GUARDIAN ANGEL PROPOSAL DOCUMENT FOR MOTORCYCLE INSURANCE

Insurer: Renasa Insurance Company Ltd – Reg. No. 1998/000916/06– VAT No. 4290173253 – FSP No. 15491
Underwriting Manager: Administration Plus (Pty) Ltd – Reg. No. 2004/023852/07 – VAT No. 4190243008 – FSP No. 36841.

Broker details

Name: _____ Code _____

Insured name and surname: _____

ID No: | | | | | | | | | | | | | | DOB: _____

Gender: M F

Full physical address: _____

Postal address: _____

Contact details:

Work: | | | - | | | - | | | | Cell: | | | - | | | - | | | |

Home: | | | - | | | - | | | | Email: _____

Motorcycle information

Make: _____ Model: _____ Year: _____

VIN No: _____ REG No: _____ Colour: _____

Purchase price: _____ Date of purchase: _____ From: _____

Finance: Y N If yes, Where: _____

Insured value of bike(retail value): _____ Date cover to commence: _____

guardian angel
motorcycle insurance

Additional

List of enhancements, with value, to be included in sum insured: _____

_____ Value: _____

List of extras to bike (e.g. Top box, bash plate) that must be covered additional to sum insured:

_____

Value: _____

Riding apparel you wish to Insure under All risk Section List and values: _____

_____ Value: _____

Class of use: ☐

A- Private commuting	B- Pleasure only

Type of bike: ☐

A-Off road	B- Dual purpose
C- Cruiser/tourer	D-Naked Sports E-Super bike

Rider Details:

Estimated Km's travelled per week: 500 Km's Less ☐ More ☐

Please note, this is a named rider policy, all riders names to be stated

Full names and surnames of riders
(2 riders on inception of policy) _____

ID: ☐☐☐☐☐☐☐☐☐☐☐☐☐ Date licence 1st issued: _____

ID: ☐☐☐☐☐☐☐☐☐☐☐☐☐ Date licence 1st issued: _____

Relationship to second rider _____

Any accidents/claims last 12 months _____ 24 months: _____

If yes, brief description: _____

_____

Contact details:

Cell: ☐☐☐-☐☐☐-☐☐☐☐ e-mail _____

Home ☐☐☐-☐☐☐-☐☐☐☐

RENASA
INSURANCE COMPANY LIMITED

admin+

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Banking details

Account holder _____

Bank and branch name _____

Account type _____

Branch code _____

Account number _____

Debit date _____

DEBIT ORDER AUTHORITY

I/We request and authorise Renasa Insurance Company Ltd to draw against the abovementioned/following account, the amount necessary for payment of the monthly premium as and when required and for the amount requested every month until this arrangement is cancelled in writing by either party.

I/We accept that if the debit date falls on a weekend, I/we will be debited on the following working day.

If no debit date is selected Renasa Insurance Company Ltd reserves the right to select the last working day of each month.

_____ _____

SIGNATURE DATE

DECLARATION

In submitting this application , I hereby warrant that the information contained herein have been fully disclosed. I further warrant that any changes to the information provided will be declared to Constantia Insurance Company Ltd as soon as such changes come to my knowledge. I also declare that I have not withheld any materiel fact and accept that this application and declaration will form the basis of the contract between myself and Renasa , I accordingly undertake to pay the premium due.

_____ _____

SIGNATURE DATE