

**HEAD OFFICE:**

Tel: (011) 482 5452

Fax: 086 542 0506

126 Bram Fischer Drive, Ferndale, 2194

[admin@khanyisabrokers.co.za](mailto:admin@khanyisabrokers.co.za)

An Authorised Financial Services Provider: License Number – 31213

**SEBOKENG OFFICE:**

Tel: 016 597 3002

Cell: 076 923 6088

1108 Ext 2, Zone 6, Sebokeng, 1983

[lfeadmin@khanyisabrokers.co.za](mailto:lfeadmin@khanyisabrokers.co.za)**PERSONAL LINES APPLICATION**

Please complete &amp; sign the quote, ticking all the applicable blocks. Make sure all questions are answered.

**POLICY HOLDER DETAILS**

Name: ..... Title: .....

Surname: ..... ID/Passport number: .....

**IF PASSPORT HOLDER**

Date of birth: ..... Nationality: .....

GENDER: Male ☐ Female ☐ LANGUAGE: English ☐ Afrikaans ☐

Occupation: .....

 MARITAL STATUS: Married ☐ Single ☐ Divorced ☐ Widowed ☐  
 Separated ☐ Domestic partnership ☐
**CONTACT DETAILS OF POLICY HOLDER***Please indicate preferred method of contact with an X.*Cell: ..... ☐ Home: ..... ☐ Work: ..... ☐

Primary e-mail address: .....

Secondary e-mail address: .....

**ADDRESS DETAILS****Physical** address: .....

Suburb: ..... Postal code: .....

City: .....

**Postal** address: Same as physical ☐ ☐

..... Postal code: .....

**CONSENT QUESTION***"To enable the insurer to underwrite risk fairly and to combat insurance fraud, we need to have your consent to verify and share policy information with insurers and other institutions as well as to access credit information held by other institutions. Do you give the insurer consent?"**\*Indicate with an X* ☐ ☐Is the client currently insured? ☐ ☐

If yes, company name: ..... Policy number: .....

Was the client previously insured? ☐ ☐ Last date of insurance: .....

If yes, company name: ..... Policy number: .....

Has the client ever been refused insurance? ☐ ☐Has the client ever had his/her policy cancelled (or section thereof)? ☐ ☐Has the client ever been refused renewal of his/her policy (or section thereof)? ☐ ☐**SHARING THE LIGHT TO GROW OTHERS**

Company Registration Number: 2017/237388/07

Has the client ever had special conditions imposed on his/her policy? ☐ Y ☐ N

*If any of above-mentioned questions have been marked YES, please supply full details.*

.....  
.....

Have you suffered any losses or damages in the last 3 years, whether insured or not? ☐ Y ☐ N

If yes, number of losses: ..... Total value losses: R .....

Description: .....

.....  
.....  
.....  
.....

#### DETAILS OF CO-INSURED AND OTHER INSURED

Name: ..... Title: .....

Surname: ..... ID/Passport number: .....

IF PASSPORT HOLDER Date of birth: ..... Nationality: .....

GENDER: Male ☐ Female ☐ LANGUAGE: English ☐ Afrikaans ☐

Occupation: .....

MARITAL STATUS: Married ☐ Single ☐ Divorced ☐ Widowed ☐  
Separated ☐ Domestic partnership ☐

Physical address (if not the same as policy holder): .....

.....

Suburb: ..... Postal code: .....

City: .....

#### LINES OF BUSINESS

*Indicate selection with an X:*

Property ☐ Vehicle ☐ All Risks ☐ Watercraft ☐ Casualty ☐

#### PROPERTY SECTION

*Please indicate if you would like to quote for:*

CONTENTS: ☐ BUILDING AND CONTENTS: ☐ BUILDING ALONE: ☐

Additional security measures added to the building since the last burglary (If Applicable)? ☐ Y ☐ N

Description: .....

.....

TYPE OF RESIDENCE Main ☐ Holiday ☐ Other ☐

Risk address: .....

.....

..... Postal code: .....

WALL CONSTRUCTION                      Standard   ☐                      Non-standard   ☐

Description: .....

ROOF CONSTRUCTION                      Standard   ☐                      Thatch (*please complete questionnaire*)   ☐  
Non-standard   ☐

Description, if Non-standard: .....

USE OF DWELLING                      Standard   ☐                      Commune   ☐                      Farm   ☐                      Other   ☐

TYPE OF RESIDENCE                      Residential   ☐                      Security complex   ☐                      Estate   ☐  
Retirement village   ☐                      Farm   ☐                      Small holding   ☐  
Game lodge   ☐                      Caravan park   ☐                      Storage facility   ☐

If storage facility, is the storage facility registered?: ..... ☐ Y   ☐ N

Who occupies this address? .....

Is the property within a 100m of a (river/sea/body of water)?                      ☐ Y   ☐ N

Will the premises be unoccupied for:

More than 60 consecutive days during a 12-month period?                      ☐ Y   ☐ N

The first 30 days after cover starts?                      ☐ Y   ☐ N

CONTENTS REPLACEMENT VALUE R .....

BUILDING REPLACEMENT VALUE R .....

#### SECURITY – PERIMETER

☐ Residence perimeter wall of brick / palisades / vibracrete

☐ Outer perimeter wall of brick / palisades / vibracrete

☐ Electric fencing not linked

☐ Electric fencing linked with no armed response

☐ Electric fencing linked with armed response

☐ Remote access control

☐ Guarded access control

☐ Guards patrolling with armed response

☐ Guards patrolling

☐ None

PREMISES SECURITY                      ☐                      Gated village or boom control                      ☐                      Neighbourhood watch

#### SECURITY INFORMATION

☐ Security gates all opening doors excluding sliding doors

☐ Security gates all opening doors excluding swivel/pivot door

☐ Security gates all opening doors

☐ Shutters/transparent burglar bar proofing

☐ Burglar bars all opening windows

☐ Burglar bars all windows

☐ Alarm not linked

☐ Linked alarm with no armed response

☐ Linked alarm with armed response

☐ None

#### RISK INFORMATION

Are the premises equipped with surge arrestors?                      ☐ Y   ☐ N

Contents no claim bonus?                      ☐ Y   ☐ N

Do you have the proof of no claim bonus? (if higher than 5)                      ☐ Y   ☐ N

## BUILDINGS **OPTIONAL** COVER

ITEM	YES	NO	VALUE	COMMENTS
Accidental damage	Yes	No	R	
Comprehensive Subsidence/Landslip	Yes	No		
Home industry	Yes	No		
Limited bed and breakfast	Yes	No		
Property keys and locks	Yes	No		
Transport of groceries	Yes	No		
Maintenance of geysers	Yes	No		
Theft or attempted theft	Yes	No		

Please note there is a free R2 500 limit on keys and locks.

Please note there is a R5 000 free limit on transport of groceries.

CONTENTS **OPTIONAL** COVER

ITEM	YES	NO	VALUE	COMMENTS
Accidental damage	Yes	No	R	
Comprehensive Subsidence/Landslip	Yes	No		
Home industry	Yes	No		
Limited bed and breakfast	Yes	No		
Property keys and locks	Yes	No		
Transport of groceries	Yes	No		
Maintenance of geysers	Yes	No		
Theft or attempted theft	Yes	No		

## GEYSER INFORMATION

Does the geyser have a water cylinder? ☐ Y ☐ N

If yes, number of water cylinders: Outside: ..... Inside: .....

VOLUNTARY EXCESS (Excess willing to pay, additional to Basic) ☐ Y ☐ N Amount: R .....

TYPE OF HOME INDUSTRY: .....

Insured amount: ..... R Value: .....

POWER SURGE: Higher limit than R5 000 free cover? ☒ Y ☐ N If yes, R value: .....

PROPERTY KEYS: Higher limit than R2 500 free cover? ☐ Y ☐ N If yes, R value: .....

## ALL RISKS SECTION

Clothing and personal effects: ☐ Y ☐ N Value: R .....

## SPECIFIED ALL RISKS ITEMS

[illegible]

Please note that we require valuation certificates for:

- Jewellery items valued over R10 000.00 each.
- Bicycles valued over R30 000.00 each (No cover for business/professional use).
- Musical instruments valued over R25 000.00 each (No cover for business/professional use).
- Photographic equipment valued over R20 000 (No cover for business/professional use).
- Sports equipment valued over R20 000.00 (No cover for business/professional use).

## CASUALTY SECTION

PERSONAL LEGAL LIABILITY: ☐ Y ☐ N EXTENDED PERSONAL LEGAL LIABILITY: ☐ Y ☐ N  
If yes, limit of compensation: R10 000 000 ☐ R20 000 000 ☐

## LEGAL COSTS AND LEGAL EXPENSES

R30 000 ☐ R35 000 ☐ R50 000 ☐ R60 000 ☐  
R65 000 ☐ R70 000 ☐ R85 000 ☐ R100 000 ☐

PERSONAL ACCIDENT ☐ Y ☐ N Cover option: Comprehensive: ☐ Road accident: ☐

## PRIMARY NAMED INSURED/ADDITIONAL NAMED INSURED?

Cover type: Family ☐ Individual ☐

## IF FAMILY COVER

Death and permanent disability limit: R50 000 ☐ R100 000 ☐ R150 000 ☐  
R250 000 ☐ R300 000.. ☐

## DETAILS OF DEPENDANTS:

1. Name: ..... Title: .....  
Surname: ..... ID/Passport number: .....  
IF PASSPORT HOLDER Date of birth: ..... Nationality: .....  
GENDER: Male ☐ Female ☐ Occupation: .....  
Physical address (if not the same as policy holder): .....  
.....  
Suburb: ..... Postal code: .....  
City: .....

2. Name: ..... Title: .....  
Surname: ..... ID/Passport number: .....  
IF PASSPORT HOLDER Date of birth: ..... Nationality: .....  
GENDER: Male ☐ Female ☐ Occupation: .....  
Physical address (if not the same as policy holder): .....  
.....  
Suburb: ..... Postal code: .....  
City: .....

## OPTIONAL COVER

Temporary total disablement ☐ Y ☐ N

## VEHICLE SECTION

### VEHICLE TYPE

Motor vehicle ☐ Motor cycle ☐ Caravan ☐ Trailer ☐ Other ☐

### VEHICLE DESCRIPTION

Year manufactured: ..... Make: ..... Model: .....

Auto code: ..... Registration number: .....

VIN number: ..... Engine number: .....

CLASS OF USE: Private ☐ Business ☐ Farming ☐  
TYPE OF COVER Comprehensive ☐ Third party, fire and theft ☐ Third party only ☐

EXCESS WAIVER (no excess)? ☐ Y ☐ N

VOLUNTARY EXCESS (Excess willing to pay, additional to Basic) ☐ Y ☐ N Amount: R .....

### WHERE DOES THE VEHICLE PARK AT NIGHT?

Locked garage ☐ Carport ☐ In yard behind locked gates ☐ Security complex ☐  
Street ☐ Other ☐ If other, give full description: .....

TYPE OF ALARM Factory fitted ☐ VSS approved ☐ Tracker ☐ None ☐ Other ☐  
TRACKING DEVICE: Company: ..... Type: .....

WHO IS THE REGISTERED **OWNER** OF THIS VEHICLE? .....

WHO IS THE REGULAR **DRIVER** OF THIS VEHICLE?

Policy holder ☐ Spouse or partner ☐ Dependent child ☐ Family member ☐

### REGULAR DRIVER DETAILS

Name: ..... Title: .....

Surname: ..... ID/Passport number: .....

IF PASSPORT HOLDER Date of birth: ..... Nationality: .....

GENDER: Male ☐ Female ☐ Occupation: .....

MARITAL STATUS: Married ☐ Single ☐ Divorced ☐ Widowed ☐  
Separated ☐ Domestic partnership ☐

### WHAT TYPE OF LICENSE DOES THE REGULAR DRIVER HAVE?

☐ B ☐ A ☐ A1 ☐ EB ☐ EC ☐ EC1

Year when card licence was first issued? .....

Is it a South African driver's license? ☐ Y ☐ N If no country of issuance: .....

### VEHICLE OPTIONAL COVER

CAR HIRE	B	E	G	F
TOP UP COVER	Standard		With Residual	
4X4 COVER	Yes	No		
LUXURY VEHICLE COVER	Yes	No		
SASRIA	Yes	No		
CONTENTS OF CARAVANS OR TRAILERS	Yes	No	If Yes R Value:	

### VEHICLE EXTRAS

NON FACTORY	SPECIFIED
Description	Value

Please note there is a free R2 500 limit on keys and locks.

No claim bonus: ☐ Y ☐ N : .....

Are you in possession of the proof of a no claim bonus? ☐ Y ☐ N

**Please complete a new page for each additional vehicle**

## DECLARATION BY POLICY HOLDER

I, the undersigned do hereby declare and state as follows that:

1. The information contained in this quote form is true and correct and that I understand that the information contained herein will be used for the assessment of my risk.
2. I acknowledge that the sharing and accessing of information (including credit information held by other institutions) for underwriting and claims purposes is in the public interest, as it will enable insurers to underwrite policies, assess and re-assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.
3. On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to any underwriting and claims information in respect of any insurance policy or claim made or lodged by me, or on my behalf.
4. I consent to such information being stored on any shared database to which the insurer or its agents, from time to time, subscribe and for such information to be processed and reprocessed as set out above.
5. I also consent to such information being disclosed to any insurer or its agent.
6. I further consent to any underwriting information and credit information held by other institutions being accessed and verified on databases.
7. I also consent to the underwriting, claims or credit information referred to above being retained on any shared database and shared with insurers and/or other institutions for underwriting purposes and/or to reduce the incidence of fraud, notwithstanding the cancellation of my policy by myself or by the insurer.

Signature of policyholder: ..... Date: ...../...../.....