

Business Solutions.

				GENERA	AL INFOR	MATION			
CLIENT DE	TAILS								
тіт	LE :			1		DATE O	F BIRTH :		
FULL N	AMES :						IDENTITY NUMBER :		
SURN	AME :								
OCCUP	ATION :						MARITAL STATUS :		
TELEPHONE	NO :					j	SOUTH AFRICAN CITIZEN	Yes / No	
MOBILE NO	:]			
EMAIL ADD	RESS :						FAX NUMBER :		
POSTAL AD	DRESS :				-				
					1				
INSURANC	E DETAILS	- Are you	presently in	sured ? If s	o please pr	ovide the f	ollowing details :		
	ANCE COMP								
PO		R :							
CLAIMS HI	STORY : Ha	ive you had	d any claims	s / losses ?	If so pleas	se provide (us with details :		
	DATE O	F CLAIM	AMOUNT	CLAIMED			IEF DESCRIPTION		
			R	-					
			R R	-					
			R	-					
			R	-					
			R R	-					
			I.V.						
				GENERA	AL INFOR	MATION			
	RESS DETAIL	.S :							
	SS 1 :				1	PHYSICAL P	ROTECTIONS :		
					1				
					1				
]				
					J				
]				
	alls								
	oof oor								



PORTFOLIO ANALYSIS								
HOUSEOWNERS / BUILDINGS SECTION								
Loss and/or Damage to the Buildings & Outbuildings resu other perils as stated in the schedule to be included.	lting from Fi	ire, Lightning	, Explosion, T	heft followin	ng Forcible & Violent mear	ns as well as		
Location 1								
Domestic Buildings	R 0,00 0,00			00% R - R -				
•		,,	0,00	0,0	I I			
TYPE OF RESIDENCE								
House		ster			Flat - Ground Floor			
Townhouse Country / Golf Estate	Security	y Village			Flat -First Floor +			
country / don Estate								
CONSTRUCTION				_				
Walls								
Roof				**If THATCI	H roof, please answer relev	ant Questions**		
Floor								
a) Has Thatsh hear treate	d with Fire P	Potardant m	atorials 2	Yes / No	Date of Last Treatment	(YYYY / MM / DD)		
TT L DOTCH ROOTSTT) Has Thatch been treated with Fire Retardant materials ?) Is an SABS Approved Lightning Conductor Installed ?			Yes / No	Date of Last Treatment			
b) is all SABS Approved Lig	ginning Cond		ieu :	1037110				
HOUSEHOLDER CONTENTS SECTION								
Loss of an Domono to Household Contants by any lawyo	استا المعادم	ling Fire Ma	han Thaft and	athau listad	nevile everyt ethemuiee e	valued a d		
Loss of or Damage to Household Contents by any Insured	a Peril Includ	ling Fire, wa	ter, Theft and	other listed	perils except otherwise e	xciudea.		
Location 1								
Household Contents - SUM INSURED	(0						
TYPE OF RESIDENCE								
House	Chu	ster		1	Flat - Ground Floor			
Townhouse					Flat -First Floor +			
Country / Golf Estate	Security Village Holiday Home			Other				
	Honda	ynonie			other			
CONSTRUCTION				-	<u>.</u>			
Walls								
Roof				**If THATCH roof, please answer relevantQuestions**				
Floor								
a) Has Thatch been treate	d with Fire Retardant materials ?			Yes / No	Date of Last Treatment	(YYYY / MM / DD)		
	ightning Conductor Installed ?			Yes / No		(,,,,		
					J			
ALARM SYSTEM DETAILS & FEATURES		16 1/2 2						
Is a burglar alarm system installed at the residence ?	Yes / No	If YES prov	vide details :					
Is the Alarm system linked to an 24-hour Armed Response	Yes / No	If NO prov	ide details :					
company ?								
Are all opening windows and external doors protected by	Yes / No	Yes / No If NO provide details :						
the alarm's sensors / systems ?								
SECURITY MEASURES & FEATURES								
Are all Opening windows protected by burglar bars ?	Yes / No	If NO prov	vide details :					
Are all external doors protected by security gates ?	Yes / No							
Are there any sliding doors at the residence ?	Yes / No	If YES prov	vide details :					
Are the sliding doors fitted with an additional locking								
mechanism / additional protections ?	Yes / No	If YES prov	vide details :					
Are there any additional security features not already	Yes / No	If YES prov	vide details :					
mentioned ?	105/100	11125 0101						



	OCCUPATION									
lls th	e residence occupied during	working hours?	Yes / No	If YES provide details :						
	ou conduct any business from	-	Yes / No	If YES provide details :						
00 y	-	in the residence :	163/110	in res provide details.						
	LOCATION OF BUILDINGS									
ls th	e residence in an established	built-up area ?	Yes / No	If NO provide details :						
Are	there any new building devel	opments nearby ?	Yes / No	If YES provide details :						
(Wit	hin 2km from residence)		res / NO	IT ILS provide details.						
ls th	e residence on a small holdin	g / plot / farm ?	Yes / No	If YES provide details :						
ls th	e residence next to a vacant	piece of land / park / golf	V / N	If VEC menuide details .						
cour	rse / sports field etc ?		Yes / No	If YES provide details :						
_					· ·					
PEF	RSONAL ALL RISKS SEC	FION - Items to be s	pecified 1	for cover whilst awa	ly from hom	е.				
Loss	/ Damage to property as des	cribed anywhere in the wo	orld by any a	accident /						
misf	ortune not otherwise exclude	ed								
_										
	Item Description (Make, Mo	odel and Serial Number)								
	(Item Description)			R	-					
	(Item Description)			R	-					
-	(Item Description)			R	-					
4	(Item Description)			R	-					
NAC										
IVIC	DTOR SECTION									
Nr.			I	TEM DESCRIPTION						
1	Year					Driver Details				
	Make			Regular	⁻ Driver					
	Model			ID No. Reg	ID No. Regular Driver					
	Vehicle Security Systems			Relationshi	Relationship to Insured					
	Immobiliser System	Yes / No		Occupatio	n of Driver					
	Tracking System	Yes / No		Marital Stat	us of Driver					
				Year dr	ivers license obt	tained & code ?				
				Year dr	ivers license obt	tained & code ?				
2	Year			Year dr	ivers license obt	tained & code ? Driver Details				
2	Year Make				ivers license obt					
2					· Driver					
2	Make			Regular	· Driver ular Driver					
2	Make Model	Yes / No		Regular ID No. Reg Relationshi	· Driver ular Driver					
2	Make Model Vehicle Security Systems	Yes / No Yes / No		Regular ID No. Reg Relationshi	r Driver ular Driver o to Insured n of Driver					
2	Make Model Vehicle Security Systems Immobiliser System			Regular ID No. Reg Relationshi Occupatio Marital Stat	Driver ular Driver to Insured n of Driver us of Driver					
	Make Model Vehicle Security Systems Immobiliser System Tracking System			Regular ID No. Reg Relationshi Occupatio Marital Stat	Driver ular Driver to Insured n of Driver us of Driver	Driver Details				
2	Make Model Vehicle Security Systems Immobiliser System Tracking System Year			Regular ID No. Reg Relationshi Occupatio Marital Stat Year dr	Driver ular Driver o to Insured n of Driver us of Driver ivers license obt	Driver Details				
	Make Model Vehicle Security Systems Immobiliser System Tracking System Year Make			Regular ID No. Reg Relationshi Occupatio Marital Stat Year dr Regular	Driver ular Driver boto Insured of Driver us of Driver ivers license obt	Driver Details				
	Make Model Vehicle Security Systems Immobiliser System Tracking System Year Make Model			Regular ID No. Reg Relationshi Occupatio Marital Stat Year dr Regular ID No. Reg	Driver ular Driver o to Insured n of Driver us of Driver ivers license obt	Driver Details				
	Make Model Vehicle Security Systems Immobiliser System Tracking System Year Make Model Vehicle Security Systems	Yes / No		Regular ID No. Reg Relationshi Occupatio Marital Stat Year dr Regular ID No. Reg Relationshi	Driver ular Driver boom of Driver us of Driver ivers license obt	Driver Details				
	Make Model Vehicle Security Systems Immobiliser System Tracking System Year Make Model			Regular ID No. Reg Relationshi Occupatio Marital Stat Year dr Regular ID No. Reg Relationshi Occupatio	Driver ular Driver boom of Driver us of Driver ivers license obt	Driver Details				
	Make Model Vehicle Security Systems Immobiliser System Tracking System Year Make Model Vehicle Security Systems	Yes / No		Regular ID No. Reg Relationshi Occupatio Marital Stat Year dr Regular ID No. Reg Relationshi	Driver ular Driver boom of Driver us of Driver ivers license obt	Driver Details				
	Make Model Vehicle Security Systems Immobiliser System Tracking System Year Make Model Vehicle Security Systems Immobiliser System	Yes / No Yes / No		Regular ID No. Reg Relationshi Occupatio Marital Stat Year dr Regular ID No. Reg Relationshi Occupatio Marital Stat	Driver ular Driver boom of Driver us of Driver ivers license obt	Driver Details				