

Personal Lines & Motor

QUOTATION FORM

The quote is based on information reflected by this quotation form regarding the risk profile of the client. Any differences regarding this information deemed material by Vantage would render the quote invalid.

BROKER DETAIL

Broker	Request Date
E-mail Address	Broker Fee

CLIENT DETAIL

Client Name	ID No
Occupation	
Risk Address	
Postal Address	
E-Mail Address	Cell No
Payment Frequency	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>

CLIENT DECLARATION

Has any Insurer ever refused insurance, cancelled insurance or declined cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	
Have you, your spouse or any regular driver on the policy ever been sequestered or have any judgement against you or them?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide full details:	
Is there any material fact known to you which will have either an effect on this premium calculation or terms or the acceptance of the risk?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide full details:	

RECENT LOSS HISTORY (Building, Contents & All Risks)

Has the policyholder and/or immediate family/co-insured on the policy suffered any losses during the last 3 years?

Yes ☐ No ☐

If yes, please provide full details:

Date of loss	Detail	Amount
Current Insurer		Renewal Date

BUILDING & CONTENTS

BUILDING AND CONTENTS INFORMATION

Risk Address	
Insured Amount - Building	Insured Amount - Contents

Type of Building:

Free Standing <input type="checkbox"/>	Complex <input type="checkbox"/>	Farm/Plot/Small Holding <input type="checkbox"/>	Flat - Ground Floor <input type="checkbox"/>	Flat - Above Ground <input type="checkbox"/>
Is the building bonded?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please provide the name of the financial institution:				

Use of residence:

Main Residence <input type="checkbox"/>	Holiday Home <input type="checkbox"/>	Let to Tenants <input type="checkbox"/>	Storage Facility <input type="checkbox"/>
Construction of Walls & Roof:		Standard Construction <input type="checkbox"/>	Non-Standard (Thatch Excluded) <input type="checkbox"/>
If non-standard, please provide detail:			
How many geysers are in the house?			
Where are they placed?		Roof <input type="checkbox"/>	Ground <input type="checkbox"/>
Is any section of the building used for business purposes?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes, please provide details:

Is the property unoccupied for more than 60 consecutive days in a year	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a thatch lapa closer than 5m to the building	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any outbuildings (if yes, please provide values)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does a river border the property or is it below the 100 year floodline	Yes <input type="checkbox"/> No <input type="checkbox"/>

Security measures:

- Alarm with armed response	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Burglar bars on all opening windows	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Security gates on all doors leading outside	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Secure estate	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Electric fence	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you want to exclude theft cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you want Subsidence & Landslip cover (If Yes, complete S & L Questionnaire)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you want the following cover:

Home Assist	Yes <input type="checkbox"/> No <input type="checkbox"/>
Roadside Assist	Yes <input type="checkbox"/> No <input type="checkbox"/>
Driver Assist	Yes <input type="checkbox"/> No <input type="checkbox"/>

ALL RISKS

COVER REQUIRED

Unspecified Items	Insured Amount

Specified Items	Insured Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

PERSONAL ACCIDENT

Do you require Personal Accident cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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MOTOR

PRINCIPLE DRIVER DETAILS

Title	Gender
Name & Surname	Occupation
ID No	Date of Birth
Claim free group	Years of un-interrupted motor insurance
Risk Address	

RISK & LOSS HISTORY

Has the Policyholder or main driver/other driver(s) been involved in a civil/criminal offence or No judgement against them, driver license been endorsed or been charged or convicted of any driving violation? Yes ☐ No ☐

If yes, please provide full details:

Has the Policyholder/Main/Other drivers had any accidents/losses or noted any claims under a Motor Policy in the last 3 yrs? Yes ☐ No ☐

If yes, please provide full details:

Date of loss	Detail	Amount

Current Insurer	Renewal Date
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ADDITIONAL INFORMATION & REQUIREMENTS

Overnight parking:	Extensions Required by Policy Holder:
Locked Garage <input type="checkbox"/>	Roadside Assist <input type="checkbox"/>
Behind Locked Gates <input type="checkbox"/>	Drive Assist (6 Drives per Year) <input type="checkbox"/>
Security Complex <input type="checkbox"/>	Credit Shortfall (Max 10% x Vehicle Value) <input type="checkbox"/>
Basement - Locked or with access control <input type="checkbox"/>	Excess Waiver for Insured and Spouse <input type="checkbox"/>
Off Road <input type="checkbox"/>	Limited Mileage Discount (Max 8000km per Annum) <input type="checkbox"/>
On Road <input type="checkbox"/>	Car Hire-45 Days <input type="checkbox"/>
	Specify: Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Model Upgrade <input type="checkbox"/>

VEHICLE DETAILS

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Make and Model			
If a Convertible, please indicate whether hard or soft top			
M & M Code			
Year of Manufacturer			
Retail Value (Incl Extras)			
Main Driver : Name & Surname			
Main Driver : Age/ID			
Main Driver : CFG			
Class Of Use : Pvt, Prof, Bus			

WATERCRAFT

DETAILS OF WATERCRAFT

Type Of Vessel:

Motor Boat <input type="checkbox"/>	Ski Boat <input type="checkbox"/>	Sail Boat <input type="checkbox"/>	Jetski <input type="checkbox"/>	Rubber Duck <input type="checkbox"/>
Year, Make and Model (please provide)				
Sum insured of the hull of the vessel				
Sum insured of all the engines on the vessel				
Sum insured of the sails and rigging on the vessel				
Description and value of equipment to be specified e.g. Life Jackets, Skis etc. Please provide detail:				
Do you have a valid skippers licence? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Where is the vessel used? Coastal <input type="checkbox"/> Inland <input type="checkbox"/> Both <input type="checkbox"/>				

What is the length of the vessel?

Over 10m ☐ Under 10m ☐

What is the horsepower of any single engine on the vessel?	
Year, make and model of engine(s)	
Where is the vessel parked overnight?	
Has the vessel been insured in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have there been any claims in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide detail below	

IMPORTANT CONDITIONS REGARDING THIS QUOTATION

The quote is based on information supplied by the broker relating to the risk profile of the potential policyholder. Any differences regarding this information deemed material by vantage would render this quote invalid.

The main driver of any vehicle in this quote must be over the age of 27 and have an un-endorsed driver's licence of at least 5 years.

A double excess will apply to any other driver under 27 years of age for any loss to a vehicle where he/she is not excluded from driving such vehicle.

Any vehicle in this quote must be registered in sSouth Africa and may not be re-built or modified beyond manufacturer specifications.

The premiums quoted are vat inclusive and incorporates third party liability with limits as stipulated in the policy document.

Car hire is for up to 45 days following an insured loss (class b or d-auto) ; classic cars, motorcycles and/or glass or radio losses are excluded.

The quote is subject to the terms, limits and conditions of the company's policy and is valid for 14 days.

HOLD COVER REQUEST (To be Completed by Broker)

Broker
Name Detail
Inception Date of Cover
Any Special Requests
Date

Please note no backdating of cover is allowed.

Cover will only be activated once a formal cover note has been issued by Vantage