



Quote Form

Name				Gender					
ID Number				Occupation					
Risk Address				Phone No.					
				Postal Code					
BUILDINGS	Sum Insured	R		Construction	Standard	<input type="checkbox"/>	Non Standard	<input type="checkbox"/>	
CONTENTS	Sum Insured	R		Type of Residence	House	<input type="checkbox"/>	Townhouse	<input type="checkbox"/>	
					Ground floor flat	<input type="checkbox"/>			
Cover Type	Fire, Perils & Burglary	<input type="checkbox"/>	Fire & Perils only	<input type="checkbox"/>	Flat above ground floor	<input type="checkbox"/>	Security Estate	<input type="checkbox"/>	
					Other	<input type="checkbox"/>			
Securities - please note each accordingly: -									
Burglar bars on all opening windows?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Electric fencing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Security gates on all external doors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	24hr Patrol Guards?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
24hr monitored and linked alarm with armed response?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Guarded access control?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Premises fully walled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do you have a thatched roof or a thatched lapa?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Above ground floor flat - Passage side opening windows barred?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
ALL RISKS	Unspecified	R		Sports Equipment	R		Camera	R	
	Cellphones	R		Sports Equipment	R		Camera	R	
	Cellphones	R		Laptop/tablet	R		Camera	R	
	Cellphones	R		Laptop/tablet	R		Other	R	
	Bicycles	R		Watch/Jewellery	R		Other	R	
VEHICLE 1	Make			Model					
If more than one vehicle, please complete another form with the relevant details	Year			Type of Cover	Comp.	<input type="checkbox"/>	Third Party, Fire & Theft	<input type="checkbox"/>	
	Sum Insured			Class of Use	Social & Domestic	<input type="checkbox"/>	Private (incl. to and from work)	<input type="checkbox"/>	
	Car Hire	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Security device	Gearlock (VESA 3 or 4)	<input type="checkbox"/>	
	Overnight Parking Situation	Locked garage	<input type="checkbox"/>	Behind locked gates	<input type="checkbox"/>	Street	<input type="checkbox"/>	Overnight Address	
	Daytime parking situation	Access controlled lot	<input type="checkbox"/>	Street	<input type="checkbox"/>	Other	<input type="checkbox"/>	Daytime Address	
	Registered Owner name			Registered owner ID No.					
	Driver name			Driver ID No.					
	Licence type (B, EB, C1)			Date of first licence issue					
	Licence endorsements (A/T only, glasses etc.)			Do the vehicle carry goods?					
	Decription & value of extras								
Owner name & Finance House			Total finance amount outstanding						
Is the vehicle "built-up" or Code 3?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Please provide details and values of any losses/claims in the last 3 years.				
Santova Financial Services (Pty) Ltd a registered Financial Services Provider (FSP Licence No. 6018)									
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