your policy?		YES	NO
If YES, please provide full details			
Has your drivers license ever been endorsed, suspended or cancelled?		YES	NO
If YES, please provide full details			
I warrant that the answers given are true and I do not know of any material facts (any facts which influence the acceptance/ assessment of your proposal) even though specified questions about them have not been asked, which should be communicated to my Insurer/Broker.			
I agree that this proposal form shall be the basis of the contract between the Insurer and myself.			
I will accept the Insurer's group scheme policy.			
I understand that this insurance will not start until this proposal has been accepted by the Insurer/Broker and that the Insurer/Broker reserves the right to decline any proposal.			
SIGNATURE		DATE:	