



SACOS INSURANCE COMPANY LTD

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YOU SHOULD FULLY AND FAITHFULLY GIVE THE FACTS YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THIS POLICY

PROPOSAL FORM FOR PRIVATE DWELLING HOUSE AND CONTENTS GENERAL INFORMATION

1. Name of Proposer:

2. (a) Residential Address:

(b) Office Address:

3. Telephone No.: (i) Home: (ii) Office:

4. Occupation:

5. Address of Property to be Insured:

6. (a) Do you own the Property to be insured:

(b) Does any person or firm e.g. SHDC or financial institution, have an interest in the property?

If yes, please state name:

.....

7. Land or Parcel No.:

8. Please indicate with a tick which of the following fits the description of your property:

(a) Flat

(b) Detached house

(c) Semi-Detached house

(d) Terraced house

(e) Self contained rooms in a:

(i) Private Dwelling house

(ii) Office Block

(iii) Shop Premises

9. Please indicate the construction of property by putting a tick against the materials listed below:

(a) WALLS

(i) Cement Blocks

(ii) Stone

(iii) Timber

(iv) Corrugated Iron Sheets

(v) Asbestos Sheets

(vi) Other materials

(b) ROOF:

(i) Harvey Tiles

(ii) Asbestos Sheets

(iii) Corrugated Iron Sheets

(iv) Roofing Felt

(v) Latanier Leaves

(vi) Other materials

10. (a) Have you any out-buildings?
(Tick as applicable)

	YES	NO
(i) Store	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Garage	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Toilet	<input type="checkbox"/>	<input type="checkbox"/>
(v) Bathroom	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Others	<input type="checkbox"/>	<input type="checkbox"/>

(b) Please indicate the construction of the above property by putting a tick against the material listed below:

WALLS:

ROOF:

(i) Cement Blocks	<input type="checkbox"/>	(i) Harvey Tiles	<input type="checkbox"/>
(ii) Stone	<input type="checkbox"/>	(ii) Asbestos Sheets	<input type="checkbox"/>
(iii) Timber	<input type="checkbox"/>	(iii) Corrugated Iron Sheets	<input type="checkbox"/>
(iv) Corrugated Iron Sheets	<input type="checkbox"/>	(iv) Roofing Felt	<input type="checkbox"/>
(v) Asbestos Sheets	<input type="checkbox"/>	(v) Latanier Leaves	<input type="checkbox"/>
(vi) Other materials	<input type="checkbox"/>	(vi) Other materials	<input type="checkbox"/>

11. Do you have a:

YES

NO

(a) Retaining Wall	<input type="checkbox"/>	<input type="checkbox"/>
(b) Boundary Wall	<input type="checkbox"/>	<input type="checkbox"/>
(c) Gate	<input type="checkbox"/>	<input type="checkbox"/>
(d) Fence	<input type="checkbox"/>	<input type="checkbox"/>

If so, of what materials are they built: (a) (b)
(c) (d)

12. (a) Do you have any trees near or around your property? YES NO

(b) If so, what kind and how far are they located from the house?
.....

13. How would you describe the location of your property (Tick as applicable)

(a) On a hill slope	<input type="checkbox"/>	(e) At the bottom of a slope	<input type="checkbox"/>
(b) On or near the beach	<input type="checkbox"/>	(f) At the top of a hill	<input type="checkbox"/>
(c) Near the river	<input type="checkbox"/>	(g) On a flat surface	<input type="checkbox"/>
(d) Near the main road	<input type="checkbox"/>		

14. (a) Will your house be left unoccupied for more than 7 consecutive days? YES NO

(b) (i) Do you leave your house unattended other than during working hours? YES NO

(ii) If so, please state period of time unattended:

15. Do you have:- (Tick as applicable)

- | | | | |
|---------------------------|--------------------------|------------------------------|--------------------------|
| (a) Air Conditioners | <input type="checkbox"/> | (g) Alarm system | <input type="checkbox"/> |
| (b) Burglars Bars | <input type="checkbox"/> | (h) Open Verandah | <input type="checkbox"/> |
| (c) Louvre blade windows | <input type="checkbox"/> | (i) Sliding doors | <input type="checkbox"/> |
| (d) Wooden louvre windows | <input type="checkbox"/> | (j) Sliding Windows | <input type="checkbox"/> |
| (e) Wooden louvre doors | <input type="checkbox"/> | (k) Fire fighting appliances | <input type="checkbox"/> |
| (f) Watchman | <input type="checkbox"/> | | |

16. Have you, or any other person to whom this insurance would apply, had any loss or damage during the last 3 years? YES\NO

- If so, state: (a) When such loss or losses occurred:
- (b) Full details and amount of each loss:
- (c) With whom was the property insured:

17. Has proposal for a similar insurance been:

- | | | | |
|---------------|--------------------------|--|--------------------------|
| (a) Declined | <input type="checkbox"/> | (c) Discontinued | <input type="checkbox"/> |
| (b) Cancelled | <input type="checkbox"/> | (d) Agreed to continue only on special terms of this type of insurance | <input type="checkbox"/> |

If so, give full details:

.....

18. Do you wish COVER to include subsidence and landslip as a direct result of storm tempest and flood? YES/NO (Please note that is will be subject to additional premium.)

19. Is there any additional information affecting the proposed insurance which should be disclosed to the Company?

If so, please specify

.....

SPECIFIC INFORMATION PROPERTY TO BE INSURED

SECTION ONE: BUILDINGS

NOTE 1: The Sum to be Insured should be in respect of the cost of Replacement of the Buildings including Foundation, Electricity Wiring, Plumbing, Fixtures and Fittings like Steps, Verandah, Balustrades, Baths, Toilets, Built-in Wardrobes, Cupboards, Kitchen Cabinets, Sinks and the like but excluding Drives and Swimming Pools, Retaining Walls, Boundary walls, Gates and Fences which may be insured separately.

NOTE 2: You should insure for Replacement value Bricks/Mortar and not land. Tenants cannot insure unless made responsible by lease, Legal Representatives, Mortgage, or anyone with an interest.

**SUM INSURED
(Rupees)**

- | | |
|--|-------|
| (a) Private Dwelling House including Fixtures and Fittings | ..... |
| (b) Out Building such as Store Garage etc. | ..... |
| (c) Air conditioners | ..... |
| (d) Alarm Systems | ..... |
| (e) Retaining Wall | ..... |
| (f) Boundary Wall | ..... |
| (g) Gates and Fences | ..... |
| (h) Swimming Pool | ..... |
| (i) Architects and Surveyors Fees | ..... |
| (j) Cost of debris removal | ..... |

TOTAL

SECTION TWO: HOUSEHOLDS CONTENTS

**SUM INSURED
(Rupees)**

NOTE 1: This section is in respect of Household Contents contained in the Buildings but excludes burglary or theft cover in respect of Household goods, furnishing and personal effects on the verandah, in the garden and clothes on the line or in around the premises outside the Building.

NOTE 2: The sum to be insured should be in respect of all contents of the Buildings to be insured and to assist you we have an evaluation form which you should complete to arrive at the value of your contents.

(Details on contents evaluation form)

TOTAL

SECTION THREE: LEGAL LIABILITY TO THE PUBLIC

The Company provides free legal liability cover to the public up to Rs.300,000/- Cover in excess of Rs 300,000/- will attract an additional premium.

1. Is any additional cover required? YES/NO
2. If so, state limit:

SECTION FOUR: JEWELRY, FURS & PERSONAL EFFECTS

Please note that the following documents/information are required and should be Attached to your Household Contents Evaluation Form when requesting Insurance Cover in respect of items as detailed hereunder to support the value of your personal effects.

NOTE 1: All items under this section must be listed separately on the attached evaluation form with evidence of purchase or valuations.

- | | |
|--|---|
| 1. JEWELRY & WATCHES including gold and/or Silver Plated articles such as rings, earrings, Necklace, Pendants, Bracelets, etc. | RECEIPTS/INVOICES OR Evaluation Certificate from a competent jeweler. |
| 2. Video apparatus, television, video camera, cameras, binoculars, Hi-Fi equipment and Personal computers. | RECEIPTS/INVOICES Showing make, model, serial Numbers. |
| 3. All items over R500 each must be specified separately. | |

NOTE 2: Please bear in mind that no insurance cover will be granted UNLESS we receive the above supporting documents.

**SUM INSURED
(Rupees)**

- | | |
|--|-------|
| (a) Personal jewelry, furs, watches and other similar items of value | ..... |
| (b) Cameras, Video Cameras, Transistor Radio, Walkman | ..... |
| (c) T.V., Hi-Fi and such items | ..... |

TOTAL

Signing this form does not bind the Proposer to complete the Insurance but it is agreed that this form shall be the basis of the Contract should a Policy be issued. **A COPY OF THE POLICY MAY BE PROVIDED ON REQUEST.**

I/WE hereby declare that the above statements and particulars are true and that I/We have not suppressed or mis-stated any material facts.

Signature of Proposer:

Date: