



PLEASE ANSWER ALL QUESTIONS AND TICK APPROPRIATE BOX					
GENERAL INFORMATION					
Surname				Initials	
Title	Ms	Mr	Mrs	Other	
Gender	Male			Female	
ID Number					
Marital Status					
Occupation					
Home Language					

CO-INSURED					
Surname				Initials	
Title	Ms	Mr	Mrs	Other	
Gender	Male			Female	
ID Number					
Marital Status					
Occupation					
Relationship to Insured					

FURTHER DETAILS OF APPLICANT		
Telephone numbers	Work ()	Home ()
Email Address	Cell number	
Postal Address		
Postal Code		
Preferred method of correspondence	Post	Email

CHOICE OF PAYMENT AND BANKING DETAILS				
The debit order will be deducted from your account in advance on the first working day of each month				
Debit Order	Yes		No	
Bank				
Account Holder				
Account Number			Branch Code	
Type of Account	Current	Transmission	Credit Card	Savings

I authorise Catalyst Insurance Consultants (Pty) Limited to deduct the amount of the premium from my account at the aforementioned institution in any way that Catalyst Group and the institution have agreed upon and I request that the aforementioned institution debit my account with all debits requested against it by Catalyst Group.

Signature of account holder

GENERAL			
1	Has any insurer ever refused any proposal of yours, cancelled any policy (or section thereof), refused to renew any policy (or section thereof) or imposed any special conditions		YES / NO
	If "YES" supply full details		
2	Are you currently insured against the risks you are applying for		YES / NO
	If "YES" supply the name of the insurer		
3	If you are currently not insured but were previously, please provide the following:		
	Last date of insurance	Name of insurer	
4	Please supply full details of all losses you have experienced during the last three years, whether insured or not		
	Type of loss	Year	Amount
			Insured

BUILDINGS				
	BUILDING 1		BUILDING 2	
Street Address				
	Postal Code		Postal Code	
Type of residence				
Is the residence rented out?	YES	NO	YES	NO
Flat roof?	YES	NO	YES	NO
Construction of walls (e.g. brick)				
Construction of roof?				
Is the residence unfurnished?	YES	NO	YES	NO
Is the residence unoccupied?	YES	NO	YES	NO
Sum Insured	R		R	
Bond holder				
Subsidence & landslip	YES	NO	YES	NO

HOUSEHOLD CONTENTS						
	PREMISES 1			PREMISES 2		
Street address						
	Postal Code			Postal Code		
Type of residence	Main	Holiday	Other	Main	Holiday	Other
Flat roof?	YES		NO	YES		NO
Vacant area in immediate surroundings of premises	YES		NO	YES		NO
Number of thefts from premises						
Claim Free Years	1	2	3	4	5	6

Roof Construction	Tiled	Thatched	Other	Tiled	Thatched	Other
Wall construction	(e.g. brick)			(e.g. brick)		
Type of dwelling	Primary	Holiday House	Other	Primary	Holiday House	Other
Use of residence	Private	Leased	Other	Private	Leased	Other
	Specify:			Specify:		
Sum Insured	R			R		

Does the residence have the following :-								
Burglar bars in front of all windows that can open (including louvers)	YES		NO		YES		NO	
Security gates in front of all external doors (including sliding doors)	YES		NO		YES		NO	
Alarm – if linked to a control room also mark “linked”	YES	NO	LINKED		YES	NO	LINKED	
Armed Response	YES		NO		YES		NO	
Neighbourhood watch	YES		NO		YES		NO	
Do you require theft/burglary to be excluded?	YES		NO		YES		NO	
The liability in respect of valuables is restricted to a third of the sum insured. If this not enough then please specify amount R _____								

Subsidence/landslip	YES		NO		YES		NO	
Voluntary Excess	R.....		NO		R.....		NO	
Stock In Trade	YES	NO	R.....		YES	NO	R.....	
Type of home industry								

ALL RISK SECTION		
Please list items to be insured giving a full description including serial numbers and model numbers. Valuation certificates are required for items of jewellery and furs where the value is R2 000 or more per article or set including VAT		
	Items	Sum Insured
1	Wearing apparel and personal effects (maximum 20% of sum insured or R1 000 per item)	R
2	Caravan contents	R
3	Household goods in transit	R
4		R
5		R
6		R
7		R
8		R
9		R
10		R
11		R
12		R
13		R
14		R
15		R
16		R
17		R
18		R

MOTOR – OWN DAMAGE AND/OR MOTOR LIABILITY

(Only vehicles with a gross vehicle mass of less than 3 500kg can be insured under this section of the policy. If possible please attach a copy of the vehicle registration certificate)

		Motor 1	Motor 2	Motor 3	
1	Type (ie car, trailer caravan etc.)				
2	Make, model and cubic capacity				
3	Registration number				
4	Engine/chassis/makers number				
5	Year of manufacture				
6	Current retail value				
7	Cover required	Comp/TPF&T/TP	Comp/TPF&T/TP	Comp/TPF&T/TP	
8	Claim free years (attach proof)				
	Not applicable to trailers or caravans				
9	Name of registered owner				
10	Will the vehicle be used for commercial travelling or any other business (provide details)				
11	Is the vehicle kept in a locked garage at night?				
12	Make and type of anti-theft device Full details required (attach proof)				
13	Is the vehicle imported, turbo charged or modified in any way? If so give details				
14	Name of Principal driver				
	Occupation				
	Date of birth				
	Gender				
	Year first full licence obtained				
15	Does any probable driver of your vehicle suffer from defective vision or hearing or from physical or mental infirmity?		YES	NO	
16	Has any probable driver of your vehicle been convicted or paid an admission of guilt fine during the past five years in connection with the driving of any vehicle or is prosecution pending?		YES	NO	
	If YES to question 15/16 give full details				
17	Name of lessor/hire purchase owner (if applicable)	Name	Reg. No. of vehicle		
18	Do you want the motor liability increased to R10 000 000?			YES	NO
19	Do you require cover to be extended to include car hire following theft/total loss?			YES	NO
20	Do you require credit shortfall cover?			YES	NO
21	Is the caravan or trailer let out on hire?			YES	NO
22	Do you possess an advanced drivers certificate? (attach proof)			YES	NO
23	Specified accessories (sound/phone equipment)		Make		
			Model		
			Serial No.		

ELECTRONIC EQUIPMENT

As a general rule include all personal and laptop computers, printers and any fax/telephone answering machines – cellular phones may not be insured under this section of the policy.

	Description (Full details and serial numbers required)	Is the item a portable computer/laptop	Sum insured
1			R
2			R
3			R
4			R
5			R
	Cost of reinstatement of data		R

WATERCRAFT

1	Registered owner		
2	Is the vessel used for private and pleasure purposes only?	YES	NO
	If not state purpose for which is used		
3	Is the vessel used for racing?	YES	NO
4	(a) Is the vessel used for water skiing?	YES	NO
	(b) What indemnity is required?	R	
5	(a) In what waters will the vessel be used? (e.g. inland or coastal)		
	(b) If coastal state cruising range. NB: Standard limit offshore is 15km		
	(c) Will the vessel be used for river mouths?	YES	NO
	(d) Will the vessel be used through the surf?	YES	NO
6	Where is the vessel normally kept?		

PARTICULARS OF CRAFT

Name of craft			
Material of hull			
Dimensions	Length		
	Beam		
Year of construction			
	Items	Value	
	Hull, equipment etc.	R	
	Special equipment (specify)	R	
		R	
		R	
	Masts, spars and sails	R	
	Outboard motor	Make	R
		Model	
	Dinghy		R
TOTAL VALUE TO BE INSURED			R

LEGAL LIABILITY SECTION

Personal liability	R3'000'000	YES	NO	
Motor liability	R2'500'000	YES	NO	See motor section
Watercraft liability	R1'000'000	YES	NO	
SUPPLEMENTARY LEGAL LIABILITY (PLIP)	R10'000'000	Included automatically at R10.00 per month		

SASRIA cover is included automatically

DECLARATION AND SIGNATURE

I hereby warrant that all the above particulars and statements are true and complete and contain all information known to me affecting the risks under the sections to be insured and that this and any other written statement made by me or on my behalf for the purpose of the proposed insurance(s) shall be the basis of and incorporated in the contract between me and Catalyst Insurance Consultants (Pty) Limited.

I consent to Catalyst Insurance Consultants (Pty) Limited consulting my previous insurer(s) and/or any other interested person(s) regarding any information they consider relevant to this proposal and authorise such persons to furnish Catalyst Insurance Consultants (Pty) Limited with any such information.

Signature of Proposer

Date

PLEASE REMEMBER, NO LIABILITY WILL BE ACCEPTED BY PUMA INSURANCE BROKERS OR CATALYST INSURANCE CONSULTANTS UNTIL THIS PROPOSAL HAS BEEN ACCEPTED