

# EXECUTIVE MOTOR COVER

## QUESTIONNAIRE FOR QUOTATION PURPOSES



This quote is valid for 14 days from date of issue

<b>Broker</b>	Contact ( <i>initials &amp; surname</i> )			Date
	Tel No.	Fax No.	E-mail	
<b>Insured</b>	Surname	Initials	ID/Passport No.	Date of Birth
	Policy No ( <i>If existing client</i> )	Mobile No.	Occupation	
<b>Driver</b>	Surname	ID/Passport No.	Years with license	More than 5 years ago
	Initials	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Less than 5 years ago
	Driver address: Day	Code	Driver CFG	____ / ____ / ____ (Date of issue)
	Driver address: Night	Code	Driver Restrictions	
<b>Vehicle</b>	<b>Existing Security</b>	<b>Vehicle Use</b>	<b>Cover Type</b>	
Year	None <input type="checkbox"/>	Private <input type="checkbox"/>	Comprehensive <input type="checkbox"/>	
Make & Model	Immobiliser <input type="checkbox"/>	Private & Commuting <input type="checkbox"/>	Comprehensive excl. Theft & Hijack <input type="checkbox"/>	
Vehicle Value	Alarm <input type="checkbox"/>	Private & Business <input type="checkbox"/>	Third Party, Fire & Theft <input type="checkbox"/>	
Accessories Value	Gearlock <input type="checkbox"/>		Third party only <input type="checkbox"/>	
Sound Equipment Value	Tracking Device		Laid up ( <i>Fire &amp; Theft</i> ) <input type="checkbox"/>	
	Passive <input type="checkbox"/> Early Warning <input type="checkbox"/>			
<b>Usual Daytime Parking</b>	<b>Overnight Parking</b>	<b>Optional Benefits</b>		
On Pavement/ In street <input type="checkbox"/>	Locked Garage <input type="checkbox"/>	Top up	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In Yard - No Locked Gates <input type="checkbox"/>	Behind Secured Gates <input type="checkbox"/>	Increase windscreen cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In Yard - With Locked Gates <input type="checkbox"/>	Secure Carport <input type="checkbox"/>	Roadside Assist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In Open Parking Lot <input type="checkbox"/>	Off Road <input type="checkbox"/>	Car Hire	Standard <input type="checkbox"/>	Automatic <input type="checkbox"/> Model Upgrade <input type="checkbox"/>
In Basement - Electronic Access <input type="checkbox"/>	On Road <input type="checkbox"/>			
In Basement - No Electronic Access <input type="checkbox"/>				
Access Controlled Area <input type="checkbox"/>				

**CPT**  
**PHONE** +27 21 525 6200 **FAX** +27 21 525 6300  
**ADDRESS** Block A & B Edison Square Cnr. Edison Way  
 & Century Avenue Century City  
**POSTAL** PO Box 84 Century City 7446

**DBN**  
**PHONE** +27 31 275 8600 **FAX** +27 31 265 1719  
**ADDRESS** Viewz 11 The Boulevard, Westway Office Park,  
 Westville 3630  
**POSTAL** PO Box 2725, Westway 3630

**JHB**  
**PHONE** +27 11 560 0600 **FAX** +27 11 327 1710  
**ADDRESS** MUA House, 26 Sturdee Avenue,  
 Rosebank, Johannesburg 2196  
**POSTAL** PO Box 131152, Bryanston 2021

# EXECUTIVE MOTOR COVER

## QUESTIONNAIRE FOR QUOTATION PURPOSES

### Claims History *(Please provide details of any losses in the last 3 years)*

Date of Event	Description of Event	Amount Claimed	Type of Claim
			Theft <input type="checkbox"/> Accidental Damage <input type="checkbox"/> Hail Damage <input type="checkbox"/> Malicious Damage <input type="checkbox"/> Fire <input type="checkbox"/>
			Theft <input type="checkbox"/> Accidental Damage <input type="checkbox"/> Hail Damage <input type="checkbox"/> Malicious Damage <input type="checkbox"/> Fire <input type="checkbox"/>
<b>Has any insurer ever refused, cancelled or declined to renew any policy held by you?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If Yes please provide details:</b>			
<b>Current Insurers</b>	<b>Renewal Date</b>	<b>Current CFG</b>	

### General

- Vehicles must be registered in the Republic of South Africa
- This quotation is inclusive of VAT, SASRIA but excludes broker fees.
- This quotation is subject to the terms, exceptions, conditions, limits of indemnity and standard excesses of the company's standard motor policy
- No basic excess for insured persons over the age of 55, who have been licensed for more than 5 years, on any section of our motor policies

<b>Name &amp; Surname</b>	<b>Signature</b>	<b>Date</b>
---------------------------	------------------	-------------