



QUOTATION REQUEST FORM

Title:		Full Name:	
ID No:		Occupation:	
Cell No:		Email:	
Referred by:			

PREVIOUS INSURANCE DETAILS

Previous Insurer:	Policy No:
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Please provide details of all losses (insured or not) in the last 3 years:
(i.e. date, brief description & amount claimed)

- 1.
- 2.
- 3.
- 4.
- 5.

(Please use a separate page should there not be sufficient space on this form)

HOUSEOWNERS / BUILDINGS

Residential Address:

Construction Type:	Roof:	<i>(e.g. tiles / thatch)</i>
	Walls:	<i>(e.g. brick / timber)</i>

Sum Insured: *(i.e. total replacement value / rebuilding cost)*

Do you have a solar geyser?	Replacement Value:
<i>(i.e. total replacement value of solar geyser, panels & ancillary equipment)</i>	

HOUSEHOLDERS / CONTENTS

Residential Address:

Construction Type:	Roof:	<i>(e.g. tiles / thatch)</i>
	Walls:	<i>(e.g. brick / timber)</i>

Security Measures:	Burglar bars on all opening windows	
	Security gates on all external doors	
	Secure complex <i>(i.e. access control, electric fencing & 24 hour security guards)</i>	
	Burglar alarm linked to 24 hour armed response	

Sum Insured: *(i.e. total replacement value of all moveable items)*

GENERAL ALL RISKS	
<i>(i.e. world-wide cover for unspecified clothing & personal effects - minimum sum insured: R10 000)</i>	
Sum Insured:	<i>(Please note that a Single Item Limit of 20% of the sum insured applies)</i>
SPECIFIED ALL RISKS	
<i>(i.e. world-wide cover for high value portable items)</i>	Replacement Value:
1.	
2.	
3.	
4.	
5.	
PORTABLE ELECTRONIC EQUIPMENT	
<i>(i.e. laptops / tablets / e-readers)</i>	Replacement Value:
1.	
2.	
3.	
4.	
5.	
PERSONAL LIABILITY	
Standard cover is R5m at a cost of R6.05 per month	
Do you want to extend your Liability cover by a further R10m at R10.09 per month?	
Do you want to extend your Liability cover by a further R20m at R15.13 per month?	
MOTOR VEHICLES	
1. Year, Make & Model of Vehicle: <i>(full model description)</i>	
Current Mileage:	Tracking Device:
Settlement Value of Finance Agreement:	
Regular Driver:	Date of Birth:
Do you require the Basic Excess Waiver?	
2. Year, Make & Model of Vehicle: <i>(full model description)</i>	
Current Mileage:	Tracking Device:
Settlement Value of Finance Agreement:	
Regular Driver:	Date of Birth:

Do you require the Basic Excess Waiver?	
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MOTOR VEHICLES

3. Year, Make & Model of Vehicle:	<i>(full model description)</i>
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Current Mileage:	Tracking Device:	
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Settlement Value of Finance Agreement:
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Regular Driver:	Date of Birth:
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Do you require the Basic Excess Waiver?	
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WATERCRAFT

Vessel	Year:	Make:
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	Type of Craft:	Sum Insured:
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Motor	Year:	Make:
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	Horse Power:	Sum Insured:
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Trailer	Year:	Make:
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	Sum Insured:
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