

## PERSONAL PROPOSAL FORM

The Personal 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) \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 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 \_\_\_\_\_  
 Cheque \_\_\_\_\_  
 Savings \_\_\_\_\_  
 Account holder Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 YES NO

### 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 |    |
|--|-------------|----|-------------|----|
|  | YES         | NO | YES         | NO |
| Smallholding/Plot/Farm                           | YES         | NO | YES         | NO |
| Security village                                 | YES         | NO | YES         | NO |
| Retirement complex                               | YES         | NO | YES         | NO |
| Enclosed access-controlled area                  | YES         | NO | YES         | NO |
| Residential area, no access control              | YES         | NO | YES         | NO |
| Are there any of the following within 1km radius | YES         | NO | YES         | NO |
|  | YES         | NO | YES         | NO |
|  | YES         | NO | YES         | NO |

From which date have you lived at the residence \_\_\_\_\_

## CONSTRUCTION and SITUATION OF RISK

|  | RESIDENCE 1 |    | RESIDENCE 2 |    |
|--|-------------|----|-------------|----|
| Is the roof of standard construction (i.e. slate, tiles, asbestos, concrete, corrugated iron or metal) | YES         | NO | YES         | NO |
| Is the roof constructed of thatch  | YES         | NO | YES         | NO |
| If Yes, is an SABS-approved lightning mast installed   | YES         | NO | YES         | NO |
| If neither of the above, please specify the roof construction  |             |    |             |    |
| Are the main walls constructed of  |             |    |             |    |
| • brick, stone or concrete   | YES         | NO | YES         | NO |
| • timber, part timber, framed metal  | YES         | NO | YES         | NO |
| • asbestos   | YES         | NO | YES         | NO |
| • fibreglass   | YES         | NO | YES         | NO |
| Is there a thatch lapa situated on the premises  | YES         | NO | YES         | NO |
| <b>If Yes, Thatch questionnaire to be completed</b>  |             |    |             |    |
| Is the residence situated close to water   | YES         | NO | YES         | NO |
| If Yes, how far? Indicate whether it is a dam, sea, river, lake, stream, etc.                          |             |    |             |    |

## WHAT TYPE OF HOME DO YOU HAVE

|  |     |    |     |    |
|--|-----|----|-----|----|
| Detached house/cottage                 | YES | NO | YES | NO |
| Semi-detached house/cottage            | YES | NO | YES | NO |
| Apartment/flat (ground or first floor) | YES | NO | YES | NO |
| Apartment/flat (above first floor)     | YES | NO | YES | NO |

## OCCUPATION (Residences occupied as communes are not acceptable)

|   |     |    |     |    |
|---|-----|----|-----|----|
| Will the residence be left unoccupied                       |     |    |     |    |
| • for more than 7 consecutive days within the first 30 days | YES | NO | YES | NO |
| • during working hours                                      | YES | NO | YES | NO |
| • for more than a total of 60 days per year                 | YES | NO | YES | NO |
| Is the residence a holiday home                             | YES | NO | YES | NO |
| Will the residence be rented or let out                     | YES | NO | YES | NO |
| If Yes, provide details                                     |     |    |     |    |

## SECURITY

|   |     |    |     |    |
|---|-----|----|-----|----|
| Are all opening windows burglar-barred  | YES | NO | YES | NO |
| Are all fixed windows burglar-barred  | YES | NO | YES | NO |
| Does any outbuilding or garage adjoining the residence have an interleading door                              | YES | NO | YES | NO |
| If Yes, is this door protected by an alarm or security gate   | YES | NO | YES | NO |
| Are external access doors fitted with security gates  | YES | NO | YES | NO |
| Are external sliding doors fitted with security gates or frame-mounted key-operated locking bolts             | YES | NO | YES | NO |
| Is the perimeter of your property walled/fenced with a wall or steel fence of at least 1.8m in height         | YES | NO | YES | NO |
| Are there full-time security guards on your property  | YES | NO | YES | NO |
| Is the residence protected with an approved alarm system linked to a 24-hour control room with armed response | YES | NO | YES | NO |

**If Yes, attach documentary proof from service provider**

## HOUSEHOLD GOODS

|  | RESIDENCE 1 |    | RESIDENCE 2 |    |
|--|-------------|----|-------------|----|
|  | YES         | NO | YES         | NO |
| Do you require this insurance  |             |    |             |    |
| Sum insured: Insure for new replacement costs  | R           |    | R           |    |
| Cover required    Full      Restricted      Are parts of the premises used for business purposes | YES         | NO | YES         | NO |
| <b>If Yes, complete the Business Run from Home questionnaire</b>                                 |             |    |             |    |
| Are you entitled to a claim-free group   | YES         | NO | YES         | NO |
| If Yes, state number of years  | _____       |    | _____       |    |
| <b>OPTIONAL ACCIDENTAL DAMAGE</b> – Do you require cover    Sum Insured    R                     | YES         | NO | YES         | NO |

## BUILDING

|  |       |    |       |    |
|--|-------|----|-------|----|
| Do you require this insurance  | YES   | NO | YES   | NO |
| Sum insured: Insure buildings and outbuildings for replacement value     | R     |    | R     |    |
| Is the building bonded and do you require the bondholders interest noted | YES   | NO | YES   | NO |
| If Yes, provide details of bond holder and account number                | _____ |    | _____ |    |
| Are parts of the premises used for business purposes                     | YES   | NO | YES   | NO |
| <b>If Yes, complete the Business Run from Home questionnaire</b>         |       |    |       |    |
| Subsidence and Landslip cover required                                   | YES   | NO | YES   | NO |
| <b>If Yes, complete the Subsidence and Landslip questionnaire</b>        |       |    |       |    |

## ALL RISKS

|  |   |       |    |
|--|---|-------|----|
| Do you require this insurance  |   | YES   | NO |
| <b>General All Risks:</b> Property normally carried or worn on the person (minimum R5 000) | R | _____ |    |

### Specific All Risks:

The following items must be specified regardless of value in order to enjoy cover:

- jewellery over R5 000;
- items used for business or professional purposes;
- mobile communication equipment, cellular phones, laptops/notebooks/palmtops/portable computers;
- MP3 players, iPods, portable play stations and portable GPS navigation systems;
- firearms and guns;
- pedal cycles;
- parachutes, para-gliders and hang-gliders.

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.

Where applicable, include serial number of specified items. Describe items fully and accurately.

|          |   | Bank Safe |       |
|----------|---|-----------|-------|
|          |   | YES       | NO    |
| 1. _____ | R | _____     | _____ |
| 2. _____ | R | _____     | _____ |
| 3. _____ | R | _____     | _____ |
| 4. _____ | R | _____     | _____ |

## MOTOR VEHICLES

Must be completed if cover is required for motor car, motorcycle or trailer/caravan vehicles

A copy of the licence/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

YES NO

YES NO

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

### Indicate the type of driver's licence the usual driver holds:

- licence issued in RSA
- learner's licence issued in RSA
- international driver's licence
- none

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

Year in which licence 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

If Yes, provide details

YES NO

YES NO

- 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

If Yes, provide details

YES NO

YES NO

- does the usual driver reside at the same risk address

If No, provide details of risk address where vehicle will be kept overnight

YES NO

YES NO

## MOTOR CAR

Do you require this insurance

YES NO

YES NO

Retail value (include finance costs)

R

R

Registration number

Make and model

Year of manufacture

Engine number

VIN number

Is the vehicle imported

YES NO

YES NO



## INFORMATION ABOUT THE MOTOR CAR (continued)

If Yes, provide details

### MOTOR CAR 1

### MOTOR CAR 2

Is the vehicle subject to a credit or similar agreement

YES NO

YES NO

If Yes, state Bank and Account number

Do you wish to insure any non-standard accessories

YES NO

YES NO

Supply list and value of each item

|                  |                  |
|------------------|------------------|
| 1. _____ R _____ | 2. _____ R _____ |
| 3. _____ R _____ | 4. _____ R _____ |
| 5. _____ R _____ | 6. _____ R _____ |

## OPTIONAL COVER APPLICABLE TO COMPREHENSIVE MOTOR CAR ONLY

Do you require car hire following accident/theft/hi-jack

YES NO

YES NO

Manual

YES NO

YES NO

Automatic

YES NO

YES NO

## MOTORCYCLE

Do you require this insurance

YES NO

|  |                           |
|--|---------------------------|
| Retail value (include finance costs) R _____ | Registration number _____ |
| Make and model _____                         | Year of manufacture _____ |
| Engine number _____                          | VIN number _____          |

Is the motorcycle imported

YES NO

Has the vehicle been modified to alter the performance level

YES NO

If Yes, provide details

|                       |                                  |                  |                          |
|-----------------------|----------------------------------|------------------|--------------------------|
| <b>Cover required</b> | Comprehensive                    | Third Party only | Third Party Fire & Theft |
| <b>Class of use</b>   | Domestic (to and from work only) |                  | Domestic & professional  |

Is the vehicle a two-wheeled cycle

YES NO

If No, provide details

Is there any existing damage to the vehicle

YES NO

If Yes, provide details

Occupation of usual driver

Is the usual driver entitled to a no-claim bonus or claim-free group

YES NO

If Yes, state number of years and provide proof of qualification of NCB

Is the vehicle kept in a locked garage/enclosed carport overnight

YES NO

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)

YES NO

Is the vehicle fitted with a Vesa-approved/VSS-approved

- immobiliser YES NO
- tracking and recovery device YES NO

If Yes, attach a copy of the certificate from the service provider

Do you wish to insure any non-standard accessories YES NO  
Supply list and value of each item

|                  |                  |
|------------------|------------------|
| 1. _____ R _____ | 2. _____ R _____ |
| 3. _____ R _____ | 4. _____ R _____ |
| 5. _____ R _____ | 6. _____ R _____ |

Is the vehicle subject to a credit or similar agreement YES NO

If Yes, state Bank and Account number \_\_\_\_\_

### TRAILER/CARAVAN

Do you require this insurance YES NO

|  |                           |
|--|---------------------------|
| Retail value (include finance costs) R _____ | Registration number _____ |
| Make and model _____                         | Year of manufacture _____ |
| VIN number _____                             |                           |

Is the trailer/caravan usually kept undercover and behind locked gates overnight YES NO

If No, provide details \_\_\_\_\_

Is the trailer/caravan subject to credit agreement YES NO

If Yes, state Bank and Account number \_\_\_\_\_

### PERSONAL ACCIDENT

Do you require this insurance YES NO

**Persons to be insured (We cannot offer this cover to persons over the age of 75)**

|                           |   |   |       |   |   |
|---------------------------|---|---|-------|---|---|
| Name & gender _____       | M | F | _____ | M | F |
| Date of birth _____       |   |   |       |   |   |
| Occupation _____          |   |   |       |   |   |
| ID number _____           |   |   |       |   |   |
| Relationship to you _____ |   |   |       |   |   |

**Benefits required**

Death (compulsory benefit) R \_\_\_\_\_ R \_\_\_\_\_

Permanent disablement R \_\_\_\_\_ R \_\_\_\_\_

Maximum not to exceed the death benefit

Temporary total disablement (max 104 weeks) R \_\_\_\_\_ per week R \_\_\_\_\_ per week

Medical benefit Has any person to be insured sustained a recent physical injury (e.g. broken limb) YES NO

If Yes, provide details \_\_\_\_\_

Does any person to be insured suffer from defective vision or hearing or from any physical or mental infirmity YES NO

If Yes, provide details \_\_\_\_\_

What is the occupation of the person to be insured \_\_\_\_\_

Does the person to be insured take part in dangerous sporting activities YES NO

(parachuting, skydiving, bungy-jumping, bridge-jumping, hang-gliding, paragliding, polo, steeple-chasing, rugby, sports of any kind on ice or snow, ice hockey, wrestling, martial arts, scuba-diving, or waterskiing, speed or endurance tests or racing (other than on foot, flying other than as a passenger in a licensed passenger-carrying aircraft piloted by a duly qualified person, big-game hunting or mountaineering where the use of ropes or a guide is necessary)

Do you wish to nominate a beneficiary YES NO

If Yes, state name and ID number \_\_\_\_\_

## PLEASURE-CRAFT

Do you require this insurance YES NO

|                          |   |
|--------------------------|---|
| Name of vessel _____     | Make and model _____  |
| Type of vessel           | Rubber-duck      Windsurfer      Jet-ski/Wet-bike      Motor-boat (max speed 60kph) |
|                          | Sailing craft      Motor boat over 60kph – max 100kph      Length of vessel _____   |
| Is the vessel self-built | YES      NO      Does the vessel have a glitter finish      YES      NO             |
| <b>Engines</b>           | Sum insured      R <b>Hull</b> 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 \_\_\_\_\_

Is the vessel kept in a locked garage overnight \_\_\_\_\_

What are the security arrangements at this address \_\_\_\_\_

Is the vessel still in mooring \_\_\_\_\_

What are the security arrangements at the mooring \_\_\_\_\_

Will the vessel be surf-launched \_\_\_\_\_

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 YES NO

If Yes, provide details \_\_\_\_\_

Skipper's experience      Years \_\_\_\_\_      Qualifications (if any) \_\_\_\_\_

Is the vessel subject to a credit or similar agreement YES NO

If Yes, state the Bank and Account number \_\_\_\_\_

## PERSONAL COMPUTERS

Do you require this insurance YES NO

### 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 YES NO  
 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 YES NO  
 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 YES NO  
 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.) YES NO  
 If yes, please supply the value of the loss and describe what happened. Supply the name of the insurer and policy number if you were insured at the time. Declined claims should also be recorded.

| Date of loss | Description of loss | Claimed Amount |
|--------------|---------------------|----------------|
|              |                     | R              |
|              |                     | R              |
|              |                     | 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 Hollard Insurance Company Ltd.

Signature \_\_\_\_\_

Date \_\_\_\_\_