

SPECIAL NOTICE

This insurance policy is based on the statements below, made by the proposer. 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 Smit and Kie Brokers (Pty) Ltd.

Broker:

Insurer:

1. PERSONAL DETAILS

Title:	Full names:	
Surname:		
ID No.:	Marital Status:	
Tel No. (W):	Fax No.:	
(H):	Email:	
(C):		
Postal Address: _____ _____ _____ _____ Code _____	Risk Address: (where goods are kept at night) _____ _____ _____ Code _____	
Are you a South African citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, of which country are you a citizen?		
Occupation:		
COMMENCEMENT DATE OF POLICY:		

2. PREMIUM PAYMENT

Please indicate the method of premium payment: Annual Premium EFT Monthly Debit Order

3. DEBIT ORDER INSTRUCTION IN RESPECT OF SHORT TERM INSURANCE: MONTHLY DEBIT ORDER PAYMENT

Insured:

Policy No.:

4. MONTHLY DEBIT ORDER INFORMATION

Account Holder (Debtor):

Physical Address of the Account Holder _____

Code: _____

Banking Institution:

Branch/Town:

Type of Account:

Branch Number:

Account Number:

Account Name:

Monthly Collection Date: 1st 3rd 7th 15th

5. DEBIT ORDER AUTHORITY

- I hereby Authorise Smit and Kie Brokers (Pty) Ltd and/or it's Authorised Agents and/or Cessionary to draw against my account detailed above (or any other bank to which I may transfer my account), the Amount necessary for payment of the amount payable by myself in Terms of the Agreement. I acknowledge that a third party may facilitate the payment process and debit my account on behalf of Smit and Kie Brokers (Pty) Ltd. I confirm that the amount debited from my account may be paid to an Insurer/s (by the Beneficiary) for Insurance Cover.
- I acknowledge that all payment instructions issued by Smit and Kie Brokers (Pty) Ltd and/or its Authorised Agents and/or Cessionary shall be treated by my abovementioned Bank as if the instruction has been issued by me.
- I agree that the first payment instruction issued and delivered on or around the Payment Date and regularly thereafter, until the Termination Date, according to the Agreement. Each Individual Payment Instruction may not differ other than as agreed to in Terms of the Agreement. In the event that the payment day falls on a weekend, or recognised South African Public Holiday, the payment will automatically be the very next ordinary Business Day.
- I consent to use the Tracking Facility as provided for in the Electronic Debit order system, where this issued, at no additional cost to myself.
- I consent to the Tracking of Credit in my account, and I consent to the debiting of my account on any day within 10(ten) days of the Payment Date selected in this Mandate.
- I acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, and I am notified accordingly.

Bank Account Reference - The Bank Reference will reflect on your monthly Bank statement to enable you to identify the Debit Order and will be added to this form before the issuing of any Payment Instruction. This Reference may only be changed upon 30 days written notice.

This authority remains in force until cancelled in writing.

AUTHORISED SIGNATURE – (for corporate clients, two signatories required)

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Had any judgements, sequestration or financial administration orders made against you/any person mentioned on this policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Are there any pending judgements, sequestration or financial administration orders made against you/any person mentioned in this policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Have a criminal record | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Are there any pending criminal investigations against you/any person mentioned on this policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Have a physical defect i.e. vision, hearing, epilepsy etc? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If YES, to any of the above, please provide further details _____

6. DOMESTIC BUILDINGS SECTION

Cover required? Yes No

Sum insured R:

Type of Residence:

<input type="checkbox"/> House	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Cluster
<input type="checkbox"/> Flat - Ground Floor	<input type="checkbox"/> Flat - Above Ground	<input type="checkbox"/> Estate
<input type="checkbox"/> Holiday Home	<input type="checkbox"/> 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

Postal Address: _____ Code _____

Do you currently have insurance on your buildings? Yes No

Current/previous insurer and policy no.:

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

Is the building mortgaged? Yes No

If yes, by whom?

Do you require Power Surge cover? Yes No

Sum insured: R

Do you require Accidental Damage cover? Yes No

Sum insured: R

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 the residence be unoccupied for more than 4 consecutive days in the first 60 days of cover? Yes No

If YES, please provide further details:

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

If NO, please provide further details:

Are there any new building developments nearby? Yes No

If YES, please provide further details:

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

If YES, please provide further details:

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

7. HOUSEHOLD CONTENTS SECTION

Cover required? Yes No

Sum insured: R		
Risk Address: _____ Code _____		
Type of Residence:	<input type="checkbox"/> House	<input type="checkbox"/> Townhouse
	<input type="checkbox"/> Flat - Ground Floor	<input type="checkbox"/> Flat - Above Ground
	<input type="checkbox"/> Holiday Home	<input type="checkbox"/> Other
	<input type="checkbox"/> Cluster	<input type="checkbox"/> Estate
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		
Do you require extended subsidence and landslip cover? (If YES, separate questionnaire to be completed)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require Power Surge cover?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sum insured: R		
Do you require Accidental Damage cover?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sum insured: R		
Are all opening windows protected by burglar bars?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all external doors protected by security gates?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any sliding doors at the residence not protected by security gates?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the sliding doors fitted with an additional locking mechanism?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details of any additional locking mechanisms fitted to sliding door/s not protected by security gates _____		
Is there a burglar alarm system installed at your residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, is the alarm linked to an armed response company?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the alarm in working order?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the alarm activated when the residence is unoccupied?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all external doors protected by the alarm / sensor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name the armed response company: _____		
Are there any factors not mentioned above that may adversely affect the security risk of your residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide further details _____		
Are there any additional security features not mentioned above, that may improve the security of your residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES, please provide further details _____

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 the residence be unoccupied for more than 4 consecutive days in the first 60 days of cover?

Yes No

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? (Excludes any manufacturing of Goods except dress making)

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 amount: R _____

Is the residence in an established built-up area?

Yes No

If NO, please provide further details:

Are there any new building developments nearby?

Yes No

If YES, please provide further details:

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

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, whether insured or not

DATE	DESCRIPTION	AMOUNT	SETTLED

8. PERSONAL BELONGINGS OF PARENTS/GRANDPARENTS IN NURSING HOMES

Cover required? Yes No

Sum insured: R

Risk Address: _____
 _____ Code _____

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

Are all opening windows protected by burglar bars? Yes No

Are all external doors protected by security gates? Yes No

Are there any sliding doors at the residence not protected by security gates? Yes No

Are the sliding doors fitted with an additional locking mechanism Yes No

If YES, please provide details of any additional locking mechanisms fitted to sliding door/s not protected by security gates _____

Is there a burglar alarm system installed at the residence? Yes No

If YES, is the alarm linked to an armed response company? Yes No

Is the alarm in working order? Yes No

Is the alarm activated when the residence is unoccupied? Yes No

Are all external doors protected by the alarm / sensor? Yes No

Name the armed response company:

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, whether insured or not

DATE	DESCRIPTION	AMOUNT	SETTLED

9. CONTENTS AT BOARDING SCHOOL, COLLEGE, UNIVERSITY, A NURSING HOME, HOSPITAL OR RESIDENTIAL CARE HOME – SUBJECT TO VIOLENT AND FORCEFUL ENTRY AND EXIT

Cover required? Yes No

Will you require cover in excess of R20 000 at any one location?

Yes No

If YES, please complete the questions below

Sum insured: R

Risk Address: _____ Code _____

Type of Residence:
 House Townhouse Cluster
 Flat - Ground Floor Flat - Above Ground 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

Are all opening windows protected by burglar bars? Yes No

Are all external doors protected by security gates? Yes No

Are there any sliding doors at the residence not protected by security gates? Yes No

Are the sliding doors fitted with an additional locking mechanism Yes No

If YES, please provide details of any additional locking mechanisms fitted to sliding door/s not protected by security gates _____

Is there a burglar alarm system installed at the residence? Yes No

If YES, is the alarm linked to an armed response company? Yes No

Is the alarm in working order? Yes No

Is the alarm activated when the residence is unoccupied?	Yes	No	
Are all external doors protected by the alarm / sensor?	Yes	No	
Name the armed response company:			
Current/previous insurer and policy no.:			
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

10. PERSONAL LIABILITY SECTION

Cover required? Yes No

Limit of Liability is R5 000 000 (five million rand) which is automatically added to your policy		
Do you require Supplementary Liability at an additional premium?	Yes	No
R5 000 000 (five million rand)	Yes	No
R10 000 000 (ten million rand)	Yes	No
R20 000 000 (twenty million rand)	Yes	No

11. ALL RISKS SECTION

Cover required? Yes No

Unspecified All Risks (Excluding bicycles, cellular telephones, documents, money, contact lenses, portable electronic equipment or baby seats)

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

DESCRIPTION	MAKE	MODEL	SERIAL NO.	VALUE

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

12. VEHICLE INSURANCE SECTION (CARS, TRAILERS, CARAVANS, GOLF CARTS) Cover required? Yes No

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Year			
Make			
Model			
Engine No.			
VIN No.			
Registration No.			
Registered Owner			
Registered Owner's ID & relationship to Insured			

Have you attended any defensive driving course? Yes No

If YES, attach a copy of your certification

Will anyone else be a regular driver of the vehicle? Yes No

If YES, attach a copy of their certification

(If YES, complete the following questions)

	VEHICLE 1		VEHICLE 2		VEHICLE 3	
Name of Driver						
Alternate Driver's ID & relationship to Insured						
Occupation of Driver						
Marital Status of Driver						
Year drivers license obtained						
Has the alternate main driver attended any defensive driving course?					Yes	No
If YES, attach a copy of their certification						
Type of Use	Strictly Private		Strictly Private		Strictly Private	
	Social (Inc to work & back)		Social (Inc to work & back)		Social (Inc to work & back)	
	Business		Business		Business	
	Professional Business		Professional Business		Professional Business	
Current odometer reading						
Cover required	Comprehensive		Comprehensive		Comprehensive	
	3rd Party, Fire & Theft		3rd Party, Fire & Theft		3rd Party, Fire & Theft	
	3rd Party Only		3rd Party Only		3rd Party Only	
Security fitted in vehicle (If Comprehensive or Third Party Fire and Theft Cover is required)	Non Factory Fitted Immobiliser		Non Factory Fitted Immobiliser		Non Factory Fitted Immobiliser	
	Factory Fitter Immobiliser		Factory Fitter Immobiliser		Factory Fitter Immobiliser	
	Tracking		Tracking		Tracking	
	Alarm		Alarm		Alarm	
Any extras fitted & value						
Do you require these extras to be insured	Yes	No	Yes	No	Yes	No
Car radio cover required	Yes	No	Yes	No	Yes	No
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	No	Yes	No	Yes	No
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	Locked Garage		Locked Garage		Locked Garage	
	Secured Carport		Secured Carport		Secured Carport	
	Unsecured Carport		Unsecured Carport		Unsecured Carport	
	Behind Locked Gates		Behind Locked Gates		Behind Locked Gates	
	Street		Street		Street	
Do you require car hire	Yes	No	Yes	No	Yes	No
If MANUAL	30 days	60 days	30 days	60 days	30 days	60 days
If AUTOMATIC	30 days	60 days	30 days	60 days	30 days	60 days
If EXECUTIVE	30 days	60 days	30 days	60 days	30 days	60 days
If LDV	30 days	60 days	30 days	60 days	30 days	60 days
Basic Excess	STANDARD		STANDARD		STANDARD	
	EXCESS BUSTER		EXCESS BUSTER		EXCESS BUSTER	
	FLAT EXCESS		FLAT EXCESS		FLAT EXCESS	
Has the vehicle been purchased through	Dealership		Dealership		Dealership	
	Privately		Privately		Privately	
	Finance House		Finance House		Finance House	
Interest of Financial Institutions (Purchase invoice required)						
Credit Shortfall	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Amount: R		Amount: R		Amount: R	
Do you require IVP? (Inception Value Policy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you insured on any other vehicle insurance at the moment? Yes No

Please advise the cancellation date of the above policy:

Have you had continuous insurance in the last 3 years? Yes No

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide further details _____	
Please provide details of any claims or losses suffered by you or any other person that may drive any of the vehicles during the past five years, whether insured on any policy or not.	

DATE	DESCRIPTION	AMOUNT	SETTLED

13. PERSONAL ACCIDENT SECTION

Cover required? Yes No

The age limits for coverage under this section is 15 to 75 years – cover under 18 years is limited by legislation. Acceptance age at inception will be from 15 to 70 years old.

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 104 weeks) (Maximum R10 000 per week) (Subject to Permanent Disability)	R:	R:	R:
Beneficiary			

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 _____

14. SPECIAL RISK

Do you require Smit and Kie Assist?

Yes No

Do you need additional Trailer/Caravan Assist?

Yes No

Smit and Kie Assist includes the following: Emergency Roadside Assistance, Medical Assist Access, Home Assistance, Crime & Security Assist/Hi-Jacking Assist, Home and Convenience Drive, Mobile App.

15. DECLARATION

When you enter into this policy you will be giving us your personal information that may be protected by data protection legislation, including but not only, the Protection of Personal Information Act, 2013 ("POPI"). We will take all responsible steps to protect your personal information.

You authorise us to:

- (a) process your personal information to
 - (i) communicate information to you that you ask us for
 - (ii) provide you with insurance services
 - (iii) verify the information you have given us against any source or database
 - (iv) compile non-personal statistical information about you
- (b) transmit your personal information to any affiliate, subsidiary or reinsurer so the we can provide insurance services to you and to enable us to further legitimate interests including statistical analysis, reinsurance and credit control.
- (c) transmit your personal information to any third party service provider, that we may appoint to perform functions relating to our policy on your behalf.

You acknowledge that this consent clause will remain in force even if your policy is cancelled or lapsed.

Signature:

Date:

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 Insurer until this proposal has been accepted by Smit and Kie Brokers (Pty) Ltd.