

EXECUTIVE HOME AND MOTOR COVER

Proposal Form for Personal Insurance



All MUA documentation will be sent electronically. Please tick box if you require hardcopies.

Details of Insured

Full name of Insured:			
ID or Passport No.:		VAT No.:	(where applicable)
Postal Address:			Postal Code:
Residential Address:			Postal Code:
Email Address:			
Telephone No:	(Business)	(Home)	(Mobile)
Broker:	Inception Date: ____/____/____		

Risk Details

Risk Address			
Is the building and its outbuildings:			If No, give full details
In a good state of repair and regularly maintained?	Yes	No	
			If Yes, give full details
Occupied by anyone other you and your family?	Yes	No	
Used for business or professional purposes?	Yes	No	
A second or holiday home for your own use?	Yes	No	
Regularly left unattended during working hours?	Yes	No	
Bonded and you require your bondholder's interests noted?	Yes	No	

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

Security Details

			If No, give full details:
Are all opening windows protected by bars?	Yes	No	
Do all external doors have security gates?	Yes	No	
Are the premises fully walled?	Yes	No	
Do you have security on duty during day and night?	Yes	No	
Is a fully operational burglar alarm installed?	Yes	No	
Linked to a 24-hour control room with armed response?	Yes	No	
Is the alarm activated when the property is unattended?	Yes	No	

Sum Insured

Buildings				Contents			
Main Home				Contents including valuables			
Outbuildings				B&B contents			
Total				Total			
All Risks Unspecified (no item limit)							
All Risks Specified Items <small>e.g. cellphones, laptops etc.</small>							
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			
Excess	Nil	R1 000	Additional voluntary Excess	R7 500	R15 000	R22 500	
<p>There is no basic excess for insured persons over the age of 55 on any section of either the motor and non-motor policies, subject to terms and conditions.</p>							

Motor Information

DRIVER(S) DETAILS		
	VEHICLE 1	VEHICLE 2
Registered owner:		
Name of main and other driver(s):		
Date(s) of birth of main & other driver(s):		
ID number(s) of main & other driver(s):		
Years with license:	More than 5 years ago <input type="checkbox"/> Less than 5 years ago <input type="checkbox"/> _____ / _____ / _____ <i>(Date of issue if less than 5 years ago)</i>	More than 5 years ago <input type="checkbox"/> Less than 5 years ago <input type="checkbox"/> _____ / _____ / _____ <i>(Date of issue if less than 5 years ago)</i>
Occupation of main & other driver(s):		
Type of use (private / private & commuting / private & business)		

VEHICLE(S) DETAILS		
	VEHICLE 1	VEHICLE 2
Make:		
Model:		
Year of manufacture:		
Auto/manual transmission:		
Left or right-hand drive:		
Registration No.:		
Chassis No./ VIN No.:		
Engine No.:		
Colour:		
Sound Equipment Value:		
Tracking device (passive/early warning):		

Policyholder Vehicle Risk History & Information

(please tick applicable box)

Do the policyholder/proposer or main drivers suffer from defective hearing or vision or any physical or mental disability?	Yes	No
If Yes, please provide full details		
Has the policyholder/proposer or main drivers been involved in a criminal/civil offense or ever had civil judgement taken against him/her?	Yes	No
If Yes, please provide full details		
Has the policyholder/proposer or main drivers been charged or convicted of any driving violations?	Yes	No
If Yes, please provide full details		
Are any of the vehicles listed above financed?	Yes	No
If Yes, please provide name of institution and account number		

Debit Order Authorisation

Do you wish to make monthly or annual premium payments?	Monthly	Annual
If monthly, kindly complete the following debit order authorisation:		
I hereby authorise Compass Insurance Company Limited to debit my bank account at:		
Bank	Branch	Branch Code
Type of Account	Account Number	
Name of Account Holder		
Note: Debits cannot be raised through FNB Savings Accounts, Master Card Holders or account numbers exceeding 13 digits		
Signature of Account Holder:	Date:	
Who warrants authority to bind proposer/insured.		

Warranty

<p>I hereby warrant that the above information, facts and statements given by me are true and complete and contain all relevant information known to me which affects the assessment of the risk to be insured and that this and any other statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of the contract between Compass Insurance Company Limited, as represented by MUA, and myself. I further declare that, unless specifically disclosed and quoted for, the main driver(s) of the vehicle(s) above is not a person less than 27 years old.</p> <p>I agree to accept the insurance on the terms, conditions and requirements stated in the policy.</p>	
Signature of policyholder/insured	Date