



**Mark the insurance sections which you require**

**PART 1: PROPERTY AND PERSONAL ACCIDENT**

Buildings:  Contents:   
 All risk:  Computer equipment:   
 Vehicles:  Motorcycles:   
 Trailers and caravans:  Water craft:   
 Personal accident:

**PART 2: LIABILITY AND LEGAL**

Legal costs:  Identity theft:   
 Personal legal liability:  Extended personal legal liability:

**PART 1: PROPERTY AND PERSONAL ACCIDENT**

**BUILDINGS**

**Building 1:**

**Building 2:**

Type of residence: Main residence:  Holiday home:  Other residence:   
 Physical address:   
 Flat above ground floor? Yes:  No:   
 Roof construction:   
 Thatch:  Thatch with thatchsaf:   
 Lightning conductor? Yes:  No:   
 Wall construction:   
 Number of geysers on premises:   
 Thatch lapa? Yes:  No:   
 Distance from house (in meters):  Size in m<sup>2</sup>:   
 No-claim bonus (in years):   
 Unfurnished? Yes:  No:   
 Unoccupied? Yes:  No:  Period:   
 Subsidence / landslip cover (extended cover)? Yes:  No:   
 Accidental damage to fixed machinery? Yes:  No:  Amount:   
 Generator hire following insured event? Yes:  No:  Amount:   
 Sum insured of buildings:   
 Bond holder:

**CONTENTS**

**Building 1:**

**Building 1:**

Type of residence: Main residence:  Holiday home:  Other residence:   
 Physical address:   
 Flat above ground floor? Yes:  No:   
 Burglary and theft cover excluded? Yes:  No:   
 Flood cover excluded? Yes:  No:   
 Vacant area in immediate surroundings? Yes:  No:   
 No-claim bonus (in years):   
 Roof construction:   
 Thatch:  Thatch with thatchsaf:

INITIAL

Lightning conductor?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Wall construction:	<input type="text"/>		<input type="text"/>	
Thatch lapa?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Distance from house (in meters):	<input type="text"/>	Size in m <sup>2</sup> :	<input type="text"/>	<input type="text"/>
Type of dwelling:	Smallholding: <input type="checkbox"/>	Farm: <input type="checkbox"/>	Other: <input type="checkbox"/>	Smallholding: <input type="checkbox"/>
Use of residence:	<input type="text"/>		<input type="text"/>	
Type of residence:	<input type="text"/>		<input type="text"/>	
Unoccupied?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Period: <input type="text"/>	Yes: <input type="checkbox"/>
Sum insured of contents:	<input type="text"/>		<input type="text"/>	
Subsidence / landslip cover (extended cover)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Accidental damage?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>	Yes: <input type="checkbox"/>
Mechanical / electrical / electronic breakdown?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>	Yes: <input type="checkbox"/>
Power surge?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>	Yes: <input type="checkbox"/>
Generator hire following an insured event?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>	Yes: <input type="checkbox"/>
Stock-in-trade (home industry):	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>	Yes: <input type="checkbox"/>
Type of home industry (e.g. bakery):	<input type="text"/>		<input type="text"/>	
Does the residence have the following:				
Burglar bars on all windows that can open?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Security gates on all external doors?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Alarm linked to a 24 hour security firm?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Security area?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

**ALL RISKS**

**Description:**

Clothing and personal effects (maximum R2 500 or 25% of the insured amount per item):  
Stamp and coin collections:  
Transport of groceries and household goods:  
Keys, locks and remote control units:

**Sum insured:**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Bicycles or wheelchairs:**

Make, model, serial number, description:   
Make, model, serial number, description:

**Sum insured:**

<input type="text"/>
<input type="text"/>

**Mobile communication devices:**

Make, model, serial number, IMEI number:   
Make, model, serial number, IMEI number:   
Make, model, serial number, IMEI number:   
Make, model, serial number, IMEI number:

**Sum insured:**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Audiovisual equipment:**

Make, type, serial number:   
Make, type, serial number:

**Sum insured:**

<input type="text"/>
<input type="text"/>

**Items in a bank vault:**

Description, serial number:   
Description, serial number:

**Sum insured:**

<input type="text"/>
<input type="text"/>

**Other specified articles (cameras, jewellery or which exceeds R2 500):**

**Sum insured:**

Description, serial number:

Description, serial number:

Description, serial number:

Description, serial number:

**Computer equipment**

**Sum insured:**

Make, model, serial number:

Computer equipment section - Portable or non-portable?

Make, model, serial number:

Computer equipment section - Portable or non-portable?

**VEHICLES**

**Vehicle 1:**

**Vehicle 2:**

Registered owner:

ID number:

Is the applicant a nominated driver?

Yes:  No:

Yes:  No:

Nominated driver details (if applicant is also a nominated driver, only two further names may be added):

**Nominated driver 1**

**Vehicle 1:**

**Vehicle 2:**

Full name:

Gender:

Date of birth:

ID number:

License date of issue:

License code:

**Nominated driver 2**

**Vehicle 1:**

**Vehicle 2:**

Full name:

Gender:

Date of birth:

ID number:

License date of issue:

License code:

**Vehicle details**

**Vehicle 1:**

**Vehicle 2:**

Year of manufacture:

Make:

Model:

Registration number:

VIN number:

Engine number:

Vehicle colour:

Class of use:

Private:  Business:

Private:  Business:

Type of cover:

Comprehensive:  Limited (TP, F and T):

Comprehensive:  Limited (TP, F and T):

Third-party only:

Third-party only:

Sum of insured vehicle:

No-claim bonus (in years):	<input type="text"/>	<input type="text"/>
Vehicle modified?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Value of extras:	<input type="text"/>	
Description of extras:	<input type="text"/>	

Is the vehicle equipped with the following:	<b>Vehicle 1:</b>	<b>Vehicle 2:</b>
VESA approved immobiliser?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
VESA approved gear-lever lock?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tracking device?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Make: <input type="text"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Make: <input type="text"/>
Where is the vehicle parked overnight?	<input type="text"/>	
Where is the vehicle parked during the day?	<input type="text"/>	
Voluntary excess (cannot be taken with excess assist VAP)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Voluntary excess options available:	R3 000: <input type="checkbox"/> R5 500: <input type="checkbox"/> R8 000: <input type="checkbox"/>	R3 000: <input type="checkbox"/> R5 500: <input type="checkbox"/> R8 000: <input type="checkbox"/>
Excess assist (only basic and theft / hijack)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Amount: <input type="text"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Amount: <input type="text"/>
Flat excess R3 500 (only basic and theft / hijack)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tools, spare parts and travel accessories?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Amount: <input type="text"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Amount: <input type="text"/>
Car hire group (B, C, D, G, J or K):	<input type="text"/>	
Riot and strike (outside RSA and Namibia)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Pothole-sure?	Yes: <input checked="" type="checkbox"/>	Yes: <input checked="" type="checkbox"/>
Credit shortfall?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Amount: <input type="text"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Amount: <input type="text"/>
4X4 cover extension?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Winching equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Amount: <input type="text"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Amount: <input type="text"/>
BEAME tracking through IUM?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tools, spare parts and travel accessories?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Hire-purchase owner:	<input type="text"/>	
Hire-purchase number:	<input type="text"/>	

**MOTORCYCLES**

Registered owner:	<b>Motorcycle 1:</b>	<b>Motorcycle 2:</b>
	<input type="text"/>	<input type="text"/>
ID number:	<input type="text"/>	<input type="text"/>

**Nominated rider 1**

Full name:	<b>Motorcycle 1:</b>	<b>Motorcycle 2:</b>
	<input type="text"/>	<input type="text"/>
Gender:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>
ID number:	<input type="text"/>	<input type="text"/>
License date of issue:	<input type="text"/>	<input type="text"/>
License code:	<input type="text"/>	<input type="text"/>

**Nominated rider 2**

Full name:	<b>Motorcycle 1:</b>	<b>Motorcycle 2:</b>
	<input type="text"/>	<input type="text"/>
Gender:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>
ID number:	<input type="text"/>	<input type="text"/>

License date of issue:

License code:

**Motorcycle details**

**Motorcycle 1:**

**Motorcycle 2:**

Year of manufacture:

Make and model:

Registration number:

VIN number:

Engine number:

Class of use: Private:  Business:

Type of cover: Comprehensive:  Limited (TP, F and T):

Third-party only:

Sum insured of motorcycle:

No-claim bonus (in years):

Motorcycle modified? Yes:  No:

Value of extras:

Extras description:

Factory fitted immobiliser? Yes:  No:

Motion sensor alarm? Yes:  No:

Tracking device fitted? Yes:  No:  Make:

Credit shortfall? Yes:  No:  Amount:

Riot and strike (outside RSA and Namibia)? Yes:  No:

Pillion liability (R250 000): Yes:  No:  Amount:

Where is the motorcycle parked overnight?

Where is the motorcycle parked during the day?

Tools, spare parts and travel accessories? Yes:  No:  Amount:

Hire-purchase owner:

Hire-purchase number:

**TRAILERS AND CARAVANS**

**Trailer / caravan 1:**

**Trailer / caravan 2:**

Registered owner:

ID number:

**Trailer / caravan details**

**Trailer / caravan 1:**

**Trailer / caravan 2:**

Type: Caravan:  Trailer:

Year of manufacture:

Make and model:

Registration number:

VIN number:

Type of cover: Comprehensive:  Limited (TP, F and T):

Third-party only:

Sum insured of caravan / trailer:

Where is trailer / caravan parked overnight?

Where is trailer / caravan parked during the day?

Contents of caravan / trailer?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>
Credit shortfall?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>
Riot and strike (outside RSA and Namibia)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Tools, spare parts and travel accessories?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Hire-purchase owner:	<input type="text"/>			<input type="text"/>		
Hire-purchase number:	<input type="text"/>			<input type="text"/>		

**WATERCRAFT**

Registered owner:	<input type="text"/>	<input type="text"/>
ID number:	<input type="text"/>	<input type="text"/>

**Watercraft details**

Skipper's license date issued and code:	<input type="text"/>	<input type="text"/>
Year of manufacture:	<input type="text"/>	<input type="text"/>
Type of craft:	<input type="text"/>	<input type="text"/>
Make / hull class:	<input type="text"/>	<input type="text"/>
Model:	<input type="text"/>	<input type="text"/>
Registration number and SAMSA number:	<input type="text"/>	<input type="text"/>

Glitter finish?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
-----------------	-------------------------------	------------------------------	--	-------------------------------	------------------------------	--

Length of hull (meters):	<input type="text"/>	Maximum speed (knots):	<input type="text"/>	<input type="text"/>	Maximum speed (knots):	<input type="text"/>
--------------------------	----------------------	------------------------	----------------------	----------------------	------------------------	----------------------

Name of craft:	<input type="text"/>	<input type="text"/>
----------------	----------------------	----------------------

Sum insured of craft:	<input type="text"/>	<input type="text"/>
-----------------------	----------------------	----------------------

Outboard motors?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>
------------------	-------------------------------	------------------------------	------------------------------	-------------------------------	------------------------------	------------------------------

Make / model:	<input type="text"/>	<input type="text"/>
---------------	----------------------	----------------------

Engine capacity:	<input type="text"/>	<input type="text"/>
------------------	----------------------	----------------------

Horse power:	<input type="text"/>	<input type="text"/>
--------------	----------------------	----------------------

Engine number:	<input type="text"/>	<input type="text"/>
----------------	----------------------	----------------------

Specified accessories?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
------------------------	-------------------------------	------------------------------	--	-------------------------------	------------------------------	--

Value of accessories:	<input type="text"/>	<input type="text"/>
-----------------------	----------------------	----------------------

Accessories description:	<input type="text"/>	<input type="text"/>
--------------------------	----------------------	----------------------

Place of use:	Inland: <input type="checkbox"/>	Sea: <input type="checkbox"/>	<input type="text"/>	Inland: <input type="checkbox"/>	Sea: <input type="checkbox"/>	<input type="text"/>
---------------	----------------------------------	-------------------------------	----------------------	----------------------------------	-------------------------------	----------------------

Tracking device fitted?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Make: <input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Make: <input type="text"/>
-------------------------	-------------------------------	------------------------------	----------------------------	-------------------------------	------------------------------	----------------------------

Housing of watercraft:	<input type="text"/>	<input type="text"/>
------------------------	----------------------	----------------------

Credit shortfall?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: <input type="text"/>
-------------------	-------------------------------	------------------------------	------------------------------	-------------------------------	------------------------------	------------------------------

Riot and strike (outside RSA and Namibia)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
--	-------------------------------	------------------------------	--	-------------------------------	------------------------------	--

Sailing craft racing risk?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
----------------------------	-------------------------------	------------------------------	--	-------------------------------	------------------------------	--

Passenger liability (R500 000)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
---------------------------------	-------------------------------	------------------------------	--	-------------------------------	------------------------------	--

Water-skiers liability (R250 000)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
------------------------------------	-------------------------------	------------------------------	--	-------------------------------	------------------------------	--

Parasail liability (R250 000)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
--------------------------------	-------------------------------	------------------------------	--	-------------------------------	------------------------------	--

Hire-purchase owner:	<input type="text"/>			<input type="text"/>		
----------------------	----------------------	--	--	----------------------	--	--

Hire-purchase number:	<input type="text"/>			<input type="text"/>		
-----------------------	----------------------	--	--	----------------------	--	--

**PERSONAL ACCIDENT****Insured 1****Insured 2****Insured 3**

Full name:

Relation to applicant:

Gender:

Male:

Female:

Male:

Female:

Male:

Female:

Date of birth:

Marital status:

ID number:

Occupation:

Death / permanent  
disablement limit:

(R1 000 - R1 000 000)

Temporary total  
disablement (weekly):

Amount:

Weeks:

Amount:

Weeks:

Amount:

Weeks:

Medical expenses:

Amount:

Amount:

Amount:

**PART 2: LIABILITY AND LEGAL****PERSONAL LEGAL LIABILITY**

Personal legal liability (R5 000 000)?

Yes:

**EXTENDED PERSONAL LEGAL LIABILITY**Yes:  No:  If yes, for which amount?

R10 000 000:

R20 000 000:

**LEGAL COSTS**Yes:  No:  If yes, for which amount?

R20 000:

R30 000:

R40 000:

**IDENTITY THEFT**Yes:  No:  If yes, for which amount?

R20 000:

R30 000:

R40 000:

**Declaration**

I / We declare that: I / We will give immediate notice to the insurer of any alteration of the risk herein submitted. I / We have not concealed any material facts which should be communicated to the insurer and agree that all information supplied by me is true and correct, and I / we understand that should this information ever be proved to be false or untrue, it may lead to the denial of any liability and cancellation of my cover. I / We agree that this proposal form and quote shall be the basis of the contract of insurance hereby applied for. I / We are willing to accept a policy subject to the terms and conditions contained therein and I / we understand that no insurance will be in force until IUM has signified acceptance of this proposal in writing to your broker.

Full name

Capacity

Date

Signature