



Auto & General Manual Closing Form

auto  general  
car | home | business | life insurance

## DECLARATION



car | home | business | life insurance

Quote Number

Broker *	
Insured / Business name *	
Contact Person *	
Vat number of client *	
Company reg no. *	
Insured's tel no. *	
Insured's fax no. *	
Insured's cell number *	
Insured' e-mail address *	
Preference in language *	<input type="checkbox"/> English <input type="checkbox"/> Afrikaans <input type="checkbox"/> Zulu Other:
Insured's I.D. number *	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Full business description *	
Risk address 1: *	
<b>**If more than one risk address attach on separate sheet</b>	
Insured's postal address: *	
Current / Previous Insurer *	
Inception date *	YYYY/MM/DD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Claims / Loss History (3 Years) *	
Has the client's policy ever been cancelled / endorsed ?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
**If YES Give details:	

**\*\* These fields are compulsory for issuing of a policy**

Insured: \_\_\_\_\_

Date: \_\_\_\_\_

Broker : \_\_\_\_\_

Date : \_\_\_\_\_

## DECLARATION



### Declaration by client and Signature:

1. I/we have read the proposal and agree that to the best of my knowledge that it represents a true and complete statement.
2. I/we agree and authorise Auto & General to contact any broker or previous insurer to verify and obtain any information relevant to my insurance such as claims history or any other information which may be important for us to know in order to accept the policy
3. I/we agree that this insurance shall not commence until this proposal has been accepted by A&G
4. I/we declare that the cover chosen by me was explained to me by the representative / broker.
5. I/we agree that this proposal shall be the basis of the insurance contract and that I/we shall comply with all reasonable requests and all terms and conditions of the above mentioned contract.

### A&G Disclosure :

Auto & General Insurance Company Limited is an authorized financial services provider licensed to provide short term insurance, commercial, personal lines and long term insurance categories A and B.

Please note that the Insurer has sufficient professional indemnity insurance.

We calculate an individual premium using the risk rating of many factors, such as address and age, etc.

It is vital to disclose accurate information in order for the premium calculation to be correct and to prevent future complications at claim stage.

**Insured:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Broker :** \_\_\_\_\_

**Date :** \_\_\_\_\_



Sections Available	Not Selected	Selected	Premium
1. Fire			
2. Buildings combined			
3. Office contents			
4. Business interruption			
5. Accounts receivable			
6. Burglary			
7. Money			
8. Glass			
9. Fidelity			
10. Goods in transit			
11. Accidental damage			
12. Business all risk			
13. Public liability			
14. Employers liability			
15. Group personal accident			
16. Stated benefits			
17. Motor			
18. Electronic			
19. Motor traders			
Premium			
Sasria			
Broker Fee			
Total			

**I HERBY CONFIRM THAT:**

- 1) All sections were explained by the representative and is understood.
- 2) I accept the quotation and the policy may be issued

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**Signature of insured**


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**Date**


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**Inception date of policy**

## DEBIT ORDER FORM



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Quote Number

Name of Insured	
Date	
Address:	
The details of my/our bank account are as follows;	Bank:
	Branch/Town
	Branch code
	Account holder
	Account number:
	Type of account: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Transmission <input type="checkbox"/> Other Provide details:
Vat number of client *	
Company reg no. *	
Insured's tel no. *	
Insured's fax no. *	
Insured's cell number *	
Insured' e-mail address *	

**I/we the undersigned hereby authorise Auto & General to deduct premiums from the account mentioned above on the \_\_\_\_\_ working day (or the closest thereto) of each and every month.**

This being the amount necessary for the payment of the monthly premium due to Auto & General in respect of the insurance policy.

The premium will be collected by I.S. Services (Pty) Ltd, an authorised financial services provider, on behalf of Auto & General.

**This authority may be cancelled by either party providing thirty days notice to the other.**

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2014.

Signature \_\_\_\_\_

Auto & General is an authorised financial services provider. (FSP license number: 16354)

## GENERIC QUESTIONNAIRE: NON-MOTOR



### What is your relationship to the business you want to insure?

PA/Secretary	<input type="checkbox"/>	Partner	<input type="checkbox"/>
Owner	<input type="checkbox"/>	Managing Member	<input type="checkbox"/>
Director	<input type="checkbox"/>	Managing Director	<input type="checkbox"/>
Company secretary	<input type="checkbox"/>	Manager	<input type="checkbox"/>
Accountant	<input type="checkbox"/>	Broker	<input type="checkbox"/>

### Do you rent or own the business premises at this risk address? Rent ☐ Own ☐ Please tick the correct box

Area type?

Commercial area	<input type="checkbox"/>	Residential area	<input type="checkbox"/>
CBD	<input type="checkbox"/>	Rural Area	<input type="checkbox"/>
Industrial area	<input type="checkbox"/>	Small holding	<input type="checkbox"/>

### Which one of the following describes where your business is situated?

Office block	<input type="checkbox"/>	Office in private house	<input type="checkbox"/>
Upper floors	<input type="checkbox"/>	Private house	<input type="checkbox"/>
Industrial area	<input type="checkbox"/>	Shopping centre < than 20 shops	<input type="checkbox"/>
Hospital/medical centre	<input type="checkbox"/>	Shopping centre > than 20 shops	<input type="checkbox"/>
A ground floor street facing shop	<input type="checkbox"/>		

### Is the property bordered by one or more of the following?

Vacant land	<input type="checkbox"/>	Woodworking shop	<input type="checkbox"/>
Golf course	<input type="checkbox"/>	Chemical factory	<input type="checkbox"/>
Park	<input type="checkbox"/>	Scrap yard	<input type="checkbox"/>
Stream/river	<input type="checkbox"/>	Scrap dealer	<input type="checkbox"/>
Small holding/farm	<input type="checkbox"/>	Candle manufacturer	<input type="checkbox"/>
Squatter camp/informal settlement	<input type="checkbox"/>	Furniture Manufacturer	<input type="checkbox"/>

### What type of building/structure?

House/cottage	<input type="checkbox"/>	Office - above ground floor	<input type="checkbox"/>
Town house/cluster house	<input type="checkbox"/>	Office block	<input type="checkbox"/>
Office - ground floor	<input type="checkbox"/>		

### Construction of building

Brick and/or mortise	<input type="checkbox"/>	
Timber (declined)	<input type="checkbox"/>	
Thatch	<input type="checkbox"/>	

### Security

Do you have smoke detectors with a linked sprinkler system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have fire extinguishers or fire hoses at your premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an alarm system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there burglar bars on the inside of all exterior windows?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there burglar bars on the outside of all exterior windows?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## GENERIC QUESTIONNAIRE: NON-MOTOR



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Is the alarm in working order?	Yes <input type="radio"/>	No <input type="radio"/>
Is the alarm linked to an armed reaction unit?	Yes <input type="radio"/>	No <input type="radio"/>
Do you have electric fencing ?	Yes <input type="radio"/>	No <input type="radio"/>
Is the electric fence in working order?	Yes <input type="radio"/>	No <input type="radio"/>
Is the electric fence linked to an armed reaction unit ?	Yes <input type="radio"/>	No <input type="radio"/>
Is there access control at the premises?	Yes <input type="radio"/>	No <input type="radio"/>
Is it manned control?	Yes <input type="radio"/>	No <input type="radio"/>
<b>Fire / Buildings combined</b>		
<b>Insured Amount</b>		
Total Insured amount?		
Buildings		
Machinery, tools and equipment		
Fixtures and fittings		
Stock and materials		
Miscellaneous items		
Would you like cover for subsidence and landslip?	Yes <input type="radio"/>	No <input type="radio"/>
Excess:		
<b>Business interruption</b>		
What is the annual turnover amount?		
Sum insured (Annual Gross Profit)?		
Indemnity period?	3 months <input type="radio"/>	6 months <input type="radio"/> 12 months <input type="radio"/>
Increased cost of working sum insured?	R20 000 <input type="radio"/>	R50 000 <input type="radio"/> R100 000 <input type="radio"/>
Excess:	None	
<b>Office contents</b>		
Insured amount?		
Would you like to insure against Legal liability of documents?	Yes <input type="radio"/>	No <input type="radio"/>
Excess:		
<b>Accounts receivable</b>		
Insured amount?		
Excess	None	
<b>Theft</b>		
Insured amount?		
Are windows laminated?	Yes <input type="radio"/>	No <input type="radio"/>
Excess:		
<b>Money</b>		
Insured amount?		
How frequently is banking done?		
Who transports the money to the bank?		
Is the money kept in a safe on the premises?	Yes <input type="radio"/>	No <input type="radio"/>
Excess:		

## GENERIC QUESTIONNAIRE: NON-MOTOR



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<b>Safe grading?</b>	* No grading	<input type="checkbox"/>
	* SABS category 1	<input type="checkbox"/>
	* SABS category 2	<input type="checkbox"/>
	* SABS category 3	<input type="checkbox"/>
	* SABS category 4	<input type="checkbox"/>
<b>Fidelity guarantee</b>		
Insured amount?		
Please supply us with the number of employees employed by you?		
Would you like additional cover for theft or fraud via the use of Electronic data processing equipment?		
Electronic data processing equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Excess:		
<b>Glass</b>		
Insured amount?		
Is the glass cracked or damaged?		
Would you like to insure your Neon sign?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insured amount of the Neon sign?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Excess:		
<b>Electronic equipment</b>		
Insured amount?		
Do you have lightning/surge arresters and/or uninterrupted power supply?		
Would you like to insure your software?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the replacement value of your software?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Excess:		
<b>Business all risk</b>		
Laptops		
Total value of laptops?		
Cellphones		
Total value of cellphones?		
Tools		
Total value of tools?		
Specified items		
Total value of specified items?		
Excess:		



## GENERIC QUESTIONNAIRE: NON-MOTOR



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<b>Goods in transit</b>	
Insured amount?	
How are goods transported?	
Please specify what is transported?	
Alcohol <input type="checkbox"/>	Food <input type="checkbox"/>
Amusement machines <input type="checkbox"/>	Furniture <input type="checkbox"/>
Antiques/art <input type="checkbox"/>	Hazardous substances <input type="checkbox"/>
Chemicals <input type="checkbox"/>	Inflammable liquids <input type="checkbox"/>
Cigarettes/tobacco <input type="checkbox"/>	Jewelry <input type="checkbox"/>
Clothing/shoes <input type="checkbox"/>	Medical supplies <input type="checkbox"/>
Computer equipment <input type="checkbox"/>	Office equipment <input type="checkbox"/>
Confectionery goods <input type="checkbox"/>	Orthodontic equipment <input type="checkbox"/>
Cosmetic/beauty products <input type="checkbox"/>	Pharmaceutical goods <input type="checkbox"/>
Curios <input type="checkbox"/>	Photographic equipment <input type="checkbox"/>
Curtains/interior decorating <input type="checkbox"/>	Plastics <input type="checkbox"/>
Cycles <input type="checkbox"/>	Refrigerated transport <input type="checkbox"/>
Dairy products <input type="checkbox"/>	Second hand goods <input type="checkbox"/>
Documents <input type="checkbox"/>	Spectacles/contact lenses <input type="checkbox"/>
Electrical appliances <input type="checkbox"/>	Stationery <input type="checkbox"/>
Flowers/gifts <input type="checkbox"/>	Wood <input type="checkbox"/>
Excess:	
<b>Group personal accident</b>	
Insured amount?	
Number of employees employed by you?	
Do you require burns and disfigurement cover as well?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Excess:	None
<b>Public liability</b>	
Insured amount	R1 000 000 <input type="checkbox"/>
	R2 000 000 <input type="checkbox"/>
	R3 000 000 <input type="checkbox"/>
	R5 000 000 <input type="checkbox"/>
	R10 000 000 <input type="checkbox"/>
	R20 000 000 <input type="checkbox"/>
Is work done away from premises? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What percentage of time relates to work away?	* >20% <input type="checkbox"/>
	* 21 to 40% <input type="checkbox"/>
	* 41 to 60% <input type="checkbox"/>
	* 61 to 80% <input type="checkbox"/>
	* 80 to 100% <input type="checkbox"/>

## GENERIC QUESTIONNAIRE: NON-MOTOR



Do you require Product Liability ?	Yes <input type="checkbox"/> No <input type="checkbox"/>												
Insured amount													
Do you require Defective Workmanship?	Yes <input type="checkbox"/> No <input type="checkbox"/>												
Insured amount													
Excess:	None												
<b>Employers liability</b>													
Insured amount													
Excess:													
<b>Accidental damage</b>													
Insured amount													
Excess:													
<b>Malicious damage</b>													
Insured amount													
Excess:													
<b>Leakage damage</b>													
Insured amount													
Excess:													
<b>Motor traders</b>													
Insured amount													
Do you require cover for:	<table> <tr> <td>Unauthorised passenger liability</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Windscreen cover</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Loss of keys</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Wreckage removal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Loss of use of customer's vehicle</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hoist cover</td> <td><input type="checkbox"/></td> </tr> </table>	Unauthorised passenger liability	<input type="checkbox"/>	Windscreen cover	<input type="checkbox"/>	Loss of keys	<input type="checkbox"/>	Wreckage removal	<input type="checkbox"/>	Loss of use of customer's vehicle	<input type="checkbox"/>	Hoist cover	<input type="checkbox"/>
Unauthorised passenger liability	<input type="checkbox"/>												
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Loss of keys	<input type="checkbox"/>												
Wreckage removal	<input type="checkbox"/>												
Loss of use of customer's vehicle	<input type="checkbox"/>												
Hoist cover	<input type="checkbox"/>												
Excess:													

# GENERIC QUESTIONNAIRE: MOTOR



What type of vehicle do you wish to insure?*	Year:		
	Make:		
	Model:		
What will the vehicle be used for?*	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	Business <input type="checkbox"/> <small>Please tick the correct box</small>
Is the vehicle kept at the business premises?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Where is the vehicle parked at night?*			
Is the vehicle financed?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
* Details of finance house			
Vehicle insured for?	Retail Value <input type="checkbox"/>	Market Value <input type="checkbox"/>	<small>Please tick the correct box</small>
Cover required*	Comprehensive <input type="checkbox"/>		
	Third party, fire and theft <input type="checkbox"/>		
	Third party <input type="checkbox"/>		
If comprehensive, is the vehicle presently insured for comprehensive cover?			
Security in vehicle?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<small>Please tick the correct box</small>
Details of tracking system			
Do you want to insure the sound system?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<small>Please tick the correct box</small>
Insured amount of sound system			
Has this vehicle's engine been upgraded to increase the performance? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Please tick the correct box</small>			
Would you like to include "car hire"?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<small>Please tick the correct box</small>
If yes, please choose one of the following:	in the event of an accident <input type="checkbox"/>		
	in the event of theft of the vehicle <input type="checkbox"/>		
	in the event of theft or accident <input type="checkbox"/>		
What type of "car hire" vehicle would you like?*	Type 1600 AT A/C <input type="checkbox"/>		
	LDV 140i <input type="checkbox"/>		
	LDV 2.0 petrol - no canopy <input type="checkbox"/>		
	LDV 2.0 petrol - with canopy <input type="checkbox"/>		
Excess:			



**The quotation schedule and the application will serve as record of the advice given to you.**

## Complaints handling procedure

### STEP 1 - Contact Policy Services Department

Should you have any complaints regarding the following:

1. The administration of your policy- for example, problems with your debit order, incorrect information on your policy schedule | or complaints against the consultant that sold you the policy.
2. Claims on your policy- for example, a claim lodged is taking too long or has been repudiated.
3. You may be requested to submit your complaint in writing together with any supporting documentation to either one of the following communication channels depending on the area you live in:

#### Area Policy Services

Johannesburg	Tel: 0860 109 190	Fax: 0860 109 158
Pretoria North West	Tel: (012) 452 3000	Fax: (012) 452 3271
Pretoria South East	Tel: (012) 452 3260	Fax: (012) 452 3261
Durban	Tel: (031) 366 8466	Fax: (031) 366 8502
Cape Town	Tel: (021) 527 8666	Fax: (021) 527 8722
Port Elizabeth	Tel: (041) 502 2662	Fax: (041) 502 2648
Bloemfontein	Tel: (051) 406 2211	Fax: (051) 406 2201

### STEP 2 - (A) Contact- Internal Dispute Resolution Department

If the matter is still not resolved to your satisfaction and it relates to a disputed claim, please contact our internal dispute resolution department, the details are as follows:

#### Internal Dispute Resolution Department:

Tel: 0860 109 059  
E -mail: [compliance@telesure.co.za](mailto:compliance@telesure.co.za)  
Address: PO Box 11250, Johannesburg, 2000  
Fax: 0860 105 197

Or

### (B) Contact-Compliance

Should you believe that the insurer has contravened any regulatory or statutory requirement, in that, the financial service was not rendered honestly, fairly, with due skill, care and diligence, and in the interests of you the client, please contact the Compliance department.



**The compliance Department handles all FAIS related complaints:**

Tel: (011) 489 4644  
Fax: (011) 489 4381  
E-mail: [compliance@telesure.co.za](mailto:compliance@telesure.co.za)

**STEP 3- Contact the Short-term Ombudsman or the FAIS Ombudsman (Where applicable)**

Should your complaint not be resolved to your satisfaction or if we failed to timeously respond to your complaint, then you may submit your complaint to the FAIS ombudsman, or the Ombudsman for Short-term Insurance, whichever is applicable.

- (A) The Ombudsman for Short-term Insurance- provides consumers with a free dispute resolution mechanism. It mediates between subscribing members such as the insurer and policyholders regarding insurance contracts.

**The Ombudsman for Short-Term Insurance can be contacted at:**

Tel: (011) 726 8900  
Fax: (011) 726 5501  
Sharecall: 0860726890  
E-mail: [info@osti.co.za](mailto:info@osti.co.za)  
Postal Address: PO Box 32334, Braamfontein, 2017

- (B) The FAIS Ombudsman is an independent and impartial dispute resolution tribunal which investigates, considers and disposes of complaints by consumers against Financial Services Providers. For example, the way a policy was sold or how a service was provided.

**The FAIS Ombudsman can be contacted at:**

Sharecall: 0860 FAIS OM (0860 324 766)  
Tel: (012) 470 9080  
Fax: (012) 348 3447  
E-mail address: [info@faisombud.co.za](mailto:info@faisombud.co.za)  
Website: [www.faisombud.co.za](http://www.faisombud.co.za)  
Postal address: P.O.Box 74571, Lynnwood Ridge, 0040