



IN ASSOCIATION WITH



FNB Insurance Brokers (Pty) Ltd – a member of the FirstRand Bank Limited. An authorized Financial Services Provider.
 Reg. No. 1956/000269/07 FSP License No. 8417

SAVVA COLLECTOR'S VEHICLE INSURANCE SCHEME

PERSONAL DETAILS	
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INCEPTION DATE OF COVER:	TITLE:
SURNAME:	FIRST NAMES:
RESIDENTIAL ADDRESS:	POSTAL ADDRESS:
POSTAL CODE:	POSTAL CODE:
ID NUMBER:	OCCUPATION

CONTACT DETAILS	
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TEL. NO (W):	TEL. NO (H):
CELLPHONE NO:	FAX NO:
E-MAIL ADDRESS:	

DEBIT ORDER DETAILS	
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I authorize FNB Insurance Brokers to debit my account with amounts payable in connection with this insurance

NAME OF ACCOUNT HOLDER:	
NAME OF BANK:	BRANCH:
ACCOUNT NUMBER:	BRANCH CODE:
TYPE OF ACCOUNT: (current / savings / transmission)	
PAYMENT FREQUENCY: (Annual /monthly debit order)	

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SIGNATURE OF PROPOSER	DATE
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CLUB DETAILS	
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Name of club of which a member:	
Number of years:	
Member number:	

THE STANDARD COVER UNDER THE SCHEME PROVIDES FOR THE FOLLOWING USE - USE CLAUSE 1 (club use):

- Any activity organized by a Club affiliated to SAVVA including displays, Regularity or Economic rallies, Fun Runs, Tours, Processions, Club meetings and journeys to and from such events, hire for weddings whilst driven by the insured, but EXCLUDING speed trails, circuit racing, off road events and hire or display beyond the immediate supervision and control of the Insured.
- Being taken for repair, restoration or maintenance under own power or by trailer provided this is not done in peak traffic times.
- Occasional journeys of a purely social and pleasure nature but excluding to and from a place of business, employment or education institution and business use. Excludes use for shopping, attending sports activities and “mother’s taxi”.
- The vehicle is not the regular transport of the Insured or any member of the family and not used for general domestic and business purposes on a daily, weekly, monthly basis

VEHICLE DETAILS

YEAR OF MANUFACTURE:		MAKE & MODEL:	
REGISTRATION NUMBER:		VALUE:	
ENGINE NUMBER:		VIN NUMBER:	

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REGISTRATION NUMBER:		VALUE:	
ENGINE NUMBER:		VIN NUMBER:	

GENERAL

Is cover required for more extensive use? If yes, please provide details.	
Does the value of sound equipment in any vehicle exceed R1 750?	
Address where vehicles are garaged:	
Has the vehicle been modified beyond the manufacturers specifications at the time of manufacture?	
What vehicles are used for daily transport by Proposer and immediate family?	

REGULAR DRIVERS

Please provide names and ID numbers of named drivers:	
NAME	ID NUMBER

QUESTIONS TO BE FULLY ANSWERED AND SIGNED BY APPLICANT

State name and policy number of previous Insurer:

Policy no:

Insurer:

Has any Insurer/Underwriter ever declined to accept, refuse to renew or impose any special terms for any application of Insurance? If yes, please provide details.

YES / NO

Details if applicable:

Are there any other facts such as financial judgments, bankruptcy or physical factors, that would affect the acceptance of your application for insurance? If yes, please provide details.

YES / NO

Details if applicable:

Are you in possession of a valid South African driver's license?

YES / NO

Has your license ever been endorsed, cancelled or suspended? If yes, please provide details.

YES / NO

Details if applicable:

CLAIMS HISTORY

Please provide details of any previous claims/losses (whether insured or not) occurred in the last three years:

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT CLAIMED	NAME OF INSURER

DECLARATION

- I/We declare that to the best of my/our knowledge and believe, all answers are true and no material facts have been omitted.
- I/We understand that in the event that I/we fail to pay the premium the Insurer reserves its rights to cancel this policy.
- I/We acknowledge that the sharing of insurance information for underwriting and claims purposes, including credit information, between insurers is in the public interest as it enables Insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view of limiting premiums.
- I consent to such information being disclosed to any other Insurance Company or its agent

SIGNATURE OF PROPOSER**DATE****IMPORTANT NOTES**

- In terms of the Policyholder Protection Legislation, it is an offence for anybody other than the Proposer to sign this proposal form. Please do not sign a blank or partly completed proposal form.
- Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which influence the acceptance of your proposal. If you are in doubt whether a fact is material or not, please disclose it.
- The insurer reserves the right to decline any proposal.