

NEW NATIONAL PERSONAL INSURANCE

PROPOSAL FORM

(Kindly complete only the relevant sections applicable to the cover required)

Administered and managed by
Frontline Underwriting Managers

Underwritten by:
New National Assurance Company

Surname.....Title.....
 First names
 Postal address
 Postal codeOccupation.....
 Telephone (W)(H).....(Cell).....
 E-mail address
 Date of birthID number.....
 Commencement date of cover..... Monthly / Annual

General questions

Have you ever had a civil or default judgement taken against you..... Yes/No
 Has the judgement been satisfied.....Yes/No
 If not, give reasons.....
 Have you or member of your household ever been convicted of any offence.....Yes/No
 If yes, give details.....
 Are you aware of any other circumstances that may influence your insurance coverYes/No
 If yes please specify.....
 Has any insurer ever imposed any special conditions on your policy.....Yes/ No
 If yes, please specify.....
 Has any Insurer ever refused, cancelled or declined to renew any policy held by you or member of your household.....Yes/ No
 If yes, please specify.....

ALL RISKS

Cover provided for items carried on you away from home and insured at replacement cost.

1. Car radio? Make and model R.....

MOTOR

	Vehicle1	Vehicle 2	Vehicle 3	Vehicle 4
Veh.Type - see below				
Make and Model				
Year of manufacture				
Value (Retail value)				
Registration number				
Engine number				
VIN number				
Registered Owner				
Driver ID number				
Type of cover				
Where is the vehicle Parked over night				

Vehicle security details				
Use – see below				
Is there a hire purchase or lease agreement – pls specify				
No claims bonus	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
Excess Waiver (additional)	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Car hire (additional)	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Accidents/ Losses insured or otherwise and date of loss				

Type: MV - Motorvehicle MC - Motorcycle CV - Caravan TR - Trailer
Type of cover: Comprehensive OR Third party fire & theft OR Third party
Class of use: 1 - Social, domestic, pleasure, and to and from work
2 - Above including business use / commercial travelling
3- House-wife use

GENERAL INFORMATION

- Has any vehicle been modified in any way or is an open vehicle or soft-top.....Yes/No
If YES, please specify.....
- Have you or any drivers of the vehicle been convicted of a driving offence in the last three years?.....Yes/No
If YES, please specify.....

DETAILS OF PREVIOUS INSURANCE

Please note that this portion must be completed by you

Previous InsurerYes/No
If yes please provide policy number and name of Insurer.....

DETAILS OF PREVIOUS LOSSES

Losses including non insured losses

Type of loss Date of loss.....
..... Date of loss.....
..... Date of loss.....

DECLARATION

Please note that this portion must be completed by you

I/we declare that I/we have not withheld any information material to the risk and accept this declaration to be the basis of the contract between the Insurer and myself/ourselves. No proposal form, policy or renewal has ever been cancelled, declined or withdrawn by an Insurer. I/we understand that either the Insurer or I/we may at any time cancel these arrangements by giving thirty days notice in writing. I further agree to accept the insurance on the terms and conditions set out in the policy. I acknowledge that this insurance will not commence until the insurers have accepted the proposal.

Signature.....Date.....

CONSENT CLAUSE

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums

APPOINTMENT AS BROKER

Please note that this portion must be completed by you

I/we hereby appoint Trafalgar Financial Services (Pty) Ltd as my/our Insurance Brokers, to act on my/our behalf in all matter relating to placing of insurance and to attend to all matters arising from handling of my/our portfolio

Signature.....Date.....

DEBIT ORDER DETAILS

Please note that this portion must be completed by you if you elect to pay monthly

A CANCELLED BLANK OR USED CHEQUE WITH AUTHORIZED SIGNATURES MUST BE ATTACHED FOR IDENTIFICATION PURPOSES

I/we the undersigned request and authorise Frontline Underwriting Managers to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount(s) necessary for payment of the monthly considerations due in respect of my/our and any other selected entities/persons insurance on the first business day of each and every month commencing on the date noted above. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorised will be processed by computer system and I/we also understand that if my/our bank is computerised, I/we will not receive any voucher, but details of each withdrawal will be on my bank statement.

I/We further understand that either I/we or Frontline Underwriting Managers may at any time cancel these arrangements in writing, but that such cancellation will have no effect on any withdrawals already made by Frontline Underwriting Managers and the bank in accordance with this request.

I/We further understand that Frontline Underwriting Managers will receive all payments in terms of this request without prejudice to its rights.

Should the bank for any reason reclaim from Frontline Underwriting Managers of the amounts which were due to Frontline Underwriting Managers and paid in terms of this request and pay such amount over to me/us, I/we undertake to refund such amounts to Frontline Underwriting Managers.

Account holder.....
Account No.
Name of Bank.....
Branch:.....
Branch Code:.....
Type of Account.....
Commencing date.....
Signature.....

Note: Inception of cover is subject to acceptance by Insurers.