

**EXECUTIVE POLICY: PROPOSAL FOR PERSONAL INSURANCE**

This insurance is dependant upon true and complete answers being given to each question. Even if not asked for, all material information must be disclosed. Please answer all questions noting that dashes or blanks are not acceptable.

**DETAILS OF PROPOSER**

Full Name or Proposer:			
ID or Registration No:	VAT No (where applicable:)		
Postal Address:			
E-mail Address:		Postal Code:	
Telephone No:	(Business)	(Home)	(Mobile)
Broker:	Inception Date:		____/____/____

**CLAIMS HISTORY**

Have you suffered any losses within the last 3 years?      Yes       No       If "Yes", please provide details as follows:

<u>Date:</u>	<u>Description of event:</u>	<u>Amount:</u>
		R
		R
		R
		R

Has any Insurer ever refused, cancelled or declined to renew any policy held by you?      Yes       No

If "Yes", please provide details:

**RISK DETAILS**

Risk Address:		
Is the building and its outbuildings:		
<ul style="list-style-type: none"> <li>• In a good state of repair and regularly maintained?      Yes <input type="checkbox"/>      No <input type="checkbox"/></li> <li>• Occupied by anyone other than you and your family?      Yes <input type="checkbox"/>      No <input type="checkbox"/></li> <li>• Used for business or professional purposes?      Yes <input type="checkbox"/>      No <input type="checkbox"/></li> <li>• A second or holiday home for your own use?      Yes <input type="checkbox"/>      No <input type="checkbox"/></li> <li>• Regularly left unattended during working hours?      Yes <input type="checkbox"/>      No <input type="checkbox"/></li> <li>• Bonded and you require your bondholder's interests noted?      Yes <input type="checkbox"/>      No <input type="checkbox"/></li> </ul>		<p style="text-align: center;"><u>If No, give full details</u></p> <hr/> <p style="text-align: center;"><u>If Yes, give full details</u></p>

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Fax: 021 700 4224

DURBAN  
Viewz  
11 The Boulevard  
Westway Office Park  
Westville 3630  
P O Box 2725  
Westway 3630  
Tel: 031 275 8600  
Fax: 031 265 1052

PRETORIA  
Glen Manor Office Park  
Building Number 5  
Frikkie de Beer Street  
Menlyn Pretoria 0063  
P O Box 65  
Menlyn 0063  
Tel: 012 365 8621  
Fax: 012 365 1052

JOHANNESBURG  
3<sup>rd</sup> Floor, Norfolk House  
Norwich Office Park  
Cnr. 5<sup>th</sup> Street, Norwich Close  
Sandown 2196  
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**Directors:** Lkeel (Swiss) (Chairman), RB Hudson (Managing), AH Brukman, RC Ferguson, A Thornycroft, B Granville (Brit), A Klennert (Ger), A Louw, V J Hayter, J R Watson (Alt)  
**Co. Reg. 2001/022686/06      VAT No. 4660196868**

**MUAI is an authorised financial services provider (FSP363)**

**SECURITY DETAILS**

- Are all opening windows protected by burglar bars? Yes  No
- Do all external doors have security gates? Yes  No
- Is the premises fully walled? Yes  No
- Do you have security on duty during day and night? Yes  No
- Is a fully operational burglar alarm installed? Yes  No
- Linked to a 24-hour control room with armed response? Yes  No
- Is the alarm maintained under a maintenance agreement? Yes  No
- Is the alarm activated when the property is unattended? Yes  No

If No, give full details

Buildings situated in a secure estate:

- Is access control monitored by armed guards? Yes  No
- Is there contact between the entrance and the building? Yes  No
- Is the estate secured by electronic gates? Yes  No
- Is the perimeter secured by an electronic fence? Yes  No

**LIMITS OF INDEMNITY**

	<b>R</b>		<b>R</b>
Buildings	[ ]	Contents including Valuables:	[ ]
<u>Specified Valuables</u>	<b>R</b>	<u>All Risks:</u>	<b>R</b>
1.	[ ]	1. Unspecified	[ ]
2.	[ ]	2.	[ ]
3.	[ ]	3.	[ ]
4.	[ ]	4.	[ ]
5.	[ ]	5.	[ ]
6.	[ ]	6.	[ ]
<u>Excess:</u>	Nil <input type="checkbox"/>	R1000 <input type="checkbox"/>	<u>Additional Voluntary Excess:</u> R7 500 <input type="checkbox"/> R15 000 <input type="checkbox"/> R22 500 <input type="checkbox"/>

**DETAILS OF MAIN DRIVER(S)**

Name of Main and other drivers		
Date of Birth of Main and other drivers		
ID Number(s)		
Date of Issue of RSA Drivers Licence		
Nationality of Main and other drivers		
Occupation of Main and other drivers		
Type of Use (Business/Private/Both)		

**DETAILS OF VEHICLES**

	VEHICLE 1	VEHICLE 2
Make		
Model		
Year of Manufacture		
Retail Value		
Auto/Manual Transmission		
Left or Right-hand drive		
Registration No.		
Engine No./VIN No.		
Chassis No.		
Sound Equipment Make, Model and Value		
Details of vehicle modifications/accessories		
Immobiliser (Make) / Gearlock (Make)		
Tracking Device (Make)		
Overnight Parking Facilities (Specify)		

Premium / Excess Option chosen		
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**POLICYHOLDER VEHICLE RISK HISTORY AND INFORMATION** (Please check applicable box)

Has the Policyholder/Proposer or Main Driver or other drivers suffered any accidents or losses or submitted any claims under a Motor Insurance Policy in the last 5 years? Yes  No

If "Yes", please provide full details: \_\_\_\_\_

Do the Policyholder/Proposer, Main or other drivers suffer from defective hearing or vision or any physical or mental disability? Yes  No

If "Yes", please provide full details: \_\_\_\_\_

Has the Policyholder/Proposer or Main, or other driver's licence ever been endorsed? Yes  No

If "Yes", please provide full details: \_\_\_\_\_

Are any of the vehicles listed above financed? Yes  No

If "Yes", please give name of institution and account number \_\_\_\_\_

**DEBIT ORDER AUTHORISATION**

Do you wish to make monthly or annual premium payments?

Monthly

Annual

If "Monthly", kindly complete the following debit order authorisation:

I hereby authorise MUA Insurance Company Limited to debit my bank account at:

Bank:

Branch:

Branch Code:

Type of Account:

Account Number:

Name of Account Holder:

Note:

M.U.A. (Pty) Ltd. VAT Reg. No. 4870110873

Debits cannot be raised through FNB Savings Account, Master Card Holders or account numbers exceeding 13 digits.

Signature of Account Holder: \_\_\_\_\_

Date: \_\_\_\_\_

Who warrants authority to bind Proposer/Policyholder.

**WARRANTY**

I hereby warrant that the above particulars and statements are true and complete and contain all information known to me affecting the risks 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 and incorporated in the contract between me and MUA Insurance Company Limited and shall be promissory.

I agree to accept the insurance on the terms and conditions set forth in the policy.

Signature of Policyholder/Proposer: \_\_\_\_\_

Date: \_\_\_\_\_