



PROPOSAL FORM

MOTOR

IMPORTANT - PLEASE READ BEFORE COMPLETING THIS PROPOSAL FORM

1. The Proposal, together with other information requested by or provided to the Insurers, is required to assist in the evaluation and rating of the risk resulting in the provision of Quotations. Completion of the Proposal does not bind the Proposer or the Insurers to complete the insurance transaction.
2. As the Proposal will form the basis of any insurance contract that may subsequently be issued by the insurers, it is imperative that all Questions be answered in full and to the best of the knowledge and belief of the Proposer – misrepresentation and/or non-disclosure may result in the rejection of claims and/or invalidate the Policy.
3. Should there be insufficient space provided herein, please supply any additional information on separate pages.
4. "Not Applicable" and "N/A" are not suitable responses. **All Questions must be completed in full.**
5. An OFFICIAL Quotation cannot be provided unless all questions have been answered and the **Proposal Form signed and dated.**
6. A full and properly INITIALLED copy of the Proposal Form is required in order for cover to be bound.
7. Please ensure that all responses are clear and legible.
8. **In the event that the Proposer elects not to respond to a Question or specifically request cover in respect of any Section and/or Extension, it will be deemed that cover or a Quotation to include cover is not required.**
9. The completion of this form and the provision of a Quotation and any additional information applicable to the provision of a Quotation, shall not be deemed to be the provision of advice.
10. Should any further/additional information, explanation or advice be required in respect of the product, terms cover etc, this should be sought from an insurance broker.
11. Any form completed and/or signed by an insurance broker on behalf of the Proposer will be deemed to have been completed by the Proposer.
12. **Please do not tick or cross response boxes or leave them blank, where applicable, respond either "Yes" or "No"**
13. The Proposal Form should not be signed and initialled unless read and understood. Insurers will consider all signed and initialled Proposal Forms as having being read and understood.

Tradeforth 6 (Pty) Limited trading as Abelard Underwriting Agency
 Registration No 1996/008912/07
 Ground Floor, 292 Surrey Avenue, Randburg
 PO Box 2155 Pinegowrie, 2123
 Tel +27 11 326-2951, Fax 0866 351 124 (Local) +27 11 326-2952 (Intl)
 Directors: DJC Cox (Managing), CE Diederiks, CP Norrington*British, K L Waugh

F.A.I.S. Compliance Details
 FSP Licence Number: 28
 Compliance Practice: Associated Compliance (Pty) Ltd
 FSB Practice No: 6377
 Compliance Officer: Peter Veal



**MOTOR PROPOSAL FORM**

1. Name of Full Legal Entity to be Insured: _____

2. Postal Address: _____

3. Physical Address: _____

4. Telephone Number: _____
5. Fax Number: _____
6. Website Address: _____
7. Nature of Business: _____
8. Please provide all information regarding claims paid and outstanding:

9. Please provide the Company:-

Registration Number: _____

Vat Registration Number: _____

PSIRA Registration Number: _____



10. Has the Entity to be Insured previously been Insured? Yes ☐ No ☐
- a) Has any Proposal for insurance ever been declined? Yes ☐ No ☐
- b) Did any previous Insurer ever require:
- i) Increased Premiums or terms? Yes ☐ No ☐
- ii) Special restrictions or conditions? Yes ☐ No ☐
- c) Has any previous Insurer terminated or refused to renew any insurance? Yes ☐ No ☐

If the answer to either of the above is YES, please give full details:

Signed at _____ on this _____ day of _____

Signature on behalf of Entity to be Insured: _____

Capacity: _____



10. KINDLY INDICATE BELOW WHICH VEHICLES ARE TO BE INSURED:

Registration Number	Vehicle	Model	Year	Sum Insured	Gearlock Yes/No	Tracker Yes/No	Use: Private/Patrol/Response	Vin Number	Engine Number	Accessories	Value