



GOODS IN TRANSIT PROPOSAL FORM

IMPORTANT: 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.

COVER REQUIRED: ALL RISKS/ FIRE COLLISION OVERTURNING

Inception Date:	_____	Brokerage:	_____
Trading Name:	_____	Insured Name:	_____
Company Reg:	_____	ID Number:	_____
Postal Address:	_____ _____ _____	Physical Address:	_____ _____ _____
VAT No:	_____	Tel No:	_____
Email Address:	_____	Cell No:	_____

1) Have you traded under a different name: Yes / No (If yes, please specify)

.....

2) Do you have any affiliations with other companies: Yes / No (If yes, please specify)

.....

3) How long have you been in operation:

4) Description of goods carried requiring insurance cover:

Commodity type

Percentage of total

.....

.....

.....

.....

5) What is the maximum load limit required: R.....

Average value per load: R.....

6) How many vehicles in your fleet requiring insurance on loads:

Truck/Tractor Rigid LDV Trailer Cooler Trailer

7) How many of your rigids/trailers are:

Fully enclosed Semi-enclosed Open backed

8) Are your vehicles fitted with any of the following?

<u>Device</u>	<u>No. of vehicles fitted with device</u>
Tachograph
Alarm system
Immobiliser
Registration number on roof
Two-way radio / cell phone
Tracking device (specify type)

9) In what geographical area is cover required? (Mark those required)

- South Africa Botswana Namibia Swaziland
- Zimbabwe Mozambique Zambia Lesotho
- Other (specify)

.....

Radius of usual operation: Short hauls (Max 150km)% Long hauls%

Main areas of operation (e.g. Gauteng, Kwa-Zulu Natal)

.....

10) How many drivers are employed:

11) What pre-employment investigations are carried out:

.....

12) What is your company policy regarding hijacking:

.....

.....



13) What controls are used to ensure safe overnight stops:

.....

14) How many drivers / crew per vehicle:

.....

15) Are escorts used for valuable loads:

.....

16) Any additional comments regarding drivers:

.....

.....

17) Are your loads currently insured? Yes / No Name of insurer

18) Have you previously had this cover? Yes / No Name of insurer

19) Has your policy ever been cancelled by an insurer and if so, provide reasons for cancellation?

.....

.....

20) Please indicate previous uninsured losses/insured claims (5 years verified claims history from previous insurers to be attached)

KINDLY NOTE THAT N/A WILL NOT BE ACCEPTABLE, THE INSURED IS TO EITHER DETAIL THE GIT INCIDENTS THAT HAVE OCCURRED OR STATE THAT THERE HAVE BEEN NO CLAIMS.

Date of loss	Amount of loss	Type of loss
.....	R.....
.....	R.....
.....	R.....
.....	R.....
.....	R.....
.....	R.....

21) Are there any other material facts in respect of the risk proposed which will influence the assessment thereof which should be disclosed?

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.....

22. DECLARATION BY THE INSURED

I hereby declare that all statements 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 or particulars herein supplied by any person other than me, that the person shall be deemed to have been acting as my agent for the purpose of this proposal.

Signed: _____

Capacity: _____

Date: _____

Place: _____

23. VEHICLE FLEET LIST ON WHICH COVER ON LOADS IS REQUIRED:

(if more than 10 carriers please attach fleet list)

VEHICLE DESCRIPTION	YEAR MODEL	REGISTRATION NO.	LOAD LIMIT IN RANCS

DEBIT ORDER AUTHORITY FORM

A. Authority

Given by (name of account holder) _____

Address _____

Bank _____

Branch and Code _____

Account Number _____

Type of Account (delete that which is not applicable): Current (cheque)/Savings/Transmission

Amount _____

Monthly Debit Date (any date between 1st to 15th) _____

To (name of beneficiary) _____

Abbreviated Name as Registered with the Bank _____

Beneficiary's Address _____

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement)

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned 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 Agreement and commencing on _____ 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, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued and delivered as follows: monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (delete that which is not applicable)

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.

Payment instructions due in December may be debited against my account on _____.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. Assignment

I/WE 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, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)

E. Agreement Reference Number (XLT Policy Number)

This Agreement Reference number is: _____