

Proposal Form

DOMAINE

PERSONAL DETAILS		
SURNAME:	INITIALS:	TITLE:
ID NO.:	OCCUPATION:	FIRST NAME:
MARITAL STATUS:	LANGUAGE:	
TELEPHONE - HOME:	WORK:	FAX:
CELL PHONE:	E-MAIL:	
ADDRESS		
POSTAL:	RESIDENTIAL:	
POSTAL CODE:	POSTAL CODE:	
PERIOD OF INSURANCE		
INCEPTION DATE:	FROM:	TO:
ANNUAL:	MONTHLY:	
PAYMENT METHOD		
DEBIT ORDER:	CASH:	
DEBIT ORDER DETAILS		
BANK:	ACCOUNT NO:	
BRANCH & TOWN:	BRANCH NO:	
ACCOUNT TYPE:	CURRENT:	SAVINGS:
		TRANSMISSION:
ACCOUNT HOLDER:		
EMPLOYER DETAILS		
NAME:		
ADDRESS:		
TEL:		
SECTION 1 - HOUSEOWNERS (BUILDINGS)		
BUILDING DETAILS	BUILDING 1	BUILDING 2
STREET ADDRESS:		
POSTAL CODE:		
TYPE OF RESIDENCE:		
Is the residence rented out?		
Does the residence have a flat roof?		
Construction of walls:		
Roof construction:		
Is the residence unoccupied?		
Sum Insured:		
Bond holder:		
Premium	R	R

SECTION 2 - HOUSEHOLDERS (CONTENTS)		
BUILDING DETAILS	MAIN RESIDENCE	HOLIDAY HOME
SUM INSURED:		
STREET ADDRESS:		
POSTAL CODE:		
Type of residence eg. Flat,(state which floor)Townhouse etc.		
Use of Residence:		
No Claim Bonus: (Proof must accompany proposal, before policy can incept)		
Construction of walls:		
Roof construction:		
Is it a Flat roof?		
Is the residence rented out?		
Is the residence occupied during the day?		
Are there any vacant areas surrounding the property?		
Do you utilise house sitters when you go on holiday?		
Do you keep dogs on the property?		
Are there burglar bars on all opening windows?		
Are there security gates in front of all external doors?		
Do you have an alarm system?		
Is the alarm linked to armed response?		
Do you have electronic gates?		
Is there an electric fence around the total perimeter of the property?		
Is the house situated in a high security complex? (If answer is yes, complete attached high security questionnaire)		
Is the house situated in a retirement village?		
Flats above ground floor = Burglar Bars & Security Gates - Passage Side?		
Age 40 - 49		
Age 50 - 59		
Age over 60 years and not working?		
Voluntary excess R5 000-00		
Voluntary excess R10 000-00		
Premium	R	R
SECTION 3 - ALL RISKS		
DESCRIPITON	SUM INSURED	
Unspecified Items - Wearing apparel and personal effects. Individual items less than R1 000 limited to 25% of the Householders Sum Insured.		
Jewellery limited to 10% of Householders Sum Insured. All items of specified jewellery must have a current (less than three years) valuation certificate submitted of the policy, or cover will be restricted to R500.00		
Premium	R	

SPECIFIED ITEMS	SERIAL NO.	SUM INSURED	PREMIUM
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Premium		R	R
SECTION 4 - PERSONAL ACCIDENT (R 20 000 PACKAGE)			
INITIALS & SURNAME:	AGE:		
BENEFICIARIES:			
INITIALS & SURNAME:			
INITIALS & SURNAME:	AGE:	RELATIONSHIP:	
	AGE:	RELATIONSHIP:	
SUM INSURED:	R		
PREMIUM	R		
SECTION 5 - PUBLIC LIABILITY			
AUTOMATICALLY INCLUDED - MAXIMUM LIABILITY R 2 500 000.			
SECTION 6 - MOTOR			
	VEHICLE 1		VEHICLE 2
TYPE OF COVER	COMPREHENSIVE		COMPREHENSIVE
	THIRD PARTY, FIRE & THEFT		THIRD PARTY, FIRE & THEFT
	THIRD PARTY ONLY		THIRD PARTY ONLY
USE OF VEHICLE	STRICTLY PRIVATE		STRICTLY PRIVATE
	BUSINESS USE		BUSINESS USE
	PRIVATE (Including to & from work)		PRIVATE (Including to & from work)
ARE GOODS CARRIED	YES	NO	YES NO
If yes, state nature of goods			
MAKE AND MODEL			
YEAR OF REGISTRATION			
VALUE			
NO CLAIM BONUS (Proof must accompany proposal before policy can incept)			
COLOUR			
REGISTRATION NUMBER			
VIN & ENGINE NUMBER			
ESTIMATED ANNUAL KM TRAVELLED			
PARKING AT NIGHT	STREET	LOCKED GARAGE	STREET LOCKED GARAGE
IMPORTED VEHICLE	YES	NO	YES NO
SOFT TOP	YES	NO	YES NO
VESA APPROVED IMMOBILISER (Proof must be attached)	YES	NO	YES NO
VESA APPROVED GEAR LOCK (Proof must be attached)	YES	NO	YES NO

FACTORY FITTED IMMOBILISER	YES	NO	YES	NO
TRACKING DEVICE MAKE OF TRACKING DEVICE (Proof must be attached)	YES	NO	YES	NO
DRIVER UNDER 25 YEARS OF AGE	YES	NO	YES	NO
LDV'S, 4X4'S, CABRIOLETS AND MINIBUSES	YES	NO	YES	NO
REGISTERED OWNER IF NOT PROPOSER				
ACCESSORIES (Factory Fitted)				
MAKE & MODEL OF RADIO (Factory Fitted)				
VALUE				
SERIAL NUMBER				
PREMIUM	R		R	
HP DETAILS				
HP BANK:				
BRANCH:				
HP NUMBER:				
REGULAR DRIVER				
SURNAME:				
FIRST NAMES:				
TITLE:				
DATE OF BIRTH:				
IDENTITY NUMBER:				
OCCUPATION:				
RESIDENTIAL ADDRESS:				
POSTAL CODE:				
TELEPHONE NUMBERS:		(H)	(H)	
		(W)	(W)	
		CELL	CELL	
CARAVANS / TRAILERS				
MAKE & MODEL:				
YEAR:				
VALUE:				
REGISTRATION NUMBER:				
PREMIUM:				
SECTIONS REQUIRED				
		PREMIUM		PREMIUM
1	HOUSEOWNERS		4	PERSONAL ACCIDENT
2	HOUSEHOLDERS		5	PUBLIC LIABILITY
3	ALL RISKS		6	MOTOR
SUB-TOTAL PREMIUM				R
BROKERSFEE				R
10% ADMINISTRATION FEE				R
TOTAL PREMIUM				R

IMPORTANT NOTES

- 1. All vehicles with values between R8,000.00 and R120,000.00 must be fitted with a vesa approved level 3 alarm/immobiliser or a vesa approved gearlock.
Sedans' valued over R120,000.00 must be fitted with a level 4 vesa approved immobiliser/alarm.
All bakkies, 4X4's, kombi's and the like, with values R100,000.00 and over must be fitted with a Regent approved Tracking Device.
Sedan's, in all areas, with values over R150,000.00 must be fitted with a Regent Approved Tracking Device.
- 2. No cover will be in force until this proposal has been accepted by the Company who reserves the right to decline any proposal or impose special terms.
- 3. No claim shall be payable until such time as the first premium has been received by the company or its authorised agent.

DECLARATION

- 1. I hereby declare that all particulars and answers in this proposal are true and complete in every respect, and that no material fact has been withheld.
- 2. I accept that this proposal and declaration shall be the basis of the contract between Regent Insurance Company and myself.
- 3. No insurer has ever cancelled/declined or refused to renew or imposed special terms or conditions on any insurance affecting me.
- 4. I have previously been insured with:

Name of Insurer _____ Policy Number _____

- 5. I suffered or was concerned in the following losses during the past three years (whether insured or not)

YEAR	DESCRIPTION	AMOUNT

- 6. I have had an opportunity to study Regent's standard policy conditions, which I accept whether or not I actually receive a copy of such policy.
- 7. All correspondence sent by ordinary mail addressed to me at the above postal address shall be deemed to have been duly received by me in the normal course.

Signature of Insured _____

Date _____

Signed on behalf of the Company _____

Date _____