



Business Solutions.

GENERAL INFORMATION

CLIENT DETAILS

TITLE :		DATE OF BIRTH :	
FULL NAMES :		IDENTITY NUMBER :	
SURNAME :			
OCCUPATION :		MARITAL STATUS :	
TELEPHONE NO :		SOUTH AFRICAN CITIZEN	Yes / No
MOBILE NO :			
EMAIL ADDRESS :		FAX NUMBER :	
POSTAL ADDRESS :			

INSURANCE DETAILS - Are you presently insured ? If so please provide the following details :

INSURANCE COMPANY :	
POLICY NUMBER :	

CLAIMS HISTORY : Have you had any claims / losses ? If so please provide us with details :

DATE OF CLAIM	AMOUNT CLAIMED	BRIEF DESCRIPTION
	R -	
	R -	
	R -	
	R -	
	R -	
	R -	
	R -	

GENERAL INFORMATION

RISK ADDRESS DETAILS :

RISK ADDRESS 1 :	PHYSICAL PROTECTIONS :

CONSTRUCTION :

Walls	
Roof	
Floor	

PORTFOLIO ANALYSIS

HOUSEOWNERS / BUILDINGS SECTION

Loss and/or Damage to the Buildings & Outbuildings resulting from Fire, Lightning, Explosion, Theft following Forcible & Violent means as well as other perils as stated in the schedule to be included.

Location 1

Domestic Buildings	R 0,00	0,000%	R -	R -
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TYPE OF RESIDENCE

House	Cluster	Flat - Ground Floor	
Townhouse	Security Village	Flat -First Floor +	
Country / Golf Estate			

CONSTRUCTION

Walls		**If THATCH roof, please answer relevant Questions**
Roof		
Floor		

Thatch Roofs	a) Has Thatch been treated with Fire Retardant materials ?	Yes / No	Date of Last Treatment	(YYYY / MM / DD)
	b) Is an SABS Approved Lightning Conductor Installed ?	Yes / No		

HOUSEHOLDER CONTENTS SECTION

Loss of or Damage to Household Contents by any Insured Peril including Fire, Water, Theft and other listed perils except otherwise excluded.

Location 1

Household Contents - SUM INSURED	0
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TYPE OF RESIDENCE

House	Cluster	Flat - Ground Floor	
Townhouse	Security Village	Flat -First Floor +	
Country / Golf Estate	Holiday Home	Other	

CONSTRUCTION

Walls		**If THATCH roof, please answer relevant Questions**
Roof		
Floor		

Thatch Roofs	a) Has Thatch been treated with Fire Retardant materials ?	Yes / No	Date of Last Treatment	(YYYY / MM / DD)
	b) Is an SABS Approved Lightning Conductor Installed ?	Yes / No		

ALARM SYSTEM DETAILS & FEATURES

Is a burglar alarm system installed at the residence ?	Yes / No	If YES provide details :
Is the Alarm system linked to an 24-hour Armed Response company ?	Yes / No	If NO provide details :
Are all opening windows and external doors protected by the alarm's sensors / systems ?	Yes / No	If NO provide details :

SECURITY MEASURES & FEATURES

Are all Opening windows protected by burglar bars ?	Yes / No	If NO provide details :
Are all external doors protected by security gates ?	Yes / No	If NO provide details :
Are there any sliding doors at the residence ?	Yes / No	If YES provide details :
Are the sliding doors fitted with an additional locking mechanism / additional protections ?	Yes / No	If YES provide details :
Are there any additional security features not already mentioned ?	Yes / No	If YES provide details :

OCCUPATION		
Is the residence occupied during working hours ?	Yes / No	If YES provide details :
Do you conduct any business from the residence ?	Yes / No	If YES provide details :
LOCATION OF BUILDINGS		
Is the residence in an established built-up area ?	Yes / No	If NO provide details :
Are there any new building developments nearby ? (Within 2km from residence)	Yes / No	If YES provide details :
Is the residence on a small holding / plot / farm ?	Yes / No	If YES provide details :
Is the residence next to a vacant piece of land / park / golf course / sports field etc ?	Yes / No	If YES provide details :

PERSONAL ALL RISKS SECTION - Items to be specified for cover whilst away from home.
Loss / Damage to property as described anywhere in the world by any accident / misfortune not otherwise excluded

No.	Item Description (Make, Model and Serial Number)	R	-
1	(Item Description)	R	-
2	(Item Description)	R	-
3	(Item Description)	R	-
4	(Item Description)	R	-

MOTOR SECTION																	
Nr.	ITEM DESCRIPTION																
1	Year		<table border="1"> <thead> <tr> <th colspan="2">Driver Details</th> </tr> </thead> <tbody> <tr> <td>Regular Driver</td> <td></td> </tr> <tr> <td>ID No. Regular Driver</td> <td></td> </tr> <tr> <td>Relationship to Insured</td> <td></td> </tr> <tr> <td>Occupation of Driver</td> <td></td> </tr> <tr> <td>Marital Status of Driver</td> <td></td> </tr> <tr> <td>Year drivers license obtained & code ?</td> <td></td> </tr> </tbody> </table>	Driver Details		Regular Driver		ID No. Regular Driver		Relationship to Insured		Occupation of Driver		Marital Status of Driver		Year drivers license obtained & code ?	
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