

Insurance Proposal Form - Mini/Midi Bus (Seating Capacity: Less than 35 seats) (Underwritten by Bryte Insurance Company Limited)

QUOTE NUMBER: _____ INCEPTION DATE: _____

Yes/No options please V where applicable

Broker Details	
Broker Name	
Contact Person	

Details of Proposer					
Initials					
Name / Entity Name					
Surname					
Physical Address					
Postal Address					
Owner Identity / Reg Number					
Nationality	RSA	Non RSA (specify)			
Gender	M	F	Home Language		
Mobile No. (Cell)				Smart Phone	Yes No
Landline No.	Home			Office	
E-Mail Address					
Website					
Home Language					

Association / Affiliation Details	
Name of Association / Affiliation	
Association / Affiliate Reference No.	
Rank Address	
Do you have a Valid Operating Licence?	
Please specify number of years as a Public Transport Operator	

Route Details			
Permitted Routes	From:		To:
Daily average % of round trip km's	0 – 50km	%	50km – 300km %
	300+km	%	Outside RSA %
In which town or area is the vehicle mainly used?			

Vehicle Details (please attach a schedule if more than one)			
Vehicle Make/Model/Year			
Registration Number			
VIN Number			
Engine Number			
Number of Seats			
Value of Extras	Towbar	Non- Factory Fitted Radio (proof of purchase required) (Limited to R 10 000)	Other
	Bullbar		
Retail Value of Vehicle			
Total Sum Insured			
Finance House & Interest Details			
Capital Outstanding			
Does your vehicle have a tracker?	Yes	No	
Does your vehicle have a dashcam?	Yes	No	
Is the Tracker Certificate attached? Note Vehicles over R 80 000 require a tracking device, should a tracking device not be fitted & operational at date of loss, then Theft and Hijacking will not be covered. Note: Proof required within 14 days			

Driver Details	Yes	No	Additional Comments	
Do drivers alternate between vehicles or are drivers solely allocated to one vehicle exclusively?				
Does your regular driver have a Valid Professional Drivers Permit (PrDP)?				
What steps are taken to ensure that driver's licenses are valid and free from endorsements. How often are enquiries made?				
Previous Insurance Details				
State name, branch, policy number and expiry date of existing insurance policy				
Please state any claims within the last three years – <i>provide a schedule</i>				
Please provide by way of separate schedules details of all claims lodged/accidents that have occurred but not claimed for (<i>information required: date of loss, description, registration number and gross amount /loss under any section</i>)				
	Yes	No	Additional Comments	
Have you ever had any application for insurance rejected or cancelled?				
Have you had any special conditions imposed on your previous insurance policy, claims rejected?				
Have you had any insurance policies cancelled by an Insurer?				
State reasons for not having previous Insurance?				
Has your vehicle been converted or rebuilt?				

Basic Cover Required	Yes	No
Comprehensive Cover <i>(Incl. Windscreen/Passenger Liability/Third Party, Fire & Theft)</i>		
Third Party, Fire and Theft Only		
Third Party Only		
Passenger Liability Only		
Basic Excess Structures <i>(see attached schedule of Cover Limits and Excesses)</i>		

Optional Products Required	Yes	No
Credit Protection		
Baggage/Luggage		
Cash Takings		
Income Protector (choose one)		
- Option 1 – R 500pd/Max 14 days/Max R 7 000		
- Option 2 – R 700pd/Max 14 days/Max R 9 000		
Deposit Protector		
Asset value Preserver		
Accidental Death Driver & Passengers		
Accepted Total Premium & Fees – as per attached quote (including SASRIA)		

Select Payment Frequency	Yes	No
Annual Policy?		
Monthly Policy?		

Declaration and Consents

I hereby declare that the above information is true and correct, and understand any misrepresentation will mean my cover is invalid and could jeopardise any claim I may make.

I agree that if any of the above information changes, I will notify my broker within 14 days.

Furthermore, the complete product features and benefits as contained in the Master Terms & Conditions document and Schedule of Cover Limits and Excesses have been explained to me in detail. These include consents required for credit checks and sharing of information to maintain sound insurance practices.

Proposer Signature: _____ Date: ___/___/20___

Broker Signature: _____ Date: ___/___/20___

Marketing Consent

We thank you for selecting Bryte/Mobility as your preferred Risk Management Partner. Given the commercial nature of your business, we'd love to send you specific partner specials and exclusive offers by e-mail, post, sms, phone or electronic means.

Please let us know if you would like us to contact you or not by selecting one of the options below:

- yes please, we'd like to hear about other offers or services from time to time

- No thanks, we don't want to hear about other offers and services

In giving your consent as stated above, Bryte and Mobility undertakes to insure that your personal information is protected as required by the terms of the Protection of Personal Information Act 4 of 2013 and as such your personal information will not be shared with third parties for any purpose or in any format whatsoever apart from the sharing of information as specifically stated in the Master Policy Terms & Conditions document.

Proposer Signature: _____ Date: ___/___/20___

Name: _____



Monthly Debit Order Authority and Mandate

Name of Account Holder								
Name of Bank								
Branch Name								
Branch Code								
Account Number								
Account Type (Please Tick)	Current (cheque)				Savings		Transmission	
Debit Date (Please Tick)	1 st		5 th		15 st		20 th	

I/we, the undersigned, request and authorize;

- a) Bryte Insurance Company Limited (Bryte), to issue and deliver payment instructions to their Banker for collection against my/our abovementioned account at my/our abovementioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the contracts of insurance with Bryte commencing as per the Commencement date noted above and continuing until this authority and mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days.
- b) If the payment day falls on a Sunday, or recognized South African public holiday, then the payment day will automatically be the very next ordinary business day.
- c) If there are insufficient funds in my account to meet the obligation, you are entitled to track my account and pre-present the instruction for payment as soon as sufficient funds are available in my account.
- d) I/we understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement appropriately referenced to enable me to identify this transaction or set of transactions.
- e) My bank (whichever it is or will be) to debit my bank account with such debits drawn against it in favour of Bryte, and to treat each debit as if it had been signed by me personally. I undertake against the said bank that I shall regard receipt by Bryte of this request as receipt by such bank.
- f) I understand that either I may at any time cancel these arrangements in writing in respect of any or all of the policies, but that such cancellation will have no effect on any withdrawals already made by Bryte and my bank in accordance with this regard.

g) I understand and agree that:

a. Mobility Insurance Underwriting Managers (Pty) Ltd acts under authority from Bryte Insurance Company Limited.

b. For payment of monthly policies collected by debit order, the following rules apply:

i. First or pro rata premiums must be paid in full in order to activate such policy;

For subsequent premiums due:

ii. if the chosen Debit Day is not a business day, then the debit will take place on the next business day of that month.

iii. If the Debit Order is returned unpaid by Your bank, for whatever reason, You will be allowed a grace period of 15 days to settle outstanding premiums in full by either cash or Debit Order. This is only applicable for selected collection dates being the 01st of each month. If this collection attempt also returns unpaid by Your bank, then there will be no cover. The grace period will not apply to collection dates selected, other than the 01st of each month.

iv. The policy will be automatically cancelled should no payment be made as arranged with the Insurer.

c. I undertake that should my bank for any reason reclaim from Bryte any amounts validly paid to it in terms of this request and decide to pay such amounts over to me, I shall refund such amounts to Bryte.

d. I/we acknowledge that this Authority may be ceded or assigned to a third party if the contract of insurance is also ceded or assigned to that third party, but in the absence of such assignment of the contract of insurance this Authority and Mandate cannot be assigned to any third party.

Signed at: _____ Date: __/__/20__

Signature: _____ Capacity: _____