

**OWNER/DRIVER TAXI PROPOSAL FORM**

**(Taxi Vehicles – seating capacity up to 35)  
(Standard First Amount Payable and Standard Premium)**

Broker \_\_\_\_\_ Agency number \_\_\_\_\_ Inception date \_\_\_\_\_

Underwritten by THE HOLLARD INSURANCE COMPANY LIMITED (Reg No. 2001/009647/07) FSP License No: 17698

**PROPOSER'S DETAILS**

Name of proposer \_\_\_\_\_

Identity number \_\_\_\_\_ Date of birth \_\_\_\_\_

E-mail address \_\_\_\_\_

Cell number \_\_\_\_\_ Home/work number \_\_\_\_\_

Postal address \_\_\_\_\_

Postal code \_\_\_\_\_

Residential address \_\_\_\_\_

Postal code \_\_\_\_\_

Name of driver \_\_\_\_\_

Identity number \_\_\_\_\_ *All drivers must have a valid Driver's License and PDP.*

**DETAILS OF INSURED VEHICLE**

Make and model \_\_\_\_\_

Year model \_\_\_\_\_ Seats \_\_\_\_\_ Colour \_\_\_\_\_

Value R \_\_\_\_\_ Registration number \_\_\_\_\_

Engine number \_\_\_\_\_ Chassis number \_\_\_\_\_

Finance house \_\_\_\_\_ Account number \_\_\_\_\_

Route from \_\_\_\_\_ Route to \_\_\_\_\_

Mother body \_\_\_\_\_ Taxi association \_\_\_\_\_

Cover type \_\_\_\_\_

**ADDITIONAL EXTENSION REQUIRED**

Passenger liability cover \_\_\_\_\_

Personal accident cover \_\_\_\_\_

Excess reducer cover \_\_\_\_\_

Abscond/violation/credit shortfall \_\_\_\_\_

Deposit protection plan \_\_\_\_\_

Cash back \_\_\_\_\_

Loss of use cover \_\_\_\_\_

Credit shortfall cover \_\_\_\_\_

Total monthly premium R \_\_\_\_\_

FIRST AMOUNT PAYABLE

**Section 1**

1.1	In respect of each and every occurrence giving rise to a claim	R5 000
1.2	In respect of each and every occurrence giving rise to a claim where the drive is less than 23 years of age, or has held a license for less than 2 years, an additional	R2 000
1.3	In respect of each and every occurrence giving rise to a claim where the Driver at the time of the accident is not the owner of the vehicle an additional	R2 500
1.4	Theft and Hijack claim	R5 000
1.5	Windscreen:	
	a) in respect of glass supplied by a preferred supplier of the Co.	R300
	b) in respect of glass supplied by other suppliers/repairers	R1 000
1.6	Sound reproduction equipment, radios, meters, per item	R1 000
1.7	Hijack/theft (applicable to vehicles with a value over R80 000) in respect of each and every occurrence where the insured vehicle is not fitted with an operational tracking device and the incident has not been reported to the tracking company immediately an additional	R10 000
1.8	In respect of any accident damage claim where the driver at the time of the accident has been involved in more than one accident in the last 24 months, an additional	R2 000
1.9	In respect of each and every occurrence giving rise to a claim involving the insured trailer: 5% of the value with a minimum of R250 and a maximum of	R2 500

In the event of accident damage the first amount payable will be reduced by R1 000 if the services of the Company's preferred suppliers are utilized.

**Section 2**

In respect of each and every occurrence giving rise to a third party liability claim R2 000

**1. During the past three years, have you, or any person who will drive for you:**

- a) Been involved in an accident? \_\_\_\_\_
- b) How many accidents? \_\_\_\_\_
- c) Were you insured? \_\_\_\_\_
- d) If so, with whom? \_\_\_\_\_
- e) Have there been any other incidents, e.g. hail, fire, theft/hijack? \_\_\_\_\_
- f) Provide details of such incidents \_\_\_\_\_

**2. Have you, or any person who will drive for you:**

- a) Been convicted of any offence in connection with the driving of any vehicle? \_\_\_\_\_
- b) Is any prosecution pending against you or such person? \_\_\_\_\_

**If yes to any of the above please explain:**

\_\_\_\_\_

**3. Have you ever had your motor insurance cancelled by an insurer?**

- a) If so, who was the insurer? \_\_\_\_\_

**ITC Check**

Premiums are scientifically calculated to match the relevant risk. Hollard uses ITC credit ratings as part of these calculations. By accepting the terms and conditions, you hereby consent to Hollard and its agent Clarendon Transport Underwriting Managers conducting an ITC check against your name. Hollard and its agent Clarendon Transport Underwriting Managers reserves the right to provide or refuse insurance cover based on this ITC check.

**Sharing of Information**

It is acknowledged that the sharing of claims and underwriting information (including credit information) by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly. It is in the public interest to reduce the incidence of fraudulent claims and thereby limit premiums.

Therefore, on your own behalf and on behalf of any person represented herein, you hereby waive any right to privacy in any insurance information provided by you or on your behalf in respect of any insurance policy or claim made or lodged by you. Furthermore, you consent to such information being disclosed to any other insurance company or its agent. You hereby acknowledge and consent that any information provided by you may be verified against other legitimate source or databases. You also waive any rights of privacy and hereby consent to the disclosure of any other information relevant to any insurance policy or claim concerning you.

However in giving your consent as stated in the above paragraph Hollard and its agent Clarendon Transport Underwriting Managers undertakes to insure that your personal information is protected as required by the terms of the Protection of Personal Information Act 4 of 2013 and as such your personal information will not be shared with third parties for any purpose or in any format what so ever apart from the sharing of information as contemplated in the preceding paragraph.

**I DECLARE THAT:**

No vehicle will be driven by any person who, to my knowledge, has been refused motor insurance, who is unlicensed or whose license has been endorsed, or who is suffering from any physical defect or infirmity which would adversely affect driving ability. I agree that this proposal shall be the basis of the contract between the Company and myself and I agree to accept insurance on the terms and conditions set forth in the Company's policy.

NB: Liability does not commence until the proposal is accepted and vehicle assessed on behalf of the Company.

Date at (place) \_\_\_\_\_ on the (date) \_\_\_\_\_

Proposer's name \_\_\_\_\_ Proposer's signature \_\_\_\_\_

**Broker declaration: I/We** \_\_\_\_\_

**Confirm that I/We have provided advice and explained the product to the Proposer such that the Proposer is able to make an informed decision regarding the proposal for this insurance as contemplated in terms of the Financial Advisory and Intermediary Services Act, Act no 37 of 2002 (FAIS ACT).**

Broker's signature \_\_\_\_\_ on the (date) \_\_\_\_\_

**DEBIT ORDER**

Name of banking institution \_\_\_\_\_

Branch name \_\_\_\_\_ Branch code \_\_\_\_\_

Full name of account holder \_\_\_\_\_ Date of birth \_\_\_\_\_

Account number \_\_\_\_\_ Account type \_\_\_\_\_

Debit date \_\_\_\_\_

**Debit Order Authority**

I/We hereby request and authorize you to draw against my/our account with the bank (or any other bank/branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly premium due in respect of the above mentioned insurance. All such withdrawals from my/our bank account by you shall be treated as though they have been signed by me personally.

I/We understand that:

1. the withdrawals hereby authorized will be processed by computer
2. details of each withdrawal will be reflected on my/our bank statement
3. the obligation to ensure that my/our monthly premiums are received by you remains with me/us despite the granting of this debit order authority
4. that my account will be debited on the date specified above, but should it be unsuccessful my account could be debited again later on in the month.

This authority shall continue in full force and effect until cancelled by me/us. I/We understand that I/we shall not be entitled to any refund of any amount which you have withdrawn while this authority was in full force unless I/we can prove that any such amounts were not legally owing to you. Receipt of this instruction by you shall be regarded as a receipt thereof by our bank.

Signature of payer \_\_\_\_\_ Date \_\_\_\_\_