

**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 code .....Occupation.....  
Telephone (W) .....(H).....(Cell).....  
E-mail address .....  
Date of birth .....ID 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 cover .....Yes/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.....

**SECTIONS REQUIRED (please complete relevant sections only)**

**HOUSEOWNERS (BUILDINGS)**

The private dwelling belonging to you, its domestic outbuildings, fixtures and fittings should be covered for replacement value excluding the land

First residence		Second residence
Address	.....	.....
	.....	.....
	.....	.....
Sum Insured	R.....	R.....
Construction	Walls.....	Walls.....
	Roof.....	Roof.....

Bondholder, if any.....  
Are you the registered owner of the building, if not please specify.....

**HOUSEHOLDERS (CONTENTS)**

The sum insured must represent total current replacement cost of all contents

First Residence		Second residence	
Address	.....		.....
	.....		.....
	.....		.....
Sum Insured	R.....	R.....	
Construction of	Walls.....	Walls.....	
	Roof.....	Roof.....	
* Accidental damage required. (see policy for full details)..... Yes/No			
1.	Are you the registered owner of the building.....		Yes/No
	If not please specify.....		
2.	Are the buildings occupied, furnished and solely for domestic use?.....		Yes/No
	If NO - please provide details.....		
3.	Is the residence occupied during normal business hours?.....		Yes/No
	If YES - by who.....		
4.	Do burglar bars protect all accessible opening windows?.....		Yes/No
5.	Do you have security gates on access doors?.....		Yes/No
6.	Is a SAIA approved burglar alarm installed?.....		Yes/No
	If YES – please attach a certificate		
7.	Is it linked to a 24hr control centre and does the security company provide an armed response?.....		Yes/No
8.	Are there any other security features reducing the risk of theft?.....		Yes/No
	If yes please specify.....		
9.	Will you be going on holiday in the next 30 days?.....		Yes/No
10.	Is the dwelling occupied as a commune?.....		Yes/No
11.	Do you run a business from home?.....		Yes/No
	If YES - please specify.....		

**ALL RISKS**

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

1.	General All Risks - Minimum amount R5 000 - Yes/No	R.....
2.	Please list items you wish to specify at an additional premium	
	A.....	R.....
	B.....	R.....
	C.....	R.....
3.	Stamp, coin, and medal collections?.....	R.....
4.	Contact lenses?.....	R.....
5.	Pedal cycles?.....	R.....
6.	Golfing equipment?.....	R.....
7.	Car radio? Make and model.....	R.....
8.	Cellular phone? Make and IMEI no.....	R.....
9.	Caravan contents?.....	R.....
10.	Fire arm? Make, Model & serial no.....	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  
 Type of cover:  
 Class of use:

MC - Motorcycle                      CV - Caravan                      TR - Trailer  
 Comprehensive OR Third party fire & theft OR Third party  
 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 Insurer ..... Yes/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.**