



RENASA INSURANCE COMPANY LIMITED

INCEPTION VALUE POLICY APPLICATION FORM

Renasa Insurance Company Limited

For Office /Broker use

Name Of Broker..... Policy number.....
Contact person..... Broker code

1. General Information

Please complete this proposal in "Block" capitals

Tick (x) applicable boxes thus

Your title (Dr, Mr., Mrs.< Miss etc

Print where space is provided for
Date of Birth d d m m y y
Sex Male Female

Surname I.D. no

First Name & Initials Nationality

Business or occupation

Capacity in which employed

Your postal address

Work no.

Fax no.

Home no

Cell no.

E-Mail

Postal code

Required inception date of the insurance

Residential address - only complete if different from your postal address

.....

.....

Postal code

2. Vehicle Details

2.1 Make

2.2 Model

2.3 Engine capacity and number of cylinders cc cylinders

2.4 Is the engine turbo charged Yes No

2.5 Registration number

2.6 Date of manufacture / First registration d d m m y y

2.7 Chassis number

2.8 Engine number

2.9 VIN - Vehicle identification number

2.10 Has the vehicle been: Modified in any way after leaving the manufacturer? Yes No

Re-built or previously been written off by an insurance company? Yes No

2.11 Name of registered owner

2.12 Is the vehicle comprehensively insured? Yes No

Name of the Insurer

Policy number

2.13 Is the vehicle subject to a credit (hire purchase) or similar agreement? Yes No

Name of the institution

Agreement account number

Outstanding amount



3. Debit Order Authority

I authorise Renasa Insurance Company Limited to deduct the premium for this policy from my account (or any other institution to which I may transfer my account) for the payment of the monthly premiums and adjustment premiums in respect of the insurance herein proposed as if I have personally authorised each deduction

Payer's account name
Name of Bank
City/Town
Branch
Branch Code
Account Number
Cheque Transmission Savings
Account holder's signature Date

4. Please sign the following declaration

Is there any other material fact that may influence the risk for which you have applied for insurance? YES/NO
Please provide full particulars:

I warrant that the information in this proposal to be true and correct and complete in every respect and that I have not withheld or changed any material information and that this proposal; forms the basic of the contract between myself and the insurer, Renasa Insurance Company Limited.
I will accept the Insurer's standard Inception Value Policy.
I know that this insurance will not commence until this, proposal has been accepted in writing by the Insurer; failure to do so will invalidate cover.

Signed at.....on this day of.....20.....

Insured's Signature:

NB! I confirm that I received, read and understood the statutory notice.

Signature Date.....

I acknowledge that the sharing of claims information and underwriting information (including credit information) by Insurers is essential to enable the Insurance Industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting premiums. On behalf of myself and on behalf of any person I represent herein, I hereby waive any right to privacy in any insurance information provided by me or on my behalf in respect of any insurance policy or claim made or lodged by me and I consent to such information being disclosed to any other insurance company or its agent. I also acknowledge that the information provided by me may be verified against other legitimate sources or databases. I also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning myself.

Signature Date.....