



FNB Insurance Brokers, a business unit of FNB Business, a business unit of First National Bank, a division of FirstRand Bank Limited.  
An Authorised Financial Services Provider and Credit Provider (NCRC20); FSP 20081

## VINTAGE & VETERAN VEHICLE INSURANCE

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

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

CLUB DETAILS	
Name of club of which a member:	
Number of years:	
Member number:	

THE STANDARD COVER PROVIDES FOR THE FOLLOWING USE - USE CLAUSE 1 (club use):
<ul style="list-style-type: none"> <li>Any activity by a recognized club affiliated to SAVVA or not affiliated, including displays, rallies, fun runs, processions, club meetings and journeys to and from such events, hire for weddings/matric dances and the like, but excluding: speed trails, circuit racing, off road events and hire for reward. Display beyond the immediate supervision and control of the Insured.</li> <li>Being taken for repair, restoration or maintenance under own power or by trailer provided this is not done in peak traffic time.</li> <li>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.</li> </ul>

## DEBIT ORDER AUTHORITY

I/We hereby request and authorise FNB Insurance Brokers to draw against my/our current account with the abovementioned bank (or any other bank/branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly premium due in respect of the abovementioned Short Term Insurance Policy. All such withdrawals from my/our bank account by FNB Insurance Brokers shall be treated as though they had been signed by me/us personally.

I/We agree to pay the bank charges in connection with this instruction and authorise you to increase the value of each withdrawal so as to recover the costs thereof in accordance with the South African Clearing Bank's tariff in force at the time.

I/We understand that:

- 1 the withdrawals hereby authorised will be processed by computer, and
- 2 details of each withdrawal will be reflected on my/our bank statement or on the accompanying invoice, and
- 3 the obligation to ensure that my/our monthly premiums are received by FNB Insurance Brokers remain/s with me/us despite the granting to FNB Insurance Brokers of this debit order authority.

I/We undertake to satisfy myself/ourselves from time to time that the amount necessary for payment of the monthly premiums due in respect of the abovementioned Short Term Insurance Policy are duly drawn by FNB Insurance Brokers in terms of this debit order authority, and I/we record that the acceptance of this debit order authority in no way places any onus on FNB Insurance Brokers to ensure that the monthly withdrawals of the amount referred to herein are made.

This authority shall continue in full force and effect until cancelled by me/us by giving you written notice thereof, sent to you by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of any amount which have been withdrawn while this authority was in force unless I/we can prove that any such amounts were not legally owing to FNB Insurance Brokers. Receipt of this instruction by FNB Insurance Brokers shall be regarded as receipt thereof by my/our bank.

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

<b>SIGNATURE OF PROPOSER</b>	<b>DATE</b>
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## VEHICLE DETAILS

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

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

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

YEAR OF MANUFACTURE:		MAKE & MODEL:	
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:	
<b>NAME</b>	<b>ID NUMBER</b>

**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
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Has your license ever been endorsed, cancelled or suspended? If yes, please provide details.	YES / NO
	Details if applicable:

**CLAIMS HISORY**

Please provide details of any previous claims/losses (whether insured or not) occurred in the last three years:			
<b>DATE OF LOSS</b>	<b>DESCRIPTION OF LOSS</b>	<b>AMOUNT CLAIMED</b>	<b>NAME OF INSURER</b>

**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.

**DECLINED RISKS**

**The Insurer does not provide cover for the following:**

Replica vehicles made of fiber glass or parts of the vehicle made of wood.

Journeys to and from a place of business employment or education institution and business use.

Radio and cellular telephones, navigation equipment and rally equipment.

Consequential loss arising in any way whatsoever depreciating in value whether, or not resulting from repairs following loss or damage, wear and tear, mechanical or electrical breakdown, failures and breakage.

Damage to tyres and suspension due to the application of the brakes, inequalities of the road or other surface or impact with these inequalities.

More than R1 750 in total for any claim in respect of ratios and car sound reproduction equipment after the deduction of the First Amount Payable.

Speed trails, circuit racing, off road events, hire for reward, display beyond the immediate supervision and control of the Insured.

The loan of the vehicle to family members or any person in substitution of their own vehicle or for any purpose, is not provided for in terms of the policy.

**SIGNATURE OF PROPOSER**

**DATE**