

**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 Santam Structured Insurance Limited (SSI), 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 \_\_\_\_\_ Quote Number \_\_\_\_\_  
*(The inception date is compulsory)*

(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 \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 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)

**Proposal Form (Continue)**

**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 \_\_\_\_\_

Are loads currently insured? Yes / No (If yes, please specify) Name of Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_

Are any sub-contractors used? Yes / No (If yes, please specify name of Consignor/s) \_\_\_\_\_

Are you a sub-contractor yourself? Yes / No (If yes, please specify name of Consignor/s) \_\_\_\_\_

Do you operate with standard trading conditions / contract of carriage? Yes / No

If Yes, please provide a copy of the contract on acceptance of the policy. Confirm herewith as attached. Yes / No \_\_\_\_\_

If No, please provide details of conditions agreed

In what geographical areas (main areas of operation) is cover required? \_\_\_\_\_

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

Is vehicle/s parked off in a fully secured area with locked and adequate security controls (when not in use)? Yes / No \_\_\_\_\_

**Debit Order Details and Authorisation**

I/We hereby give permission to Santam Structured Insurance Ltd (SSI) 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 1<sup>st</sup> to the 15<sup>th</sup>

(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: 24 hour Call Centre 0860 869 428 (TOW HCV) or 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 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, trials, 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 Santam Structured Insurance Limited (SSI), 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 SSI 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, model descriptions & covers required (make copies of this page if needed)

On acceptance of a quote, supporting documentation and proof/s as required per the quote, must accompany the proposal in order to go on cover /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	Extra Items (fixed) to be noted and included in the Agreed Value	Interest to be noted	Mechanical Breakdown	Time+Care	Liability	Personal+Care			
								Tick Cover required	min R10 000 and max R60 000	Tick required Cover	Tick option & Cover required (see below)			
				R	R			Roadside+care	Cover Amt	Employers R10m	1	2	3	
				R	R			AfricaRoad side+care	R	Public R5m	Driver	Co-Driver		
				R	R			AfricaRoad side+care	R	Public R10m	Crew	1	2	3
				R	R			Roadside+care	Cover Amt	Employers R10m	1	2	3	
				R	R			AfricaRoad side+care	R	Public R5m	Driver	Co-Driver		
				R	R			AfricaRoad side+care	R	Public R10m	Crew	1	2	3
				R	R			Roadside+care	Cover Amt	Employers R10m	1	2	3	
				R	R			AfricaRoad side+care	R	Public R5m	Driver	Co-Driver		
				R	R			AfricaRoad side+care	R	Public R10m	Crew	1	2	3
				R	R			Roadside+care	Cover Amt	Employers R10m	1	2	3	
				R	R			AfricaRoad side+care	R	Public R5m	Driver	Co-Driver		
				R	R			AfricaRoad side+care	R	Public R10m	Crew	1	2	3

\*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

Signature of Proposer \_\_\_\_\_

Date \_\_\_\_\_