



LYNX INSURANCE APPLICATION

This proposal forms the basis of the insurance contract between the Insured and the Insurer once completed by the Insured and accepted by the Insurer. Making a false statement or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception; a material fact is any fact which influences the acceptance of the risk or conditions and premiums on which it is accepted. This proposal must therefore be fully/accurately completed and signed by the proposer.

PROPOSER DETAILS

Date of Application				Intermediary Name	
Name of Business					
Trading Name					
Name of Owner				ID No. of Owner	
Registration No.				Vat Number	
Legal Entity	<input type="checkbox"/> CC	<input type="checkbox"/> PTY	<input type="checkbox"/> Sole Proprietor		
Physical Address				Postal Address	
Postal Code				Postal Code	
Contact Details	Name				
	Tel No.			Cell	
	Fax No.			Email	
How long have you been in Business?					
Have you or your Company ever traded under another name?					
If yes, give details					

INSURANCE COVER REQUESTED

MOTOR Comprehensive	<input type="checkbox"/>	Third Party, Fire & Theft	<input type="checkbox"/>	Third Party Only	<input type="checkbox"/>
Theft & HiJack Excess Buy-Down	<input type="checkbox"/>	Basic Excess Buy-Down	<input type="checkbox"/>	Windscreen	<input type="checkbox"/>
	<input type="checkbox"/>	Third Party Basic Excess Buy-Down	<input type="checkbox"/>		<input type="checkbox"/>
GIT All Risk	<input type="checkbox"/>	Fire/Collision/Overturning/Theft/Hijacking	<input type="checkbox"/>	Fire / Collision / Overturning	<input type="checkbox"/>
GIT T&H Excess Buy-Down	<input type="checkbox"/>	GIT Excess Buy-Down	<input type="checkbox"/>		<input type="checkbox"/>

Has any insurer ever					
A	Declined any proposal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
B	Refused to renew your policy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
C	Cancelled any policy/proposal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
D	Imposed special terms/proposal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If so give details					
Are you insured or ever been insured against any of the risks now proposed			<input type="checkbox"/>	Yes	<input type="checkbox"/>
If yes, give name of company and policy no.					

OPERATIONAL DETAILS

Indicate geographical areas cover required							
South Africa		Botswana		Namibia		Swaziland	
Zimbabwe		Mozambique		Zambia		Lesotho	
Other (Specify)							
List Main Areas of operation:							
Radius of Operations							
Shorthauls up to 300km		Longhauls in RSA more than 300km		Longhauls outside RSA			
Are the vehicle(s) fitted with a tachograph or other management device						Yes	No
If Yes Give Details							
Do all vehicles have anti-theft or anti hi-jacking devices fitted						Yes	No
Where are the vehicles parked overnight							
A	In the course of a journey						
B	What security measures are in place at the proposer's premises						

DRIVER DETAILS

Will the vehicle be driven by: (Please tick appropriate block)			
A	Owner only	B	Specific driver (& CO-Driver)
C	General Drivers in the employ of the insured	D	Casual or Part-time Drivers

DRIVER SELECTION

Are driver's previous employment records checked	Yes	No
Drivers accident records checked	Yes	No
Own Goods Own Vehicles	Yes	No

SPECIFY THE GOODS CARRIED

Alcohol	Cigarettes	Electronic Goods	Sand & Stone
Copper	Livestock & Game	Pre-Paid Phone Cards	Refrigerated Foodstuffs
Household Removals	Tyres	General Goods	Clothing & Footwear
Tinned Fish	Coal	Cobalt	Household Electrical Appliances
Dangerous Goods & UN Numbers (Please Specify)			
Other			

GOODS IN TRANSIT SECTION

What is the maximum load limit required	R	
Average value per load	R	
The following is automatically included:		
6m and 12m standard general purpose shipping containers (limit R15 000 and R30 000 each respectively)	Additional cover	
Tarpaulins, nets, ropes and chains (limited R20 000)	Limit	R
Overloading (5% over the legal permissible weight)	Limit	R
Salvage and Recovery Costs (R30 000)	Limit	R
Debris Removal (R30 000)	Limit	R
Refrigerated shipping containers (optional extention)	Limit	R

If you are the owner of the goods, what is the estimated annual carry for the year?	R		
Do you require cover for the loads given to sub-contractors/outside carriers			
a) What is the estimated annual haulage for the loads for the next 12 months	Yes		No
What was the actual haulage fees for these loads for the previous 12 months	Yes		No
b) How many loads are given to sub-contractors to sub-contract on a monthly basis?	Yes		No

SUB CONTRACTOR SECTION

Do you require cover for loads given to subcontractors / outside carriers	Yes		No	
Please list the subcontractors that you use Below				
SUB CONTRACTOR NAME	VEHICLE REGISTRATION NUMBERS	LOAD LIMIT		

VEHICLE DETAILS

MAKE	Model	Year	VIN No	Reg.No	Cover	Value

Are any vehicles registered in any names other than the proposer?	Yes	No
If yes, give details: Please advise names of registered owner and the nature of the relationship with the proposer.		

Advise fleet size progression for last three years:				
Year		No of HCV's		Value in Rands
Year		No of HCV's		Value in Rands
Year		No of HCV's		Value in Rands

ALL RISKS COVER

State the items on which All Risk cover is required.

Item Description	Sum Insured (R)
1	
2	
3	
4	
5	

LOSS HISTORY

Please advise details of ALL LOSSES during the last 3 years, for the entities under the following headings:			
Date of Loss	Claim Type	Description	Gross Amount

DECLARATION OF SIGNATURE

I/We declare that all statement made herein are true and correct and that there are no other material facts regarding the risk that should be disclosed. I further agree that if any statement of particulars have been herein been supplied by any other person other than myself, that that person shall be deemed to have been acting as my agent for the purpose of the Application.

Signed at:		Designation:	
Signature of Fleet Owner:		Date:	
Signed at:		Designation:	
Signature of Intermediary:		Date:	