



## APPLICATION FORM FOR PERSONAL INSURANCE

Please complete and sign the application, ticking all the applicable blocks. Make sure that all questions are answered completely. Cover in terms of the policy will only commence after the official approval of your application by Santam Limited.

Please note that if any information contained in this form is untrue, misleading or incorrect, the assessment of the risk may be affected. Santam reserves the right to re-assess the risk at any time, whether before or after the issue of any policy if any of the information contained in this form is subsequently discovered to be untrue, misleading or incorrect.

### DETAILS OF POLICYHOLDER

Surname:	_____	Initials:	_____	Title:	_____
Occupation:	_____	ID No:	_____		
Marital Status:	_____	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Language of correspondence:	<input type="checkbox"/> English	<input type="checkbox"/> Afrikaans	Vat Registered:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Vat No.:	_____	

### CONTACT DETAILS OF POLICYHOLDER

Telephone numbers:	(w) _____	(h) _____
	(fax) _____	(cell) _____
	Email address: _____	
Postal Address:	_____	
	_____	Code: _____

### CONSENT QUESTIONS

To enable Santam to underwrite risk fairly and to combat insurance fraud, we need to have your consent to verify and share policy information with insurers and other institutions as well as to access credit information held by other institutions.

Do you give Santam consent?  Yes  No

Do you consent to Santam forwarding your contact details to Vodacom, for the sole purpose of offering a LiveTrack product to you?

Yes  No

Do you consent to Santam obtaining Driver Behaviour statistics held by legally recognised third parties for the purpose of assessing your risk profile?

Yes  No

### INSURANCE / CLAIMS HISTORY OF POLICYHOLDER

Has any insurer ever refused any proposal of yours, cancelled any policy (or section thereof), refused to renew any policy (or section thereof) or imposed any special conditions? (Tick "Yes" even if only one part of the question applies):

Yes  No

If "Yes", supply full details: \_\_\_\_\_

**INSURANCE / CLAIMS HISTORY OF POLICYHOLDER continued**

Are you currently insured against the risks you are applying for now?  Yes  No

If "Yes", supply name of insurer: \_\_\_\_\_

If you are not currently insured but were previously, please supply the following:

Last date of insurance: \_\_\_\_\_ Name of Insurer: \_\_\_\_\_

Current NCB: House Contents  Vehicles  Motorcycle  Caravan

Have you suffered any losses or damage to property that you have not claimed for, or claims in the last 3 years, whether insured or not?  Yes  No

If "Yes", supply full details (if more than 4 please complete details on a separate page):

DATE:	DESCRIPTION OF EVENT:	AMOUNT:

**DETAILS OF OTHER INSURED**

(any other person that has financial or legal interest in the property items noted on the following pages)

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_ Title: \_\_\_\_\_

Occupation: \_\_\_\_\_ ID No: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Gender:  Male  Female

Language of correspondence:  English  Afrikaans

**PART 1 – PROPERTY INSURANCE**

**HOUSE CONTENTS**

	<u>House Contents 1</u>				<u>House Contents 2</u>			
	Main Residence	Holiday Home	Other		Main Residence	Holiday Home	Other	
<b>Type of Residence:</b>								
<b>Street Address:</b>								
	Code: _____				Code: _____			
<b>Sum Insured:</b>	R _____				R _____			
<b>Wall Construction:</b>	Standard (e.g. Brick, cement)		Non-Standard (e.g. Wood)		Standard (e.g. Brick, cement)		Non-Standard (e.g. Wood)	
<b>Roof Construction:</b>	Standard (e.g. Tiles, Iron)	Non-standard	Thatch	Thatch with thatchsayf	Standard (e.g. Tiles, Iron)	Non-standard	Thatch	Thatch with thatchsayf
<b>Type of Premises:</b>	Residential	Smallholding	Farm	Other	Residential	Smallholding	Farm	Other
<b>Use of dwelling:</b>	Standard	Commune	Hotel	Guesthouse	Standard	Commune	Hotel	Guesthouse
	Boarding House	Retirement Home			Boarding House	Retirement Home		
<b>Are the premises occupied during the day?</b>	Yes		No		Yes		No	

HOUSE CONTENTS continued								
<b>Type of dwelling:</b>	Private	Flat - groundfloor	Flat - above groundfloor	Town house	Private	Flat - groundfloor	Flat - above groundfloor	Town house
	Double storey townhouse	Double storey dwelling	Parkhome	Storage facility	Double storey townhouse	Double storey dwelling	Parkhome	Storage facility
<b>Are the premises unoccupied for more than 60 days in a year?</b>	Yes				No			
<b>Activities in your area?</b>	Construction on your premises?				Construction on your premises?			
	Yes				No			
<b>Security: (Tick all that apply)</b>	Within 2km of Informal Settlement?				Within 2km of Informal Settlement?			
	Yes				No			
<b>Security: (Tick all that apply)</b>	Burglar bars (on all opening windows) (including louvres)				Burglar bars (on all opening windows) (including louvres)			
	Yes				No			
	Security gates (on all external doors, including sliding doors)				Security gates (on all external doors, including sliding doors)			
	Yes				No			
<b>Voluntary Excess:</b>	Alarm linked to 24hr control room				Alarm linked to 24hr control room			
	Yes				No			
	Security area (24hr controlled access)				Security area (24hr controlled access)			
	Yes				No			
<b>Optional Cover:</b>	Yes				No			
	No				No			
<b>Accidental Damage:</b>	Yes				No			
	No				No			
<b>Mechanical / electrical breakdown:</b>	R _____				R _____			
	(Cover is only available if Accidental damage cover has been selected)				(Cover is only available if Accidental damage cover has been selected)			
<b>Subsidence / Landslip:</b>	Yes				No			
	No				No			
<b>Home Industry: (5% of Contents SI, maximum R30000)</b>	Yes				No			
	No				No			
<b>Limited Bed &amp; Breakfast:</b>	R _____				R _____			
	Type of HI _____				Type of HI _____			
<b>Limited Bed &amp; Breakfast:</b>	Yes				No			
	No				No			
ALL RISKS (Item Sum Insured limited to 50% of Content Sum Insured)								
DESCRIPTION				SUM INSURED				
Clothing and personal effects				R _____				
Stamp and coin collections and personal documents				R _____				
Transport of groceries and household goods				R _____				
Keys, locks and remote control units				R _____				
Page 3/10								

**ALL RISKS continued**

Other Items - **Please include full description and Serial Numbers where applicable, especially i.r.o. electronic equipment / cellphones:**

- Bicycles and Wheelchairs
- Mobile communication devices
- Audiovisual equipment (camera's, binoculars, TV's, decoders, portable DVD players, iPods, MP3 and MP4)
- Computing equipment (laptops, personal computers)
- Items in a bank vault (guns, jewellery, coin collections, other)
- Other specified articles (jewellery, sound equipment, other)

1 _____	R _____
2 _____	R _____
3 _____	R _____
4 _____	R _____
5 _____	R _____
6 _____	R _____
7 _____	R _____
8 _____	R _____
9 _____	R _____
10 _____	R _____

**BUILDINGS**

	<u>Building 1</u>	<u>Building 2</u>								
<b>Type of Residence:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Main Residence</td> <td style="width: 33%;">Holiday Home</td> <td style="width: 33%;">Other</td> </tr> </table>	Main Residence	Holiday Home	Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Main Residence</td> <td style="width: 33%;">Holiday Home</td> <td style="width: 33%;">Other</td> </tr> </table>	Main Residence	Holiday Home	Other		
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<b>Street Address:</b>	_____	_____								
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<b>Sum Insured:</b>	R _____	R _____								
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<b>Is the residence unoccupied for the first 30 days?</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No				
Yes	No									
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<b>Voluntary Excess:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table> <p><b>If Yes: R</b> _____  <small>(Excess options: R500, R1 000, R2 000, R3 000, R4 000, R5 000, R7 500, R10 000, R15 000, R20 000, R25 000, R30 000)</small></p>	Yes	No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table> <p><b>If Yes: R</b> _____  <small>(Excess options: R500, R1 000, R2 000, R3 000, R4 000, R5 000, R7 500, R10 000, R15 000, R20 000, R25 000, R30 000)</small></p>	Yes	No				
Yes	No									
Yes	No									

BUILDINGS continued														
<b>Optional Cover:</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>		Yes	No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>		Yes	No						
Yes	No													
Yes	No													
<b>Accidental Damage to Machinery:</b>	R _____		R _____											
<b>Comprehensive Subsidence / Landslip cover</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>		Yes	No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>		Yes	No						
Yes	No													
Yes	No													
VEHICLES														
		Vehicle 1		Vehicle 2										
<b>Year of manufacture:</b>	_____		_____		_____									
<b>Make:</b>	_____		_____		_____									
<b>Model:</b>	_____		_____		_____									
<b>Registration No:</b>	_____		_____		_____									
<b>Vin No:</b>	_____		_____		_____									
<b>Engine No:</b>	_____		_____		_____									
<b>Class of Use:</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Private</td> <td style="width: 33%; text-align: center;">Business</td> <td style="width: 33%; text-align: center;">Farming</td> </tr> </table>		Private	Business	Farming	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Private</td> <td style="width: 33%; text-align: center;">Business</td> <td style="width: 33%; text-align: center;">Farming</td> </tr> </table>		Private	Business	Farming				
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<b>Sum Insured:</b>	R _____		R _____											
<b>Overnight Parking facilities:</b>	_____		_____		_____									
<b>Security:</b>	VSS Approved	<input type="checkbox"/>	VSS Approved:	<input type="checkbox"/>										
	Santam approved Immobiliser:	<input type="checkbox"/>	Santam approved Immobiliser:	<input type="checkbox"/>										
	Santam approved gearlock:	<input type="checkbox"/>	Santam approved gearlock:	<input type="checkbox"/>										
	Data Dot:	<input type="checkbox"/>	Data Dot:	<input type="checkbox"/>										
	Tracking device:	<input type="checkbox"/>	Tracking device:											
	Type of Tracking:	_____		Type of Tracking:	_____									
<b>Registered Owner:</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Policy holder</td> <td style="width: 33%; text-align: center;">Spouse</td> <td style="width: 33%; text-align: center;">Financially dependent Child</td> </tr> </table>		Policy holder	Spouse	Financially dependent Child	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Policy holder</td> <td style="width: 33%; text-align: center;">Spouse</td> <td style="width: 33%; text-align: center;">Financially dependent Child</td> </tr> </table>		Policy holder	Spouse	Financially dependent Child				
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<b>Voluntary excess:</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>		Yes	No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>		Yes	No						
Yes	No													
Yes	No													
(Cannot select both Voluntary and Excess)	<b>If Yes:</b> _____ (Excess options: R250, R500, R1 000, R2 000, R3 000, R4 000, R5 000, R6 000, R7 000, R8 000, R9 000, R10 000, R15 000, R20 000, R25 000, R30 000)		<b>If Yes:</b> _____ (Excess options: R250, R500, R1 000, R2 000, R3 000, R4 000, R5 000, R6 000, R7 000, R8 000, R9 000, R10 000, R15 000, R20 000, R25 000, R30 000)											
<b>Vehicle Extra's (e.g. alloy wheels)</b>	_____	R _____	_____	R _____										
	_____	R _____	_____	R _____										
	_____	R _____	_____	R _____										
	_____	R _____	_____	R _____										

**VEHICLES continued**

<b>Specified accessories (e.g. radio)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    R _____ Make/Model: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No    R _____ Make/Model: _____																								
<b>Tools, spare parts, travel accessories</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    R _____	<input type="checkbox"/> Yes <input type="checkbox"/> No    R _____																								
<b>Excess Waiver:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Cannot select both Waiver and Voluntary Excess)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Cannot select both Waiver and Voluntary Excess)																								
<b>Optional Cover:</b>	Difference in market value/ hire purchase (Top up Cover): <input type="text"/> Car Hire: <input type="text"/> Car hire Group: B, E, F or G _____ Vehicle Breakdown Service: <input type="text"/> 4x4 Cover: <input type="text"/> Luxury Vehicle Cover: <input type="text"/>	Difference in market value/ hire purchase (Top up Cover): <input type="text"/> Car Hire: <input type="text"/> Car hire Group: B, E, F or G _____ Vehicle Breakdown Service: <input type="text"/> 4x4 Cover: <input type="text"/> Luxury Vehicle Cover: <input type="text"/>																								
<b>Is the Policyholder the Regular driver of this vehicle?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Date of first issue of drivers licence: _____ Code: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Date of first issue of drivers licence: _____ Code: _____																								
<b>Regular driver details:</b> (if other than policyholder)	Surname: _____ Initials: _____ Title: _____ Occupation: _____ ID No: _____ Marital Status: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of first issue of drivers licence: _____ Code: _____ NCB: _____ Have you suffered any losses/damage to property that you have not claimed for, or claims in the last 3 years, whether insured or not? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", supply full details (if more than 3 please complete details on a separate page): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:20%;">DATE:</th> <th style="width:50%;">DESCRIPTION:</th> <th style="width:30%;">AMOUNT:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	DATE:	DESCRIPTION:	AMOUNT:										Surname: _____ Initials: _____ Title: _____ Occupation: _____ ID No: _____ Marital Status: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of first issue of drivers licence: _____ Code: _____ NCB: _____ Have you suffered any losses/damage to property that you have not claimed for, or claims in the last 3 years, whether insured or not? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", supply full details (if more than 3 please complete details on a separate page): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:20%;">DATE:</th> <th style="width:50%;">DESCRIPTION:</th> <th style="width:30%;">AMOUNT:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	DATE:	DESCRIPTION:	AMOUNT:									
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MOTORCYCLES											
<b>Registered owner:</b>	<b>Motorcycle 1</b>			<b>Motorcycle 2</b>							
	Policy holder	Spouse	Financially dependent Child	Policy holder	Spouse	Financially dependent Child					
	Private		Business		Private		Business				
	Comprehensive	Third Party, Fire and Theft	Third Party Only	Comprehensive	Third Party, Fire and Theft	Third Party Only					
	Year of manufacture:										
	Make:										
	Model:										
Registration Number:											
Sum Insured: R _____			R _____								
CARAVAN / TRAILER											
<b>Type:</b>	<b>Caravan / Trailer 1</b>			<b>Caravan / Trailer 2</b>							
	Caravan		Trailer		Caravan		Trailer				
	Policyholder	Spouse	Other		Policyholder	Spouse	Other				
	Year of manufacture:										
	Make/Model:										
	Registration No.										
	Sum Insured: R _____			R _____							
Contents of caravan											
Yes		No		R _____		Yes		No		R _____	
WATERCRAFT											
<b>Registered owner:</b>	<b>Craft 1</b>			<b>Craft 2</b>							
	Policyholder	Spouse	Other		Policyholder	Spouse	Other				
	Year of manufacture:										
	Type of craft (e.g. ski boat)										
	Make/hull class (e.g. seafarer)										
	Yes		No		Yes		No				
	Length of hull _____ m			_____ m							
Maximum Speed _____ Km/h			_____ Km/h								
Name of Craft											
Sum Insured: R _____			R _____								

WATERCRAFT continued					
<b>Outboard Motors</b>	Yes		No		
	Year _____		Year _____		
	Make _____		Make _____		
	Horsepower _____ k/w		Horsepower _____ k/w		
	Sum Insured <b>R</b> _____		Sum Insured <b>R</b> _____		
<b>Specified accessories</b>	Yes		No		
	Sum Insured <b>R</b> _____		Sum Insured <b>R</b> _____		
	Description: _____		Description: _____		

PART 2 – LIABILITY AND LEGAL COSTS AND LEGAL EXPENSES INSURANCE				
<b>Personal Legal Liability (R5 000 000)</b>	Yes		No	
(Is compulsory for House contents or Houseowners insurance)				
<b>Extended Personal Legal liability</b>	Yes		No	
<b>If Yes, Select Sum Insured</b>	R10 000 000		R20 000 000	
<b>Legal Costs and Legal Expenses</b>	Yes		No	
<b>If Yes, Select Sum Insured</b>	R30 000	R60 000	R100 000	

PART 3 – FAMILY PROTECTION INSURANCE						
Personal Accident (cover against death or disability due to an accident – world wide)						
	<u>Insured person 1</u>		<u>Insured person 2</u>		<u>Insured person 3</u>	
<b>Name:</b>	_____		_____		_____	
<b>Surname:</b>	_____		_____		_____	
<b>Relation to Policyholder</b>	_____		_____		_____	
<b>Gender</b>	Male	Female	Male	Female	Male	Female
<b>ID Number</b>	_____		_____		_____	
<b>Marital Status</b>	_____		_____		_____	
<b>Occupation</b>	_____		_____		_____	
<b>Sum Insured (R1000 to R1 000 000)</b>	_____		_____		_____	
<b>Optional Cover:</b>	_____		_____		_____	
<b>Temporary Total Disablement (104 weeks)</b>	Yes	No	Yes	No	Yes	No

Death Benefit Plan				
(Underwritten by Sanlam Customised Insurance Limited, an authorised financial services provider)				
<b>Family Cover</b>	Yes		No	
<b>If Yes, Select sum insured</b>	R 3,000	R 5,000	R 7,500	R10 000



Death Benefit Plan continued					
Individual Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Complete the Insured person's details: Waiting period for natural death is 6 months from inception.		
<b>Insured person 1</b>  <b>Insured person 2</b>  <b>Insured person 3</b>	Initials:				
	Surname:				
	Relation to Policyholder:				
	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	ID Number:				
	Marital Status:				
	Occupation:				
	Sum Insured: R3 000, R5 000, R7 500 or R10 000.				
Hospital Benefit Plan Waiting period is 24 hours.					
Family Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Select daily benefit R _____ (R50 – R400 in multiples of R50)		
Individual Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Complete the Insured person's details:		
<b>Insured person 1</b>  <b>Insured person 2</b>  <b>Insured person 3</b>	Initials:				
	Surname:				
	Relation to Policyholder:				
	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	ID Number:				
	Marital Status:				
	Occupation:				
	Daily Benefit: (R50 – R400 in multiples of R50)				
Debit Order / Banking details					
Inception Date	<input type="text"/> D <input type="text"/> D		<input type="text"/> M <input type="text"/> M		<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Choice of Payment	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual		Sasria (riot Cover) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Debit Order date	On, or first working day <b>before</b>		<input type="text"/> 29th	<input type="text"/> 30th	<input type="text"/> 31st <input type="text"/> 1st
	On, or first working day <b>after</b>		<input type="text"/> 25th	<input type="text"/> 26th	<input type="text"/> 27th <input type="text"/> 28th
	Two working days <b>after</b>		<input type="text"/> 15th		
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**Debit Order / Banking details continued**

<b>Banking details</b>	<b>Branch Code:</b> _____ <b>Bank:</b> _____			
	<b>Account No:</b> _____ <b>Account Holder:</b> _____			
	<b>Type of Account:</b>			
	<table border="1"> <tr> <td>Cheque</td> <td>Transmission</td> <td>Savings</td> </tr> </table>	Cheque	Transmission	Savings
Cheque	Transmission	Savings		
<b>Authorisation by Account Holder</b>	<p>I, the undersigned hereby authorise Santam Limited (Santam) to deduct the amount of the premium from my account at the aforementioned institution in any way that Santam and the institution have agreed upon. Santam may pay any amount that is owed to me, into the bank account reflected above. All deductions from my account by Santam will be regarded as having been authorised by me. Santam may not cede it's rights in respect of this authorisation to a third party without my written consent.</p> <p>Signature of Account Holder _____ Date _____</p>			

**FOR USE BY BROKER/AGENT**

<b>Agent Number</b>	_____	<b>Name of Agency</b>	_____
<b>Telephone No</b>	_____	<b>Fax No</b>	_____

**DECLARATION BY POLICYHOLDER / OTHER INSURED**

I, the undersigned do hereby declare and state as follows that:

- The information contained in this application form is true and correct and that I understand that the information contained herein will be used for the assessment of my risk.
- I acknowledge that the sharing and accessing of information (including credit information held by other institutions) for underwriting and claims purposes is in the public interest, as it will enable insurers to underwrite policies, assess and re-assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.
- On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to any underwriting and claims information in respect of any insurance policy or claim made or lodged by me, or on my behalf.
- I consent to such information being stored on any shared database to which Santam or its agents, from time to time, subscribe and for such information to be processed and reprocessed as set out above.
- I also consent to such information being disclosed to any insurer or its agent.
- I further consent to any underwriting information and credit information held by other institutions being accessed and verified on databases.
- I also consent to the underwriting, claims or credit information referred to above being retained on any shared database and shared with insurers and/or other institutions for underwriting purposes and/or to reduce the incidence of fraud, notwithstanding the cancellation of my policy by myself or by Santam.

Signature of policyholder or person signing on behalf of the policyholder \_\_\_\_\_ Date \_\_\_\_\_

**DECLARATION BY INTERMEDIARY IF THE FORM IS SIGNED ON BEHALF OF THE POLICYHOLDER**

I, the undersigned do hereby declare and state as follows that:

- I am duly authorised by the policyholder to complete and sign this application form on his/her/its behalf.
- I have explained the contents regarding sharing of policyholder information as contained under the heading "Declaration by policyholder/other insured"
- I am authorised in writing by the policyholder to give the necessary consent as contemplated under the heading "Declaration by policyholder/other insured" on his/her/its behalf.
- I am aware that Santam reserves the right to request proof of the written consent issued by the policyholder at any time.

Signature of intermediary \_\_\_\_\_ Date \_\_\_\_\_

Santam is an authorised financial services provider (licence number 3416)