



Personal Takaful Agreement Application Form



Important notes

1. Please print in BLOCK LETTERS.
2. No agreement is in force until we have received the fully completed and signed application form and confirmed cover. If we decline your application, we will notify you or your broker immediately.
3. Please (✓) the applicable blocks for yes/no answers.
4. If insufficient space is available on the form please provide answers on the last page under "Additional Information/Comments".

Broker Details

Agency/broker

Agency number

Cover Required

Cover is available for the following classes of insurance. Please (✓) the classes you require insurance cover on and complete the relevant sections in the application form.

No proposal is required for Sasria as it is automatically included if this agreement is covered by Zurich Insurance Company South Africa Limited.

Section

- | | | |
|---------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|
| <input type="radio"/> Buildings (Home) | <input type="radio"/> Motor Cycles | <input type="radio"/> Personal Accident |
| <input type="radio"/> Household Contents | <input type="radio"/> Caravan/Trailers | <input type="radio"/> Motor Personal Accident |
| <input type="radio"/> Specific Items (All Risks) | <input type="radio"/> Personal Legal Responsibility | <input type="radio"/> Legal Costs |
| <input type="radio"/> Personal Computer Equipment | <input type="radio"/> Extended Personal Legal Responsibility | <input type="radio"/> Watercraft |
| <input type="radio"/> Motor Vehicles | | |

Personal Details

First name(s)

Surname

Identity number

Date of birth

Postal address

Postal code

Physical address

Postal code

Participant's occupation or business

Contact details

Telephone number (work)

Telephone number (home)

Telephone number (cell)

Fax number

Email address

Co-participant		
First name(s)		
Surname		
Identity number		
Date of birth		
Postal address		
	Postal code	
Co-participant's occupation or business		
Contact details		
Telephone number (work)		
Telephone number (home)		
Telephone number (cell)		
Fax number		
Email address		
Cover required		
Effective date		
Language preference	<input type="radio"/> English <input type="radio"/> Afrikaans	
General Information		
Previous insurance?	<input type="radio"/> Yes <input type="radio"/> No	
If yes, give full details, i.e. name of insurer, policy number, inception and cancellation date(s)		
Has any insurer ever cancelled, declined or refused to renew your insurance or imposed special terms?	<input type="radio"/> Yes <input type="radio"/> No	
If yes, give full details		
Give details of all losses or claims suffered in the last 3 years (whether covered or not)		
Type of loss (fire, motor, accident, burglary, etc.)	Year	Amount paid (approximate)
Do you intend going on holiday within the next two months?		
<input type="radio"/> Yes <input type="radio"/> No		
If yes, give full details		

Will the premises be left vacant for longer than 60 days in any calendar year?	<input type="radio"/> Yes <input type="radio"/> No
If yes, give full details	
Is the premises occupied during the day?	<input type="radio"/> Yes <input type="radio"/> No
If yes, by whom?	
Is any part of the premises used for business purposes?	<input type="radio"/> Yes <input type="radio"/> No
If yes, give full details	
Is the property isolated, e.g. on a plot or agricultural holding(s)?	<input type="radio"/> Yes <input type="radio"/> No
If yes, the Plot Questionnaire is to be completed	
Pensioner information (tick appropriate box)	
<input type="radio"/> Not a pensioner <input type="radio"/> Pensioner over 55 <input type="radio"/> Employed over 50 <input type="radio"/> Pensioner in a retirement village	
Will the premises be unoccupied during the year (tick appropriate box)	
<input type="radio"/> More than 60 days <input type="radio"/> 90 days <input type="radio"/> 120 days <input type="radio"/> 150 days <input type="radio"/> 180 days <input type="radio"/> 210 days <input type="radio"/> 240 days <input type="radio"/> 270 days <input type="radio"/> 300 days	

Buildings (Home) and Household Contents Sections

In respect of property to be covered please state

Details	Premises 1	Premises 2
Physical address		
	Postal code	Postal code
Construction		
Walls: Standard or non-standard		
Roof: Standard or non-standard If thatch, the Questionnaire is to be completed		
Dwelling type (please specify)		
Cluster home		
Private dwelling home		
Farm dwelling		
Flat/apartment		
Retirement village ¹		
Simplex/duplex		
Holiday home		
Townhouse		
Parkhome		

¹ A secure complex or retirement village means a complex with high perimeter walls with either razor coil wire or an electric fence on top of the perimeter walls. The complex must either have a 24-hour staffed security gate or access must be controlled by an intercom, remote control or registration at the gate.

Details		Premises 1	Premises 2
Occupied by you as		<input type="radio"/> Owner <input type="radio"/> Tenant	<input type="radio"/> Owner <input type="radio"/> Tenant
Security protections requirements	Burglar bars on all opening windows	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	Security gates on all opening doors	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	Alarm with armed response	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	If yes, is a maintenance contract in place?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	Name of security service provider		
Secure complex/retirement village		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Buildings (Home) Section

Building (Home) is defined as the private residence, all garages and outbuildings; brick, concrete or tar driveways, paths or patios; walls, gates and fences (other than hedges); tennis and squash courts; structure or fabric of swimming pools, sauna or spa baths and bore hole pumps situated at the address stated in the schedule.

Finance noted (mortgagee)

Details	Premises 1	Premises 2
Sum covered	R	R
Optional cover		Maximum amount of cover
Accidental damage not otherwise covered Optional - Minimum R5,000; Maximum R100,000	<input type="radio"/> Yes <input type="radio"/> No	R
Breakdown of fixed machinery Optional - Minimum R5,000; Maximum R100,000	<input type="radio"/> Yes <input type="radio"/> No	R
Additional power surge (optional to limited cover) Optional - Minimum R5,000; Maximum R100,000	<input type="radio"/> Yes <input type="radio"/> No	R
Full subsidence and landslip (Geotechnical report required)	<input type="radio"/> Yes <input type="radio"/> No	R

Household Contents Section

The completion of the inventory form on the last page of this application will assist in establishing correct current replacement cost of contents.

Details	Premises 1	Premises 2
Sum covered	R	R
Are you entitled to a claim free discount?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, name the company and attach proof of discount		
Business from home Limited to 35% of sum covered limited to R50,000	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Optional cover		Maximum amount of cover
Accidental damage not otherwise covered Optional - Minimum R5,000; Maximum R100,000	<input type="radio"/> Yes <input type="radio"/> No	R
Electrical and mechanical breakdown Optional - Minimum R5,000; Maximum :R100,000	<input type="radio"/> Yes <input type="radio"/> No	R
Additional power surge (optional to limited cover) Optional - Minimum R5,000; Maximum R100,000	<input type="radio"/> Yes <input type="radio"/> No	R
Subsidence and landslip (Geotechnical report required)	<input type="radio"/> Yes <input type="radio"/> No	R

Specific Items (All Risks) Section		
Description	Maximum amount of cover	
Unspecified	R	
Specified items	R	
1.	R	
2.	R	
3.	R	
4.	R	
Notes		
1. Attach valuation certificates for items such as specified jewellery (exceeding R5,000) and include photographs if available.		
2. Where applicable, include serial numbers of specified items.		
3. Describe items as fully and accurately as possible.		
Personal Computer Equipment Section		
Address of computer equipment		
Description	Maximum amount of cover	
Specified items	R	
1.	R	
2.	R	
3.	R	
4.	R	
Computer software	<input type="radio"/> Yes <input type="radio"/> No	R
Optional cover		
Reinstatement of data (limited to laptops and desktops)	<input type="radio"/> Yes <input type="radio"/> No	R
Motor Vehicle Section		
Details	Vehicle 1	Vehicle 2
Year of manufacture		
Make and model		
Mead & McGrouther Code		
Maximum amount of cover (retail value)	R	R
Agreed value (specific vehicle criteria if agreed)	R	R
Type of cover	<input type="radio"/> Comprehensive <input type="radio"/> Third party, fire and theft <input type="radio"/> Third party only <input type="radio"/> Comprehensive excluding theft	<input type="radio"/> Comprehensive <input type="radio"/> Third party, fire and theft <input type="radio"/> Third party only <input type="radio"/> Comprehensive excluding theft
Class of use	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
A. Private and limited professional and business use: Social, domestic, pleasure and professional use, including travel to and from your home and permanent place of work, study or profession. B. Private, professional and full business use: Social, domestic, pleasure, professional and full business use, including travel to and from your home and permanent place of work, study or profession. C. Private use only: Social, domestic, pleasure purposes only.		

Details	Vehicle 1	Vehicle 2
Registration number		
Vehicle identification number		
Engine number		
Finance house		
Claim free group		
Vehicle colour		
Overnight parking	<input type="radio"/> Carport <input type="radio"/> Locked carport <input type="radio"/> Lockup garage <input type="radio"/> Behind locked gates <input type="radio"/> In the open <input type="radio"/> Secure parking	<input type="radio"/> Carport <input type="radio"/> Locked carport <input type="radio"/> Lockup garage <input type="radio"/> Behind locked gates <input type="radio"/> In the open <input type="radio"/> Secure parking
Security protection <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Alarm <input type="radio"/> Gearlock <input type="radio"/> Immobiliser <input type="radio"/> Tracking device <input type="radio"/> Recovery identification	<input type="radio"/> Alarm <input type="radio"/> Gearlock <input type="radio"/> Immobiliser <input type="radio"/> Tracking device <input type="radio"/> Recovery identification
Tracking device <input type="radio"/> Yes <input type="radio"/> No		
If yes, please give the following details and provide certificate		
Tracking device make and model		
Tracking device serial number		
Tracking device installation date		
Registered owner details		
Name and surname		
Identity number		
Principal driver details		
Name and surname		
Identity number		
Gender	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Marital status	<input type="radio"/> Cohabitant <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Widower <input type="radio"/> Widow	<input type="radio"/> Cohabitant <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Widower <input type="radio"/> Widow
Additional driver terms		
Additional drivers <input type="radio"/> Yes <input type="radio"/> No		
Name, surname and identity number		
1.		
2.		
3.		

Details	Vehicle 1	Vehicle 2
Optional cover	Maximum amount of cover	Maximum amount of cover
Vehicle accessories (post manufacturing)		
Covered	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Items description		
Tow bar <input type="radio"/> Yes <input type="radio"/> No	R	R
Leather seats <input type="radio"/> Yes <input type="radio"/> No	R	R
Bluetooth <input type="radio"/> Yes <input type="radio"/> No	R	R
Credit shortfall (Comprehensive cover only) <input type="radio"/> Yes <input type="radio"/> No	R	R
Additional locks and keys <input type="radio"/> Yes <input type="radio"/> No	R	R
Excess waiver <input type="radio"/> Yes <input type="radio"/> No	R	R
Voluntary excess <input type="radio"/> Yes <input type="radio"/> No	R	R
Additional wreckage removal <input type="radio"/> Yes <input type="radio"/> No	R	R
Additional third party liability (Maximum limit up to R10,000,000) <input type="radio"/> Yes <input type="radio"/> No	R	R
Optional cover extension		
Car hire		
Covered <input type="radio"/> Yes <input type="radio"/> No	Days <input type="radio"/> 30 <input type="radio"/> 45	Days <input type="radio"/> 30 <input type="radio"/> 45
Motor Cycle Section		
Details	Cycle 1	Cycle 2
Year of manufacture		
Make and model		
Mead & McGrouther Code		
Maximum amount of cover (retail value)	R	R
Type of cover	<input type="radio"/> Comprehensive <input type="radio"/> Third party, fire and theft <input type="radio"/> Third party only	<input type="radio"/> Comprehensive <input type="radio"/> Third party, fire and theft <input type="radio"/> Third party only
Class of use	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
A. Private and limited professional and business use: Social, domestic, pleasure and professional use, including travel to and from your home and permanent place of work, study or profession. B. Private, professional and full business use: Social, domestic, pleasure, professional and full business use, including travel to and from your home and permanent place of work, study or profession. C. Private use only: Social, domestic, pleasure purposes only.		
Engine capacity		
Imported or modified	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Extended Personal Legal Responsibility Section		
	Covered	Maximum amount of cover
Extended personal legal responsibility	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> R10,000,000 <input type="radio"/> R20,000,000
Personal Accident Section		
Covered person		
Name and surname		
Identity number		
(Date of birth/passport number)		
Occupation		
Specific circumstances covered	Covered	Maximum amount of cover
Death	<input type="radio"/> Yes <input type="radio"/> No	R
Permanent total disablement (PTD)	<input type="radio"/> Yes <input type="radio"/> No	R
Temporary total disablement (TTD) per week	<input type="radio"/> Yes <input type="radio"/> No	R
TTD not exceeding 104 weeks	<input type="radio"/> Yes <input type="radio"/> No	R
Additional medical expenses (medical certificate required)	<input type="radio"/> Yes <input type="radio"/> No	R
Motor Personal Accident Section		
Cover type	<input type="radio"/> Any driver <input type="radio"/> Any passenger and driver <input type="radio"/> Named person(s)	
If named person		
Name and surname		
Identity number		
Year of manufacture		
Make and model		
Registration number		
Number of units	Maximum amount of cover: Death and permanent total disablement	Maximum amount of cover: Medical expenses
1.	<input type="radio"/> R250,000	<input type="radio"/> R10,000
2.	<input type="radio"/> R500,000	<input type="radio"/> R20,000
3.	<input type="radio"/> R750,000	<input type="radio"/> R30,000
4.	<input type="radio"/> R1,000,000	<input type="radio"/> R40,000
5.	<input type="radio"/> R1,250,000	<input type="radio"/> R50,000
6.	<input type="radio"/> R1,500,000	<input type="radio"/> R60,000
7.	<input type="radio"/> R1,750,000	<input type="radio"/> R70,000
8.	<input type="radio"/> R2,000,000	<input type="radio"/> R80,000
Legal Costs Section		
Specific items covered	Covered	Maximum amount of cover
Plan type	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	<input type="radio"/> R70,000 <input type="radio"/> R40,000 <input type="radio"/> R20,000 <input type="radio"/> R15,000

Monthly Debit Authority

The information required below is to enable your monthly contributions to be debited from your bank account.

Important: if you change your bank account please advise the Company immediately and forward details of your new account.

In the event that the banking details below are in the name of another person, written consent from the account holder is required. In the event that the banking details below are in the name of a company, written consent (from the director) on the company's letterhead and a cancelled cheque are required.

I hereby declare that Zurich Insurance Company South Africa Limited is authorised to debit the monthly contributions from my bank account stated below and to adjust such debit as necessary due to changes in cover, risk, sums covered or contributions.

Name of bank	
Branch name	
Branch number	
Account number	
Name of account holder	
Type of account	

Shari'ah Declaration

I agree that my contribution's and/ or any investment income of the said Fund, shall be credited to the Takaful Fund, for the company to manage in accordance with the rules of the Fund. I also agree that my contribution is an irrevocable donation to the Takaful Fund.

Lastly, I also agree that I will not be a beneficiary of the Takaful Fund until the company has accepted this application and any contributions due have been paid by me in full.

Declaration

Consent to information sharing

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidence of fraud and assessing risks fairly, future contribution increases may be limited. This is done in the public interest and in the interest of all current and potential participants. The sharing of information includes, but is not limited to, information sharing via the Information Data Sharing System operated by Zurich's service provider on behalf of the South African Insurance Association.

By the insurer accepting or renewing this agreement, you or any other person that is represented herein, give consent to the said information being disclosed to any other insurance company or its agent. You also similarly give consent to the sharing of information in regard to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases. By covering or renewing your agreement, you hereby not only consent to such information sharing but also waive any rights of confidentiality with regard to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application, together with the information you supply in relation to the claim, will be included on the system and made available to other insurers participating in the Information Data Sharing System.

I declare that the information in this application is, to the best of my knowledge and belief, true and accurate in every respect and that no fact, circumstance or hazard that could affect the acceptance of my application has been withheld. I confirm that this application and declaration shall be the basis of the contract between Takaful Africa on behalf of Zurich Insurance Company South Africa Limited and myself.

Signed at _____ on the _____ day of _____ 20____

Signature of participant