

# Transit ONE OFF Proposal

The proposal must be completed and signed by the insured. This proposal is a quotation request and 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 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, as the case may be. A material fact is any fact that might influence the acceptance of the risk.

## Client details

---

Clients name	Company registration
Previous trading names	VAT
Address	
Type of business	Date business established
Telephone	Cell
Email	
Brokerage details	

---

## Details of policy

---

Description of goods carried requiring insurance cover

---

Description of vehicle moving the goods

Vehicle Make & Model

Registration No.

Load Limit / Sum Insured

Is the vehicle

Truck / Trailer

Trailer

Rigid

LDV

Cooler Trailer

Is the vehicle

Fully Enclosed

Semi Enclosed

Open

Other (Specify)

Is the vehicle fitted with any of the following?

Tachograph

Alarm System

Immobilizer

Registration number on roof

Two-way radio / cellphone

Tracking Device (Specify)

---

## Claims experience

---

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

Existing / previous insurers

Policy No.

---

Previous Claims: Over the last 5 years giving full details whether or not covered by insurance

---

Route of Operation

From

To

---

Date of Cover inception and Completion (both days inclusive)

---

## Salient rules

---

On acceptance of this proposal by the Insurer, I/we agree to accept the Transit Underwriting Managers policy wording and its endorsements as issued by them as the contract of insurance between myself/ourselves and Transit Underwriting Managers (Pty) Ltd (TUM). Insurance cover shall only be affected on the official acceptance of insurance by TUM and the issue of a policy schedule. I/we agree to immediately notify the Insurer or my broker of any change in the material fact of any risk or any change in the circumstances, which may give rise to a claim. The premium is payable in advance.

Our banking details are as follows:

Account Name    TRANSIT UM (TUMS)  
Bank             FIRST NATIONAL BANK  
Branch Code     250655  
Account Number  62488180242

Once the deposit has been made, kindly forward us a copy of the deposit slip for our records to [underwriting@transitum.co.za](mailto:underwriting@transitum.co.za).

Please use your Quote Number (NBQ) as the reference when making deposits

---

**Declaration**

---

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

---

**Consent to processing of personal information**

---

- 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 \_\_\_\_\_

---