

INFINITI PERSONAL LINES: PROPOSAL FORM

First Name	Surname	
Marital Status	Occupation	
Postal Address		
Physical Address		
ID Number	Cell	
Work No.	E-mail	
Have you had insurance in the last 5 years?		
Yes No		
Previous Broker / Insurer	Policy No	
Has any Insurer ever refused any proposal of yours, cancell any policy (or section thereof) or imposed any special conditions.		f), refused to renew
Yes No		
If yes, please explain		
Please supply details of losses you have experienced during you claimed under your policy or not:	g the last 3 years, whether insur	red at the time or whether
Type of loss	Year	Value (Rand)
Type of loss	Year	Value (Rand)

Note: If more space is needed, please use separate sheet and attach to this proposal form.

Policy inception / start date

Contents Cover

Yes No

Risk Address Postal Code

Sum Insured (Rands) (Must represent present day replacement cost of the entire contents of your home.)

Do you live in a

Detached house Flat Secure complex Other

Building construction

Brick & Tile Brick & Thatch Other

Do you require comprehensive insurance? Fire & Perils only

Yes No Yes No

Are you entitled to a claim free group?

If so, how many years?

Yes No

Do you feel that there is anything we need to know that may increase the risk of a loss?

Yes No

If yes, please explain

Does the residence have a linked alarm? Security Company

Yes No

Burglar bars on all opening windows Fixed windows

Yes No Yes No

Security gate	es on all external doors	Do you have	e security gates on your property	
Yes	No	Yes	No	
Do you have property	a perimeter wall around the entire	Height		
Yes	No			
Is there 24 h	our access control to your property	Is the reside	ence left unoccupied during the day	
Yes	No	Yes	No	
Is this a holid	day home	Is the reside	ence hired out	
Yes	No	Yes	No	
Do you run a	a business from home?	Type of bus	ness	
Yes	No			
Sum Insured	I			
Personal	Liability Cover (included)			
This cover is	included automatically on all policies at a	limit of R5 millio	n	
Should you i	require a higher limit, please indicate the h	nigher limit here	(Rand)	
Building (Cover			
Yes	No			
Risk Address	3		Postal Code	
Sum Insured	Sum Insured (Rands) (Must represent present day replacement cost of the property at the above address)			

Mortagee

Building Cons	struction			
Brick & Ti	le	Brick & Thatch	Other	
Do you feel th	nat there is	anything we need to	know that may increase t	he risk of a loss
Yes	No			
If yes, please	explain			
If there is any	thatch, is	there a SABS lighting	conductor in place	
Yes	No			
Subsidence 8	Landslip -	- Limited cover is inclu	uded	
Subsidence 8	Landslip -	– Full cover (Requires	a Geotechnical report)	
Yes	No			
All Risks				
Yes	No			
				ur person. Individual articles worth more than cludes Electronic Equipment and Cellphones)
Unspecified .	All Risks			Sum Insured (Rand)
Yes	No			
Equipment, P	rescription in a bank s	Glasses, Sporting eq	uipment and any item val	players, Bicycles, Cell phones, Electronic lued at over the Item Limit. Articles kept stive list but this cover should be discussed
We require va	aluations fo	or each specified item	for our files as these will	be needed at the time of a loss:
Specified All	Risks			
Yes	No			
Item 1				Sum Insured (Rand)
Item 2				Sum Insured (Rand)
Item 3				Sum Insured (Rand)

Item 4	Sum Insured (Rand)
Item 5	Sum Insured (Rand)
Item 6	Sum Insured (Rand)
Item 7	Sum Insured (Rand)
Item 8	Sum Insured (Rand)
Item 9	Sum Insured (Rand)
Item 10	Sum Insured (Rand)

Motor Vehicle / Motor Cycle / Caravan / Trailer / Quad Bike

Yes No

Risk Address			Postal Code
Make & Model			Year
Registration Number		Retail Value (Rands)	
Engine Number		Chassis / VIN Number	
Type of cover Comprehensive	Third Party Fire & Theft	Third Party Only	
Vehicle Accessories (Not included in the retail value)			Value (Rand)

Is the vehicle financed?			If Yes, please state financial institution name		
	Yes	No			
Cre	edit Shortfall	required	Chip & Dent re	quired	
	Yes	No	Yes	No	
Ex	cess Waiver	required			
	Yes	No			
Ve	hicle Securi	ty			
VΕ	SA approved	d alarm & Immobiliser	Factory fitted a	larm &	Immobiliser
	Yes	No	Yes	No	
VΕ	SA approved	d gear lock	Tracking device	е	
	Yes	No	Yes	No	
ls t	the vehicle k	ept in a locked garage overnight	Behind locked	gates	overnight
	Yes	No	Yes	No	
lf n	ot, where is	it parked?			
ls t	the vehicle tu	urbo charged, rebuilt or modified	Is the vehicle s	tolen a	and recovered
	Yes	No	Yes	No	
Wŀ	no is the Prin	cipal / Regular Driver	Date of	birth	
Who is the registered owner		stered owner	Date of birth		
Cla	aim free year	s (proof of CFG required - copy of existing	policy)		
_					
Do		of the vehicle suffer from any physical or m	nental disability		
	Yes	No			
	ve any of the dorsed	e regular driver's licenses been	Do you require	car hii	re
	Yes	No	Yes	No	
lf y	es, Manual d	or Automatic	Standard or Ex	ecutive	e vehicle
	Yes	No	Standard		Executive

Home & Roadside Assistance are automatically included.

Is there any	additional infor	mation we need to be advised of, which will have an effect on evaluating your risk
Yes	No	
If yes, pleas	e explain	
What do you	u use the vehic	le for
Private use, including to and from work		Private use, including to and from work
Busines	s use	
Note: If there	e is more than	one vehicle, please print this page again for extra vehicles requiring cover.
Personal	Accident	
A separate F	Personal Accide	ent Form needs to be completed if cover required
Yes	No	
Watercra	ft	
A separate \	Nater Craft For	m needs to be completed if cover required
Yes	No	

Account No. Bank Name Type of account

Branch Name Branch No

I authorise HW Brokers to deduct the amount of the premium from my account at the aforementioned institution in any way that HW Brokers and the institution have agreed upon, and I request that the aforementioned institution debit my account with all debits requested against it by HW Brokers.

Signature of Account Holder

Warranty

I hereby warrant that the above information, facts and statements given by me are true and complete and contain all relevant information known to me which affects the assessment of the risk to be insured and that this and any other statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of the contract between Infiniti Insurance Limited and myself. I agree to accept the insurance on the terms, conditions and requirements stated in the Policy Wording, Policy Schedule and Table of Limits.

Sharing of information

I agree to Infiniti Insurance Limited and my broker giving information that they have concerning myself including any credit information and details of any claims I have made, to other people or companies who have a valid reason to be given that information. I give up the right to privacy concerning the information and agree that Infiniti and my Broker may verify the information against any sources or databases.

Signature of policy holder / insured

Date

HW Brokers charge a fee in respect of services and costs that do not fall under a standard broker service (as per attached Disclosure Notice). This has been included in our quotation.

Please sign acceptance of the fee being charged