

# Transit MOVE IT Goods in Transit Proposal - Transporters

This proposal forms the basis of the insurance contract between the insured and the Insurer once completed by the Insured and accepted by the insurer. Making a false statement or withholding any material fact 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 which influences the acceptance of the risk or conditions and premiums on which it is accepted. This proposal must therefore be fully/accurately completed and signed by the proposer.

## Client details

Client's name	Company registration	
Previous trading names	VAT	
Address		
Type of business	Date business established	
Telephone	Cell	Fax
Have you traded under a different name?	Yes	No
If yes, specify		
How long have you been in operation?		

## Details of policy

Most policies are issued on an All Risk basis. Please indicate by ticking the box whether you require any of the following special Restrictions or Extensions:

<input type="checkbox"/> Fire Collision Overturning & Hijacking only	<input type="checkbox"/> Deterioration of Stock with Incorrect Temperature Setting
<input type="checkbox"/> Excess Buy-Back	<input type="checkbox"/> SASRIA <input type="checkbox"/> Contamination

Description of goods carried requiring insurance cover

Commodity type	Percentage of total
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Do you carry any of the following high risk Commodities \*?

<input type="checkbox"/> Copper	<input type="checkbox"/> Tyres	<input type="checkbox"/> F.M.C.G	<input type="checkbox"/> Cobalt	<input type="checkbox"/> Tinned Fish	<input type="checkbox"/> Electronics
<input type="checkbox"/> Liquor	<input type="checkbox"/> Motor Vehicles				

What is the maximum load limit required? (R)

What is your estimated haulage fee for the next year? (R)

How many vehicles in your fleet requiring insurance on loads?

Truck tractor:	Rigid:	LDV:
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How many of your rigids / trailers are?

Fully enclosed:	Semi-enclosed:	Open backed:
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Do you require cover on loads subcontracted to other hauliers? Yes No

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Are your vehicles fitted with any of the following?

Registration number on roof	Yes	No	Number of vehicles fitted with device
Two-way radio / cellphone	Yes	No	Number of vehicles fitted with device
Tracking Device	Yes	No	

If yes, specify type of device

Number of vehicles fitted with device

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In what geographical area is cover required (Mark those required)

South Africa	Botswana	Namibia	Swaziland	Zimbabwe
Mozambique	Zambia	Lesotho	Malawi	Tanzania
DRC	Other (specify)			

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Radius of usual operation:

Short hauls (Max 150km)	Long hauls (kms)
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Main areas of operation

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How many drivers are employed?

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What pre-employment investigations are carried out?

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What is your company policy regarding hijacking?

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What controls are used to ensure safe overnight stops?

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How many drivers/crew per vehicle?

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Are escorts used for valuable loads?	Yes	No
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Any additional comments regarding drivers?

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Are your loads currently insured?	Yes	No
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If yes, please give the name of the Insurer

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Had you previously had this cover?	Yes	No
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If yes, please give the name of the Insurer

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### Claims experience

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Please indicate previous uninsured losses/ insured claims (before deduction of excess)

Existing / previous insurers	Policy No.
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Previous Claims: Over the last 5 years giving full details whether or not covered by insurance

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Vehicle fleet list on which cover on loads is required: (Vehicle description, Registration number and Load limit in Rands)

**Declaration**

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I hereby agree the above details and information are true and that any material misrepresented or concealment of any information will void any quotation or insurance policy based thereon.

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

I hereby declare that all statements made herein are true and correct and that there are not other material facts regarding the risk that should be disclosed.

I further agree that if any statement or particulars herein supplied by any person other myself, that the person shall be deemed to have been acting as my agent for the purpose of this proposal

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**Consent to processing of personal information**

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- The personal information provided by the potential policy holder or its agent in terms of this insurance application:
- Will be used by the insurer, its employees and agents for the provision of policy benefits in terms of the insurance contract; and
  - Will be stored in a shared database and used to underwrite policies and assess risks fairly; and
  - May be verified against legally recognised sources or databases (including credit bureaus)

Agree

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

Name \_\_\_\_\_

Signature \_\_\_\_\_

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