

PROPOSAL FORM
Domestic Insurance Policy

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

THE PROPOSER – Wherever the word YOU appears, it means the Proposer

Title		Initials		Surname		Date of birth	
ID number				Passport number (if non-SA resident)			
Postal address							
						Post code	
Telephone Work (code)				Home (code)			
Cell			Fax number (code)			E-mail address	

PAYMENT OPTIONS AND BANKING DETAILS Please mark the appropriate blocks

Premium payment method	Annually		Monthly debit order	
If paying monthly, date for the debiting of premiums:				

DEBIT ORDER ACCOUNT

Bank				Branch		Branch code	
Account number				Account holder name			
Type of account		Transmission		Account holder		Date	
Cheque		Savings					

GENERAL INFORMATION Please complete (applicable to all sections)

Inception date of this insurance		Language preferred	Eng	Afr
Are you 55 or older and not gainfully employed	Y	N		

Physical address of your private residences

Residence (1)		Residence (2)	
	Post code		Post code

To be completed if cover is required for Household Goods, Buildings or the All Risks Sections

SITUATION OF RESIDENCE			RESIDENCE 1				RESIDENCE 2			
Smallholding/Plot/Farm			Y		N		Y		N	
Security village			Y		N		Y		N	
Retirement complex			Y		N		Y		N	
Enclosed access-controlled area			Y		N		Y		N	
Residential area, no access control			Y		N		Y		N	
Are there any of the following within 1km radius		Information settlement	Y		N		Y		N	
		Taxi rank	Y		N		Y		N	
From which date have you lived at the residence										
CONSTRUCTION and SITUATION OF RISK										
Is the roof of standard construction			Y		N		Y		N	
Is the roof constructed of thatch			Y		N		Y		N	

If Yes, is an SABS-approved lightning mast installed						Y		N		Y		N	
If neither of the above, please specify the roof construction													
Are the main walls constructed of						Y		N		Y		N	
• brick, stone or concrete						Y		N		Y		N	
• timber, part timber, framed metal						Y		N		Y		N	
• asbestos						Y		N		Y		N	
• fiberglass						Y		N		Y		N	
Is there a thatch lapa situated on the premises						Y		N		Y		N	
If Yes, Thatch questionnaire to be completed													
Is the residence situated close to water						Y		N		Y		N	
If Yes, how far and indicate whether it is a dam, sea, river, lake, stream, etc.													
WHAT TYPE OF HOME DO YOU HAVE													
Detached house/cottage						Y		N		Y		N	
Semi-detached house/cottage						Y		N		Y		N	
Apartment/flat (ground or first floor)						Y		N		Y		N	
Apartment/flat (above first floor)						Y		N		Y		N	
OCCUPATION (Residences occupied as communes are not acceptable)													
Will the residence be left unoccupied						Y		N		Y		N	
• for more than 7 consecutive days within the first 30 days						Y		N		Y		N	
• during working hours						Y		N		Y		N	
• for more than a total of 60 days per year						Y		N		Y		N	
Is the residence a holiday home						Y		N		Y		N	
Will the residence be rented or let out						Y		N		Y		N	
If Yes, provide details													
SECURITY													
Are all opening windows burglar barred						Y		N		Y		N	
Are all fixed windows burglar barred						Y		N		Y		N	
Does any outbuilding or garage adjoining to the residence have an inter-leading door						Y		N		Y		N	
If Yes, is this door protected by an alarm or security gate						Y		N		Y		N	
Are external access doors fitted with security gates						Y		N		Y		N	
Are external sliding doors fitted with security gates or frame mounted key operated locking bolts						Y		N		Y		N	
Is the perimeter of your property walled/fenced with a wall or steel fence of at least 1.8m in height						Y		N		Y		N	
Are there full time security guards on your property						Y		N		Y		N	
Is the residence protected with an approved alarm system linked to a 24 hour control room with armed response						Y		N		Y		N	
If Yes, attach documentary proof from service provider													
HOUSEHOLD GOODS													
Do you require this insurance						Y		N		Y		N	
Sum insured: Insure for new replacement costs						R				R			
Cover required	Full		Restricted		Are parts of the premises used for business purposes	Y		N		Y		N	
If Yes, complete the Business Run from Home questionnaire													

Authorised Financial Services Provider

Are you entitled to a claim-free group	Y		N		Y		N	
If Yes, state number of years								
OPTIONAL ACCIDENTAL DAMAGE – Do you require cover? Sum Insured R _____	Y		N		Y		N	
BUILDING								
Do you require this insurance	Y		N		Y		N	
Sum insured: Insure buildings and outbuildings for replacement value	R _____				R _____			
Are parts of the premises used for business purposes	Y		N		Y		N	
If Yes, complete the Business Run from Home questionnaire								
Subsidence and Landslip cover required	Y		N		Y		N	
If Yes, complete the Subsidence and Landslip questionnaire								
ALL RISKS								
Do you require this insurance					Y		N	
General All Risks: Property normally carried or worn on the person (minimum R5 000)	R _____							
Specific All Risks: Car radio/tape players/CD players, contact lenses, bicycles, laptops, fire-arms, cellular phones must be specified regardless of value								
Articles kept permanently in a bank safe deposit box must be specified (mark appropriate box to indicate that the item is kept in a bank safe)								
Please attach an invoice or valuation certificate for each specified item								Bank safe
1.	R _____				Y		N	
2.	R _____				Y		N	
3.	R _____				Y		N	
4.	R _____				Y		N	
PERSONAL LIABILITY								
Do you require this insurance					Y		N	
Note: Household goods, building, motor or pleasure craft must be insured for this cover to operate								
MOTOR VEHICLES								
Must be completed if cover is required for motor car, motorcycle or trailer/caravan vehicles								
A copy of the license/registration papers must be attached for each vehicle for which cover is required								
INFORMATION ABOUT THE DRIVER OF THE VEHICLE	MOTOR CAR 1				MOTOR CAR 2			
Specify the vehicle registration number for which the driver information is completed								
Are you or your spouse the registered owner	Y		N		Y		N	
If No, state the name of the registered owner								
Name and gender of usual driver								
	M		F		M		F	
Relationship of the usual driver to you								
Date of birth of usual driver								
ID number of usual driver								
Occupation of the usual driver								
Has the usual driver acquired a valid driver's license for the first time within the past 3 years	Y		N		Y		N	
Year in which license of the usual driver was first obtained								

Does the usual 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 3 years or is there any prosecution pending		Y		N		Y		N	
If Yes, provide details									
• does the usual driver reside at the same risk address		Y		N		Y		N	
If No, provide details of risk address where vehicle will be kept overnight									
MOTOR CAR									
Do you require this insurance		Y		N		Y		N	
Retail value (include finance costs)		R				R			
Registration number									
Make and model									
Year of manufacture									
Engine number									
VIN number									
Is the vehicle imported		Y		N		Y		N	
Has the vehicle been modified to alter the performance level		Y		N		Y		N	
If Yes, provide the following modifications		Tare				Tare			
		Kilowatt				Kilowatt			
Cover required	Comprehensive	Y				Y			
	Third Party Fire & Theft	Y				Y			
	Third Party only	Y				Y			
Class of use	Domestic (to & from work)	Y				Y			
	Domestic & business	Y				Y			
	Domestic & professional	Y				Y			
Does the usual driver qualify for no-claim bonus or claim free group		Y		N		Y		N	
If Yes, state number of years and provide proof of qualification of NCB									
Is the vehicle fitted with a security system installed by the vehicle manufacturers (VSS/Vesa)		Y		N		Y		N	
Is the vehicle fitted with a Vesa-approved/VSS-approved	• immobiliser	Y		N		Y		N	
	• gearlock	Y		N		Y		N	
	• tracking and recovery device	Y		N		Y		N	
If Yes, attach a copy of the Certificate from the service provider									
Is the vehicle kept in a locked garage/enclosed carport overnight		Y		N		Y		N	
If No, indicate where the vehicle will be kept overnight									
Provide the suburb and postal code where the vehicle is parked overnight									
Is the vehicle a Light Delivery Vehicle (LDV)		Y		N		Y		N	
Is the vehicle a Minibus/Kombi/Microbus		Y		N		Y		N	

Authorised Financial Services Provider

Does the vehicle or the windscreen have existing damage				Y		N		Y		N			
If Yes, provide details													
Is the vehicle subject to a credit or similar agreement				Y		N		Y		N			
If Yes, state Bank or Account number													
Do you wish to insure any non-standard accessories? Supply list and value of each item				Y		N		Y		N			
1. R		2. R											
3. R		4. R											
5. R		6. R											
OPTIONAL COVER APPLICABLE TO COMPREHENSIVE MOTOR CAR ONLY				Y		Car hire following accident/theft/hi-jack							
MOTOR CYCLE													
Do you require this insurance								Y		N			
Retail value (include finance costs)	R		Registration number										
Make and model			Year of manufacture										
Engine number			VIN number										
Is the motorcycle imported								Y		N			
Has the vehicle been modified to alter the performance level								Y		N			
If Yes, provide details													
Cover required	Comprehensive				Third Party only				Third Party Fire & Theft				
Class of use	Domestic (to and from work only)				Domestic & professional								
Is the vehicle a two-wheeled cycle								Y		N			
If No, provide details													
Is there any existing damage to the vehicle								Y		N			
If Yes, provide details													
Occupation of usual driver													
Is the usual driver entitled to a no-claim bonus or claim free group								Y		N			
If Yes, state number of years and provide proof of qualification of NCB													
Is the vehicle kept in a locked garage/enclosed carport overnight								Y		N			
If No, indicate where the vehicle will be kept overnight													
Is the vehicle fitted with a security system installed by the vehicle manufacturers (VSS/Vesa compliant)								Y		N			
Is the vehicle fitted with a Vesa-approved/VSS-approved		• immobiliser		Y		N		• tracking and recovery device		Y		N	
If Yes, attach a copy of the Certificate from the service provider													
Do you wish to insure any non-standard accessories? Supply list and value of each item								Y		N			
1. R		2. R											
3. R		4. R											
5. R		6. R											
Is the vehicle subject to a credit or similar agreement								Y		N			
If Yes, state Bank and Account number													

www.robsons.co.za

Engines	Sum insured R				Hull	Sum insured R			
Number of engines					Year of manufacture				
Material of hull					Serial/HIN number				
Engine make					Year of manufacture				
Type of engine	Inboard		Outboard		Serial number of engine(s)				
ACCESSORIES/SPECIAL EQUIPMENT									
Serial numbers for all Global Positioning Systems (GPS) and Two-Way Radio Systems including all electronic equipment must be supplied									
Item 1	Description		Serial No.		Sum insured	R			
Item 2	Description		Serial No.		Sum insured	R			
Item 3	Description		Serial No.		Sum insured	R			
Item 4	Description		Serial No.		Sum insured	R			
Total Sum Insured		R		Hull, engine and accessories Total Sum Insured			R		
State the address where the vessel is normally kept									
In what waters will the vessel be used					Inland		Coastal		
Have you had any accidents or losses in connection with any vessel you have sailed or owned								Y	N
If Yes, provide details									
Is the vessel subject to a credit or similar agreement								Y	N
If Yes, state the Bank and Account number									
PERSONAL COMPUTERS									
Do you require this insurance								Y	N
Hardware	Item 1	Make and model		Serial No.		Sum insured	R		
	Item 2	Make and model		Serial No.		Sum insured	R		
	Item 3	Make and model		Serial No.		Sum insured	R		
Total sum insured							R		
DECLARATION – You must complete and sign this section									
1. What is your business or occupation									
2. In what capacity are you employed									
3. Have you previously been insured								Y	N
If Yes, supply the policy number and names of insurance companies									
4. 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 had special conditions imposed								Y	N
If Yes, provide details									

• been involved in any civil or criminal litigation in the past 3 years or have you had a civil judgment against you		Y		N	
If Yes, please give the amount of the loss and describe what happened. Also give the names of the insurance companies and policy numbers if you were insured at the time. Claims rejected must be mentioned					
• during the past 3 years submitted any claims or suffered any other losses not claimed for (for example – a burglary, or a lost camera, etc.)		Y		N	
If Yes, provide details					
Date of loss	Description of loss	Claimed Amount			
		R			
		R			
		R			
		R			
		R			
		R			
		R			
		R			
		R			
		R			
		R			
		R			
		R			
Sharing of insurance information					
I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.					
On my own behalf and on the behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.					
I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claims I may submit.					
I consent to such information being disclosed to any other insurance company or its agent.					
I acknowledge that the information may be verified against legally recognized sources or databases.					
I AGREE THAT this proposal shall be the basis of the contract between the insurer and myself.					
I WILL ACCEPT the insurer's standard 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 reasons 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 The Holland Insurance Company Ltd.					
Signature _____		Date _____			