

PROPOSAL FOR PERSONAL MOTOR INSURANCE

MUA Insurance Acceptances (Pty) Ltd for and on behalf of Compass Insurance Company Ltd

This insurance is dependant upon true and complete answers being given to each question. Even if not asked for, all material information must be disclosed. Please answer all questions noting that dashes or blanks are not acceptable. Where alternative answers are provided, kindly check whichever is applicable.

Please note: There is no basic excess for insured persons over the age of 55 on any section of our motor policies, subject to certain terms and conditions.

DETAILS OF POLICYHOLDER/PROPOSER

Full Name of Policyholder/Proposer:			
ID No. (Individuals):		VAT No (Companies):	
Postal Address:			
E-mail Address:		Postal Code:	
Telephone No:	(Business)	(Home)	(Mobile)
Broker/Agent:		Inception Date:	/ /

Name of Main and other drivers:		
Registered Owner:		
Residential Address of main and other drivers:		
Date of Birth of Main and other drivers:		
ID Number(s):		
Date of Issue of RSA Drivers Licence:		
Nationality of Main and other drivers:		
Occupation of Main and other drivers:		
Type of Use (Business/Private/Both):		

DETAILS OF VEHICLE(S)

	Vehicle 1	Vehicle 2
Make:		
Model:		
Year of Manufacture:		
Retail Value:		
Auto/Manual Transmission:		
Left or Right-hand drive:		
Registration No:		
Engine No./Vin No:		

CPT
0861 682 467 (MUA INS)
PHONE +27 21 525 6200 FAX +27 21 525 6300
ADDRESS Block A & B Edison Square Cnr. Edison
Way & Century Avenue Century City
POSTAL PO Box 84 Century City 7446

DBN
0861 682 467 (MUA INS)
PHONE +27 31 275 8600 FAX +27 31 265 1719
ADDRESS Viewz 11 The Boulevard Westway Office
Park Westville 3630
POSTAL PO Box 2725 Westway 3630

JHB
0861 682 467 (MUA INS)
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

Chassis No./Vin No:		
Sound Equipment Make, Model and Value:		
Details of vehicle modifications/accessories:		

Immobiliser (Make) / Gearlock (Make):		
Tracking Device (Make):		
Overnight Parking Facilities (Specify):		

Premium / Excess Option chosen:		
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POLICYHOLDER VEHICLE RISK HISTORY AND INFORMATION (Please check appropriate)

Has the Policyholder/Proposer or Main Driver or other drivers suffered any accidents or losses or submitted any claims under a Motor Insurance Policy in the last 5 years?	Yes	No
If "Yes", please provide full details:		
Do the Policyholder/Proposer, Main or other drivers suffer from defective hearing or vision or any physical or mental disability?	Yes	No
If "Yes", please provide full details:		
Has any Insurer ever refused, cancelled or declined to renew any policy held by the Policyholder/Proposer, Main or other drivers?	Yes	No
If "Yes", please provide full details:		
Has the Policyholder/Proposer or Main, or other driver's licence ever been endorsed?	Yes	No
If "Yes", please provide full details:		
Are any of the vehicles listed above financed?	Yes	No
If "Yes", please provide full details:		

DEBIT ORDER AUTHORISATION

I hereby authorise Compass Insurance Company Limited to debit my bank account at:			
Bank:		Branch:	
Branch Code:		Type of Account:	
Account Number:			
Name of Account Holder:			
Note:	Debits cannot be raised through FNB Savings Account, Master Card Holders or account numbers exceeding 13 digits.		
Signature of Account Holder:		Date:	/ /
Who warrants authority to bind Proposer/Policyholder.			

WARRANTY

<p>I hereby warrant that the above particulars and statements are true and complete and contain all information known to me affecting the risks to be insured and that this and any other 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 Compass Insurance Company Limited, herein represented by MUA, and myself, and shall be promissory.</p> <p>I hereby declare that the vehicle/vehicles to be insured shall not be driven by any person who to my knowledge has been refused any motor vehicle insurance and continuance thereof.</p> <p>I declare that the main driver/drivers of the above vehicles is not a person less than 27 years old.</p> <p>I further agree to accept the insurance on the terms and conditions set forth in the policy.</p>			
Signature of Policyholder/Proposer:		Date:	/ /

