



African Motor Underwriters (Pty) Ltd

Co. Reg. No. 96/09906/07

VAT Reg. No. 4750171474

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Ferndale, Randburg, 2194

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Authorised Financial Service Provider

License No: 1041

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) _____

PLEASE COMPLETE ATTACHED DEBIT ORDER AUTHORITY (PAGE 4), IF PAYMENT BY MEANS OF DEBIT ORDER.

- 11) NAME OF BROKERAGE _____
- 12) CONTACT PERSON AT BROKER _____

13) VEHICLE INFORMATION:

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

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.....

I consent to Centriq, and its operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of this insurance contract.
For further information please read our Privacy Notice, which can be found on www.centriq.co.za

