

ITOO Special Risks (Pty) Ltd

Insurance for Classic Cars
- Proposal Form -



An Authorised Financial Services Provider

Hollard.

Underwritten by The Hollard Insurance Co. Ltd,
an authorised Financial Services Provider

INTRODUCTION

The policy has been designed to meet the needs of the classic car collector. In accordance with the terms and conditions within this policy we will insure you against physical loss or physical damage to your collection as specified in the schedule. We will insure you during the period of insurance for which we have accepted your premium. We will do this so long as you have paid the premium and all the terms and conditions of the policy are complied with.

The policy is underwritten by The Hollard Insurance Company Limited

Before any question is answered please read carefully the declaration at the end of this proposal which you are required to sign. Please answer all questions in full. Tick Yes/No boxes and initial the bottom of each page in the grey shaded box provided. Please note that if the space provided is insufficient there is further space provided at the end of the proposal form.

POLICY HOLDER DETAILS

Inception Date: _____

Surname: _____ First Name: _____

Title: _____ ID/Passport Number: _____

Physical Address of vehicles to be insured (premises): _____

Code: _____

Postal Address: _____ Code: _____

Tel. No. : _____ Fax No.: _____

E-mail: _____ Broker: _____

ADDITIONAL PREMISES WHERE VEHICLES ARE TO BE INSURED

1. _____

2. _____

3. _____

DRIVER DETAILS

Driver 1 Driver Name: _____ Driver ID Number _____

Licence type _____ Length held _____

Classic Car Membership _____

Any medical conditions which may effect your driving? Yes No

Any driving offences in the last five years? Yes No

Any accidents or insurance claims in the last five years? Yes No

Ever been refused insurance cover? Yes No

Driver 2 Driver Name: _____ Driver ID Number _____

Licence type _____ Length held _____

Classic Car Membership _____

Any medical conditions which may effect your driving? Yes No

Any driving offences in the last five years? Yes No

Any accidents or insurance claims in the last five years? Yes No

Ever been refused insurance cover? Yes No

TYPE OF COVER - PER VEHICLE

If more than three vehicles please provide a separate list or spread sheet noting each vehicle's details

VEHICLE 1

Registered Owner: _____

 Type of Cover: Full cover Third Party only Static Only

 Estimated annual mileage 3,000 km 5,000 km > 5,000 km

Make _____ Year of manufacture _____ Model _____

Sub Model _____ Registration _____ Engine size _____

VIN Number _____ Engine Number _____

Mileage _____ Value R _____

 Does this vehicle have any anti theft device? Yes No

Where is the vehicle usually stored (Address) _____

 Locked alarmed garage Other (Please specify) _____

 Is the vehicle for private purposes only? Yes No

VEHICLE 2

Registered Owner: _____

 Type of Cover: Full cover Third Party only Static Only

 Estimated annual mileage 3,000 km 5,000 km > 5,000 km

Make _____ Year of manufacture _____ Model _____

Sub Model _____ Registration _____ Engine size _____

VIN Number _____ Engine Number _____

Mileage _____ Value R _____

 Does this vehicle have any anti theft device? Yes No

Where is the vehicle usually stored (Address) _____

 Locked alarmed garage Other (Please specify) _____

 Is the vehicle for private purposes only? Yes No

VEHICLE 3

Registered Owner: _____

 Type of Cover: Full cover Third Party only Static Only

 Estimated annual mileage 3,000 km 5,000 km > 5,000 km

Make _____ Year of manufacture _____ Model _____

Sub Model _____ Registration _____ Engine size _____

VIN Number _____ Engine Number _____

Mileage _____ Value R _____

 Does this vehicle have any anti theft device? Yes No

Where is the vehicle usually stored (Address) _____

 Locked alarmed garage Other (Please specify) _____

 Is the vehicle for private purposes only? Yes No

**DEBIT ORDER INSTRUCTION IN RESPECT OF SHORT TERM INSURANCE TO:
THE HOLLARD INSURANCE COMPANY LTD**

Name (Debtor) _____ Date _____
 Address _____ Code _____
 Debit Amount R _____

The details of my bank account are as follows

Bank _____ Branch/Town _____
 Branch No. _____ Account name _____
 Account No. _____ Type of A/C - savings, cheque, transmission _____

I/we hereby request and authorise you or your agent to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of _____ (state amount in rands) or any variable amount pertaining to this agreement, on the _____ working day (or closest thereto) of each and every month. This being the amount necessary for the payment of the monthly premium payment due to you in respect of the insurance policy number.

All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/we the undersigned, “instruct” and authorize you to draw against my/our account with the abovementioned bank, I/we understand that the details of the withdrawals authorized here will be printed on my/our bank statement.

I/we agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment: I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party

Signed _____ On this _____ day of 20 _____

 SIGNATURE(S) AS USED FOR SIGNING CHEQUES

DECLARATION

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance. (A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it.) I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the information provided in connection with it forms the basis of the insurance and will be relied upon by the insurers in deciding whether to accept this insurance.

By signing this Proposal Form I consent to you using the information that you may hold about me for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about me where this is necessary. I understand and accept that this may mean that you have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than myself, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to you and its use by yourself as set out above. The information provided will be treated in confidence. I have the right to apply for a copy of your information and to have any inaccuracies corrected.

In terms of policyholder protection legislation, it is an offence for anybody other than the proposer to sign a proposal form and it is hereby brought to my attention that I should not sign any blank or partially completed forms.

I hereby warrant that I am duly and properly authorised to sign this Declaration and Proposal Form for and on behalf of the Proposer

 Authorised signature of proposer

 Date

ADDITIONAL INFORMATION
