



SHORT-TERM INSURANCE RISK ANALYSIS (DETAILS FOR QUOTATION)

By completing the following risk analysis form, you will be complying with Legislation which will therefore constitute as best advice for you, the Insured (*Note: This is not a proposal / application form*).

PERSONAL DETAILS:

Name & Surname:

Physical Risk Address:

Phone No. (W):

Fax No.:

Cell No.:

E-Mail Address:

ID No. / Passport No.:

Occupation:

PREVIOUS INSURANCE DETAILS:

Have you previously been insured? YES NO
(If yes, please state the Insurance Company & policy number)

Have you had any claims / losses over the last 5 years: YES NO

If yes, please state claims / losses / value (R's):
(Please state even if there has been no previous insurance)

Have you ever been declined insurance cover by an Insurer? YES NO

Have you ever had any insurance cover cancelled by an Insurer? YES NO

Have you ever had any special conditions imposed by an Insurer? YES NO

Insurance Companies need to obtain consent to verify and share policy / credit information with other insurers and institutions so that they can assess, re-assess and underwrite the risk fairly.

Do you give us, Entin Insurance Brokers, authorization to give this consent, on your behalf, to the Insurance Companies? YES NO

Copy of schedule if possible (Attached): YES NO

SECURITY DETAILS:

- Is your home protected by a 24 hour linked alarm system? (e.g. ADT) YES NO
- Do you have burglar bars on all opening windows? YES NO

Loss of Keys

YES

NO

- Car Radio: (should be specified under All Risks if not factory fitted)
- Car Radio Sum Insured:

YES

NO

R | | | | | | | | | | | | | | | | | | | | | |

Motor Cycle:

YES

NO

Sum Insured:

R | | | | | | | | | | | | | | | | | | | | | |

- Type of cover: (Select one)

Comprehensive **OR** Third Party Fire & Theft **OR** Third Party Only

- Year, make & model:

| | | | | | | | | | | | | | | | | | | | | |

- Engine capacity:

| | | | | | | | | | | | | | | | | | | | | |

- CFG: (Any previous claims / losses)

| | | | | | | | | | | | | | | | | | | | | |

- Vehicle use: (Select one)

Private only **OR** Private, to & from work **OR** Business

- Vehicle securities:

| | | | | | | | | | | | | | | | | | | | | |

- Regular driver (State ID of reg. driver):

| | | | | | | | | | | | | | | | | | | | | |

Personal Liability: (Usually automatically included with householders)

YES

NO

Sum Insured:

R | | | | | | | | | | | | | | | | | | | | | |

Extra: (if company makes provision for)

- Legal costs:

R | | | | | | | | | | | | | | | | | | | | | |

- Mechanical & Electrical Breakdown:

YES

NO

- Reconstruction of Data:

YES

NO

- Pleasure Craft: (Motor boats, sailing crafts, Jetski's, Rubber Ducks, Windsurfers, etc) *Please contact us for further information required for quotation.*

DECLARATION:

I, the undersigned, hereby declare that I am aware of and understand the cover in terms of each section of the domestic policy and I agree that I have only selected those sections marked YES.

Client Signature: _____

Date: | d | d | m | m | y | y | y | y |