

EXECUTIVE MOTOR COVER

QUESTIONNAIRE FOR QUOTATION PURPOSES



This quote is valid for 14 days from date of issue

Broker	Contact (<i>initials & surname</i>)			Date
	Tel No.	Fax No.	E-mail	
Insured	Surname	Initials	ID/Passport No.	Date of Birth
	Policy No (<i>If existing client</i>)	Mobile No.	Occupation	
Driver	Surname	ID/Passport No.	Years with license	More than 5 years ago
	Initials	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Less than 5 years ago
	Driver address: Day	Code	Driver CFG	____ / ____ / ____ (Date of issue)
	Driver address: Night	Code	Driver Restrictions	
Vehicle	Existing Security	Vehicle Use	Cover Type	
Year	None <input type="checkbox"/>	Private <input type="checkbox"/>	Comprehensive <input type="checkbox"/>	
Make & Model	Immobiliser <input type="checkbox"/>	Private & Commuting <input type="checkbox"/>	Comprehensive excl. Theft & Hijack <input type="checkbox"/>	
Vehicle Value	Alarm <input type="checkbox"/>	Private & Business <input type="checkbox"/>	Third Party, Fire & Theft <input type="checkbox"/>	
Accessories Value	Gearlock <input type="checkbox"/>		Third party only <input type="checkbox"/>	
Sound Equipment Value	Tracking Device		Laid up (<i>Fire & Theft</i>) <input type="checkbox"/>	
	Passive <input type="checkbox"/> Early Warning <input type="checkbox"/>			
Usual Daytime Parking	Overnight Parking	Optional Benefits		
On Pavement/ In street <input type="checkbox"/>	Locked Garage <input type="checkbox"/>	Top up	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In Yard - No Locked Gates <input type="checkbox"/>	Behind Secured Gates <input type="checkbox"/>	Increase windscreen cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In Yard - With Locked Gates <input type="checkbox"/>	Secure Carport <input type="checkbox"/>	Roadside Assist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In Open Parking Lot <input type="checkbox"/>	Off Road <input type="checkbox"/>	Car Hire	Standard <input type="checkbox"/>	Automatic <input type="checkbox"/> Model Upgrade <input type="checkbox"/>
In Basement - Electronic Access <input type="checkbox"/>	On Road <input type="checkbox"/>			
In Basement - No Electronic Access <input type="checkbox"/>				
Access Controlled Area <input type="checkbox"/>				

CPT
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ADDRESS Block A & B Edison Square Cnr. Edison Way
 & Century Avenue Century City
POSTAL PO Box 84 Century City 7446

DBN
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ADDRESS Viewz 11 The Boulevard, Westway Office Park,
 Westville 3630
POSTAL PO Box 2725, Westway 3630

JHB
PHONE +27 11 560 0600 **FAX** +27 11 327 1710
ADDRESS MUA House, 26 Sturdee Avenue,
 Rosebank, Johannesburg 2196
POSTAL PO Box 131152, Bryanston 2021

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Claims History *(Please provide details of any losses in the last 3 years)*

Date of Event	Description of Event	Amount Claimed	Type of Claim
			Theft <input type="checkbox"/> Accidental Damage <input type="checkbox"/> Hail Damage <input type="checkbox"/> Malicious Damage <input type="checkbox"/> Fire <input type="checkbox"/>
			Theft <input type="checkbox"/> Accidental Damage <input type="checkbox"/> Hail Damage <input type="checkbox"/> Malicious Damage <input type="checkbox"/> Fire <input type="checkbox"/>
Has any insurer ever refused, cancelled or declined to renew any policy held by you?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes please provide details:			
Current Insurers	Renewal Date	Current CFG	

General

- Vehicles must be registered in the Republic of South Africa
- This quotation is inclusive of VAT, SASRIA but excludes broker fees.
- This quotation is subject to the terms, exceptions, conditions, limits of indemnity and standard excesses of the company's standard motor policy
- No basic excess for insured persons over the age of 55, who have been licensed for more than 5 years, on any section of our motor policies

Name & Surname	Signature	Date
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