

Proposal Form

The proposal must be completed and signed by the Insured. The proposal shall form the basis of the insurance contract between the Insured and the Insurer (RMBSI), on acceptance thereof by both parties. Making any false statements or withholding any material facts may give the Insurer the right to reject any claim made under the policy or may result in the policy being declared null and void from inception. A material fact is any fact that might influence the acceptance of the risk or premiums.

Broker Information

Brokerage Name _____ Broker Contact _____
 Reference Number _____ I.D. Number _____
 Telephone Number _____ Mobile Number _____

* **Date of Policy to incept** * _____ (The inception date is conditional on all documents being in HCV's possession)

(Please complete either Section **A** for Businesses or Section **B** for Individuals)

Client Information

A) Trading/Business Name _____
 Type of Business _____
 Company/CC Registration Number _____ Previous Trading Name _____
 VAT Number _____ Period of business in operation? _____ Yrs _____ mths
 Postal Address _____ Code _____
 Risk Address _____
 _____ Code _____
 Telephone Number (Bus) _____ Contact Person _____
 Fax Number (Bus) _____ I.D. Number _____
 Mobile Number _____ Email Address _____

B) Name of Proposer/Individual _____ I.D. Number _____
 Postal Address _____ Code _____
 Risk Address _____
 _____ Code _____
 VAT Number _____ Telephone Number (Home) _____
 Telephone Number (Bus) _____ Fax Number _____
 Mobile Number _____ Email Address _____

State all previous relevant uninsured losses and/or insured claims (Vehicle/s, Load/s & Liabilities)

Date of loss	Amount of loss	Type of loss
_____	R _____	_____
_____	R _____	_____
_____	R _____	_____

Has any Insurer ever cancelled your policy or refused to renew your policy? Yes / No (If yes, please specify)

Insurer _____ Policy Number _____

Are you insured or have you ever been insured against any of the risks now proposed? Yes / No (If yes, please specify)

Insurer _____ Policy Number _____

Are there any other material facts in respect of the risk proposed which will influence the assessment thereof which should be disclosed?

Yes / No (If yes, please specify)

PLEASE NOTE TRANSPORTING OF ANY HAZARDOUS GOODS IS EXCLUDED

Full description of commodities/nature of goods transporting

Commodity type	Percentage of commodities transported
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Maximum load limit required? R _____ Estimated Annual Haulage Fees? R _____

Name/s of Consignor/s _____

Are any sub-contractors used? Yes / No (If yes, please specify) _____

In what geographical area is cover required? _____

Radius of usual operation: Short Haul (Local max 150km) _____ % / Long Haul _____ % / Across Border _____ %

Main areas of operation (e.g. Gauteng, Kwa-Zulu Natal) _____

Are loads currently insured? If yes, please specify

Name of Insurer _____ Policy Number _____

Debit Order Details and Authorisation

I/We hereby give permission to RMB Structured Insurance Ltd (RMBSI) to collect from my/our existing account with the bank as mentioned below, the amount necessary for payment of the monthly premium amount due in respect of this insurance. I/We accordingly undertake to pay the premium due in advance. Pro-rata amounts due on new policies and endorsements will be collected as stipulated per the advance premium payment system.

Bank / Institution _____ Branch Name _____

Type of Account _____ Branch code _____
(Current or Savings)

Account Number _____

Account Holders Name _____

Monthly collection date _____ select any date from the 1st to the 15th
(Pro-Rata amounts to be collected within 5 - 7 working days from issuing the policy or processing of an endorsement)

Signature of the Account Holder or responsible person who warrants that he/she is duly authorised hereto.

Signed _____ Capacity _____

Date _____ Place _____

IMPORTANT NOTICE

EMERGENCY NUMBERS: 011 6283000 (business hours & 24 hour (call centre) / 0860 869 428 (TOW HCV) / 08610 22737 (CARES)

1. Theft and Hijacking

Any theft or hijacking must be reported telephonically to **HCV, within 1 hour of the discovery thereof by the Insured or a responsible person.**

2. Towing Companies

In the event of an accident or mechanical breakdown please contact HCV on one of the emergency numbers above where one of our technicians in the 24hour Call Centre will assist in ensuring the truck is towed by a HCV preferred towing operator to the nearest place of safety.

3. Claims Notification

All claims are to be reported on a HCV claim form with photo's of the damaged areas and required documents. Send to HCV within 30 days of the incident, irrespective of what the damage is for, i.e. own damage, third party damage, goods in transit, etc. Report all incidents, except windscreen claims, to the Police within 48 hours.

4. Agreed Value

We offer exclusively Agreed Value!

The Agreed Value is the value that HCV and the Insured agree to upon inception and/or renewal of the policy. The Agreed Value will be paid out in the event of a total loss less the excess.

5. Fire Extinguishers

All trucks, medium commercial vehicles and plant items covered under the HCV policy must be fitted with a minimum of a 4.5kg fire extinguisher (refer to the requirements as per quote).

6. Limiting/Governing

Please note that according to the National Road Traffic Act, 1996, the maximum legal speed limit on South African Roads is 80km/h on commercial vehicles or a combination of vehicles with the gross vehicle mass which exceeds 9 000 kilograms. HCV strongly advises you to be aware of the above and ensure that you and/or your driver/s stay within the legal limits.

7. Description of use clause

Please note the "Description of use clause" as per the policy wording; **unless otherwise specified**, use for the business or occupation of the Insured, excluding hiring, carriage of passengers for hire or carriage of fare paying passengers, towing of any vehicle which is damaged, defective or with other condition affecting the operation of such vehicle, towing for profit, racing, speed or other contests, rallies, use in any other race, carriage of explosive or flammable liquids or other hazardous substances of carriage of any load or passengers exceeding the capacity or weight for which it is constructed or licenced to carry or use for any purposes in connection with the motor trade.

8. Consent to Disclosure

The Insured acknowledges that the sharing of claims information and underwriting information (including credit information) by Insurers is essential to enable the Insurance Industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting premiums. On behalf of the Insured and any person the Insured represent herein, the Insured hereby waives any right to privacy in any insurance information provided by the Insured or on the Insured's behalf in respect of any insurance policy or claim made or lodged by the Insured and the Insured consents to such information being disclosed to any other insurance company or its agent. The Insured also acknowledges that the information provided by die Insured may be verified against other legitimate sources or databases. The Insured also waives any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning the Insured.

The abovementioned information forms an integral part of our underwriting and failure to adhere may prejudice you in the event of a claim. The Insured is required to comply with the terms and conditions of HCV's Policy Wording (refer to the full Policy Wording).

Salient Rules/Declaration

On acceptance of this proposal by Heavy Commercial Vehicle Underwriting Managers (Pty) Ltd (HCV), underwritten by RMB Structured Insurance Ltd (RMBSI), I/we warrant that the information contained herein is correct and all details have been fully disclosed. I/We agree to accept the policy wording and endorsements as issued by HCV as the contract of insurance between myself/ourselves and RMBSI for their respective rights and interests. Insurance cover shall only be effective on the official acceptance of insurance by HCV and on issuing of a policy schedule. I/We agree to immediately notify HCV or my/our Broker of any change in any material facts or risk details or any circumstances, which may give rise to a claim.

Signature of Proposer _____ Capacity _____

Place _____ Date _____

Please complete with full details of items & covers required

On acceptance of quote supporting documentation and proof/s as required in the quote, must accompany the proposal in order to issue a policy

Year Model	Make of Vehicle	Full Model Description of Vehicle	Vehicle Registration Number	Agreed Value of Vehicle	load+care (GIT) Maximum Load Limit	Interest to be noted	Mechanical Breakdown	time+care	Liability	personal+care			personal+care			
							Tick Cover required	min R10 000 and max R60 000	Tick required Cover	Tick option & Cover required (see below)			Tick option & no of Crew required Cover (see below)			
				R	R		Roadside+care	Cover Amt	Employers R10m	1	2	3	Option	1	2	3
				R	R		AfricaRoad side+care	R	Public R5m	Driver			Crew	1	2	3
				R	R				Public R10m	Co-Driver						
				R	R		Roadside+care	Cover Amt	Employers R10m	1	2	3	Option	1	2	3
				R	R		AfricaRoad side+care	R	Public R5m	Driver			Crew	1	2	3
				R	R				Public R10m	Co-Driver						
				R	R		Roadside+care	Cover Amt	Employers R10m	1	2	3	Option	1	2	3
				R	R		AfricaRoad side+care	R	Public R5m	Driver			Crew	1	2	3
				R	R				Public R10m	Co-Driver						
				R	R		Roadside+care	Cover Amt	Employers R10m	1	2	3	Option	1	2	3
				R	R		AfricaRoad side+care	R	Public R5m	Driver			Crew	1	2	3
				R	R				Public R10m	Co-Driver						
				R	R		Roadside+care	Cover Amt	Employers R10m	1	2	3	Option	1	2	3
				R	R		AfricaRoad side+care	R	Public R5m	Driver			Crew	1	2	3
				R	R				Public R10m	Co-Driver						
				R	R		Roadside+care	Cover Amt	Employers R10m	1	2	3	Option	1	2	3
				R	R		AfricaRoad side+care	R	Public R5m	Driver			Crew	1	2	3
				R	R				Public R10m	Co-Driver						

* Personal+Care (personal accident injury): Drivers, Co-Drivers & Crew Members (max 3 crew members can be added)
Benefit: Option 1 - R10, 000 / Option 2 - R20, 000 / Option 3 - R50, 000

* Roadside+Care (mechanical breakdown): Compulsory on all Trucks, MCV's & Trailers Page 4 of 4 May-16

Signature of Proposer _____

Date _____