



# SRIC

Ensuring your tomorrow, today.

## PROPOSAL FOR MOTOR CAR INSURANCE

### 1. PERSONAL DETAILS

Full Name of Proposer	<input type="text"/>		
Telephone Number	<input type="text"/>	Mobile No. <input type="text"/>	Email <input type="text"/>
Postal Address	<input type="text"/>		
Physical Address (attach copy of water bill/telephone bill/lease agreement/affidavit/ITC proof/furniture shop/ rates clearance/letter from indvuna with a chieftom stamp)	<input type="text"/>		
Nationality (if foreign national, attach certified copy of Passport/Residence permit/ Country of origin ID)	<input type="text"/>	ID No. (attach copy of ID)	<input type="text"/>
	<input type="text"/>	Age (next birthday)	<input type="text"/>
Vehicle Registration Book No. (attach certified copy)	<input type="text"/>	Driver's Licence No. (attach certified copy)	<input type="text"/>

### EMPLOYMENT DETAILS

Name of Employer	<input type="text"/>		
Postal Address of Employer	<input type="text"/>		
Physical Address of Employer	<input type="text"/>		
Contact Details	Telephone <input type="text"/>	Fax <input type="text"/>	<input type="text"/>
Source of Income (salaried or otherwise)	<input type="text"/>	Other Source of Income	<input type="text"/>
Income Bracket	E5 000 and below	<input type="text"/>	
	E5 001 to E10 000	<input type="text"/>	
	E10 001 to E20 000	<input type="text"/>	
	E20 001 and above	<input type="text"/>	



**COMPANY DETAILS (WHERE APPLICABLE)**

Place of Incorporation or Registration

Date of Incorporation or Registration

(attach copies of all relevant certificates, i.e Certificates of Incorporation, Board Resolutions, or letter on letterhead confirming who may sign on behalf of the entity, Form J or Form C (depending on the type of company - small, medium, or large)

Source of Income (attach payslip/bank statement)

**AUTHORISED COMPANY REPRESENTATIVES/PRINCIPAL OFFICER (FILL IN AT LEAST TWO)**

**Natural persons representing the company** (certified copies of National Identity document)

Name	Identity Number	Specimen Signature	Designation
1.			
2.			

**Partners if the entity is a partnership**

Name	Identity Number	Specimen Signature	Designation
1.			
2.			

**Trustees or any other person exercising effective control over the trust property and beneficiary if the entity is a trust**

Name	Identity Number	Specimen Signature	Beneficiary & Identity Number
1.			
2.			

Nature of business, profession or trade in which engaged

Capacity

**2. PARTICULARS OF CAR(S) TO BE INSURED**

Make	Model and Description	Engine Capacity	Year	Registered letters and Number	Engine and Chassis Number

  

Number of seats	Estimate of Present Value (including accessories and spare parts)	Price Paid	Is Vehicle an Import?	Is Vehicle a Rebuild?



**PARTICULARS OF CAR(S) TO BE INSURED** continued

Terms of Insurance	From	YYYY	To	YYYY
3. Particulars of Insurance Required (tick the one required)	Comprehensive	<input type="checkbox"/>		
	Third Party, Fire & Theft	<input type="checkbox"/>		
	Third Party & Fire	<input type="checkbox"/>		
	Third Party Only	<input type="checkbox"/>		
4. Will the Car(s) Be Used				
a) Solely for domestic, social and pleasure purposes?		<input type="checkbox"/>		
b) By you for journeys between your home and permanent place of business without making business calls on the way?		<input type="checkbox"/>		
c) In connection with your business or profession? If so give details.		<input type="checkbox"/>		
d) For the carriage of goods or samples for trade purposes? If so, give details.		<input type="checkbox"/>		
e) For hiring or the carriage of passengers for hire or reward? If so, give details.		<input type="checkbox"/>		
f) For commercial travelling? If so, give details.		<input type="checkbox"/>		
g) For driving instruction for reward? If so give details.		<input type="checkbox"/>		
h) For rallies, reliability trials, racing, speed or other contests? If so, give details.		<input type="checkbox"/>		
i) In connection with the motor trade? If so, give details.		<input type="checkbox"/>		
j) For any other purposes by you or any other person? If so, give details.		<input type="checkbox"/>		
5. i) Which, if any, optional benefits do you require? (see page 7) (riot, violation, absconsion, medical expenses)				
ii) If personal accidents Insurance is required for any person other than the Proposer, please state:				
a) Full name and surname of person and whether Mr, Miss or Mrs.				
b) Age (next birthday)				
c) Has he or she any physical defect or infirmity?				
d) Amount of death benefit (personal accident insurance is limited to E10 000 per vehicle)				
6. Do you wish to bear the first portion of the total cost of all loss and damage claims?				State what sum you wish to bear
7. Are you entitled to 'no claim' or other preferred terms for no claims from your previous insurers in respect of any cars described in this proposal? (If so please attach documentary evidence)				
8. a) Date of purchase of car				
b) From whom car purchased				
c) Is the motor car your sole property and paid for in full?				
d) If not, what amount is still owing and how is it payable?				
e) Name of hire purchase company, if any				



**PARTICULARS OF CAR(S) TO BE INSURED** continued

9. Are you able to restrict the motor car Insurance so that It will not operate whilst any person other than you or your spouse is driving? (Both must be over 25 years of age)

Yes	No
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Spouse's Date of Birth

DD/MM/YYYY

10. Have there been any accidents or losses (Whether resulting in a claim or not) During the past 5 years in connection with any motor vehicle or motorcycle owned or driven by you or used by you or for you?

Yes	No
-----	----

11. If the reply to the above question is in the affirmative, give the details request in the schedule below.

Year	No. of vehicles owned by you	No of accidents and losses	Amount Paid	Total Cost
				Estimated amount to be paid

12. a) State the date and place of issue of driver's licence

DD/MM/YYYY

b) State how long you have been driving a vehicle continuously

13. Do you require cover to be extended to include car hire following

a) Standard Option

Please tick	Category (tick)	Group		
		L	B	C
	Group	L	B	C

b) Enhanced Option

14. Have you or has any other person who to your knowledge will drive, been convicted or paid an admission of guilt fine during the past five years for any offence in connection with the driving of any motor vehicle, or is any prosecution pending? If so give details.

15. a) Is the vehicle registered in your name?

Yes	No
-----	----

b) If not, state name and address of owner and of the person in whose name it is registered.

c) State the name and business of any person company or firm in connection with whose business the car(s) will be used.

d) Is the vehicle resident in Swaziland? If no, state reasons and location)

Yes	No
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16. a) Name of principal driver

b) Occupation

c) Date of Birth

d) Year first full licence obtained



**PARTICULARS OF CAR(S) TO BE INSURED** *continued*

17. a) Is the car fitted with an approved immobilizer (attach proof) 

Yes	No
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b) If so, what type? (Alarms or other physical protection devices are not acceptable)

18. Has the car been modified in any way to increase the performance or is any such modification intended? 

Yes	No
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19. a) State address at which car is usually garaged

b) State whether in (i) a public garage (ii) a private garage (iii) the open

20. Has any insurer in respect to yourself or any other person who will drive ever:

a) declined your proposal? 

Yes	No
-----	----

b) required you specially to carry the first portion of any loss? 

Yes	No
-----	----

c) required an increased premium or imposed special conditions? 

Yes	No
-----	----

d) refused to renew your policy? 

Yes	No
-----	----

e) cancelled your policy? 

Yes	No
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If the answer to any of the above is yes, give details

21. Do you require credit shortfall cover? 

Yes	No
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If yes, value must be increased to cater for your outstanding finance charges

Is a radio fitted to your car? If so, please state make, serial number and value 

Yes	No
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**OTHER INFORMATION**

How did you know about this insurance policy? Was it through:

a) Always insured with SRIC

b) Broker Consultants

c) Agents

d) Informed by someone else

e) Billboards

f) Radio Advert

g) Newspaper Advert



## DECLARATION

1. I warrant that all the information given in this Proposal Form, and in all documents which have been or will be signed by me in connection with the proposed insurance, is true and complete. I further warrant that all the information given or to be given by me in writing, electronically or otherwise, in connection with the proposed insurance is true and complete.
2. I agree that the statements in this Proposal Form and electronic information, and the documents stated above shall, in addition to the statements in the application, be the basis of the proposed contract; that any material misstatement or omission therein may lead to any contract made being declared void by Swaziland Royal Insurance Corporation (SRIC).
3. I understand that SRIC regards the answers given in this Proposal Form or electronically as material in assessing my application for the cover accruing from the insurance policy.
4. Accepting that I am thereby curtailing my right to privacy, but to facilitate financial underwriting, and the consideration of any claim for benefits, under a policy related to this or any other application for insurance made by me, or in respect of me as the insured, I irrevocably authorize SRIC to obtain any and all information pertaining to me as may be appropriate from any insurers or other financial institutions, including and via any third party, contracted to the said insurer or other financial institution.
5. I irrevocably authorize SRIC:
  - a. to obtain from any person, whom I hereby so authorize and request to give, any information which SRIC deems necessary, and;
  - b. to share with other insurers, and any associations of such insurers, that information and any information contained in this application or in any related policy or other document, either directly or through a database operated by or for such insurers as a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by SRIC or by the operators of such database.

## PROTECTION OF PERSONAL INFORMATION

I hereby agree that SRIC may use my information or obtain information about me for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification
- Fraud prevention and detection/Money laundering
- Claims checks (Claims Register)
- Market research & statistical analysis
- Audit & records keeping purposes

Name of proposer

Designation of Proposer (if representing company, partnership, trust, etc)

Signature of Proposer  Date

**OPTIONAL BENEFITS****Personal Accident**

The following benefits(which may be increased from two to five times with the proportionate increase in premium)

Death or loss of one limb or eyes or permanent total disablement

Maximum limits

Temporary disablement (limited to 52 weeks)

May be provide to person between the age of 18 to 65 years of age as follows

To named person-in direct connection with the insured car whilst mounting into or dismounting from or travelling in any other car.

Use classification

1.	E4	2.	E6	3.	E8		
----	----	----	----	----	----	--	--

to any person mounting to, dismounting from or travelling in the insured car.

Additional premium

Use classification	Excluding Driver			Including Driver		
	1	2	3	1	2	3
2 seat car	E4	E6	E8	E8	E12	E16
3 seat car	E6	E9	E12	E10	E15	E20
4 seat car	E8	E12	E16	E12	E18	E24
5 seat car	E10	E15	E20	E14	E21	E28
6 seat car	E12	E18	E24	E16	E24	E32
7 seat car	E14	E21	E28	E18	E27	E36
8 seat car	E16	E24	E32	E20	E30	E40

To any driver whilst driving the insured car

Use classification

1.	E8	2.	E12	3.	E16		
----	----	----	-----	----	-----	--	--







No liability is undertaken until this proposal has been accepted by the corporation

Debit Order

The premium for the Policy is an annual premium but it can be paid by monthly instalments through a Bank Account. If you prefer to pay the premium by monthly instalments please give the following information.

Name of Bank		Branch	
Type of Account		Branch Code	
Account Number		Cheque	
Name of Account Holder			
Signature of Account Holder			

Notes:

1. A deposit premium is required - normally 15% of the annual premium
2. For bank current accounts, if the deposit is not paid by means of a cheque drawn on the account, a cancelled or used cheque should be attached for identification purposes



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**PREMIUM CALCULATION**

		Endorsements
Basic Premium		
Less % for Voluntary Excess		
<b>TOTAL</b>		

**EXTENSION**

Personal Accident	
Medical Expenses	
Violation Cover	
Strike, Riot, and Civil Commotion	
Fire/Fire & Theft	
Annual Premium	
Premium Calculated By	
First Premium	
Premium Calculation Checked By	
Commission	
Proposal Accepted By	
Total	
Date	

The Officer in charge shall ensure that the client has accurately filled in the under-listed information

Personal Details	
Business Details	
Payment Details	
Any Other Vital Information	

Signature of Officer	
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# THE CORPORTION'S COMPREHENSIVE MOTOR CAR POLICY

(subject to its terms, exceptions, and conditions)  
PROVIDES THE FOLLOWING COVER

**LOSS AND DAMAGE** to the insured car (including accessories and spare parts whilst thereon) arising through accident including fire and theft.

**COSTS OF PROTECTION AND REMOVAL** of the insured car following an accident, and also the cost of delivery after repairs.

**LOSS OR DAMAGE WHILST IN TRANSIT** by land or sea between ports in Swaziland, Botswana, Lesotho, the Republic of South Africa, Namibia, Zimbabwe, Malawi and Mozambique. including incidental and off-loading.

**THIRD PARTY LIABILITIES** in respect of death or bodily Injury to persons and damage to property caused by or in connection with the insured motor car. The liability is LIMITED to E2 000 000 (except for the consequences of fire where the indemnity is limited to E50 000)

**N.B.** No cover is provided in respect of liability arising under Motor Vehicle Insurance Legislation of Swaziland, Botswana and Lesotho or arising under the Motor Vehicle Insurance Act No 56 of 1972 of the Republic of South Africa. Such liabilities must by law be the subject of separate insurance.

**LAW COSTS AND EXPENSES** legally are recoverable by any claimant from an accident which may be the subject of third party indemnity.

**REPRESENTATION AT ANY INQUEST OR FATAL ENQUIRY** arising from an accident which may be the subject of third party indemnity.

**THIRD PARTY LIABILITY OF EMPLOYER** arising out of the use of the insured car on the employer's business can be covered on request (without additional charge)

**MEDICAL EXPENSES** for personal injury sustained in direct connection with the insured car by the Insured, his driver and passengers is included up to a maximum of E250 for each person. This may be increased on payment of an additional premium.

**TOWING OF TRAILER OR DISABLED VEHICLE** is permitted and the third party liabilities arising therefrom are covered whilst the trailer is attached to the vehicle specified in the Schedule. No Indemnity is provided in respect of damage to the trailer of vehicle being towed or to property being conveyed by such trailer or vehicle.

**DRIVING OTHER CARS.** The Insurer's legal liability to third parties whilst he is personally driving any motor car not belonging to him and not hired to him under a hire purchase agreement.

**OTHER DRIVERS.** The third party liabilities of any licensed driver with the permission of the insured

**CLAIM-FREE GROUP** In the event of no claim being made or arising during a period of insurance specified below immediately preceding the renewal of the policy, the renewal premium for the insurance of the car will be based on the relevant Claim-Free Group as follows:

<b>Period Of Insurance</b>	<b>Claim-Free Group</b>
The preceeding year	1
The preceeding two consecutive years	2
The preceeding three consecutive years	3
The preceeding four consecutive years	4



The preceding five consecutive years	5
The preceding six consecutive years	6
The preceding seven or more consecutive years	7/8/9
Otherwise than above. Claim-Free Group	0 applies

If one claim is made or arises under this policy during a Period of Insurance for which the premium is based on Claim-Free Group 5, 6 and 7 then the next renewal premium will be based on Claim-Free Group 3, 4 and 5 respectively. However, if a second claim is made or arises during the same Period of Insurance as the first claim then the next renewal premium will be based on Claim-Free Group 0. Similarly, in the case of a claim arising during a Period of Insurance for which premium is based on Claim-Free Groups 1, 2, 3 and 4 the next renewal premium will be based on Claim-Free Group 0.

Should the corporation consent to a transfer of interest in this policy, the Period of Insurance shall be deemed to have commenced as at the date of such consent.

If more than one motor car is described in the Schedule to this policy the Claim-Free Group rating shall be applied as if a separate policy had been issued in respect of each such motor car.

**FIRST AMOUNT PAYABLE.** The insured is responsible for the first amount payable in respect of all claims for loss or damage to the insured car as follows:

1	In respect of each and every occurrence giving rise to a claim	The amount stated in the schedule
2	Whilst the motor car described in the schedule is being driven by a person, under 21 years of age or in the charge of any such person for the purpose of being driven by him	E2 000
3	Whilst the motor car described in the schedule is being driven by any person under the age of 25 but not under 21 years of age or is in the charge of any such person for the purpose of being driven by him	E1 500
4	Whilst the motor car . for the period of less than two years, or is in the charge of any such person for the purpose of being driven by him.	E2 000
5	When the vehicle is stolen other than from a securely locked garage (unless it is fitted with an approved anti-theft immobilising device) an extra amount of claim settlement with a minimum of	E3 000
6	Any amount to be borne by the insured	E
7		E

The amount to be borne by the insured shall be the amount specified in paragraphs 1 to 7 which shall apply independently and shall be cumulative.

If more than one motor car is insured by the policy, the above provision shall apply as though a separate policy has been issued for each motor car.