



Fundamental Investments (Pty) Ltd

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SHORT TERM INSURANCE QUOTATION:

When Quotation is completed, please send back to us (Fax: 086 524 0783 / email: rene@pension.co.za)

PERSONAL DETAILS:

Surname:		Title: Mr Mrs Miss Other:	
First Names:			
Physical or Postal Address:			Code:
Email Address:		ID Number:	
Occupation:		Married: <input type="checkbox"/> YES / <input type="checkbox"/> NO	
Home No.:	Work No.:	Cell No.:	

Current/Previous Insurance:	PLEASE FORWARD A SCHEDULE OF YOUR CURRENT INSURANCE	Current Premium: R
Amount of claims part 5 years:		
How many years have u been insured for?		
General Details:		
Has an insurer ever refused any proposal of yours, cancelled any policy (or section thereof), refused to renew any policy (or section thereof) or imposed any special conditions?		
<input type="checkbox"/> YES / <input type="checkbox"/> NO - If Yes, supply details below with dates:		
.....		
.....		
Has your insurance previously cancelled you for poor claims experience or non-payment of premiums, or advised to seek alternative insurance?		
<input type="checkbox"/> YES / <input type="checkbox"/> NO		
Explain :		
.....		

HOME OWNERS (BUILDING) QUOTE:

This Section describes the cover for your buildings.

Type of residence :	Flat / Townhouse / House / Holiday home / Cottage / Duplex / Other:		
Construction of Building Wall	Brick / Plaster / Wood / Other:		
Construction of Building Roof	Tiles / Thatch / Sink / Other:		
Value of Building to be Insured	R		
Address of Building to be Insured			Code:
Current Excess on Buildings:	R	Current Premium: R	

Claims Record past 5 years:	Claim Free Years (NCB) 1 > 10 :		
Description of Claims:	Date:	Amount Paid:	
1.....	.....	.....
2.....	.....	.....
Current Excess:	R		
Current additional Excess:	R		

Any other additional Requirements from you?
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ALL RISK:

This section covers items that you decide to insure, against risks such as loss and accidental damage. These items are also covered when they are removed from your home.

Unspecified	Insured Amount : R .00
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General: Any personal property including sports equipment which, when in use, is normally worn or is designed to be held by or carried on the person. This includes household goods but only when it is in transit.

Specified Items	Items Description:	Insured Amount:	Items Description:	Insured Amount:
	1.	R	5.	R
	2.	R	6.	R
	3.	R	7.	R
	4.	R	8.	R

Claims Record past 5 years:	Claim Free Years (NCB) 1 > 10 :		
Description of Claims:		Date:	Amount Paid:
1.....		.....	.....
2.....		.....	.....
Current Excess:	R		
Current additional Excess:	R		

Any other additional Requirements from you?	.....

HOUSE CONTENTS SECTION:

This Section describes the cover for the contents of your house.

Type of cover Options:			
Please select:	<input type="checkbox"/> Full Cover	<input type="checkbox"/> Fire, Perils & Theft	<input type="checkbox"/> Fire and Perils excluding Theft
Value of contents	R		
Address to be insured	Code:		
Current Excess on Contents:	R		

Security at home: <i>(Please select where applicable)</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N	Burglar bars at all open windows	<input type="checkbox"/> Y	<input type="checkbox"/> N	Gates in front of all external doors
	<input type="checkbox"/> Y	<input type="checkbox"/> N	24-Hour Linked alarm	<input type="checkbox"/> Y	<input type="checkbox"/> N	Electric fencing
	<input type="checkbox"/> Y	<input type="checkbox"/> N	Near an informal housing settlement	<input type="checkbox"/> Y	<input type="checkbox"/> N	Is your home on small holding or farm?
	<input type="checkbox"/> Y	<input type="checkbox"/> N	Is your home in established build up area?	<input type="checkbox"/> Y	<input type="checkbox"/> N	Does your home have external Sliding doors? If yes, are they fitted with a pin lock or Security gate
	<input type="checkbox"/> Y	<input type="checkbox"/> N	Complex : Access control at entrance	<input type="checkbox"/> Y	<input type="checkbox"/> N	Complex: 24-hour security guards patrolling

Claims Record past 5 years:	Claim Free Years (NCB) 1 > 10 :	
Description of Claims:	Date:	Amount Paid:
1.....	.....	.....
2.....	.....	.....
Current Excess:	R	
Current additional Excess:	R	

Any other additional Requirements from you?	.....

VEHICLES:*This Section describes the cover for your Vehicle(s).*

Description of Vehicle:			
Year:	Make:	Model:	
Car Hire Required? <input type="checkbox"/> YES / <input type="checkbox"/> NO	Accessories on Vehicle: (Specify) 1..... 2..... 3.....	Credit Shortfall required? <input type="checkbox"/> YES / <input type="checkbox"/> NO	Is the Vehicle Financed? <input type="checkbox"/> YES / <input type="checkbox"/> NO
Windscreen cover required? <input type="checkbox"/> YES / <input type="checkbox"/> NO	Hail Damage cover required? <input type="checkbox"/> YES / <input type="checkbox"/> NO	Color of Vehicle? Current Mileage on Vehicle:	
Residential Address where Vehicle is being kept at night?			
			Code:
Value of Vehicle:			
New Price: R	Retail: R	Trade: R	
Mileage per annum:			
Less than 10,000km	10,000km to 20,000km	20,000km to 30,000km or More	
Type of cover:			Use of Cover
<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party, Fire & Theft	<input type="checkbox"/> Third Party Only	<input type="checkbox"/> Private & Social <input type="checkbox"/> Business
Security in Vehicle:			
<input type="checkbox"/> Alarm/ Immobiliser	<input type="checkbox"/> Gear-lock	<input type="checkbox"/> Anti-Hijack	<input type="checkbox"/> Tracking device (Specify) –

Whose Name is the vehicle in? _____

Main Driver of Vehicle:			
Name:	Married? What is relationship to Policy holder?	Date of Birth:	License 1 st Obtained:
Secondary Driver:			
Name:	Married? What is relationship to Policy holder?	Date of Birth:	License 1 st Obtained:

VEHICLES:

Claims record past 5 years:		Claim Free Years (NCB) 1 > 10 :		
Description of Claims:		Dates:	Amount Paid:	Recovery Done:
1.....		.....	.....	.....
2.....		.....	.....	.....
3.....		.....	.....	.....
4.....		.....	.....	.....
5.....		.....	.....	.....
Current Excess:	R			
Current additional Excess:	R			
Any other additional Requirements from you?	..... ..... ..... .....		

*Should you wish to insure additional Buildings / House Contents / Vehicles :
Please complete the same form again, but you can leave out personal details.*

SIGNATURE OF PROPOSER

DATE