



# African Motor Underwriters (Pty) Ltd

Co. Reg. No. 96/09906/07

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Authorised Financial Service Provider

License No: 1041 Compliance Officer: Neil Reinecke

## PROPOSAL

### FOR COMMERCIAL MOTOR INSURANCE

- 1) FULL NAME OF INSURED/COMPANY \_\_\_\_\_
- 2) COMPANY REGISTRATION NUMBER \_\_\_\_\_
- 3) VAT NUMBER \_\_\_\_\_
- 4) TELEPHONE NO: BUSINESS( ) \_\_\_\_\_ RESIDENTIAL ( ) \_\_\_\_\_  
FAX ( ) \_\_\_\_\_ CELL NO ( ) \_\_\_\_\_
- 5) RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ POSTAL CODE \_\_\_\_\_
- 6) POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ POSTAL CODE \_\_\_\_\_
- 7) BUSINESS DESCRIPTION: \_\_\_\_\_
- 8) COMMENCEMENT DATE \_\_\_\_\_ RENEWAL DATE \_\_\_\_\_
- 9) PERIOD OF INSURANCE (ANNUAL OR MONTHLY) \_\_\_\_\_
- 10) METHOD OF PAYMENT: (CASH, CHEQUE OR DEBIT ORDER) \_\_\_\_\_

a) PLEASE COMPLETE, IF PAYMENT BY MEANS OF DEBIT ORDER:

<b>DEBIT ORDER AUTHORITY</b>	
<b>FULL NAME OF PAYER:</b> _____	
<b>NAME OF BANK:</b> _____	<b>BRANCH:</b> _____
<b>ACCOUNT NUMBER:</b> _____	<b>BRANCH CODE:</b> _____
<b>TYPE OF ACCOUNT (CHEQUE/TRANSMISSION/SAVINGS)</b> _____	
I, the undersigned, authorise African Motor Underwriters to debit the premium to my bank account and to vary such debits from time to time to reflect any change in cover, risk, sum insured or policy rates	
<b>DATE:</b> _____	<b>SIGNATURE OF PAYER:</b> _____

- 11) NAME OF BROKERAGE \_\_\_\_\_
- 12) CONTACT PERSON AT BROKER \_\_\_\_\_

13) VEHICLE INFORMATION:

	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
<b>MAKE</b>				
<b>MODEL</b>				
<b>VALUE</b>				
<b>YEAR OF MANUFACTURE</b>				
<b>REGISTRATION NUMBER</b>				
<b>ENGINE NUMBER</b>				
<b>CHASSIS NUMBER</b>				
<b>COLOUR</b>				
<b>VALUE OF AUDIO EQUIPMENT- cover not automatically included.</b>				
<b>FULL NAME OF DRIVER</b>				
<b>DRIVER'S ID NUMBER</b>				
<b>YEARS OF CLAIM FREE DRIVING</b>				
<b>DATE DRIVERS LICENCE ISSUED(VALID IN S.A.) COPY REQUIRED.</b>				
<b>HAS DRIVER UNDERGONE AN ANNUAL MEDICAL CHECK-UP?</b>				
<b>HAS DRIVER UNDERGONE ANY ADVANCED DRIVER TRAINING?</b>				
<b>REGISTERED OWNER'S NAME</b>				
<b>IS THE VEHICLE PARKED IN A LOCKED GARAGE AT NIGHT? IF NOT PLEASE PROVIDE DETAILS OF SECURITY?</b>				
<b>DOES ANYONE WHO IS LIKELY TO DRIVE THE VEHICLE SUFFER FROM ANY PHYSICAL OR MENTAL INFIRMITY? IF SO PLEASE PROVIDE FULL DETAILS?</b>				
<b>HAS ANYONE WHO IS LIKELY TO DRIVE THE VEHICLE HAD THEIR LICENCE ENDORSED OR BEEN REFUSED INSURANCE?</b>				
<b>DETAILS OF ANTI-THEFT DEVICE/S IN VEHICLE?</b>				
<b>HAS THE VEHICLE BEEN MODIFIED/CONVERTED IN ANYWAY? DETAILS?</b>				
<b>FINANCE HOUSE? (IF APPLICABLE)</b>				

14) PROVIDE FULL DETAILS OF ALL MOTOR LOSSES AND CLAIMS PAID IN THE LAST

**5 YEARS – IF CLAIM FREE, PLEASE CONFIRM AND SIGN.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15) CURRENT INSURER** \_\_\_\_\_  
**POLICY NO:** \_\_\_\_\_

**16) HAS YOUR INSURANCE EVER BEEN CANCELLED(not by you ) DUE TO ANY OF THE FOLLOWING REASONS:**

- a) **NON PAYMENT:** \_\_\_\_\_
- b) **POOR CLAIMS EXPERIENCE:** \_\_\_\_\_
- c) **OTHER REASON:** \_\_\_\_\_

**17) AREA OF OPERATION:** \_\_\_\_\_

**DECLARATION:**

**I hereby warrant that the above particulars and statements are true and complete and contain all information known to me affecting the risk to be insured and that this and any other written statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of and incorporated in the contract between me and African Motor Underwriters and shall be promissory.**

**I hereby agree to accept the insurance on the terms and conditions set forth in the policy.**

**PLEASE SIGN:**

**SIGNATURE OF BROKER.....**

**DATE.....**

**SIGNATURE OF CLIENT.....**

**DATE.....**