

Proposal for

SANTAM PERSONAL MULTIPLEX INSURANCE

Dis wat ons doen wat tel
Actions speak louder than words

We thank you for being interested. Please complete and sign the proposal in full.

IMPORTANT: Cover under the policy will only commence after
Santam Limited has officially approved the proposal.

ANSWER EACH QUESTION BY MARKING [✓] THE APPLICABLE ONE OF THE "YES/NO" - BLOCKS

PARTICULARS OF THE PROPOSER

NAME (Surname, initials and title)

POSTAL ADDRESS

POSTCODE

STREET ADDRESS

POSTCODE

TELEPHONE NO. Home Work

OCCUPATION EMPLOYER

ID. NUMBER DATE OF BIRTH

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MARRIED STATE G = Married D = Divorced LANGUAGE CHOICE A = Afrikaans
 O = Unmarried W = Widow/-er E = English

USER REFERENCE NO.

SANTAM BRANCH NO. BRANCH NAME AGENCY NUMBER

POLICY NUMBER AGENCY NAME:

INCEPTION DATE AGENCY TEL. NO.

FUNERAL INSURANCE YES NO

ADDITIONAL PROPOSAL FORMS FOR THIS SECTION ARE AVAILABLE FROM ALL SANTAM BRANCH OFFICES

PLIP

COVER R10 000 000 R20 000 000 YES NO PREMIUM

SASRIA

COVER REQUIRED YES NO PREMIUM

GENERAL

1 Has SANTAM or any other Insurer ever declined a proposal of yours, cancelled any policy (or any section thereof) of yours, imposed any special conditions, refused to renew any policy (or any section thereof) of yours, or refused to continue with any insurance of yours? YES NO If "YES", please give full particulars:

2 Are you at present insured against any of the périls/contingencies in respect of which you now propose to insure against? YES NO If "YES", state Insurer
 Policy number
 Type of policy

3 If at present you do not have insurance but previously have had insurance, please give the following particulars:-
 Date on which the previous insurance was cancelled or has lapsed:
 Name of previous Insurer Policy no:

4 If you never have had any short-term insurance, please give the reason for it being so:

5 **History of previous losses/claims.** Please give full particulars in respect of all losses sustained by you during the past five years, including all claims which have been paid or not been paid.

TYPE OF LOSS/CLAIM	YEAR	AMOUNT	INSURER
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METHOD OF PREMIUM PAYMENT

Please indicate below with an "X", the method of premium payment required.

Yearly in cash OR Per monthly debit order to be drawn against a cheque account
 a transmission account
 a credit card account

DEBIT ORDER INFORMATION AND AUTHORISATION

SURNAME AND INITIALS OF ACCOUNT HOLDER

CHEQUE/TRANSMISSION ACCOUNT NUMBER

CREDIT CARD NUMBER

INSTITUTION/BRANCH IDENTIFICATION NO. (e.g. Bank's clearing number)

NAME OF BANK/BUILDING SOCIETY/CREDIT CARD (Name of the Institution)

POSTAL ADDRESS OF BANK/BUILDING SOCIETY/CREDIT CARD

I authorise Santam Limited (SANTAM) to deduct the amount of the premium for this policy from my account at the abovementioned institution in any way that Santam and the institution have agreed upon. I also authorise Santam to pay any amounts which may accrue to me, to the credit of my account with the abovementioned institution.

All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally.

I acknowledge that Santam is authorised to effect drawings and credits against my account and may not cede or assign its rights to any third party without my written consent.

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 SIGNATURE OF ACCOUNT HOLDER