

Declaration

CONFIDENTIAL



INSURED DETAILS

Insured	
Street Address	
Postal Address	
Business Type	Vat No
Contact Person	Tel No
Company Registration	Cell No
Policy No	

POLICYHOLDER RISK HISTORY AND INFORMATION

Has any Insurer ever refused, cancelled or declined to renew any policy held by the Policyholder / Proposer or Main Driver or other drivers.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details:		
Does the Policyholder/Proposer or Main Driver suffer from defective hearing or vision or any physical or mental disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details:		
Has the Policyholder/Proposer or Main Driver been involved in a civil/criminal offence or judgement against them or driver license been endorsed or been charged or convicted of any driving violation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details:		
In the case of vehicles, please advise if they are financed and if yes, provide name of the Institution and account number:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Policyholder/Proposer, Main Driver or other additional drivers suffered any accidents or losses or submitted any claims under any insurance policy in the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details in the block marked Claims Experience.		

CLAIMS EXPERIENCE

Date	Description	Amount

IMPORTANT NOTE

Cover will only be confirmed in the event that:

This document shall form part of any subsequent insurance contract concluded between the proposer and the Insurer. Completion of this form does not bind the proposer or the insurer to complete this insurance transaction. All quotations are subject to the receipt of a satisfactory insurance company claims experience and a survey (where required) accepted by us. The information requested in this document and the survey (if requested) forms a material part of the risk. Upon receipt of this documentation, we (the Underwriter) reserve the right to void a risk from inception or change the terms with immediate effect should the risk appear or deem to be unacceptable or uninsurable. All terms presented are therefore subject to survey and material information being presented.

Signed at	on the / / 20
Signature of Policyholder	
Full Name	
Designation	ID No

