

PROPOSAL FORM

Broker

Insurance start date Cannot be before proposal is accepted by Safire, unless prior hold covered arrangements have been made.

GENERAL INFORMATION & CONTACT DETAILS

Surname	<input type="text"/>	Title (Mr/Mrs/Miss/Other)	<input type="text"/>	Initials	<input type="text"/>
First names	<input type="text"/>	ID number	<input type="text"/>		
Postal address	<input type="text"/>	Physical address	<input type="text"/>		
	<input type="text"/>		<input type="text"/>		
	Postal code <input type="text"/>		Postal code <input type="text"/>		
Tel (w)	<input type="text"/>	Tel (h)	<input type="text"/>		
Fax	<input type="text"/>	Cell	<input type="text"/>		
E-mail	<input type="text"/>				
Occupation	<input type="text"/>				
Nationality	<input type="text"/>	Marital status	<input type="text"/>		

DETAILS OF PREVIOUS INSURANCES AND LOSSES

Please answer all the questions

Have you or any member of your family living permanently with you:

1. Ever had a proposal for insurance declined or cancelled or a renewal refused? Yes No

If 'yes', please provide the details (sections, name of insurance company, policy number & expiry date)

2. Ever made a claim against an insurer for any cause whatsoever in the last 3 (three) years? Yes No

If 'yes', please provide details even if unsuccessful

3. Suffered any uninsured losses during the last 3 (three) years? Yes No

If 'yes', please provide the details

4. Had your driver's licence endorsed or had driving restrictions applied? Yes No

If 'yes', please provide the details

5. Been declared insolvent or had any judgements taken against you / them? Yes No

If 'yes', please provide the details

DEBIT ORDER BANK DETAILS

Current, transmission or savings account only
- unfortunately, no credit cards

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Type of Account	<input type="text"/>
Branch code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank Name	<input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account holder name	<input type="text"/>
Collection date	<input type="text"/> 1 st <input type="text"/> 7 th <input type="text"/> 10 th <input type="text"/> 16 th (or next working day of each month)

If the insured full name is different from the account holder name, or if the insured elects that payment be made into an account other than the insured's designated / premium account, please provide a reason / justification and attach confirmation of bank account details.

DEBIT ORDER DECLARATION

I hereby request and authorise Safire Insurance Company Limited (Safire) to draw against the above account (or any other bank to which I may transfer my account) the amount necessary for payment of the monthly premiums and administration charges due in respect of the short-term insurance herein proposed and accepted. The amount of the debit may vary from time to time in response to or following any change in cover, risk, sum insured or premium rates.

Should the bank for any reason reclaim from Safire any amounts paid in terms of this debit order instruction, I undertake to refund such amounts to Safire.

This debit order authority will remain valid for the full duration of my policy/ies. Should my policy/ies be cancelled for any reason whatsoever, then I understand that I will not be entitled to any refund of amounts which may have been lawfully withdrawn whilst this debit order authority was in force and if such amounts were legally owing to Safire.

Receipt of this instruction by Safire shall be regarded as being a receipt by my bank.

Should I change my banking details I will advise Safire timeously and in writing of such changes.

I agree that this debit order authority is at all times to be read in conjunction with and subject to the terms of my applicable insurance policy or policies.

Please note that an administration fee of R85.00 will be levied for any returned debits. In the event of a single returned debit, we will endeavour to process a double debit the following month. Should the double debit fail, any policy that has 2 (two) consecutive returned debits will be subject to cancellation at Safire's discretion. With regret, no claims will be entertained for clients with any outstanding debits.

Signature _____

Date

Name

If the insured is a company / close corporation / trust, please attach a copy of the resolution authorising you to sign on behalf of the entity.

PROPOSAL DECLARATION

I, the undersigned, hereby consent and authorise Safire to obtain underwriting and claims information relating to the below insurance policy from the below-named insurer.

Policy reference

Policy held with Insurer
(please specify)

I / we declare that the particulars in this proposal are true and complete and that I have not withheld any material information.

I / we confirm that the information provided in this proposal has been supplied voluntarily, without undue influence from any party and not under any duress.

I / We consent to the collection, storage and use of my / our personal information by Safire for short-term insurance purposes, namely underwriting my / our short-term insurance policy, conducting fair risk assessments and processing claims.

In this regard, I / we understand that third party service providers appointed by Safire may require access to my / our personal information for the abovementioned purposes, and I / we consent to my / our personal information being shared with them.

I undertake that any vehicle(s) to be insured will not be driven by any person who to my knowledge has been refused any motor vehicle insurance, continuation thereof or had any special terms imposed.

Signature

Date

Name

If the insured is a company / close corporation / trust, please attach a copy of the resolution authorising you to sign on behalf of the entity.

THANK YOU FOR CHOOSING SAFIRE!

TEL: 033 264 8500 / 033 815 9300

EMAIL admin@safireinsurance.com

WEBSITE www.safireinsurance.com

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