

PROPOSAL FORM

PERSONAL DETAILS:

Surname First Name Initials

I.D. No. Gender: MALE / FEMALE Title Marital Status

Full Occupation

Postal Address

Physical Address

Telephone no's (Work) (Home) (Fax)

Cellphone number E-Mail Address

BANKING DETAILS:

Debit Order Authorization:

Name of Bank Type of Account

Account no. Branch Code Branch

Name of Account holder (please print)

I/We hereby authorize Insccon Risk Services (Pty) Ltd to draw against the above account (or any other Bank to which I/we may transfer my/our account), the amount necessary for the payment of the installments which may from time to time become payable by me/us in terms of my/our Loan Agreement(s). This authority shall remain in force until cancelled by me/us, giving 30 days notice in writing. Receipt of the instruction by Insccon Risk Services (Pty) Ltd shall be regarded as receipt thereof by my/our Bank

Signature (s) 1. 2. Date

DECLARATIONS:

- Have Insurers ever refused any proposal of yours, cancelled a policy, refused to renew a policy or imposed special conditions? YES / NO

If “Yes” please provide details

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- Are you currently insured? YES / NO

If “Yes” please supply Insurer’s name

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- If you know that any person likely to drive an insured vehicle has a physical defect i.e. Vision or Hearing, please provide details

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- Has any person who will normally drive an insured vehicle, been convicted or charged of any driving offence or had his driver’s license endorsed YES / NO

If “Yes” please provide details

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- Has any person with an insurable interest been arrested and/or convicted YES / NO

If “Yes” please provide details

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- Please provide details of all claims and losses(whether insured or not) during the past 3 years (year, type, amount and Insurer)

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PROPERTY INSURANCE:

Buildings (Homeowners) -

Street Address

Type of Residence - Main Residence / Holiday Home / Other - Use of Residence

Construction of Roof Construction of Walls

Vacant area in immediate surroundings of residence YES / NO Does the residence have the following:

Burglar Bars on all windows YES / NO Security Gates on all external doors YES / NO

Alarm linked to control room YES / NO Is the residence situated in a security complex YES / NO

Sums Insured - BUILDINGS R CONTENTS R

ALL RISKS INSURANCE:

Personal Effects - Unspecified

Sum Insured - R

Personal Effects - Specified -

ITEM / MAKE VALUE	SERIAL no.	REPLACEMENT
.....	R
.....	R
.....	R
.....	R
.....	R
.....	R

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INSCON RISK SERVICES (PTY) LIMITED | COMPANY REG. NO 2011/131118/07 | COMPANY VAT. NO 4180260301

WWW.INSCON.CO.ZA

DIRECTORS: RNP HOOD, DA STRYDOM, W CRONJE
 DIVISIONAL DIRECTOR: MJ MAGILL

VEHICLE INSURANCE:

Registered Owner Class of Use **BUSINESS / PRIVATE**

Regular Driver I.D. Number

Occupation Do you require Car Hire in the event of a claim **YES / NO**

Type of Cover: **COMPREHENSIVE / THIRD PARTY, FIRE & THEFT / THIRD PARTY ONLY**

Year of Manufacture Registration no. Retail Value R

Make & Model (e.g. Toyota Corolla
.6GL).....

Security (e.g. Alarm, Immobilizer, Tracking device etc.)

Specified Accessories (Radio, CD, Telephone) Value R

Vehicle subject to a finance agreement? **YES / NO** If “Yes” financial institution.....

Registered Owner Class of Use **BUSINESS / PRIVATE**

Regular Driver I.D. Number

Occupation Do you require Car Hire in the event of a claim **YES / NO**

Type of Cover: **COMPREHENSIVE / THIRD PARTY, FIRE & THEFT / THIRD PARTY ONLY**

Year of Manufacture Registration No. Retail Value R

Make & Model (e.g. Toyota Corolla 1.6GL).....

Security (e.g. Alarm, Immobilizer, Tracking device etc.)

Specified Accessories (Radio, CD, Telephone) Value R

Vehicle subject to a finance agreement? YES / NO If “Yes” financial institution.....

I hereby declare that all information contained in this proposal is correct and complete. If the information herein contained is completed by anyone other than myself, the person will be seen as my agent for supplying the information

Signature of Applicant Date