

Heavy Commercial Vehicle and Goods in Transit Insurance Proposal Form



IMPORTANT: This proposal forms the basis of the Insurance Contract between you (the Proposer) and the Insurer. Making a false statement or withholding any material fact may give us 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 you.

HEAVY COMMERCIAL VEHICLE SECTION

DETAILS OF THE BROKER

Brokerage: _____ Telephone: _____

Contact Person: _____ Cellphone: _____

FSP Number: _____ Email: _____

DETAILS OF THE PROPOSER

Company Name / Insured: _____

Trading as: _____

VAT Number: _____ Registration/ID Number: _____

Email: _____

Has the proposer or any partner or shareholder traded under any other name: Yes No

If YES, please supply the name: _____

Telephone: _____ Cellphone: _____

Physical Address: _____ Code: _____

Postal Address: _____ Code: _____

Business Description: _____

How long has the business been established? _____

Description of goods transported: _____

Area of Operation: _____

What are your stop-over details, including security arrangement?: _____

Inception Date: _____

Underwritten by:



Old Mutual Insure Limited is a licensed FSP and Non-Life Insurer.

AREAS OF OPERATION, outside South Africa

- Angola (Except for Cabinda)
- Botswana
- Burundi
- Democratic Republic of Congo (DRC) not further north than Kolwezi

- eSwatini
- Lesotho
- Malawi
- Mozambique
- Namibia

- Rwanda
- Tanzania
- Uganda
- Zambia
- Zimbabwe

HIGH RISK COMMODITIES (do you convey any of the following?)

Catalytic Converters:	<input type="text"/> %	Live Animals or Plants:	<input type="text"/> %
Clothing and Footwear:	<input type="text"/> %	Motor Vehicles:	<input type="text"/> %
Computers/Tablets/Cellphones:	<input type="text"/> %	Motor Vehicle Parts:	<input type="text"/> %
Copper/Cobalt in any form:	<input type="text"/> %	Non-Ferrous Scrap Metals:	<input type="text"/> %
Electronic/Electrical Appliances:	<input type="text"/> %	Refrigerated Goods:	<input type="text"/> %
Energy Drinks:	<input type="text"/> %	Solar Panels/Batteries/Inverters:	<input type="text"/> %
Foodstuffs/Soft Drinks/Groceries:	<input type="text"/> %	Soya Beans/Seed:	<input type="text"/> %
Fuel:	<input type="text"/> %	Tinned Food:	<input type="text"/> %
Hazardous Chemicals:	<input type="text"/> %	Tobacco Products, E-Cigarettes or E-Liquids:	<input type="text"/> %
Liquor:	<input type="text"/> %	Tyres:	<input type="text"/> %

If Other, please specify: _____

NB: Please note that our policy excludes carriage of any hazardous or toxic chemicals, explosives, flammable or similar type materials unless specifically requested.

Do you have a verifiable process in place to validate Drivers Licences, IDs, Professional Driving Permits etc. in place for South African and foreign drivers?:

Yes No

If No, why not? _____

Do you employ your drivers through a labour broker/staffng solution?:

Yes No

Does the driver drive between 23h00 and 04h00?:

Yes No

Will the vehicle be hired out and/or driven by drivers of a third party?:

Yes No

Do you employ a foreign driver/s?:

Yes No

MOTOR COVER OPTIONS (subject to the Merx HCV Policy Wording)

AUTOMATIC EXTENSIONS

Breakdown Towing including Mud Recovery

Yes No

Debris Removal

Yes No

Loss of keys, locks, tags, remote access devices

Repatriation costs - Limit per combination

Yes No

Towing costs South Africa - Limit per number plate

Yes No

Vehicle Glass

AUTOMATIC LIABILITIES

Contingent Liability	<input type="text"/>
Parking Facilities	<input type="text"/>
Passengers Liability	<input type="text"/>
Unauthorised Passengers Liability	<input type="text"/>
Third Party Liability	<input type="text"/>

LIABILITY EXTENSIONS AVAILABLE

Contamination of Third Party Property During Offload	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Tool of Trade Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Cross Border Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

VALUE ADDED SECTIONS:

Own Damage Excess Reducer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Loss Excess Reducer - Theft, Hijack, Fire	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Third Party Excess Reducer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle Glass Excess Reducer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of Use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Number of weeks	<input type="text"/>	
- Amount per week	<input type="text"/>	
Credit Shortfall	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OPTIONAL EXTENSIONS

Riot & Strike - outside South Africa & Namibia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Car Hire - LCVs & PMVs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Amount per day	<input type="text"/>	
Agreed Value on HCVs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Value Booster on HCVs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Percentage	<input type="text"/>	
Trailer Combination Clause	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SASRIA	<input type="checkbox"/> Yes	<input type="checkbox"/> No

UNDERWRITING INFORMATION

Cellphones	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Owner Driver	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Co-Driver on all Long-hauls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	RTMS Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue Monitoring Device *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Travel in Convoy or Escorted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immobiliser/Anti-hijack Device	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trailer Tracking *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored Cameras *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Territorial Limits beyond RSA *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored Tracking Device *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vehicle parked in secure area	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Only Short-hauls under 300 km	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any other **	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If 'YES', please supply details of your Tracking, Monitoring or Camera Service Provider: _____

MOTOR LOSS HISTORY

Please advise details of all losses during the last 3 years, whether insured or not, whether claimed for or not, under the following headings:

Date of Loss	Truck, Trailer, LDV, PMV or Special Type involved in Incident	Description of Loss	Insurer Paid/ Amount of Loss
			R
			R
			R
			R

Please attach a separate spreadsheet if necessary.

Confirmation from your current/previous insurer/s of your 3 year loss history is required before Merx HCV will consider going on risk.

Please provide us with the excess structure of the vehicles.

PREVIOUS INSURANCE DETAILS

Insurer	Inception Date	Cancellation Date	Policy Number	Reason for Cancellation

Please declare any other Material Facts that Merx HCV should be aware of: _____

LIST OF VEHICLES REQUIRING MOTOR COVER

Note: Basis of Settlement - Market Value, Retail Value or Agreed Value

Cover: Comprehensive, Third Party, Fire and Theft, Third Party Only

Make and Model	Year	VIN and Engine Number	Registration Number	MM Code	Vehicle Tracking Make & Model	Cover – Comp, TP, F&T or TPO	Sum Insured
							R
							R
							R
							R
							R
							R
							R
							R

Please attach a separate spreadsheet if necessary.

ALL RISK SECTION

BUSINESS ALL RISKS

Description	Insured Amount	Number of Items

PUBLIC LIABILITY SECTION

LIABILITY

Public Liability Limit

Yes No

GOODS IN TRANSIT SECTION

LOAD LIMIT/SUM INSURED

Maximum load limit/sum insured required in respect of cargo

R _____

Estimated annual haulage fees

R _____

How many trucks in your fleet require Goods in Transit Insurance?

Note: Our policy excludes loads conveyed by subcontractors unless specifically agreed to by Merx HCV prior to the attachment of cover.

CURRENT AND PREVIOUS INSURANCE

Are your loads currently insured?:

Yes No

Name of Insurer?: _____

Have you previously had Goods in Transit insurance?:

Yes No

Name of Insurer?: _____

GOODS IN TRANSIT LOSS HISTORY

Please advise details of all losses during the last 3 years, whether insured or not, whether claimed for or not, under the following headings:

Date of Loss	Commodity Carried	Description of Loss	Insurer Paid/ Amount of Loss
			R
			R
			R
			R
			R

Please attach a separate spreadsheet if necessary.

Confirmation from your current/previous insurer/s of your 3 year loss history is required before Merx HCV will consider going on risk.

COVER OPTIONS (subject to the Merx HCV policy wording)

GOODS IN TRANSIT

Debris Removal and Clean-up Cost	<input type="text"/>
Delivery and Protection of the Load Cost	<input type="text"/>
Fire Extinguishing Charges	<input type="text"/>
Salvage and Load Recovery Cost	<input type="text"/>
Tarpaulins, Cargo Nets, Ropes, Chains, Corner plates	<input type="text"/>

VALUE ADDED SECTIONS

Damage Excess Reducer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Theft or Hijack Excess Reducer	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OPTIONAL EXTENSIONS

Riot & Strike - outside South Africa & Namibia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Deterioration of Refrigerated Stock	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incorrect Temperature Setting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Load Shifting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SASRIA	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LIST OF VEHICLES REQUIRING GOODS IN TRANSIT COVER

Note: First Loss Basis

Cover: All Risk or Restricted (as per policy wording)

Make and Model	Year	VIN and Engine Number	Registration Number	Cover	Load Limit
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R

Please attach a separate spreadsheet if necessary.

DECLARATION

I/We confirm and declare that:

1. details of previous losses during the last 3 years, whether insured or not, whether claimed for or not, are listed on this proposal form or by separate attachment.
2. no insurer has ever cancelled, refused to renew or has imposed special terms on any policy.
3. all information pertinent and material to this insurance has been supplied above and all information given is true and correct.
4. any untrue or incorrect statements in this proposal shall result in the policy being null and void from inception.
5. I AGREE THAT this proposal shall be the basis of the contract between Merx HCV and myself/ourselves.
6. I SHALL ACCEPT Merx HCV's standard policy wording.
7. I UNDERSTAND that this insurance shall not commence until this proposal has been accepted by Merx HCV.

CONSENT TO DISCLOSURE OF PRIVATE INFORMATION

You acknowledge that the sharing of information for underwriting and claims purposes is in the public interest, as it shall enable insurers to underwrite policies, assess risks fairly and reduce the incidence of fraudulent claims with a view to limiting premiums and to conduct surveys.

On Your behalf and on behalf of anyone You represent herein, You hereby waive any right to privacy with regard to any underwriting and claims information in respect of any insurance policy or claims made or lodged by you, or on Your behalf.

You hereby consent to such information being processed, stored in a shared database and used as set out above.

You hereby consent to such information being disclosed to any insurer or its third parties.

You hereby consent to any underwriting and claims information being verified against legally recognised sources or databases.

You agree that this consent clause shall survive the termination for whatever reason of the policy, including its cancellation or lapsing.

Signature: _____ Date: _____

Full Name: _____ Designation: _____

DEBIT ORDER AUTHORITY

Name of Account: _____ Name of Bank: _____

Branch: _____ Branch Code: _____

Account Type Transmission Cheque Savings

Account Number: _____

Debit Order Date (Any date between 1 – 15 of every month): _____

Quote Number: _____

Premium Quoted: R _____

Broker Fee: R _____ %

Account Holder Name: _____

Contact Details: _____

Account Holder's Signature: _____

I/we hereby authorise Merx HCV to draw against the above account (or other Bank to which I/we may transfer my/our account) the amount necessary for the payments of the instalments which may from time to time become payable by me/us in terms of the insurance herein proposed. The amount of the debit may vary from time to time to reflect any change in cover, risk, sum insured or premium interest rates.

I/we further agree that in the event of any debit order not being met by my/our Bank, the policy shall be cancelled and of no effect from midnight on the last day of that month for which Merx HCV authorised Agent has received payment. If, however, my/our Bank should for any reason reclaim from the authorised Agent any of the amounts paid in terms of this Authority, I/we undertake to refund such amounts.

This Authority shall remain in force until cancelled by me/us by giving notice in writing to Merx HCV or its authorised Agent. Receipt of this instruction by Merx HCV or its authorised Agent shall be regarded as receipt of by my/our Bank.