

COMPREHENSIVE MOTOR INSURANCE PROPOSAL FORM



(Mark choices with an X)

PROPOSAL NO:		PRODUCT:		AGENT:	
Client Details					
Surname	Init			Postal Address	
Title	Mr	Mrs	Miss	Ms	Dr
Language	English		Afrikaans		Other
Home Tel	Code	Town		Code	
Business Tel	Code	Country		Physical Address	
Mobile/Cell	Suburb				
Fax No	Code	Town		Code	
Personal E-mail	Country				
Business E-mail	ID No/Passport				
Date of Birth	D	D	M	M	Y
Nationality	Marital Status		Single	Married	Separated
Occupation	Divorced		Widowed	Company	
Vehicle Details					
Vehicle Type	Sedan	4 x 4	Turbo	Cabriolet	Mead McGrouther Code
	Minibus	Imported	LDV	Taxi	VIN Number
Year	Colour				
Make	Gearlock				
Model	Immobliser				
Odometer reading	Tracking device				
Registration No.	Proof of tracking device		Yes	No	
Engine capacity CC	Average kms per day		kms		
Chassis No.	Kliowatts				
Engine No.	Sum Insured				
Mass					
Period of Insurance					
Cover Start Date	To	and monthly/annually thereafter			
Banking Details					
Payment Method	Cash	Cheque	Savings	Transmission	
Bank account branch	Bank name		Bank account number		
Account Name	Payment Frequency		Monthly	Annual	
Debit Day	0 1		1 5		
Cover					
Vehicle Use	Strictly Private	Private	Business		Claim Free Group (1-5)
	Farmers	Taxi	CFG proof received		Yes No
Claims history past 3 yrs	Voluntary Excess				
Additional Information					
Vehicle modified	Yes	No	Overnight lockup		Yes No
Previous insurance	Yes	No	Name of company		
Vehicle Accessories					
Cell phone kit	Value	Sunroof		Value	
Metallic paint	Value	Tow bar		Value	
Mag rims	Value	Canopy		Value	
Other (specify)	Value				
Radio	Factory Fitted	Specified		Radio Make	
Radio Value					
Regular Driver Details					
Registered owner name	Gender		Male	Female	Company
Driver name	Marital Status		Single	Married	Separated
Relationship to insured	Divorced		Widowed	Company	
Driver date of birth	D	D	M	M	Y
Driver occupation	Driver ID No/Passport				
Risk address	Contact Telephone Number				
	HP/Finance institution				
Suburb	HP Number				
Town	Code				
Adcover (Taurus only)					
Residual % (if applicable)	Sum Insured				
Frequency	Monthly	Annual	Term	Term mths (if applicable)	
	3 6		4 8		5 2
Deposit Cover (Taurus only)					
Sum Insured	Term mths (if applicable)				
Frequency	Monthly	Annual	Term	Term mths (if applicable)	
	3 6		4 8		5 2
Premium Summary (OFFICE USE ONLY)					
Comprehensive	SASRIA		(incl. in premium)		
Adcover	Commission 12.5%		(incl. in premium)		
Deposit Cover	Admin Fee				
Care Line	Broker Fee				
	TOTAL PREMIUM DUE				

DECLARATION AND IMPORTANT NOTES

1. Any vehicle with a value of R150 000 or greater must be fitted with a tracking device approved by Regent Insurance Company before theft and hijack cover is effective.
2. Any vehicle with a value of R120 000 or greater must be fitted with a VESA or factory fitted VSS approved immobiliser before theft and hijack cover is effective.
3. Any LDV type vehicle with a value of R50 000 or greater must be fitted with a tracking device approved by Regent Insurance Company before theft or hijack cover is effective.
4. Any LDV type vehicle used for farming with a value of R100 000 and greater must be fitted with a tracking device approved by Regent Insurance Company before theft and hijack cover is effective.
5. Any LDV type vehicle used for farming and valued at less than R100 000 must be fitted with a VESA approved gearlock before theft and hijack cover is effective.
6. No cover will be in force until this proposal has been accepted by the Underwriters who reserve the right to decline any proposal.
7. No claim shall be payable until such time as the first premium has been received by Regent or its authorised agent.
8. No cover will be granted unless a valid Vehicle Inspection Certificate is submitted to Regent.
9. No insurer has ever cancelled/declined or refused to renew or imposed special terms or conditions on any insurance affecting me.
10. All correspondence sent by ordinary mail addressed to me at the above postal address shall be deemed to have been duly received by me in the normal course.
11. This insurance is issued solely to the person/party as specified in the section labelled CLIENT DETAILS and I confirm the correctness thereof until I advise Regent otherwise in writing.
12. This information is true and I have not withheld or omitted any material information and I accept that this proposal and declaration shall be the basis of the contract between Regent and myself.
13. I hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim lodged by me and I consent to such information being disclosed to any other insurance company or its agent.
14. I am in possession of a valid and unendorsed driver's licence and do not suffer from any mental or physical disability.
15. The vehicle/s to be insured will not be driven by any person whom to my knowledge has been refused motor insurance or has had their driver's licence endorsed or who is suffering from any physical or mental disability.

Statutory Notice is enclosed herewith. Please read it carefully.
Your signature on this document denotes receipt thereof.

Signed on behalf of the Company

Date

Signature of Insured

Date
