

1246 Willem Botha Ave
Centurion, 0157
PO Box 10669
Centurion, 0046



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PERSONAL LINES APPLICATION FORM

Please complete the application and sign where applicable. Cover will only commence once policy has been accepted by the underwriters.
Please select with a "X" the applicable blocks. Please use capital letters, when completing the Application form.

| | | |
|--------------|------------|----------------|
| QUOTE NUMBER | BROKER | INCEPTION DATE |
| | CONSULTANT | |

PERSONAL DETAILS OF THE INSURED

| | | |
|----------|---------------|----------------|
| TITLE | INITIALS | SURNAME |
| ID NO. | DATE OF BIRTH | MARITAL STATUS |
| GENDER | LANGUAGE | OCCUPATION |
| TEL (H): | TEL (W): | CELL: |
| E-MAIL: | | |

ADDRESS INFORMATION

| | |
|------------------|-------------|
| PHYSICAL ADDRESS | POSTAL CODE |
| POSTAL ADDRESS | POSTAL CODE |

PERSONAL DETAILS OF CO-INSURED (If other then spouse)

| | | |
|----------|---------------|----------------|
| TITLE | INITIALS | SURNAME |
| ID NO. | DATE OF BIRTH | MARITAL STATUS |
| GENDER | LANGUAGE | OCCUPATION |
| TEL (H): | TEL (W): | CELL: |
| E-MAIL: | | |

ADDRESS INFORMATION

| | |
|------------------|-------------|
| PHYSICAL ADDRESS | POSTAL CODE |
| POSTAL ADDRESS | POSTAL CODE |

MONTHLY DEBIT ORDER AUTHORITY

| | |
|----------------|-----------------------------|
| NAME OF BANK | BRANCH CODE |
| ACCOUNT HOLDER | TYPE OF ACCOUNT |
| ACCOUNT NUMBER | DEBIT DATE |
| DATED SIGNED | SIGNATURE OF ACCOUNT HOLDER |

The information required above is to enable your monthly premiums to be debited to your bank account or to authorize payments directly into your bank account. By signing this section, you are authorizing the Insurer to process the monthly premium against the bank account stated above. All deductions from your account will be seen as if these have been authorized by you.

GENERAL INFORMATION

| | | |
|--|--|----------|
| 1. Has any insurer ever cancelled, denied or refused to issue or renew your insurance or impose special terms? | | YES / NO |
| If yes, give details. | | |

| | | |
|--|---------------|--|
| 2. Are you currently insured and for how long? | YES / NO | If yes, please supply details of the insurers / brokers: |
| NAME OF INSURERS | POLICY NUMBER | PERIOD OF INSURANCE (MM/YY TO MM/YY) |
| a) | | |
| b) | | |
| c) | | |

| | | |
|--|-----------|----------------------------|
| 3. Have you suffered any loss / claims in the past 5 years. If so, provide details of each such loss(es) | | |
| TYPE OF LOSS (fire, motor, all risk ,burglary, etc.) | DATE LOSS | AMOUNT CLAIMED AND INSURER |
| a) | | |
| b) | | |
| c) | | |
| d) | | |

Please note that ALL claims and losses must be declared and not only losses applicable to the cover applied for.
The insurance company reserves the right to repudiate any future claims if not declared.

| | | |
|--|-----|----|
| 4. Have you or any person to be insured been convicted of a criminal offense whatsoever? | Yes | No |
| If yes, give details. | | |

COVER REQUIRED

| | | | |
|-----------|----------------------|-----|----|
| SECTION 1 | HOUSE CONTENTS | Yes | No |
| SECTION 2 | BUILDINGS | Yes | No |
| SECTION 3 | ALL RISK | Yes | No |
| SECTION 4 | PERSONAL ACCIDENT | Yes | No |
| SECTION 5 | PERSONAL LIABILITY | Yes | No |
| SECTION 6 | MOTOR VEHICLE | Yes | No |
| SECTION 7 | MOTORCYCLE | Yes | No |
| SECTION 8 | CARAVANS / TRAILERS | Yes | No |
| SECTION 9 | PLEASURECRAFT / BOAT | Yes | No |

I understand that the sections marked as NO was not taken and that I will not have any cover under those sections. I confirm that I was informed about all the different insurance covers available but that I do not need the cover as not marked on this page.

SECTION 1: HOUSE CONTENTS

Please select with a "X" the applicable blocks.

| | | | | | | | |
|------------------|------|-------|------|-----------|--------------|-------------|--|
| TYPE: | FARM | HOUSE | FLAT | TOWNHOUSE | HOLIDAY HOME | OTHER: | |
| PHYSICAL ADDRESS | | | | | | POSTAL CODE | |

| | | | | | | |
|-------------------|-------------------------------|-------------|-------------------------------|-----|-------|--|
| COVER REQUIRED: | COMPREHENSIVE INCLUDING THEFT | | COMPREHENSIVE EXCLUDING THEFT | | OTHER | |
| ACCIDENTAL DAMAGE | R | SUM INSURED | R | NCB | | |

ROOF CONSTRUCTION

| | | | | | | | |
|--------|-------|------|-------|----------|-----------------|--------|--|
| THATCH | TILES | WOOD | SLATE | CONCRETE | CORRUGATED IRON | OTHER: | |
|--------|-------|------|-------|----------|-----------------|--------|--|

WALL CONSTRUCTION

| | | | | | | | |
|-------|--|------|--------|----------|----------|--------|--|
| STONE | BRICK | WOOD | CEMENT | CONCRETE | ASBESTOS | OTHER: | |
| LAPA | Is Lapa within 5 meters of the main residence ? | | | | YES / NO | | |
| | Is Lapa larger than 25% of main building surface ? | | | | YES / NO | | |

If Lapa is larger than 25% of main building surface, and is within 5 meters, the roof construction of the residence MUST be changed to thatch.

SECURITY MEASURES (Please select where applicable)

| | | |
|---|-----|----|
| 1. Burglar proofing on all opening windows | Yes | No |
| 2. Security gates fitted to all outer doors and/or sliding doors | Yes | No |
| 3. Home fitted with an alarm system | Yes | No |
| 4. Alarm linked to an armed response unit | Yes | No |
| 5. The perimeter of the property is walled / fenced in | Yes | No |
| 6. Electric fencing | Yes | No |
| 7. Property near a vacant stand | Yes | No |
| 8. Property within a 1km radius of an informal settlement or taxi stand / bus stop. | Yes | No |
| 9. Property occupied during the day | Yes | No |
| 10. Home business | Yes | No |

SECTION 2: BUILDINGS

Please select with a "X" the applicable blocks.

| | | | | | | | |
|------------------|------|-------|------|-----------|--------------|-------------|--|
| TYPE: | FARM | HOUSE | FLAT | TOWNHOUSE | HOLIDAY HOME | OTHER: | |
| PHYSICAL ADDRESS | | | | | | POSTAL CODE | |

| | | | | | | |
|-----------------|-------------------------------|-------------|-------------------------------|-----|-------|--|
| COVER REQUIERD: | COMPREHENSIVE INCLUDING THEFT | | COMPREHENSIVE EXCLUDING THEFT | | OTHER | |
| POWER SURGE | R | SUM INSURED | R | NCB | | |

ROOF CONSTRUCTION

| | | | | | | | |
|--------|-------|------|-------|----------|-----------------|--------|--|
| THATCH | TILES | WOOD | SLATE | CONCRETE | CORRUGATED IRON | OTHER: | |
|--------|-------|------|-------|----------|-----------------|--------|--|

WALL CONSTRUCTION

| | | | | | | | |
|-------|--|------|--------|----------|----------|--------|--|
| STONE | BRICK | WOOD | CEMENT | CONCRETE | ASBESTOS | OTHER: | |
| LAPA | Is Lapa within 5 meters of the main residence ? | | | | YES / NO | | |
| | Is Lapa larger than 25% of main building surface ? | | | | YES / NO | | |

If Lapa is larger than 25% of main building surface, and is within 5 meters, the roof construction of the residence MUST be changed to thatch.

| RELATED DETAILS (Please select where applicable) | | |
|--|-----|----|
| 1. Residence unoccupied for more than 60 days | Yes | No |
| 2. Require subsidence and landslip cover | Yes | No |
| 3. Require accidental damage - Limit? | Yes | No |
| 4. Bond on property. If so, provide details: | Yes | No |

SECTION 3: ALL RISK

| | | |
|----------------------------|---|---|
| UNSPECIFIED ALL RISK COVER | R | NOTE: excluding laptops, Ipads, cellphones, cameras. ect. |
|----------------------------|---|---|

SPECIFIED ALL RISKS

| Description of item | Serial number | Sum insured |
|---------------------|---------------|-------------|
| 1) | | R |
| 2) | | R |
| 3) | | R |
| 4) | | R |
| 5) | | R |
| 6) | | R |
| 7) | | R |
| 8) | | R |
| 9) | | R |
| 10) | | R |

*The Insurer may require proof of ownership at time of claim. We urge you to retain all receipts as proof of ownership.
 * Jewellery valued at R 10 000 and more MUST be kept in a wall or floor mounted SABS approved safe when not in use.
 *Valuation certificates MUST be renewed at least every 2 years and must be provided to your broker before cover will be granted.

SECTION 4: PERSONAL ACCIDENT

COVER REQUIERD : DEATH

| DESCRIPTION | INITIALS | SURNAME | ID NUMBER | OCCUPATION | DISABILITIES | SUM INSURED |
|-------------|----------|---------|-----------|------------|--------------|-------------|
| INSURED | | | | | | |
| CO-INSURED | | | | | | |
| CO-INSURED | | | | | | |

COVER REQUIERD : TEMPORARY DISABILITY

| DESCRIPTION | INITIALS | SURNAME | ID NUMBER | OCCUPATION | DISABILITIES | SUM INSURED |
|-------------|----------|---------|-----------|------------|--------------|-------------|
| INSURED | | | | | | |
| CO-INSURED | | | | | | |
| CO-INSURED | | | | | | |

COVER REQUIERD : PERMANENT DISABILITY

| DESCRIPTION | INITIALS | SURNAME | ID NUMBER | OCCUPATION | DISABILITIES | SUM INSURED |
|-------------|----------|---------|-----------|------------|--------------|-------------|
| INSURED | | | | | | |
| CO-INSURED | | | | | | |
| CO-INSURED | | | | | | |

SECTION 5: PERSONAL LIABILITY

| | | | | | | |
|-------------|-------------|-------------|-------------|-------------|--------------|--------------|
| SUM INSURED | R 1 000 000 | R 2 000 000 | R 3 000 000 | R 5 000 000 | R 10 000 000 | R 15 000 000 |
|-------------|-------------|-------------|-------------|-------------|--------------|--------------|

EXTENDED PERSONAL LIABILITY

| | | | | | | |
|-------------|-------------|-------------|-------------|--------------|--------------|--------------|
| SUM INSURED | R 2 000 000 | R 3 000 000 | R 5 000 000 | R 10 000 000 | R 15 000 000 | R 20 000 000 |
|-------------|-------------|-------------|-------------|--------------|--------------|--------------|

SECTION 6: MOTOR VEHICLE

VEHICLE 1 - SUM INSURED : R

| | | | | | |
|---------------------|--|-----------------|----------------|------------------|------------------|
| MAKE | | MODEL | | | |
| YEAR | | M&M CODE | | | |
| REGISTRATION NUMBER | | VIN NUMBER | | | |
| COLOUR | | ENGIN NUMBER | | | |
| HP COMPANY | | TYPE OF VEHICLE | | NCB GROUP | |
| VEHICLE USE | | COVER REQUIRED | COMPREHENSIVE | TP, FIRE & THEFT | THIRE PARTY ONLY |
| REGISTERED OWNER | | | REGULAR DRIVER | | |
| LICENSE OBTAINED | | LICENSE CODE | | MARITAL STATUS | |
| PHYSICAL ADDRESS | | | | | |
| | | | | POSTAL CODE | |

| | | | | | |
|--------------------|--|-----------------|--|-----------|--|
| DAY TIME PARKING | | IMMOBILISER | | ALARM | |
| NIGHT TIME PARKING | | TRACKING DEVICE | | GEAR LOCK | |

EXTRAS

| DESCRIPTION | VALUE | DESCRIPTION | VALUE |
|-------------|-------|-------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | |
|-----------------|------------------------|----------------------------|-----------|-----------------------|
| ADD ON's | INCEPTION VALUE POLICY | EXCESS WAIVER - WINDSCREEN | TYER SURE | EXCESS WAIVER - MOTOR |
|-----------------|------------------------|----------------------------|-----------|-----------------------|

DESCRIPTION OF CAR HIRE GROUPS

| CAR HIRE OPTIONS | GROUP B | GROUP C | GROUP D | GROUP H | GROUP J | GROUP M |
|------------------|------------------------|---------|---------|---------|---------------------------|---------|
| GROUP B | HATCHBACK VEHICLE | | | GROUP C | SEDAN VEHICLE | |
| GROUP D | AUTOMATIC VEHICLE | | | GROUP H | 1 TON, LDW WITHOUT CANOPY | |
| GROUP J | 1 TON, LDW WITH CANOPY | | | GROUP M | LUXURY VEHICLE | |

VEHICLE 2 - SUM INSURED : R

| | | | | | |
|---------------------|--|-----------------|----------------|------------------|------------------|
| MAKE | | MODEL | | | |
| YEAR | | M&M CODE | | | |
| REGISTRATION NUMBER | | VIN NUMBER | | | |
| COLOUR | | ENGIN NUMBER | | | |
| HP COMPANY | | TYPE OF VEHICLE | | NCB GROUP | |
| VEHICLE USE | | COVER REQUIRED | COMPREHENSIVE | TP, FIRE & THEFT | THIRE PARTY ONLY |
| REGISTERED OWNER | | | REGULAR DRIVER | | |
| LICENSE OBTAINED | | LICENSE CODE | | MARITAL STATUS | |

| | | | |
|------------------|--|-------------|--|
| PHYSICAL ADDRESS | | | |
| | | POSTAL CODE | |

| | | | | | |
|--------------------|--|-----------------|--|-----------|--|
| DAY TIME PARKING | | IMMOBILISER | | ALARM | |
| NIGHT TIME PARKING | | TRACKING DEVICE | | GEAR LOCK | |

| EXTRAS | | | |
|-------------|-------|-------------|-------|
| DESCRIPTION | VALUE | DESCRIPTION | VALUE |
| | | | |
| | | | |
| | | | |

| | | | | |
|----------|------------------------|----------------------------|-----------|-----------------------|
| ADD ON's | INCEPTION VALUE POLICY | EXCESS WAIVER - WINDSCREEN | TYER SURE | EXCESS WAIVER - MOTOR |
|----------|------------------------|----------------------------|-----------|-----------------------|

| DESCRIPTION OF CAR HIRE GROUPS | | | | | | |
|--------------------------------|------------------------|---------|---------|---------|---------------------------|---------|
| CAR HIRE OPTIONS | GROUP B | GROUP C | GROUP D | GROUP H | GROUP J | GROUP M |
| GROUP B | HATCHBACK VEHICLE | | | GROUP C | SEDAN VEHICLE | |
| GROUP D | AUTOMATIC VEHICLE | | | GROUP H | 1 TON, LDW WITHOUT CANOPY | |
| GROUP J | 1 TON, LDW WITH CANOPY | | | GROUP M | LUXURY VEHICLE | |

| VEHICLE 3 - SUM INSURED : R | | | | | |
|-----------------------------|--|-----------------|----------------|------------------|------------------|
| MAKE | | MODEL | | | |
| YEAR | | M&M CODE | | | |
| REGISTRATION NUMBER | | VIN NUMBER | | | |
| COLOUR | | ENGIN NUMBER | | | |
| HP COMPANY | | TYPE OF VEHICLE | | NCB GROUP | |
| VEHICLE USE | | COVER REQUIRED | COMPREHENSIVE | TP, FIRE & THEFT | THIRE PARTY ONLY |
| REGISTERED OWNER | | | REGULAR DRIVER | | |
| LICENSE OBTAINED | | LICENSE CODE | | MARITAL STATUS | |
| PHYSICAL ADDRESS | | | | | POSTAL CODE |
| | | | | | |

| | | | | | |
|--------------------|--|-----------------|--|-----------|--|
| DAY TIME PARKING | | IMMOBILISER | | ALARM | |
| NIGHT TIME PARKING | | TRACKING DEVICE | | GEAR LOCK | |

| EXTRAS | | | |
|-------------|-------|-------------|-------|
| DESCRIPTION | VALUE | DESCRIPTION | VALUE |
| | | | |
| | | | |
| | | | |

| | | | | |
|----------|------------------------|----------------------------|-----------|-----------------------|
| ADD ON's | INCEPTION VALUE POLICY | EXCESS WAIVER - WINDSCREEN | TYER SURE | EXCESS WAIVER - MOTOR |
|----------|------------------------|----------------------------|-----------|-----------------------|

DESCRIPTION OF CAR HIRE GROUPS

| | | | | | | |
|------------------|------------------------|---------|---------|---------|---------------------------|---------|
| CAR HIRE OPTIONS | GROUP B | GROUP C | GROUP D | GROUP H | GROUP J | GROUP M |
| GROUP B | HATCHBACK VEHICLE | | | GROUP C | SEDAN VEHICLE | |
| GROUP D | AUTOMATIC VEHICLE | | | GROUP H | 1 TON, LDW WITHOUT CANOPY | |
| GROUP J | 1 TON, LDW WITH CANOPY | | | GROUP M | LUXURY VEHICLE | |

1) To your knowledge , are all the persons authorized to drive the insured vehicle(s) free from physical defects (including vision and hearing) and in good health? YES / NO If NO , give details :

2) To knowledge, have you or any person who will normally drive the insured vehicle(s) been convicted of any driving offense? YES / NO If YES , give details :

SECTION 7: MOTORCYCLE

MOTORCYCLE 1 - SUM INSURED : R

| | | | | | |
|---------------------|--|-----------------|----------------|------------------|------------------|
| MAKE | | MODEL | | | |
| YEAR | | M&M CODE | | | |
| REGISTRATION NUMBER | | VIN NUMBER | | | |
| COLOUR | | ENGIN NUMBER | | | |
| HP COMPANY | | TYPE OF VEHICLE | | NCB GROUP | |
| VEHICLE USE | | COVER REQUIRED | COMPREHENSIVE | TP, FIRE & THEFT | THIRE PARTY ONLY |
| REGISTERED OWNER | | | REGULAR DRIVER | | |
| LICENSE OBTAINED | | LICENSE CODE | | MARITAL STATUS | |
| PHYSICAL ADDRESS | | | | | POSTAL CODE |

EXTRAS

| DESCRIPTION | VALUE | DESCRIPTION | VALUE |
|-------------|-------|-------------|-------|
| | | | |
| | | | |
| | | | |

MOTORCYCLE 2 - SUM INSURED : R

| | | | | | |
|---------------------|--|-----------------|----------------|------------------|------------------|
| MAKE | | MODEL | | | |
| YEAR | | M&M CODE | | | |
| REGISTRATION NUMBER | | VIN NUMBER | | | |
| COLOUR | | ENGIN NUMBER | | | |
| HP COMPANY | | TYPE OF VEHICLE | | NCB GROUP | |
| VEHICLE USE | | COVER REQUIRED | COMPREHENSIVE | TP, FIRE & THEFT | THIRE PARTY ONLY |
| REGISTERED OWNER | | | REGULAR DRIVER | | |
| LICENSE OBTAINED | | LICENSE CODE | | MARITAL STATUS | |
| PHYSICAL ADDRESS | | | | | POSTAL CODE |

EXTRAS

| DESCRIPTION | VALUE | DESCRIPTION | VALUE |
|-------------|-------|-------------|-------|
| | | | |
| | | | |
| | | | |

SECTION 8: CARAVANS / TRAILERS

| | | | | | |
|---------------------------------|--|------------------|----------------|------------------|------------------|
| CARAVANS - SUN INSURED R | | | | | |
| MODEL | | VIN NUMBER | | | |
| YEAR | | COLOUR | | | |
| REGISTRATION NUMBER | | REGISTERED OWNER | | | |
| HP COMPANY | | COVER REQUIRED | COMPREHENSIVE | TP, FIRE & THEFT | THIRD PARTY ONLY |
| NIGHT TIME PARKING | | | MARITAL STATUS | | |
| PHYSICAL ADDRESS | | | | | |
| | | | POSTAL CODE | | |

| | | | | | |
|---------------------------------|--|------------------|----------------|------------------|------------------|
| TRAILERS - SUN INSURED R | | | | | |
| MODEL | | VIN NUMBER | | | |
| YEAR | | COLOUR | | | |
| REGISTRATION NUMBER | | REGISTERED OWNER | | | |
| HP COMPANY | | COVER REQUIRED | COMPREHENSIVE | TP, FIRE & THEFT | THIRD PARTY ONLY |
| NIGHT TIME PARKING | | | MARITAL STATUS | | |
| PHYSICAL ADDRESS | | | | | |
| | | | POSTAL CODE | | |

SECTION 9: PLEASURECRAFT / BOAT

| | | | | | |
|----------------------|--|----------------|-------------|----------------|--|
| SUN INSURED R | | | | | |
| MAKE | | MODEL | | | |
| YEAR | | MAKE OF MOTORS | | NO OF MOTORS | |
| TYPE OF HULL | | LENGTH | | | |
| MAX SPEED | | KEPT AT NIGHT | | | |
| HP COMPANY | | NCB GROUP | | MARITAL STATUS | |
| REGISTERED OWNER | | | | | |
| PHYSICAL ADDRESS | | | | | |
| | | | POSTAL CODE | | |

| | |
|--|-------------|
| DECLARATION | |
| <p>I apply for insurance in accordance with the stipulations laid down in the policy of the Insurer and declare that I provided true information and did not withhold any information. I am not aware of any extraordinary circumstances or risks applicable to this application which I ought to declare to the Insurer. I understand that this application forms the basis of the contract between myself and the Insurer.</p> | |
| <p>This application form has been completed by _____</p> | |
| <p>I have read through the information supplied and certify that it is true and correct.</p> | |
| Signature: _____ | Date: _____ |