

## VAPS Insurance Underwriters | HCV Application Form

### Proposal

The proposal must be completed and signed by the Insured. The proposal shall form the basis of the insurance contract between the Insured and the Insurer, on acceptance thereof by both parties. Making any false statements or withholding any material facts may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception. A material fact is any fact that might influence the acceptance of the risk.

Inception Date of Policy:  Quotation Number:

### 1. Policy Details

Brokerage Name:  Contact Person:

### 2. Insured Details

Trading Name:   
 Previous Trading Name:   
 VAT Number:  Company reg/ID number:   
 Business Description:  Number of years in operation:   
 Commodities:   
 Main areas of Operation: (e.g. Gauteng, KZN)   
 Radius of Usual Operation: Short Haul  % Long Haul  % Cross Border  %  
 Physical Address:  Postal Address:   
 Postal Code:  Postal Code:   
 Contact Person:   
 Tel/Cell Nr:  Email Address:

### 3. Claims History (Past 3 years)

Detailed claims history attached: Yes: ☐ No: ☐ If no, please list the claims below.

\*Please note that we require 3 years written claims, from the previous insurer, on activation of this policy.

Date of Loss:	Type of Loss:	Amount of Loss
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has any Insurer ever cancelled your policy or refused to renew your policy? Yes ☐ No ☐ If yes, please specify:

Insurer:  Policy Number:

Are you insured or have you ever been insured against any of the risks now proposed? Yes ☐ No ☐ (If yes, please specify)

Insurer:  Policy Number:

Are there any other material facts in respect of the risk proposed which will influence the assessment thereof which should be disclosed?

Yes ☐ No ☐ (If yes, please specify)



## 7. Excess Reducers

Please select the excess reducers you wish to add to the different types of vehicles with a 'X':

### Motor Section:

	HCV	Trailer	LDV	PMV	Bus	Plant	Other	Note:
Own Damage Excess Reducer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Theft/Hijack Excess Reducer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Third Party Excess Reducer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windscreen Excess Reducer:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Penalty Excess Reducers:								
- Foreign driver license:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Driving between 23h00 and 05h00:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Driver under 23 or older then 65:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Capsizing/Overturning whilst tipping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Driver license less than 2 years:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Goods In Transit Section:

	Incl.	Note:
Basic Excess Reducer:	<input type="checkbox"/>	
Theft/Hijack Excess Reducer:	<input type="checkbox"/>	
Envirosure Polution/Spillage Cover:	<input type="checkbox"/>	If selected, please complete the <a href="#">Envirosure Transport Clean-up Proposal Form</a>

## 8. Other Value Added Products

	HCV	Trailer	LDV	PMV	Bus	Plant	Other	Note:																
Windscreen Comprehensive Cover:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Driver Accident Cover:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Inception Value Policy:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>																	
VAPS HCV Accident Assist:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Cross Border Towing & Recovery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Loss of Use:	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Truck Hire:	<table border="1"> <thead> <tr> <th>Option 1</th> <th>Option 2</th> <th>Option 3</th> </tr> </thead> <tbody> <tr> <td>Accident &amp; Theft/Hijack</td> <td>Accident &amp; Theft/Hijack</td> <td>Accident &amp; Theft/Hijack</td> </tr> <tr> <td>30 Days</td> <td>45 Days</td> <td>60 Days</td> </tr> </tbody> </table>								Option 1	Option 2	Option 3	Accident & Theft/Hijack	Accident & Theft/Hijack	Accident & Theft/Hijack	30 Days	45 Days	60 Days							
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Scratch & Dent Cover:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	

Notes:


## 9. Broker Fee Consent

Broker's own fee agreement/consent attached to this application: Yes ☐ No ☐ N/A ☐ If No, please complete:

A fee of R\_\_\_\_\_ is charged for the following services provided by your broker:


\*The broker fee may not duplicate any fees or commission payable by the insurer and are not payable for any services that are remunerated for by commission or other fee payments.

I, the undersigned, herewith consent to the continued deduction of the above-mentioned fee until cancelled by myself in writing.

Name of Authorised Signatory:

Signature:  Date:   
Place:

## 10. Debit Order Authority

Name of Bank:   
Branch Number:  Branch Name:   
Account Name:   
Account Number:  Type of Account:   
Debit Date: 1<sup>st</sup>:  7<sup>th</sup>:  15<sup>th</sup>:  Deduction Amount:  Payment start date:

### Declaration by Insured:

I/ We hereby request and authorize VAPS Insurance Underwriters (Pty) Ltd to draw against the above account with the above mentioned bank (or any other bank/ branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly premium and fee due in respect of the above mentioned insurance. All such withdrawals from the above bank account by you 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 tariffs in force at the time.

I/ We acknowledge 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.
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.
4. The Deduction Amount may vary each month due to:
  - a) annual increase
  - b) costs incurred where debit orders are returned unpaid
  - c) changes that you make to the Agreement, or other additional amounts due on an ad hoc basis, allowed and specified in the Agreement.
5. If the debit date falls over a weekend or RSA public holiday, the deduction will be processed on the following business day.
6. This Authority may be Assigned to a third party if this agreement is also assigned to a third party.
7. The bank account reference "VAPS" will reflect on your monthly bank statement to enable you to identify the Debit Order and will be added to this form before the issuing of any payment instruction. This reference may only be changed upon 30 days written notice.

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 order 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 shall continue in full force until cancelled by the insured by giving you 30 days' written notice thereof, sent to you by fax or email, but I/ We understand that I/We shall not be entitled to any refund of any amount which the insurer has withdrawn while this 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 shall be regarded as receipt thereof by my/ our bank

Name of Authorised Signatory:

Signature:  Date:   
Place:

## 11. Procedures to be followed in the event of loss or damage which may give rise to a claim

### It is a condition precedent to Insurer's liability that in the event of a claim you act as follows:

1	In the case of theft or hijack and as soon as the occurrence is known, immediate notification must be given to the VAPS HCV Assist call centre and the VAPS HCV claims department must be notified as soon as possible but not later than 2 working days after the occurrence.
2	Take all reasonable steps to recover the stolen property and to discover the guilty party.
3	Advise VAPS HCV of any claim (other than theft, hijack, or a claim from a third party), as soon as possible from the time of the that may lead to a claim but not later than 10 working days after the occurrence
4	Inform the police as soon as possible and in any event not later than 24 (twenty four) hours following the accident or theft of property.
5	Complete a claim form as soon as is reasonably possible and provide VAPS HCV with all material information as requested. The Insurers will be under no obligation to proceed with a claim if you do not provide, in full, the required information.
6	Provide VAPS HCV with material proof, information, sworn declarations and any other documentation that may be required as soon as practicable.
7	Provide VAPS HCV with the particulars of any other insurance that covers the same events as any section of your VAPS HCV Policy.
8	Immediately forward to VAPS HCV any notice of a claim, communication, writ, summons or other legal process issued or commenced against you in connection with the occurrence.
9	Foreign Driver's Licenses – Please ensure all Foreign Drivers have a valid license and PDP.
10	Accident Towing & Mechanical Breakdown Towing VAPS 24/7 Number – 066 251 3044

### You may authorise:

11	Emergency Repairs (not applicable to SASRIA) Emergency repairs up to R15,000.00 (Fifteen Thousand Rand), provided a detailed estimate is immediately forwarded to VAPS Insurance Underwriters. The first amount payable, as stated in your policy schedule, will be applicable.
12	Complete Repairs (not applicable to SASRIA) Complete repairs up to R5,000.00 (Five Thousand Rand), provided you have obtained at least two detailed quotes from recognized repair establishments prior to giving such authority.

## 12. Salient Rules / Declaration

On acceptance of this proposal by VAPS Insurance Underwriters I/we warrant that the information contained herein is correct and all details have been fully disclosed. I/We agree to accept the policy wording and its endorsements as issued by VAPS as the contract of insurance between myself/ourselves and Renasa Insurance Company Limited for their respective rights and interests. Insurance cover shall only be effective on the official acceptance of insurance by VAPS and on issuing of a policy schedule. I/We agree to immediately notify VAPS or my/our Broker of any change in any material facts or risk details or any circumstances, which may give rise to a claim.

Name of Authorised Signature:

Signature:  Date:

Place: