

MOTORCYCLE APPLICATION FORM

<u>POLICYHOLDER DETAILS</u>						
Inception date:		Surname:		Full Name:		
Title & Initials:		Gender	M	F	ID Nr:	
Street Address:						
					Code:	
Postal Address:						
					Code:	
Tel No (H):		Tel No. (W):		Fax no:		
Cell no.		E-Mail:				
Is motorcycle kept in a locked garage overnight?					YES	NO
<u>REGULAR DRIVER DETAILS</u>						
Full		Learner		Date Issued:		
Learner's Expiry Date:						
Surname:			Full Name:			
Title	Gender	M	F	ID Nr:		
<u>DEALER DETAILS</u>						
Name of Company:						
Attention:		Tel no:		Fax no:		
<u>INSURANCE HISTORY</u>						
Are you currently insured?		YES	NO	With whom:		
Period of Insurance:		Is this your first motorcycle?		YES	NO	
If no, are you currently or have you ever been insured for any motorcycle?				YES	NO	
If yes, give details:		Insurer:		Policy Number:		
Details of all previous motor losses/claims either motorcycles or otherwise, sustained during the past (5) years?						
Has any Insurer ever cancelled, restricted, endorsed, failed to renew your policy or a section thereof or repudiated a claim, which was submitted?					YES	NO
If yes, give details:						
Name of Financial Institution:				Branch:		
<u>DEBIT ORDER DETAILS</u>						
Account Holder's Name			Institution Name:			
Branch:			Branch Code:			
Account Type:			Account No:			
Date:	1 ST	7 TH	15 TH	Signed:		
<u>PAYMENT AUTHORIZATION</u>						
I hereby request and authorize the insurer & Ayoba to draw against my account details as above, the amount necessary for payment of the monthly premium due in respect of the abovementioned contract, on a monthly basis, until this contract is terminated. Registration fee as a once-off payment. The amount may change from time to time to reflect any change in cover, risk, sum insured and/or premium rates.						
<u>DETAILS OF MOTORCYCLE</u>						
Make:		Model:		Year:		
Engine number:			Chassis number:			
Registration number			Sum insured (Retail value): R			
Private use:		Business use:		Third Party:		
Tracking Unit:			Coded key/Alarm system:			
DECLARATION: In submitting this application, I hereby warrant that the information contained herein is correct and that the details of the principal rider(s) of the motorcycle/s described herein have been fully disclosed. I further warrant that any changes relating to the principal rider(s) and my risk address will be declared to my broker and or insurer as soon as such changes come to my knowledge. I also declare that I have not withheld any material facts and accept that this application and declaration together with the addendum on security requirements and excesses will form the basis of the contract between the Insurer and myself.						
Date:		Name in Full:		Signature:		