



|                |  |               |  |
|----------------|--|---------------|--|
| Inception Date |  | Introduced By |  |
|----------------|--|---------------|--|

### Insured (Your details)

|                      |         |  |         |             |     |
|----------------------|---------|--|---------|-------------|-----|
| Full names, Surname: |         |  |         | Gender: M/F |     |
| Occupation:          |         |  |         | Title:      |     |
| ID No:               |         |  | Vat No: |             |     |
| Postal Address:      |         |  |         |             |     |
| Contact Details:     | (Email) |  |         |             |     |
|                      | (w)     |  | (h)     |             | (c) |

### Risk Details

|   |                          |  |                   |  |                              |                            |
|---|--------------------------|--|-------------------|--|------------------------------|----------------------------|
| Risk Address 1:   |                          |  |                   |  |                              |                            |
| Is your dwelling a : -  | House                    |  | Townhouse         |  | Ground Floor flat            | Above ground floor flat    |
| Is your dwelling in/on a  | Security village complex |  | Townhouse complex |  | Established residential area | Plot / smallholding / farm |
| Risk Address 2  |                          |  |                   |  |                              |                            |
| Is your dwelling a : -  | House                    |  | Townhouse         |  | Ground Floor flat            | Above ground floor flat    |
| Is your dwelling in/on a  | Security village complex |  | Townhouse complex |  | Established residential area | Plot / smallholding / farm |
| Are the building, outbuildings or any gazebos of standard brick and tile construction? If no, please provide full details.        |                          |  |                   |  |                              |                            |
| 1: _____ 2: _____   |                          |  |                   |  |                              |                            |
| Are the building and outbuildings in a good state of repair? If no, please provide full details: -                                |                          |  |                   |  |                              |                            |
| 1: _____ 2: _____   |                          |  |                   |  |                              |                            |
| Are the building and outbuildings occupied by anyone other than you and your family? If yes, please provide full details.         |                          |  |                   |  |                              |                            |
| 1: _____ 2: _____   |                          |  |                   |  |                              |                            |
| Are the building and outbuildings used for business or professional purposes? If yes, please provide full details.                |                          |  |                   |  |                              |                            |
| 1: _____ 2: _____   |                          |  |                   |  |                              |                            |
| Do you have a second home for your holiday use? If yes, please complete the relevant pages of an additional proposal form.        |                          |  |                   |  |                              |                            |
| 1: _____ 2: _____   |                          |  |                   |  |                              |                            |
| Is your property regularly left unattended during working hours? If yes, please provide details                                   |                          |  |                   |  |                              |                            |
| 1: _____ 2: _____   |                          |  |                   |  |                              |                            |
| For how many days will the main dwelling be left unoccupied/unattended during any annual period? 1: _____ 2: _____                |                          |  |                   |  |                              |                            |
| Will the main dwelling be unoccupied/unattended for more than 10 consecutive days during the next three months? 1: _____ 2: _____ |                          |  |                   |  |                              |                            |
| Is the property bonded, and should the interest of the bondholder be noted? If yes, please provide details                        |                          |  |                   |  |                              |                            |
| 1: _____ 2: _____   |                          |  |                   |  |                              |                            |
| Do you have a private collection of antiques or fine art that requires specialist cover? If yes, please provide details           |                          |  |                   |  |                              |                            |
| 1: _____ 2: _____   |                          |  |                   |  |                              |                            |

### Security details (Address 1 & 2)

|   |          |          |
|---|----------|----------|
| Are all opening windows protected by burglar bars? If no, provide details                               |          |          |
| 1: _____  | 2: _____ |          |
| Are all external doors fitted with security gates? If no, provide details                               |          |          |
| 1: _____  | 2: _____ |          |
| Is the premises fully walled?   |          |          |
| 1: _____  | 2: _____ |          |
| Please provide details of further security. E.g. 24hr guards, guards that patrol, guard huts, CCTV etc. |          |          |
| 1: _____  | 2: _____ |          |
| Is a fully operational alarm installed? Please provide the name of the service provide                  |          |          |
| 1: _____  | 2: _____ |          |
| Is the alarm linked to a 24 hour control room with armed response?                                      | 1: _____ | 2: _____ |
| Is the alarm activated when the property is left unattended?  | 1: _____ | 2: _____ |



**Vehicle & Motorcycles**

Vehicle 1

Vehicle 2

|                   |  | Vehicle 1  | Vehicle 2 |
|-------------------|--|--|-----------|
| Vehicle details   | Year   |  |           |
|                   | Make   |  |           |
|                   | Model Description  |  |           |
|                   | Registration number  |  |           |
|                   | VIN  |  |           |
|                   | Engine   |  |           |
|                   | Automatic or manual  |  |           |
|                   | Colour   |  |           |
|                   | Registered Owner   |  |           |
|                   | Financed (state bank & account number)   |  |           |
|                   | Is the credit agreement in your name, if no, provide details   |  |           |
|                   | Mileage  |  |           |
|                   | Retail Value   |  |           |
|                   | Descriptions and values of extras  |  |           |
|                   | Sound Equipment details and value (if not factory fitted)  |  |           |
|                   | Total Sum Insured incl. extras & sound equipment   |  |           |
| Cover             | Comprehensive / Third party fire & theft / Third party only  |  |           |
| Security          | Details of alarm / immobiliser / gearlock (Please attach certificate)  |  |           |
|                   | Details of tracking and recovery system (Please attach certificate)  |  |           |
|                   | Address where vehicle is parked during the day   |  |           |
|                   | Day time parking e.g. locked garage / locked carport / open carport / behind locked gates  |  |           |
|                   | Address where vehicle is parked overnight  |  |           |
|                   | Overnight parking: e.g. locked garage / locked carport / open carport / behind locked gates  |  |           |
| Regular Driver    | Name   |  |           |
|                   | ID number  |  |           |
|                   | Drivers license - Date of first issue  |  |           |
|                   | Drivers license - Code   |  |           |
|                   | Drivers license - Restrictions   |  |           |
|                   | Occupation   |  |           |
|                   | Use of Vehicle   | 1. Social Domestic & Pleasure Use & emergency travel to & from work<br>2. Private Use - social, domestic, pleasure purposes & travelling to & from your place of employment<br>3. Limited business use - social, domestic, pleasure purposes including travelling to & from work & limited business use<br>4. Business Use - social domestic, pleasure, business & professional purposes incl. commercial travelling but excluding hiring, carriage of passengers for hire, carriage of fare-paying passengers, driving instruction for reward, racing, speed or other contests, rallies, trials or whilst in the custody and control of the motor trade for any purpose other than for the purpose of overhaul, upkeep or repair of the Vehicle |           |
| Secondary Drivers | Name   |  |           |
|                   | ID number  |  |           |
|                   | Drivers license - date of first issue  |  |           |
|                   | Occupation   |  |           |
|                   | Use of vehicle (see above for options)   |  |           |
| Car Hire          | <ul style="list-style-type: none"> <li>• Category B (1400/1600 M A/C, P/S)</li> <li>• Category H (1500/1600 A/C, A, P/S)</li> <li>• Category Y (1800/2000 LDV 1 tonner)</li> </ul> |  |           |

Please use an additional page if you have more than two vehicles



**Declaration**

Have your possessions been insured previously? If yes, please provide the names of your previous insurers, policy numbers and the dates cover incepted and expired

Please provide details of previous losses (whether claimed or not claimed, and whether at fault or not at fault) over the last 3 years

| Date of Loss | Description | Claimed?<br>Y/N | Value of<br>loss |
|--------------|-------------|-----------------|------------------|
|              |             |                 |                  |

Has any Insurer ever cancelled or refused to insure or continue insurance or imposed special terms or restrictions for any risk you now wish to insure? If yes, please provide details

Do you or any other driver suffer from defective hearing, vision or any physical or mental disability? If yes, please provide full details.

Have you or any of the drivers, main or secondary, been involved in a criminal / civil offence or ever had civil judgement taken against you, the main or secondary driver? If yes, please provide full details.

Have you or any of the drivers, main or secondary, been charged or convicted of any driving violations? If yes, please give full details

Will any of the vehicles be driven by drivers under the age of 25? If yes, please provide details and state how often.

Have any of the vehicles been modified to alter performance level? If yes, please indicate which vehicle and provide details of modifications including tare and kilowatt.

Are there any other material facts that may affect the likelihood of a claim, such as, but not limited to, unguarded doors or windows, does your home border an informal settlement, is your home undergoing alterations, are there any convictions pending? Please provide full details.

|  |
|--|
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|  |
|  |
|  |
|  |

I hereby warrant that the above information, facts and statements given by me are true and complete and contain all relevant information known to me which affect the assessment of the risk to be insured and that this and any other statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of the contract between Hollard Insurance Company limited and myself. I agree to accept the terms, conditions and requirements stated in the policy.

Signature of Policyholder \_\_\_\_\_ Date \_\_\_\_\_

## Debit order authorisation

### **A. Authority**

Given by (name of account holder)

Address

Bank

Branch and Code

Account Number

Type of Account

Amount

Date

To (name of beneficiary)

Santova Financial Services (Pty) Ltd

Abbreviated Name as Registered with the Bank

Santova

Beneficiary's Address

Santova House, 88 Mahatma Gandhi Road, Durban, 4001

This signed Authority and Mandate refers to our contract dated \_\_\_\_\_ ("the Agreement")

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on \_\_\_\_\_ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued and delivered as follows: monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (delete that which is not applicable)

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

### **B. Mandate**

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

### **C. Cancellation**

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

### **D. Assignment**

I/WE acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(Signature as used for operating on the account)

\_\_\_\_\_  
(Assisted by)

### **E. Agreement Reference Number**

This Agreement Reference number is: \_\_\_\_\_

## Consent to Professional Services Fee

\_\_\_\_\_, hereby acknowledges that Santova Financial Services (Pty) Limited provides the services outlined below and herewith consent to the payment of the professional service fee stated in return for such services. We understand that brokers earn remuneration for services by means of an advice fee paid by the Insured and statutory commission paid by the Insurer or a combination of both.

| SERVICE DESCRIPTION   | AGREED FEE |
|---|------------|
| <ul style="list-style-type: none"> <li>➤ General advice outside of product specific advice</li> <li>➤ Loss control advice</li> <li>➤ Facilitation of non-insurance value added products</li> <li>➤ Cost of compliance</li> <li>➤ Basic legal and financial advise</li> <li>➤ Travelling and accommodation expenses</li> <li>➤ Training facilitated by outside service providers</li> <li>➤ Technology upgrades, maintenance and training</li> </ul> |            |

I herewith confirm that I am in agreement with the remuneration structure as set out herein.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

FULL NAME OF PAYER \_\_\_\_\_

SIGNATURE OF PAYER \_\_\_\_\_

ASSISTED BY \_\_\_\_\_ CAPACITY \_\_\_\_\_

## Sharing of Insurance Information and Credit Check

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On my own behalf and on the behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claims I may submit.

I consent to such information being disclosed to any other insurance company or its agent.

I acknowledge that the information may be verified against legally recognized sources or databases.

I AGREE THAT this proposal shall be the basis of the contract between the insurer and myself.

I WILL ACCEPT the insurer's standard policy.

I UNDERSTAND that this insurance will not commence until this proposal has been accepted by the insurer.

If you are unable to sign this declaration without qualification, please give your reasons here: \_\_\_\_\_

\_\_\_\_\_

I warrant that the answers given are true, and I do not know of any material facts that should be communicated, even though specific questions about them have not been asked. This means that The Hollard Insurance Company Ltd. has been made aware of all important information and that any incorrect information may mean that the policy will be cancelled or voided.

### Credit Rating Check

May we perform a credit rating check to assist with rating, underwriting and claims YES NO

Signature \_\_\_\_\_ Date \_\_\_\_\_