

NATSURE LIFESTYLE APPLICATION FORM

PERSONAL DETAILS	Title		First Names		Surname		
	ID Number						
	Email Address			Cell phone			
	Telephone (W)			Telephone (H)			
	Physical Address						
			Postal Code				
	Postal Address						
			Postal Code				
Policy Inception date							

LEISURE VEHICLE DETAILS	Licence Registration Number						
	VIN Number						
	Make			Model			
	Year model			Retail Value:		R	
	Additional Fitted Extras (Specify)						R
							R
							R
							R
	Vehicle finance	MFC <input type="checkbox"/>	Wesbank <input type="checkbox"/>	ABSA <input type="checkbox"/>	Standard Bank <input type="checkbox"/>	No Finance <input type="checkbox"/>	Other (Specify):
	Overnight Parking	Carport <input type="checkbox"/>		Garage <input type="checkbox"/>		Behind locked gates <input type="checkbox"/>	
Stored at storage facility	Yes <input type="checkbox"/>		No <input type="checkbox"/>				
If yes above, supply address	_____					_____	
Security Measures at risk address:	_____					_____	
Contents cover (Select option)	R30 000 <input type="checkbox"/>		R45 000 <input type="checkbox"/>		R60 000 <input type="checkbox"/>		
<i>NAT-Assist (Roadside Assistance) automatically included in quotation provided.</i>							

BANK DEBIT ORDER	Name of Bank Institution						
	Branch						
	Branch code						
	Account Holder Name						
	Type of Account		Account Number				
	Debit Order Deduction Date		1 st <input type="checkbox"/>	7 th <input type="checkbox"/>	10 th <input type="checkbox"/>	15 th <input type="checkbox"/>	

DECLARATION	Are you currently insured		Yes		No		
	Current insurer						
	Has any insurer refused any proposal, cancelled any policy or refused to renew any policy or imposed special conditions?		Yes		No		
			If yes, provide details:				

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DECLARATION

I / We hereby request and authorise Compass Insurance Co Ltd or its nominee to draw against the above 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 above-mentioned insurance. All such withdrawals from the above bank account by you will 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,
- 2) Details of each withdrawal will be reflected on the bank statement of the above account or on the accompanying voucher, and
- 3) The obligation to ensure that the monthly premiums are received by the Insurer remains with the Insured despite the granting to the Insurer 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 above-mentioned insurance are duly drawn by the Insurer in terms of this debit authority, and I/we record that your acceptance of this debit order authority in no way places any onus on you to ensure that the monthly withdrawals of the amount referred to herein are made. This authority will continue in full force and effect until cancelled by the insured by giving Us 31 days written notice thereof, sent to the Insurance Broker or Insurer by email but I/we understand that I/we shall not be entitled to any refund of any amount which the Insurer has withdrawn while the authority was in force unless, I/we can prove that any such amounts were not legally owing to you. Receipt of this instruction by you will be regarded as receipt thereof by my/our bank.

Declaration:

Insurance will only be confirmed in the event that;

- 1) You answer all the questions in the proposal above in full to assist Underwriters in assessing the risk.
- 2) Details in the proposal will form part of any subsequent insurance contract concluded between the proposer and the Insurer.
- 3) Completion of the proposal does not bind the Proposer nor the Insurer to complete this insurance transaction.
- 4) All quotations are subject to the receipt of a satisfactory insurance company claims experience accepted by us.
- 5) As the information requested in the proposal, forms a material part of the risk, upon receipt of this documentation, We (the Underwriter) reserve the right to void a risk from inception or change the terms with immediate effect should the risk appear or deem to be unacceptable or uninsurable.
- 6) In the event of a policyholder being a company, cc or trust, please provide the relevant registration documents for the respective entities before inception of the policy.
- 7) All terms presented are therefore subject to material information being presented.

CLAIMS EXPERIENCE

Date of Loss	Description of claim	Amount claimed

ATTACH FORMAL PROOF OF CLAIMS HISTORY FROM CURRENT INSURER

Signed at _____ on the _____ day of _____ 20_____

Name & Surname

Signature of Insured