

PROPOSAL FORM



CIB (PTY) LTD UNDERWRITTEN BY GUARDRISK INSURANCE COMPANY LIMITED

SPECIAL NOTICE

This insurance policy is based on the statements below, made by the proposer or by his/her broker. Any misrepresentations or non-disclosure may repudiate any liability of a claim made against the Insurer. If you are in doubt of any question, please supply further information under the remarks section, otherwise it will be taken that you fully understand all the details on this proposal and have completed and understand all questions asked. The proposer must initial the bottom of all pages on this proposal. This contract will not be valid if any of the pages are not initialled by the Insured. Any incomplete proposals will not be accepted by CIB.

Broker:

Personal Details

Title:	Full names:
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Surname:

ID No.:	Marital Status:
Tel No. (W):	Occupation:
(H):	Fax No.:
(C):	E-mail:

Preferred communication method:

Postal Address.:	Risk Address (where goods are kept at night):
Code:	Code:

Are you a South African citizen? Yes No

If no, which country are you a citizen of?

COMMENCEMENT DATE OF POLICY:

General

Have you as the Insured; or your spouse, or any person that may be living with you, or any other person that may at any time drive any of the vehicles stated in this policy in any capacity:

- | | | | |
|----|--|------------------------------|-----------------------------|
| a) | Been declared insolvent? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) | Had any judgements, sequestration or financial administration orders made against You / any person mentioned on this policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) | Are there any pending judgements, sequestration or financial administration orders made against You / any person mentioned on this policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) | Have a criminal record? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

General (Continued)

- e) Are there any pending criminal investigations against You / any person mentioned on this policy? Yes No
- f) Have a physical defect i.e. vision, hearing, epilepsy etc? Yes No
- g) **Has any insurance company ever cancelled or applied any special conditions to a policy of yours or your spouse / any person mentioned on this policy?** Yes No

If 'Yes', to any of the above, please provide further details:

Excess

Is an Excess waiver across the whole policy required (no under 30's)? Yes No

Domestic Buildings Section

Sum insured R

Type of Residence House Townhouse Cluster Flat - Ground Floor
Flat - Above Ground Estate Other

If OTHER, please specify:

Construction Roof - (e.g. Tile): Walls - (e.g. Brick):

If THATCH (including thatch lapa), please note that the thatch application has to accompany this proposal.

Physical Address:

Code:

Do you currently have insurance on your buildings? Yes No

Current / previous insurer and policy no.:

Bondholder:

Do you require extended subsidence and landslip cover? Yes No
(If YES, a separate questionnaire is to be completed)

Do you require power surge cover? Yes No

If Yes please indicate: R10 000 R20 000 R30 000 R40 000 R50 000

Is the residence occupied during working hours? Yes No

If Yes, please provide further details:

Is the residence occupied by anyone other than the insured or insured's family? Yes No

If Yes, please provide further details:

Will it be unoccupied for 4 consecutive days within the next 60 days? Yes No

If Yes, please provide further details:

Domestic Buildings Section (Continued)

Will the residence be unoccupied for more than 60 days a year? Yes No

If Yes, please provide further details:

Is the residence in an established built-up area? Yes No

Are there any new building developments nearby? Yes No

Is the residence on a small holding, farm, or plot? Yes No

If Yes, please provide further details:

Is the residence next to a vacant piece of land? Yes No

Is the residence currently vacant? Yes No

If YES, please provide further details:

Is the residence being lent, let or sublet? Yes No

If YES, please provide further details:

Please provide any details of any claims or losses suffered by you during the past five years, whether insured or not

DATE	DESCRIPTION	AMOUNT	SETTLED

Household Contents Section

Sum insured R

Risk Address:

Code:

Type of Residence
 House Townhouse Cluster Flat - Ground Floor
 Flat - Above Ground Estate Holiday Home Other

If OTHER, please specify:

If the residence is a holiday home, how long will it be unoccupied for?

Please provide further details as to when the holiday home will be occupied and by whom.

Are there security and caretaking\housekeeping measures in place at the holiday home? Yes No

If YES, please provide further details.

Construction Roof - (e.g. Tile): Walls - (e.g. Brick):

If THATCH (including thatch lapa), please note that the thatch application has to accompany this proposal

Household Contents Section (Continued)

Do you require extended subsidence and landslip cover? (If YES, a separate questionnaire is to be completed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all opening windows protected by burglar bars?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all external doors protected by security gates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any sliding doors at the residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the sliding doors protected by security gates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the sliding doors fitted with an additional locking mechanism?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide details of the additional locking mechanism fitted to sliding door/s:		
<hr/>		
Is there a burglar alarm system installed at your residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, is the alarm linked to an armed response company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the alarm in working order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the alarm activated when the residence is unoccupied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all opening windows and external doors protected by the alarm / sensor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name the armed response company:		
<hr/>		
Is the residence situated in an estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the estate have 24 hour access control?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the estate enclosed with electric fencing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there 24 hour guards stationed at the estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any factors not mentioned above that may adversely affect the security risk of your residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide further details:		
<hr/>		
<hr/>		
Are there any additional security features not mentioned above, that may improve the security of your residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide further details:		
<hr/>		
<hr/>		
Is the residence occupied during working hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide further details:		
<hr/>		
Is the residence occupied by anyone other than the insured or insured's family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide further details:		
<hr/>		
Will it be unoccupied for 4 consecutive days within the next 60 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide further details:		
<hr/>		

Household Contents Section (Continued)

Will the residence be unoccupied for more than 60 days a year? Yes No

If Yes, please provide further details:

Do you conduct any business from the residence? Yes No

If Yes, what type of business:

Do clients have access to the residence? Yes No

Do you store any stock for the business? Yes No

If Yes, please provide further details:

Is any money kept on the premises with regard to the business? Yes No

If YES, please specify the amount:

Is the residence in an established built-up area? Yes No

Are there any new building developments nearby? Yes No

Is the residence on a small holding, farm, or plot? Yes No

If Yes, please provide further details:

Is the residence near a park, a sports field or golf course? Yes No

If YES, please provide further details (km distance):

Is the residence next to a vacant piece of land? Yes No

Is the residence being lent, let or sublet? Yes No

If YES, please provide further details:

Do you currently have insurance for your contents? Yes No

Current/previous insurer and policy no.:

Have there been any burglaries at this risk address? Yes No

Please provide any details of any claims or losses suffered by you during the past five years

DATE	DESCRIPTION	AMOUNT	SETTLED

Personal Liability Section

Limit of Liability is R3 000 000 (three million rand) which is automatically added to your policy

Do you require Supplementary Liability at an additional premium? Yes No

R10 000 000 (ten million rand) or R20 000 000 (twenty million rand)

All Risk Section

Please itemise any items that should be specified under the all risk section.

DESCRIPTION	MAKE	MODEL	SERIAL NO.	VALUE

Special instructions:

Please provide any details of any claims or losses suffered by you during the past five years

DATE	DESCRIPTION	AMOUNT	SETTLED

Vehicle Insurance Section (Cars, Trailers, Caravans, Boats)

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Year:			
Make:			
Model:			
Engine No.:			
VIN No.:			
Registration No.:			
Vehicle Code:			
Registered Owner:			

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Vehicle Insurance Section (Cars, Trailers, Caravans, Boats) (Continued)

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Registered Owner's ID & relationship to Insured:			
Regular Driver:			
Regular Driver's ID & relationship to Insured:			
Occupation of Driver:			
Marital Status of Driver:			
Year drivers license obtained:			
License code:			
Have you attended any defensive driving course?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Will anyone else drive the vehicle? <small>(If YES, complete the following questions)</small>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Driver:			
Driver's ID & relationship to Insured:			
Occupation of Driver:			
Marital Status of Driver:			
Year drivers license obtained:			
License code:			
Have you attended any defensive driving course?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Use	Strictly Private <input type="checkbox"/>	Strictly Private <input type="checkbox"/>	Strictly Private <input type="checkbox"/>
	Social (Inc to work & back) <input type="checkbox"/>	Social (Inc to work & back) <input type="checkbox"/>	Social (Inc to work & back) <input type="checkbox"/>
	Business <input type="checkbox"/>	Business <input type="checkbox"/>	Business <input type="checkbox"/>
	Professional Business <input type="checkbox"/>	Professional Business <input type="checkbox"/>	Professional Business <input type="checkbox"/>
Average kilometers travelled per month:			
Type of Cover	Comprehensive <input type="checkbox"/>	Comprehensive <input type="checkbox"/>	Comprehensive <input type="checkbox"/>
	Third party, fire & theft <input type="checkbox"/>	Third party, fire & theft <input type="checkbox"/>	Third party, fire & theft <input type="checkbox"/>
	Third party only <input type="checkbox"/>	Third party only <input type="checkbox"/>	Third party only <input type="checkbox"/>
Security fitted in vehicle:	Anti-Hijack <input type="checkbox"/>	Anti-Hijack <input type="checkbox"/>	Anti-Hijack <input type="checkbox"/>
	Tracking <input type="checkbox"/>	Tracking <input type="checkbox"/>	Tracking <input type="checkbox"/>
	Immobiliser <input type="checkbox"/>	Immobiliser <input type="checkbox"/>	Immobiliser <input type="checkbox"/>
	Alarm <input type="checkbox"/>	Alarm <input type="checkbox"/>	Alarm <input type="checkbox"/>
	Transponder key <input type="checkbox"/>	Transponder key <input type="checkbox"/>	Transponder key <input type="checkbox"/>

Vehicle Insurance Section (Cars, Trailers, Caravans, Boats) (Continued)

	VEHICLE 1				VEHICLE 2				VEHICLE 3			
Any extras fitted & value:												
Do you require these extras to be insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Car radio cover required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please provide further details:	Make:				Make:				Make:			
	Model:				Model:				Model:			
	Insured Value:				Insured Value:				Insured Value:			
Is the vehicle modified or converted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please specify:												
Address where the vehicle is kept at night:												
Is the vehicle in a locked garage or behind locked gates at night?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Address where the vehicle is kept during the day:												
What security is in place at the risk address during the day?												
Credit Shortfall (purchase invoice required):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Amount:				Amount:				Amount:			
Do you require car hire?	YES			NO			YES			NO		
If MANUAL	30 days	45 days	60 days	30 days	45 days	60 days	30 days	45 days	60 days	30 days	45 days	60 days
If AUTOMATIC	30 days	45 days	60 days	30 days	45 days	60 days	30 days	45 days	60 days	30 days	45 days	60 days
If EXECUTIVE	30 days	45 days	60 days	30 days	45 days	60 days	30 days	45 days	60 days	30 days	45 days	60 days
Excess Structure	Standard			<input type="checkbox"/>	Standard			<input type="checkbox"/>	Standard			<input type="checkbox"/>
	EXCESS BUSTER (No excess buster applies to under 30's)			<input type="checkbox"/>	EXCESS BUSTER (No excess buster applies to under 30's)			<input type="checkbox"/>	EXCESS BUSTER (No excess buster applies to under 30's)			<input type="checkbox"/>
	FLAT EXCESS (No flat excess applies to under 30's)			<input type="checkbox"/>	FLAT EXCESS (No flat excess applies to under 30's)			<input type="checkbox"/>	FLAT EXCESS (No flat excess applies to under 30's)			<input type="checkbox"/>
Has the vehicle been purchased through:	DEALERSHIP			<input type="checkbox"/>	DEALERSHIP			<input type="checkbox"/>	DEALERSHIP			<input type="checkbox"/>
	PRIVATELY			<input type="checkbox"/>	PRIVATELY			<input type="checkbox"/>	PRIVATELY			<input type="checkbox"/>
	FINANCE HOUSE			<input type="checkbox"/>	FINANCE HOUSE			<input type="checkbox"/>	FINANCE HOUSE			<input type="checkbox"/>
Interest of Financial Institution (purchase invoice required):												

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Vehicle Insurance Section (Cars, Trailers, Caravans, Boats) (Continued)

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Are you insured on any other vehicle insurance at the moment?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please advise the cancellation date of the above policy: <i>day/month/year</i>			
Have you had continuous insurance in the last five years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, please provide further details:			
Current/Previous Insurer:			
Policy No.:			
Reason for cancellation:			
Have you or any other driver of the vehicle/s ever had their drivers license endorsed or cancelled.			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide further details:			

Please provide details of any claims or losses suffered by you during the past five years, whether insured on any policy or not.

DATE	DESCRIPTION	AMOUNT	SETTLED

Special instructions:

Personal Accident Section

Do you require the insurance? Yes No

The age limits for acceptance under this section are 18 to 75 years

	PERSONS TO BE INSURED		
	1	2	3
Name & Surname:			
Occupation:			
ID Number:			
Relationship to insured:			
Death (Compulsory Benefit)	R	R	R
Permanent Disablement (Maximum not to exceed Death Benefit)	R	R	R
Temporary Total Disablement (Maximum 52 weeks) (Maximum R10 000/week)	R	R	R
Emergency Benefit (Maximum R10 000)	R	R	R

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Personal Accident Section (Continued)

In respect of persons to be insured (PLEASE ANSWER ALL QUESTIONS FULLY)

Please give full details of all injuries which any of the persons to be insured have incurred (giving dates and duration)

DATE	DESCRIPTION

Is there any other additional Personal Accident cover in force? Yes No

If Yes, please provide further details:

Please provide any details of any claims or losses suffered by you during the past five years:

DATE	DESCRIPTION	AMOUNT	SETTLED

Do any of the persons to be insured suffer from defective vision or hearing or from any physical or mental condition? Yes No

If Yes, please provide further details:

Has the insured persons undergone any operation of any sort in the past? Yes No

If Yes, please provide further details:

Current status of health:

The Beneficiary - In respect of any claim consequent upon your death, we will pay the benefit to the beneficiary nominated by you and named in the schedule.

NAME: ID NO.:

Special Risk

Do you require Emergency Home Assist cover? Yes No

Do you require Motor Assistance cover? Yes No

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Declaration

I hereby voluntary, without undue influence from any party and not under any duress, give my consent and authorise CIB(PTY) LTD [CIB] to collect and process my personal information for purposes as specified below and compliance with the Protection of Personal Information Act, 4 of 2013.

I specifically authorise CIB and any authorised agents to conduct a background check including a credit bureau search, drivers' licence, employment history, and any other relevant checks in the underwriting or claims process and where necessary to request the Credit Bureau to furnish my credit record such as usually furnished by the Credit Bureau to CIB or its duly authorised agent.

I/we hereby declare that the information provided is correct and accurate.

I understand that this insurance will not start until this proposal has been accepted by the Insurers. If you are unable to sign this declaration, please give your reasons here:

Signature:	Date: <i>day/month/year</i>
Signature:	Date: <i>day/month/year</i>

We remind you not to initial any blank or partially completed forms. The signing of blank or partially completed forms by a policyholder whereby someone else fills in the details at a later stage, is an offence in terms of the policyholder protection legislation.

SASRIA cover is automatically included where applicable. Remember, no liability will attach to the Insured until this proposal has been accepted by CIB.

CIB (Pty) Ltd respects the privacy of our policy holders. Our Privacy Policy explains how we collect, use, disclose, and safeguard your information when you visit our website – www.cib.co.za

DEBIT ORDER INSTRUCTION IN RESPECT OF SHORT TERM INSURANCE



Insured

Insured:

Policy number:

Monthly Debit Order Information

Account holder (Debtor):

Physical address of the Insured:

Banking institution:

Branch / Town:

Code:

Type of account:

Branch Number:

Account number:

Account Name:

Bank account reference: CIB\("policy number")

Collection date: 1st of every month 7th of every month 15th of every month

Returns in respect of unmet debit order (Insufficient Funds)

When a Debit Order is returned "Unpaid" due to insufficient funds, it will be recollected by way of an ad hoc collection within 15 (fifteen) days from such date.

Amendments to Policies (New and Existing)

Any premium, in relation to new policies or amendments to existing policies, in excess of R100.00 (One Hundred Rand) will be collected by way of an ad-hoc collection within 7 (seven) days from the date of inception or amendment.

Authorisation

I/we hereby request and authorise CIB PROPRIETARY LIMITED, with address at 15E Riley Road, Riley Road Office Park, Bedfordview, on behalf of the Insurer to draw against my/our account, with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the payment of the monthly debit due to you in respect of the above mentioned insurance policy. The amount to be collected may vary each month due to a) annual increase b) costs incurred where debit orders are returned unpaid c) changes that you make to the Agreement, or other additional amounts due on an ad hoc basis, allowed and specified in the Agreement.

All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/we the undersigned "instruct" and authorise you to draw against my/our account with the above mentioned bank, and I/we understand that the details of the withdrawals authorised here will be printed on my/our bank statement and shall include the policy number.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/we agree to pay any bank charges relating to this debit order instruction.

I/we agree that this authority may be cancelled by means of giving you thirty days' notice in writing, sent in a manner required by legislation, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment: I/We acknowledge that I/We may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Authorisation (Continued)

I hereby voluntary, without undue influence from any party and not under any duress, give my consent and authorise CIB(PTY) LTD [CIB] to collect and process my personal information for purposes as specified below and compliance with the Protection of Personal Information Act, 4 of 2013.

I specifically authorise CIB and any authorised agents to conduct a background check including a credit bureau search, drivers' licence, employment history, and any other relevant checks in the underwriting or claims process and where necessary to request the Credit Bureau to furnish my credit record such as usually furnished by the Credit Bureau to CIB or its duly authorised agent.

I/we hereby declare that the information provided is correct and accurate.

Signed by:	in my/our capacity as:		
at:	on this day the:	of:	20

DULY AUTHORISED SIGNATORIES

Signature:

Name:
