

## SHUTTLE SERVICE PROPOSAL FORM

**(Vehicles – seating capacity up to 35)  
 (Standard Excess and Standard Premium)**

Broker \_\_\_\_\_ Agency number \_\_\_\_\_

### PROPOSER'S DETAILS

Name of proposer \_\_\_\_\_  
 Identity number \_\_\_\_\_ Date of birth \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Cell number \_\_\_\_\_ Home/work number \_\_\_\_\_  
 Postal address \_\_\_\_\_  
 \_\_\_\_\_ Postal code \_\_\_\_\_  
 Residential address \_\_\_\_\_  
 \_\_\_\_\_ Postal code \_\_\_\_\_

### VEHICLE DETAILS

Make and model \_\_\_\_\_  
 Year model \_\_\_\_\_ Number of seats \_\_\_\_\_ Colour \_\_\_\_\_  
 Value R \_\_\_\_\_ Registration number \_\_\_\_\_  
 Engine number \_\_\_\_\_ Chassis number \_\_\_\_\_  
 Finance house \_\_\_\_\_ Account number \_\_\_\_\_  
 Route from \_\_\_\_\_ Route to \_\_\_\_\_  
 Mother body \_\_\_\_\_ Taxi association \_\_\_\_\_

#### Non-factory fitted accessories

We will insure your vehicle for its retail value, which includes factory-fitted accessories and modifications. Any non-factory fitted accessories are only covered if they are listed in your schedule. Please provide the details of all non-factory fitted accessories you want to insure, including the amount per item. Note that if you decide not to insure your non-factory fitted accessories separately, then the most we will pay for ALL non-factory fitted accessories is R7 500 in total.

Description	Amount
_____	R _____
_____	R _____
_____	R _____
_____	R _____
_____	R _____

### YOUR COVER TYPE

How we pay out after a claim depends on the type of insurance cover you choose. Please choose the type of cover you would like to insure your vehicle for:

- Comprehensive cover** – you will be covered for accidental loss or damage to your vehicle from any accidental cause, as well as any resulting liability to third parties.
- Third party, fire and theft** – you will be covered ONLY for accidental loss or damage to your vehicle caused by fire and theft, as well as liability to any third party.
- Third party only** – you will NOT be covered for accidental loss or damage to your vehicle, ONLY the loss or damage to the third party's vehicle will be covered. You will be covered ONLY for liability to any third party.

**SASRIA COVER (optional)**

Insurance companies do not provide cover against loss or damage caused by war, terrorism, riots, protest actions, public disorder, civil commotion, strikes or any attempted act of this kind. In South Africa, the special risk insurer that provides cover for these kinds of events is Sasria. Sasria applies in South Africa only, however, cover on vehicles is also provided in Namibia for a period of not more than 60 consecutive days. Sasria cover is not automatic – you must choose to be covered and pay the extra Sasria premium.

Do you want Sasria cover? Yes  No

**OPTIONAL BENEFITS**

Personal accident cover Yes  No

*Owner/Driver: R30 000 Death/Disability*

*Passengers: R5 000 Death*

*Maximum per event: R100 000*

Credit shortfall cover Yes  No

Return to invoice or Deposit protector Yes  No

*Vehicles up to 2 years old: Maximum R75 000*

*Vehicles older than 2 years: Maximum R50 000*

Excess reducer cover Yes  No

*Excess will be reduced by R4 000*

Loss of Income cover:

*Standard cover (R400 per day for maximum 15 days)* Yes  No

*Extended cover (R600 per day for maximum 15 days)* Yes  No

*Enlarged cover (R1 000 per day for maximum 15 days)* Yes  No

Cash-back Yes  No

Abscondence, Violation or Credit shortfall Yes  No

**YOUR HISTORY**

1. Have you been convicted of a criminal offence in the last five years? Yes  No

If Yes, provide details \_\_\_\_\_  
 \_\_\_\_\_

2. Has an insurer ever declined cover, cancelled or refused to renew any life or short-term insurance policy for you? Yes  No

If Yes, what was the reason? \_\_\_\_\_  
 \_\_\_\_\_

3. Have you been involved in any accidents in the last three years? Yes  No

If Yes, how many accidents? \_\_\_\_\_

Were you insured? Yes  No

If Yes, with which insurer? \_\_\_\_\_

4. It is important for us to know your motor insurance claims history. You must give us accurate information because this affects your premium and might affect how we assess your future claims. Please include details of all insurance claims (including rejected claims) in the last three years.

Description	Name of driver	Date of claim event	Claim amount	Insurer	Policy number
			R		
			R		
			R		
			R		
			R		

**CURRENT DRIVER'S DETAILS**

Name of current driver \_\_\_\_\_

Identity number \_\_\_\_\_ Date driving licence was first issued \_\_\_\_\_

Has this driver had any convictions of reckless, negligent or drunken driving in the last 5 years? Yes  No

Has this driver been involved in any accidents in the last 3 years? Yes  No

If Yes, how many accidents? \_\_\_\_\_

Was the driver insured? Yes  No

If Yes, with which insurer? \_\_\_\_\_

**EXCESSES**

Own Damage	
In respect of each and every occurrence giving rise to a claim	R5 000
In respect of each and every occurrence giving rise to a claim where the driver is less than 23 years of age, or has held a license for less than 2 years, an additional	R2 000
Windscreen:	
a) in respect of glass supplied by a preferred supplier of Hollard	R300
b) in respect of glass supplied by other suppliers/repairers	R1 000
Sound reproduction equipment, radios, meters, per item	R1 000
In respect of any accident damage claim where the driver at the time of the accident has been involved in more than one accident in the last 24 months, an additional	R2 000
Hijack/theft (applicable to vehicles with a value over R80 000) in respect of each and every occurrence where the insured vehicle is not fitted with an operational tracking device and the incident has not been reported to the tracking company immediately an additional	R10 000
In respect of each and every occurrence giving rise to a claim involving the insured trailer: 5% of the value with a minimum of R250 and a maximum of	R2 500
<b>Excess Discount</b>	
<b>Approved towing operators:</b> If you call our HELPLINE to arrange for towing and storage after an accident, we will reduce your excess by R1 000.	
<b>Approved repairers:</b> If you use one of our approved workshops to repair your vehicle after a claim, we will reduce your excess by R1 000.	
Third Party Liability	
In respect of each and every occurrence giving rise to a third party liability claim	R2 000

## PREMIUM PAYMENT PROCESS

How would you like to pay your premium?

Monthly

Annually

### Monthly premiums

- o **Debit order date:** Your premium is due on your chosen debit order date, but your cover runs for a calendar month.
- o **First debit order:** Your first debit order may or may not fall on your chosen debit order date as explained below:
  - If your policy start date and your chosen debit order date is on the first of the month, we will debit your account on the first of the month with your full premium for cover from the first of the month until the last day of the month.
  - If your policy start date is not on the first of the month, then we will debit your bank account within one week from your policy start date with the amount of your pro-rata premium. This amount will cover you from your policy start date until the last day of the month.
  - If your first debit order fails, this policy will not start and you will not be covered.
- o **Subsequent debit orders:** After your first debit order, we will cover you from the first of every subsequent month to the end of the month as long as you have paid the premium for that month.
- o **Grace period:** From the second month of cover, we allow a grace period (extra time) of one month from your chosen debit order date.
- o **Rejected debit order:** If a debit order is rejected because of insufficient funds, we will attempt to collect the outstanding premium during the remainder of the grace period as follows:
  - **Tracking your account:** We will track your bank account for available funds during the ten days after the rejected debit order. If there are available funds, we will attempt to collect the outstanding premium by sending a debit order request to your bank. You will receive a message from your bank to authorise our requested debit order. If you authorise the debit order and we successfully collect your outstanding premium, your policy will continue.
  - **Double debit:** If we are unsuccessful in collecting the outstanding premium, then we will debit your bank account with two months' premium on your next debit order date. If that collection is successful, your policy will continue. If that collection is not successful, your policy will end on midnight of the last day of the calendar month for which premium was received.
- o **Stopped debit order:** If you stop a debit order directly with your bank we will not attempt another collection. Your policy will end on midnight of the last day of the calendar month for which premium was received.

### Annual premiums

- o **EFT or direct deposit:** You must pay your annual premium directly into our bank account via electronic fund transfer or direct deposit. Your broker will provide you with our banking details.
- o **Period of insurance:** Your cover is in place for 12 months after your policy start date or policy review date once you have paid your premium.
- o **Grace period:** We allow a grace period (extra time) of one month from your policy start date for you to pay your annual premium. If your first annual premium is not received within one month after your policy start date, this policy will not start and you will not be covered.

**DEBIT ORDER AUTHORISATION (monthly premiums only)**

The Hollard Insurance Company Limited (Hollard) has authorised Clarendon Transport Underwriting Managers (Pty) Ltd (CTU) to collect premiums on its behalf in terms of a written agreement. This means that the account holder authorises CTU, and not Hollard, to debit their account with the amount of their insurance premium.

Reference number *The word CTUTAXIINS followed by your policy number* \_\_\_\_\_

Monthly debit order day \_\_\_\_\_

Account holder \_\_\_\_\_

Name of bank \_\_\_\_\_

Branch code \_\_\_\_\_

Type of account \_\_\_\_\_

Account number \_\_\_\_\_

**DECLARATION BY ACCOUNT HOLDER**

- I authorise CTU to debit my bank account with my premium on my chosen debit order date shown above.
- I understand that if the first debit order is returned, the cover will not start and CTU will not attempt another collection.
- I understand the process for monthly premium payments as explained on this form.
- I understand and agree that my bank account may be tracked for funds for a period of 10 days after a rejected debit order. I further understand that my bank will send me a message to authorise a re-debit for my outstanding premium during this 10-day period.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Name and surname of account holder Signature

**HOW HOLLARD DEALS WITH YOUR PERSONAL INFORMATION**

In order to provide you with insurance, Hollard has to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing the below declaration, you agree to the processing and sharing of your personal information.

**HOW CTU DEALS WITH YOUR PERSONAL INFORMATION**

CTU collects, holds, uses and discloses your personal information mainly to provide you with access to the services and products that we provide. We will only process your information for a purpose you would reasonably expect, including:

- Providing you with information, products and services that may suit your needs.
- To verify your identity and to conduct credit reference searches.
- To issue, administer and manage your insurance policies.
- To process insurance claims and to take recovery action.
- To notify you of new products or developments that may be of interest to you.
- To confirm, verify and update your details.
- To comply with any legal and regulatory requirements.

CTU may need to share your information to provide relevant and pertinent advice, reports, analyses, products, or services. Where we share your information, we will take all precautions to ensure that the third party, including suppliers, affiliates, partners, agents or other CTU companies will treat your information with the same level of protection as required by us. We are not in the business of selling personal information and therefore we will not disclose your personal information or data to anyone except as provided herein.

**YOUR INSURANCE RISK SCORE**

Do you give Hollard permission to check your insurance risk score? Yes  No

If Yes, we may do this check every year when your policy renews, every time the cover on your policy changes and also when you claim. The reason we check your insurance risk score with credit agencies, is to accurately price your policy and assess our risk. It is not the same score as a credit score which a lender would typically be interested in, and checking your insurance risk score will not affect your credit score.

**DECLARATION BY PROPOSER**

- 1. I have carefully considered my needs, objectives and circumstances before accepting the quotation, and I understand the insurance cover as explained to me by my broker.
- 2. I confirm that my broker has provided me with a record of advice and a disclosure notice.
- 3. I confirm that the information completed on this form is true and correct to the best of my knowledge, whether this was completed by myself or by my broker on my behalf.
- 4. I understand the premium payment process as explained on this document.
- 5. I did not sign any blank or partially completed forms.
- 6. I have not withheld any information that is likely to influence the decision of Hollard to accept my application for insurance.
- 7. I understand that Hollard may reject a claim or cancel my policy if I misrepresented or withheld any information.
- 8. I agree to the processing and sharing of my personal information by CTU and Hollard as explained on this document.
- 9. I understand that this application for insurance will form the basis of the contract if Hollard accepts my application.

If my application is accepted, I would like my policy to start from \_\_\_\_\_

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Name and surname of proposer

\_\_\_\_\_  
Signature

**Thank you for your application!**  
**If we accept your application, we will send you the policy wording, policy schedule and acceptance letter.**