COMPREHENSIVE MOTOR INSURANCE PROPOSAL

Hollard.

Ref: No _____

OFFICE USE

Broker/Dealership _____ Code _____

Salesman/Contact _____ Tel _____

F & I Manager _____ Fax _____

1. CLIENT DETAILS

Surname _____

Initials _____ Title _____

ID Number _____

Tel No (W) _____ (H) _____

Date of birth ____ /____ /____

Residential address _____

_____

Suburb _____

Postal address _____

_____

2. HP DETAILS

Bank _____

HP No _____ Branch code _____

3. REGULAR DRIVER DETAILS

Surname _____ Initials _____

Occupation _____

Marital status _____ Age _____ Sex _____

Date of birth _____

4. VEHICLE DETAILS

Make and Model	Year	Reg No

Eng No _____

Chassis No _____

Market value Incl TAX _____

Colour _____ Odometer reading _____

1. Use of vehicle:
   Private including to/from Work ☐ Business ☐
2. Is the vehicle fitted with an approved Immobiliser?
   Yes ☐ No ☐ Factory fitted: Yes ☐ No ☐
3. Gear lock Yes ☐ No ☐
4. Tracking device Yes ☐ No ☐
   Specify _____
5. Normal parking at night:
   Locked garage Yes ☐ No ☐ Street Yes ☐ No ☐
   Other (specify) _____
6. Vehicle imported? Yes ☐ No ☐ Soft top roof Yes ☐ No ☐
7. Registered owner _____
   _____
   _____
   _____

5. CAR SOUND DETAILS

(Optional cover at additional premium if required)

Make and Model	Serial No	Value

6. ACCESSORIES *(included in vehicle value)*

Description	Value

7. INSURANCE DETAILS

(Rating to be based on regular driver)

Are you entitled to a no claim bonus?(Proof must be attached)

Yes ☐ No ☐ No. of years _____

Inception date _____ Expiry date _____

Payment Frequency: Monthly ☐ Annual ☐

If not paid through bank HP account, please complete separate debit order

OFFICE USE

Risk Category ☐ Area ☐		Net Premium	P
Basic Premium	%	Add Disc	P
Discount	%	Admin Fee	P
Loading	%	Total Due	P
Loading/Discount	%	Min Premium	P

8. DECLARATION

I declare that:

(a) I am in possession of a valid and unendorsed driver's licence and do not suffer from any mental or physical disability.

(b) The vehicle/s to be insured will not be driven by any person whom to my knowledge has been refused motor insurance or has had their driver's licence endorsed or who is suffering from any physical or mental disability.

(c) No insurer has ever cancelled/declined/refused to renew or has imposed special terms or conditions on any motor insurance held by me.

(d) I have previously been Insured with (name of Insurer)

_____

Branch _____ Policy No. _____

(e) I suffered the following losses during the past three years (whether Insured or not):

Year	Description	Amount

(f) This information is true and correct and I have not withheld any material information and I accept that proposal declaration shall be the basis of the contract between Hollard Insurance Botswana (Pty) Ltd and myself.

_____ _____

Signature of Insured Date

_____ _____

Signed on behalf of the Company Date

9. VEHICLE INSPECTION

Vehicle must be Inspected by an approved vehicle inspection agent of Hollard Insurance Botswana (Pty) Ltd. If this is not carried out all theft cover will be suspended.

10. IMPORTANT NOTE

1. All vehicles must be fitted with an approved Immobiliser for theft and hi-jacking cover to be effective.
2. No claims shall be payable until such time as the first premium has been received by Hollard Insurance Botswana (Pty) Ltd or its authorised agent.

VEHICLE INSPECTION REPORT

Ref: No. _____

FOR COMPLETION BY HOLLARD INSURANCE BOTSWANA (PTY) LTD APPROVED VEHICLE INSPECTION AGENTS

GENERAL

Inspection centre _____

Address _____

_____

Tel No. _____

Branch _____

Client _____

_____

Policy Number _____

ID Number _____

Tel No (W) _____ (H) _____

DETAILS OF VEHICLE

Make _____ Model _____

Year _____ Colour _____ cc _____

Registration No _____ Km reading _____

Engine No _____ Chassis No _____

VIN No _____

CONDITION OF VEHICLE

General condition of vehicle _____

_____

_____

_____

_____

_____

_____

Existing damage(s) Yes ☐ No ☐ if yes, detail below

_____

_____

_____

_____

_____

_____

ACCESSORIES

Bullbar	Yes ☐	No ☐
Spotlights	Yes ☐	No ☐
Spoilers	Yes ☐	No ☐
Mags	Yes ☐	No ☐
Towbar	Yes ☐	No ☐
Sun roof	Yes ☐	No ☐

Other (specify) _____

_____

_____

DETAILS OF SOUND SYSTEM

Make _____ Model _____

Additional items _____

_____

SECURITY

Make and type of anti-theft devices _____

_____

_____

_____

Self-activating Yes ☐ No ☐ Immobiliser Yes ☐ No ☐

Window markings Yes ☐ No ☐ Number _____

Approved security level _____ Gearlock Yes ☐ No ☐

Make of Gearlock _____

Inspected by _____
Print name

Signature _____

Client Signature _____

Date _____ Time _____