



PROPOSAL FORM / QUOTATION REQUEST

Broker Name		Sub Broker	
Email Address		Telephone	

POLICYHOLDER DETAILS			
Registered Name of Proposer			
Company Registration Number			
Type of Organisation	<input type="checkbox"/> Pty	<input type="checkbox"/> cc	<input type="checkbox"/> Other
		Specify	
Trading Name			
Previous Trading Name(s)			
VAT Registration Number			
How long have you been a driving school?			

Physical Address	
	Code
Postal Address	
	Code

Tel Number		Fax Number	
email		Cell Phone	

Inception Date	
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INSURANCE HISTORY

Present Insurer		Policy Number	
Previous Insurer		Policy Number	
Has any Insurer ever declined to quote?			No
Has any Insurer ever cancelled your insurance?			No
Has any Insurer required an increase in premium / imposed special terms?			No

Has any Insurer refused to renew your policy?	Yes	No
If yes, please supply full details		

CLAIMS INFORMATION

Supply (on a separate sheet if needed) details of all losses or accidents during the past three years (whether insured or not) under the following headings:

DATE	DESCRIPTION OF LOSS	VEHICLE MAKE	REGISTRATION	TOTAL COST

(Where an optional answer is possible, please tick the box that provides your answer)

	INSURED VEHICLE (1)	INSURED VEHICLE (2)	INSURED VEHICLE (3)	INSURED VEHICLE (4)
Make				
Model				
Sum Insured	R	R	R	R
Year				
Colour (Metallic)				
Chassis/VIN Number				
Engine Number				
Registration Number				
Registration Certificate Attached				
Odometer Reading				
Vehicle Financed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Finance House				
Account Number				
Outstanding Balance	R	R	R	R
Registered Owner				
Regular Instructor				
Licence Code				
Date Obtained				
Instructors Permit				

	INSURED VEHICLE (1)	INSURED VEHICLE (2)	INSURED VEHICLE (3)	INSURED VEHICLE (4)
Date Obtained				
Kept in a locked garage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kept in a locked up yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kept in locked parking garage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dual Control Device	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Value	R	R	R	R
Audio Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Value	R	R	R	R
Hands Free Car Kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Value	R	R	R	R
Sign-Writing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Value	R	R	R	R
Immobiliser	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Factory Fitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immobiliser Certificate Attached				
Tracking System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Engineers Report attached if vehicle is older than 12 years				

PREMIUM PAYMENT

On the selected day of every month commencing on _____ I/we request you to draw against my/our existing account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly amount due in respect of this insurance. All such withdrawals from my/our bank account by you shall be treated as though they had been signed for by me/us personally.

DEBIT ORDER DATE

1 st (first)		7 th (seventh)		15 th (fifteenth)	
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DETAILS OF BANK ACCOUNT

Name of Bank															
Branch Name								Branch Code							
A/C Holder Name															
Type of Account															
Account No.															

CONSENT TO THE USE OF UNDERWRITING, CLAIMS AND OTHER RELEVANT INFORMATION

- ✓ Waive any right to privacy in respect of any insurance information provided by you or on your behalf regarding any insurance policy or claim made or lodged by you or on your behalf.
- ✓ Allow such information to be disclosed to any other insurance company or its agents.
- ✓ Allow us to verify the information provided by you against other legitimate sources or databases.

DECLARATION

I/We agree that if any claim lodged under any policy or section issued by **Zurich Insurance Company South Africa Limited** to me/us or any person or company on my/our behalf be in any respect fraudulent, or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this insurance/policy, or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this insurance/policy in respect of such claim shall be forfeited.

I/We declare that this proposal/application contains full details of the risk and is complete and true and correct in every respect. I/We agree that this application and declaration form the basis of the contract between me/us and **Zurich Insurance Company South Africa Limited**. Further, I/we understand that if any fraudulent information is provided or any fraudulent means or devices be used by me/us or on my/our behalf to obtain cover, the cover/benefit will be inoperative as from inception and any premiums paid shall be forfeited.

I, the undersigned, confirm that I am authorised to complete and sign this Proposal Form and Debit Order Authority for and on behalf of the Insured.

Signed	_____	Full Name	_____
Capacity	_____	Date	_____