

ADVANCED INSURANCE SOLUTIONS

Insurance Underwriting Managers (Pty) Ltd. is an authorised Financial Services Provider. FSP No 21820 Reg No 2004/022210/07 VAT No 4870217959

Supercar: Proposal Form

Applicant and other insured's details

	Applicant	Co-insured 1	Co-insured 2
Full name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
ID / passport number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Further details of applicant

Work telephone:	<input type="text"/>	Home telephone:	<input type="text"/>
Fax number:	<input type="text"/>	Cellphone:	<input type="text"/>
Email:	<input type="text"/>	Postal address:	<input type="text"/>
Physical address:	<input type="text"/>		

Policy details

Inception date:	<input type="text"/>	Payment method:	Monthly debit order: <input type="checkbox"/> Annual premium: <input type="checkbox"/>
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Broker details

Brokerage:	<input type="text"/>	Contact person:	<input type="text"/>
Cellphone:	<input type="text"/>	Email:	<input type="text"/>

Monthly debit order collection date

1st: 7th: 15th:

*Please note collection will take place on the last working day before this date in the event of this date falling on a weekend or public holiday.

General

Have you ever been informed of cancellation of insurance, advised to arrange alternative insurance or refused renewal of insurance? Yes: No:

If yes, give details:

If you are currently not insured but were previously, please provide the following:

Last date of insurance: Insurer name:

Have you had any incidents in the past 3 years whether a claim was submitted or not? Please provide details below:

Type of loss	Year	Amount	Insurer

VEHICLES

Registered owner:

Vehicle 1:

Vehicle 2:

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):

Vehicle modified?

Yes: No:

Yes: No:

Value of extras:

Description of extras:

Is the vehicle equipped with the following

Vehicle 1:

Vehicle 2:

VESA approved immobiliser?

Yes: No:

Yes: No:

VESA approved gear-lever lock?

Yes: No:

Yes: No:

Tracking device?

Yes: No: Make:

Yes: No: Make:

Where is the vehicle parked overnight?

INITIAL

Where is the vehicle parked during the day?	<input type="text"/>	<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"/>	<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"/>	<input type="text"/>
Hire-purchase number:	<input type="text"/>	<input type="text"/>

EXTENDED PERSONAL LEGAL LIABILITY

Yes: No: If yes, for which amount? R10 000 000: R20 000 000:

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
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Insurance Declaration

Currently insured? Yes: No:

If yes, name of Insurer? Policy number:

Has an Insurer at any time:

Declined your insurance? Yes: No: Imposed special terms? Yes: No:

Refused to renew your policy? Yes: No: Cancelled your policy? Yes: No:

If yes, name of Insurer? Policy number:

Reason:

I/We declare that the particulars and declarations in this quotation are correct and complete and include all information known to me/us and which concern the risk to be insured, and that this and any other written declaration made by or on behalf of me/us for the sake of the requested insurance will be the foundation of, and will be incorporated in the agreement between me/us and Insurance Underwriting Managers (Pty) Ltd and that it will be binding. I/We hereby further declare that only those policy sections included in the quotation are required and will apply.

Full name	Capacity	Date	Signature
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Debit Order Authority

Account holder full name:

Name of bank: Account type:

Branch code: Name of branch:

Account number: Payment date: 1st: 7th: 15th:

I/we hereby request and authorise Insurance Underwriting Managers (Pty) Ltd ("IUM") and/or their collection agent(s) to draw against the above-mentioned account (or any other bank or branch whom I/we may transfer my/our Account) the amount necessary for the payment of the monthly premiums due to IUM in respect of the applicable insurance herein in accordance with the above-mentioned information as provided by me/us each consecutive month calculated from the commencement date of the insurance. All future payments and withdrawals from my/our bank shall be treated as though they had been signed by me/us personally.

I/we agree and/or accept the following to be applicable hereto:

- That all withdrawals herein will be processed via a computer system known as ACB magnetic tape service, and furthermore understand and accept that the details of each withdrawal will be printed on my/our bank account statement or on an accompanying voucher (if applicable).
- To pay any bank charges relating to this debit order instruction.
- Should the debit order collection date fall on a weekend or RSA public holiday, such withdrawal/payment will be executed the next ordinary business day thereafter.
- This authority may be either cancelled by me/us or IUM by giving 30 (thirty) days written notice; however I/we shall not be entitled to any refund of amounts which IUM and/or their collection agent(s) have withdrawn while this authority was in force if such amounts are legally owing to IUM.
- To authorise IUM and/or their collection agent(s) to deposit directly to the above-mentioned account, any amount/s which may be legally owing to me/us for whatever reason either in respect of any refund premiums of any amounts due to me/us in settlement of any claim.
- The amount debited may vary from time to time in order to reflect any changes in cover, risk, sums insured and/or applicable premium rates as determined by IUM.

Full name	Capacity	Date	Signature
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