

PERSONAL FACT FINDING PROPOSAL FORM

Insured's Full Name: _____

Insured's ID No: _____

Occupation: _____

Marital Status: _____

Spouse/Partner Name: _____

Spouse/Partner's ID No: _____

Occupation: _____

Preferred Language: _____

Marital Status: _____

Risk Address: _____

Postal Address: _____

Email: _____

Work No: _____

Home No: _____

Cell No: _____

Payment Frequency: Monthly / Annual

Inception Date: _____

Are you currently insured? **Yes / No**

If yes, provide details of Insurance Company/Broker and inception date

If not, have you previously been insured? **Yes / No**

If so, provide details (inception & cancellation date & name of insurer)

Have you or any member of your household had any application for insurance declined, or insurance cancelled, or renewal refused or not invited or had special terms imposed? **Yes / No**

Have you been involved in an accident or suffered any losses (e.g. burglary, windscreen, motor accident) during the last 5 years? **Yes / No**

If yes, please provide details: type of loss, insurer at the time, date of loss, claim amount paid out:

Are there any facts that would affect the likelihood of a claim? **Yes / No**

Have you ever had a civil judgement taken against you? **Yes / No**

In the past 5 years have you or your spouse or any principal driver been charged for driving under the influence of alcohol or been sequestered or been placed under financial administration?

Yes / No _____

Are you a pensioner, over 55 years and not employed? **Yes / No**

RISK ADDRESS INFO

Main Residence: _____

Risk Address: _____

Roof Type: Standard / Thatch / Other*

*Please Specify Roof Type: _____

Wall Type: Brick / Stone / Concrete
 Asbestos or Timber Clad
 Metal Frame & Fibre Galls
 Timber / Part Timber / Framed Metal

Residence Type: Detached House / Cottage
 Flat (Ground / First Floor)
 Flat (Above First Floor)
 Semi Detached House / Cottage / Townhouse

When did you move into the residence? Month: _____ Year: _____

Age of Dwelling: _____

ATTACHED / UNATTACHED DWELLING: Yes / No

Construction of outbuilding **Standard / Thatch**

Is the structure attached to the main dwelling? **Yes / No**

Is the structure within 5 metres of the main dwelling? **Yes / No**

If thatch, does the structure exceed 25% of the main dwelling? **Yes / No**

Situation of Residence: Smallholding / Plot / Farm

Retirement Complex

Townhouse Complex

Residential Area

Are any of the following within a certain radius of the residence?

Taxi Rank (within 2km's): **Yes / No**

Informal Settlement (within 2km's): **Yes / No**

Shoreline (within 500m's): **Yes / No**

Fire Brigade: **Yes / No**

Vacant Land: **Yes / No**

Open Field / Park / Golf course: **Yes / No**

Near a shopping centre: **Yes / No**

Any construction occurring in nearby neighbourhood: **Yes / No**

OCCUPATION OF THE PROPERTY/RESIDENCE: Yes / No

Main Residence: _____

Will the residence be left unoccupied within the first 30 days of cover? **Yes / No**

Will the residence be unoccupied during working hours? **Yes / No**

Will the residence be unoccupied for more than a total of 60 days per year? **Yes / No**

Is the residence a holiday home? **Yes / No**



Is part of your home under construction? **Yes / No**

Will the residence be hired or let out or used as a commune? **Yes / No**

If yes, give the details of the hire: _____

Any part of the premises used for Business purposes? Or will the residence be used for professional purposes? **Yes / No**

If yes, give the details of the business and the activities conducted: _____

GEYSERS

Do you have a solar geyser? **Yes / No**

If so, state quantity & value/s: _____ R _____ R _____

Do you have a standard geyser? **Yes / No**

If so, state quantity: _____

SECURITY DETAILS

Are all opening windows (including louvre type windows) burglar barred? **Yes / No**

Are all fixed windows burglar barred? **Yes / No**

Are all access doors fitted with security gates? **Yes / No**

Are all sliding doors fitted with security gates? **Yes / No**

Are all sliding doors fitted with key operated pin locks fitted at right angles to the sliding door?

Yes / No

Does any outbuilding/garage adjoining to the main residence have an interleading door? **Yes / No**

Is the perimeter of the property walled/fenced with a wall or steel fence of 1.8m in height?

Yes / No

Does the wall/fence have electric fencing? **Yes / No**

Is the property near open ground? **Yes / No**

Are there fulltime security guards on the property? **Yes / No**

Is there 24-hour access control (visitors sign in before access granted)? **Yes / No**

Do you have an alarm linked to 24-hour armed response*? **Yes / No**

Name of alarm company: _____

Is the alarm **SAIDSA approved? **Yes / No**

Does the alarm extend to outbuildings / garages? **Yes / No**

*An alarm warranty will be placed on the policy which means that whenever the home is unoccupied, the alarm must be activated. If this is not adhered to, there will be no cover for any theft from the premises.

**A contract must be in force with a security company registered with the South African Intruder Detection Service Association (SAIDSA) for armed response in the event of the alarm being triggered.

Is your residence in a high security estate? **Yes / No**

**Qualifying criteria: access control into complex/estate, patrol guards/security guards, gated estate with walls 1,8m in height with electric fencing.

COVER REQUIRED

TICK RELEVANT BOX FOR COVER REQUIRED:

BUILDING/HOUSEOWNERS SECTION

Buildings includes garages, domestic outbuildings, walls, tennis courts, driveways and swimming pools. Replacement value to be applied i.e. today's full rebuilding cost. You should not include the value of the land, but should include the cost of rubble removal, architects' fees and other incidental charges required for the rebuilding.

Registered owner of property: _____

Is the building financed? **Yes / No**

If so, please provide finance house: _____

SUM INSURED: R _____

CURRENT NCB: (Please supply documentary proof – Claims History)

ACCIDENTAL DAMAGE R 10 000 R 20 000 R 30 000

POWER SURGE R 5 000 R 10 000 R 20 000

VOLUNTARY EXCESS OPTIONS

Option 1 Additional R 1000

Option 2 Additional R 2500

Option 3 Additional R 5000

Extensions: Full Landslide and Subsidence cover? **Yes / No**

Notes

HOUSEHOLD CONTENTS SECTION

SUM INSURED: R _____

ACCIDENTAL DAMAGE	R 10 000	R 20 000	R 30 000
POWER SURGE	R 5 000	R 10 000	R 20 000

CURRENT NCB: (Please supply documentary proof – Claims History):

VOLUNTARY EXCESS OPTIONS

- Option 1 Additional R 1000
- Option 2 Additional R 2500
- Option 3 Additional R 5000

Notes

ALL RISKS SECTION

GENERAL ALL RISKS (personal items, such as clothing & personal effects normally worn or carried by or on a person, taken out of the house, are covered under the all-risks section. i.e., cover is worldwide)

SUM INSURED: R _____

Not covered by the General All Risks item: car-radio's, radio tape players, contact lenses, pedal cycles, cellular phones, stamp and coin collections or any individual article worth more than 25 % of the total sum insured above (item limit applicable).

SPECIFIED ITEMS

(i.e., cellphone, laptops, bicycles, jewellery, electronic equipment, kayaks, surf skis etc)

DESCRIPTION OF ALL ITEMS (MAKE/MODEL/SERIAL NO/ADDRESS ITEMS ARE KEPT)

_____	R _____
_____	R _____
_____	R _____
_____	R _____
_____	R _____

PERSONAL ACCIDENT (We cannot offer this cover to persons over 70 years of age)



Name of person covered, occupation & relation to insured:

Accidental Death Cover: R _____

Permanent Disablement: R _____

Temporary Total Disablement: R _____

Medical Expenses: R _____

Details of any injuries, existing accident cover or infirmities to be provided below if applicable:

Name of person covered, occupation & relation to insured:

Accidental Death Cover: R _____

Permanent Disablement: R _____

Temporary Total Disablement: R _____

Medical Expenses: R _____

Details of any injuries, existing accident cover or infirmities to be provided below if applicable:

Please provide details of beneficiaries (including ID numbers) if applicable:

MOTOR SECTION – Vehicle 1:

Year / Make / Model / Value _____



HALCYON

Insure • Invest • Health

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PO Box 13044, Vincent, East London, 5217
Tel: 043 726 5321 Fax: 043 726 2254
E-mail: halshort@halfin.co.za
FSP 2514

Cover: COMPREHENSIVE
THIRD PARTY, FIRE & THEFT
THIRD PARTY ONLY

Vehicle use: DOMESTIC - TO & FROM WORK
DOMESTIC & BUSINESS*

***BUSINESS USE WHEN: REPS NOT CARRYING GOODS
TRAVELLING TO & FROM CLIENTS INCLUDING OUT OF TOWN**

Engine No: _____ Reg No: _____

Vin No: _____ Colour: _____

Modifications done to vehicle: _____

Registered Owner: _____

ID No: _____

Relation to Insured: _____

Regular Driver: _____

ID No: _____

Marital Status: _____ Occupation: _____

Year licence obtained: _____ Licence Code: _____

Overnight Risk Address: _____

Overnight Vehicle Parking: LOCKED GARAGE
BEHIND LOCKED GATES
STREET
IN YARD NO GATES

Vehicle Securities: VESA APPROVED IMMOBILIZER
VESA APPROVED TRACKER
VSS COMPLIANT
VSS APPROVED GEAR LOCK
FACTORY FITTED IMMOBILIZER
TRANSPONDER KEY

Finance House: _____

Vehicle Extra's:

R _____

R _____



_____ R _____
_____ R _____
_____ R _____

Current NCB: _____

Code 3: **Yes / No** Excess Waiver (over 25): **Yes / No**
Limited Mileage option: **Yes / No** 30 days car hire: **Yes / No** 60 days available with some insurers
Credit Shortfall: **Yes / No** Amount: _____
Voluntary Excess option: **Yes / No** Amount: _____

MOTOR SECTION – Vehicle 2:

Year / Make / Model / Value _____

Cover: COMPREHENSIVE
 THIRD PARTY, FIRE & THEFT
 THIRD PARTY ONLY
Vehicle use: DOMESTIC - TO & FROM WORK
 DOMESTIC & BUSINESS*

***BUSINESS USE WHEN: REPS NOT CARRYING GOODS**
TRAVELLING TO & FROM CLIENTS INCLUDING OUT OF TOWN

Engine No: _____ Reg No: _____

Vin No: _____ Colour: _____

Modifications done to vehicle: _____

Registered Owner: _____

ID No: _____

Relation to Insured: _____

Regular Driver _____

ID No: _____

Marital Status: _____ Occupation: _____

Year licence obtained: _____ Licence Code: _____

Overnight Risk Address: _____

Overnight Vehicle Parking: LOCKED GARAGE
 BEHIND LOCKED GATES
 STREET

Vehicle Securities:

- IN YARD NO GATES
- VESA APPROVED IMMOBILIZER
- VESA APPROVED TRACKER
- VSS COMPLIANT
- VSS APPROVED GEAR LOCK
- FACTORY FITTED IMMOBILIZER
- TRANSPONDER KEY

Finance House: _____

Vehicle Extra's:

- _____ R _____
- _____ R _____
- _____ R _____
- _____ R _____
- _____ R _____

Current NCB: _____

Code 3: **Yes / No** Excess Waiver (over 25): **Yes / No**

Limited Mileage option: **Yes / No** 30 days car hire: **Yes / No** 60 days available with some
Credit Shortfall: **Yes / No** insurers Amount:

Voluntary Excess option: **Yes / No** Amount: _____

MOTORCYCLE SECTION – Motor Cycle 1:

Year / Make / Model / Value _____

Cover:

- COMPREHENSIVE
- THIRD PARTY, FIRE & THEFT
- THIRD PARTY ONLY

Use of motorcycle:

- DOMESTIC - TO & FROM WORK
- DOMESTIC & BUSINESS
- ON ROAD
- OFF ROAD

Registered Owner: _____

ID No: _____

Relation to Insured: _____

Regular Driver: _____

ID No: _____

Marital Status: _____ Occupation: _____

Year licence obtained: _____ Licence Code: _____

Overnight Risk Address: _____

Overnight Vehicle Parking: LOCKED GARAGE STREET
 BEHIND LOCKED IN YARD NO GATES

Vin No. _____

Registration No. _____ Engine No. _____

Current NCB: _____

Finance House: _____

Credit Shortfall: _____ R _____

Extra's: _____ R _____

_____ R _____

Voluntary Excess option: **Yes / No** Amount: _____

MOTORCYCLE SECTION – Motor Cycle 2:

Year / Make / Model / Value _____

Cover: COMPREHENSIVE
 THIRD PARTY, FIRE & THEFT
 THIRD PARTY ONLY
 Use of motorcycle: DOMESTIC - TO & FROM WORK
 DOMESTIC & BUSINESS
 ON ROAD
 OFF ROAD

Registered Owner: _____

ID No: _____

Relation to Insured: _____

Regular Driver: _____

ID No: _____

Marital Status: _____ Occupation: _____

Year licence obtained: _____ Licence Code: _____



Overnight Risk Address: _____

Overnight Vehicle Parking: LOCKED GARAGE STREET
 BEHIND LOCKED IN YARD NO GATES

Vin No. _____

Registration No. _____ Engine No. _____

Current NCB: _____

Finance House: _____

Credit Shortfall: _____ R _____

Extra's: _____ R _____

_____ R _____

Voluntary Excess option: **Yes / No** Amount: _____

TRAILER /CARAVAN SECTION

Make & Model: _____ Chassis No: _____

Reg No: _____ Year: _____ Value R _____

Is trailer/caravan kept undercover? **Yes / No** Cover: Comprehensive

Current NCB: _____

- Type of trailer/caravan:
- TRAILER
 - BOAT TRAILER
 - HORSE TRAILER
 - COLLAPSE CARAVAN
 - BAKKIE MATE
 - TENT TRAILER
 - CARAVAN

Finance House: **Yes / No** Voluntary Excess option: _____

Make & Model: _____ Chassis No: _____

Reg No: _____ Year: _____ Value R _____

Is trailer/caravan kept undercover? **Yes / No** Cover: Comprehensive

Current NCB: _____

- Type of trailer/caravan:
- TRAILER
 - BOAT TRAILER

- HORSE TRAILER
- COLLAPSE CARAVAN
- BAKKIE MATE
- TENT TRAILER
- CARAVAN

Finance House: **Yes / No** Voluntary Excess option: _____

LEGAL COSTS

Sum insured: R10 000 R20 000

Claims History - Have you or, to your knowledge, any person to be covered by this insurance been involved in any civil or criminal litigation in the past three years? **Yes / No**

If Yes give details: _____

Possible legal fees/expenses - Are you aware of the existence of any circumstances likely to give rise to the payment of legal fees or expenses or any other claims hereunder? **Yes / No**

If Yes give details: _____

EXTENDED PERSONAL LIABILITY

Limited Liability: R10 000 R20 000

BEREAVEMENT EXPENSES (We cannot offer this cover to persons over 70 years of age)

Not offered by all insurers

PLAN A R 5 000

PLAN B R 10 000

PLAN C R 20 000

Details of insured & relationship to insured: _____



CYBER / PROTECT MY PERONSAL FUNDS

Insurance to cover fraudulent transactional online activities.

Cover limits - select appropriate option:

- R25 000
- R50 000
- R100 000
- R250 000
- R500 000
- R1 000 000

WATERCRAFT SECTION

Name of watercraft: _____

Year Manufactured: _____ Make & Model: _____

- Type of Watercraft:
- MOTOR BOAT (MAX SPEED 60KPH)
 - RUBBER DUCK
 - MOTOR BOAT (MAX SPEED 100KHP)
 - WINDSURFER
 - JETSKI / WETBIKE
 - SAILING CRAFT
 - SELF BUILT

Material of Hull: RUBBER STEEL CANVAS
WOOD FIBREGLASS CONCRETE

Year of Manufacture: _____ Maximum Speed: _____

Length of watercraft: _____ HIN Number: _____ Serial Number: _____

In what waters will the watercraft be used? INLAND COASTAL BOTH

Does the watercraft have a Certificate of Fitness? **Yes / No**

Name of usual skipper: _____

Does the usual skipper have a skippers Certificate of Competence? **Yes / No**

Year Certificate first obtained: _____

Address where watercraft is normally kept: _____

Limit of Compensation: R _____

- Hulls up to 4 years old are covered for replacement value
- Hulls older than 4 years are covered for market value

Finance House? **Yes / No**

ENGINE

Hull Name: _____

Make of Engine: _____

Year of Manufacture: _____

Type of Engine/s: INBOARD OUTBOARD (more than 1?)

Value of Engine/s: R _____ R _____

Serial Number: _____

Maximum speed/horse power: _____

Limit of Compensation: R _____

Finance House? **Yes / No**