



underwritten by

Brokerage : _____ Scheme : _____

Vulindlela Underwriting Managers (Pty) Ltd

Broker : _____ Ref No : _____

Email: taxi@vum.co.za

Fax: 086 693 0036

PROPOSAL FOR TAXI INSURANCE - Version 11

Comprehensive TP Fire&Theft TP Only

INSURED DETAILS:

SURNAME: _____ FIRST NAMES: _____

INITIALS: _____ TITLE: _____

TRADING NAME : _____ TAXI ASSOCIATION: _____

PHONE NO: (Cell) _____ (H/W) () _____

EMAIL: _____ HOME LANGUAGE: _____

IDENTITY NO: _____

POSTAL ADDRESS: _____ RESIDENTIAL ADDRESS: _____

CODE: _____ CODE: _____

DEBIT ORDER DETAILS:

BANK: _____ BRANCH: _____ CODE: _____

ACCOUNT NO: _____ TYPE: _____ ACC HOLDER: _____

MONTHLY DEBIT DATE : 1st 8th 15th

DEBIT ORDER MANDATE

I/We hereby authorise you to issue payment instructions (by using either **EFT or NAEDO**) to your banker for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Insurance Agreement. The payment instructions must carry a number, which will be included in the payment instructions and if provided to you should enable you to identify the Agreement.

I/We agree that the first payment instruction will be issued on the date specified in the Insurance Schedule. Subsequent payment instructions will continue to be delivered in terms of this authority until this authority is cancelled by me/us by giving you notice in writing of not less than the interval as specified in the Insurance Schedule. I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

ACCOUNT HOLDER's SIGNATURE: _____ DATE OF INCEPTION: _____

VEHICLE DETAILS: MINIBUS MIDIBUS SEDAN NO. OF SEATS

REG. NO: _____ MAKE: _____ MODEL: _____

YEAR: _____ RETAIL VALUE: _____

(NB : Retail Value to exclude Conversion Costs and Fitted Extras)

CONVERSION COSTS : _____ VALUE OF FITTED EXTRAS: _____

DESCRIPTION OF EXTRAS: _____

VIN / CHASSIS NUMBER : _____ ENGINE NUMBER : _____

FINANCE HOUSE : _____

Is the Taxi used for regular trips
across RSA Borders ?

Yes No

MICRODOT FITTED :

Yes No

TRACKING DEVICE FITTED :

Yes No

TYRE BANDS FITTED :

Yes No

MAKE: _____

BASIC EXCESS :

R 5,000

R 7,500

R 10,000

R 15,000

COVER EXTENSIONS:

SOUND EQUIPMENT DESC : _____

SUM INSURED : _____

TRAILER DESCRIPTION : _____

SUM INSURED : _____

PASSENGER LIABILITY - Limit per Event

R 500,000

R 10,000,000

R 1,000,000

R 20,000,000

R 2,500,000

R 23,000,000

R 5,000,000

R 25,000,000

FIXED EXPENSES - limited to 4 weeks

Limit per week R1 500

Limit per week R2 500

Limit per week R4 000

PERSONAL ACCIDENT

Death and Permanent Disablement for Driver only

Death Benefit for Passengers only

PA Cover for both Driver and Passengers

AVCS

Credit Shortfall Only

Total Loss Protector

BROKER POLICY FEE :

None

R 35

R 50

R 100

2%

5%

PREVIOUS CLAIMS or LOSSES (during past 3 years):

DATE: _____ TYPE OF CLAIM _____ AMOUNT: _____

DATE: _____ TYPE OF CLAIM _____ AMOUNT: _____

PREVIOUS INSURANCE

PERIOD OF PREVIOUS COVER: _____ COMPANY: _____

Have you ever had any previous application for insurance rejected or has any previous insurance policy been cancelled?

If so, please give dates and reasons: _____

I understand that should the Sum Insured Value of my vehicle be **more than R100,000**, there will be **no theft or hijack cover** under this policy unless my vehicle has been fitted with an approved Tracking and Recovery System.

I hereby declare that the above information is true and correct, and understand any misrepresentation will mean my cover is invalid and could jeopardise any claim I may make. Furthermore I agree that if any of the above information may change, I will notify Vulindlela Underwriting Managers (Pty) Ltd within 14 days from date hereof.

SIGNED BY INSURED

DATED

