

Subsidence & Landslip

QUESTIONNAIRE

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Broker	Contact No	
Email		
CLIENT INFORMATION		
Surname	First Name(s)	
Risk Address		
RISK INFORMATION		
How long have you lived at the above add	ress?	
Age of the building		
Has the property had any occurrence of s	ubsidence, landslip or heave?	Yes No
Are any visible cracks present at the prop	perty?	Yes No
Are you aware of any other signs of dama	ge that may be caused by subsidence?	Yes No
Is the property built on level ground?		Yes No
If no, have the foundations been reinforce	ed?	Yes No
Is the property being or has it ever been r	nonitored for subsidence?	Yes No
Are you aware of any neighbouring prope	rty having been damaged by subsidence?	Yes No
Has any survey mentioned settlement or	movement of the buildings?	Yes No
Has the property ever been flooded?		Yes No
Have there been any other underground of	Irainage problems?	Yes No
Is the property built within 30 metres of t	he coast or cliffs?	Yes No





RISK INFORMATION

Kindly provide all relevant details and documentation in the event of a history of subsidence and landslip.

Disclosure

You are reminded of the need to disclose all material facts that are likely to affect the acceptance of assessment of this insurance. If you are in any doubt as to what constitutes a material fact, please consult your broker or Vantage Insurance Acceptance, as failure to disclose or misrepresentation of a relevant fact may invalidate your insurance or result in it not operating fully.

Declaration

I declare that the information supplied in this questionnaire is, to the best of my knowledge and belief, correct and complete. I agree to obtain a geo-technical survey at my own cost, should the Company so require and I understand that subsidence and landslip cover will not be effective until Santam Limited has accepted both the proposal form and this questionnaire. I agree that the completed proposal form and this questionnaire shall be the basis of the contract between me and Santam Limited represented by Vantage Insurance Acceptances (Pty) Ltd.

Signature of Policyholder/Proposer	Date	/	/20

