

GOODS IN TRANSIT QUESTIONNAIRE



FRONTLINE™
UNDERWRITING MANAGERS (PTY) LTD

Company Reg. No: 2008/005015/07 Vat Reg. No: 4350242386
Compliance Officer: Moonstone Compliance
Authorised Financial Service Provider – FSP No. 40752

Old Mutual Insure Limited,
Registration Number 1970/006619/06.
A licensed FSP and non-life insurer. (FSP12)

CLIENT DETAILS (Block capitals please)							
Policy Number							
Name of Insured							
Company Type							
Full Description of Business							
Address						Code:	
						Code:	
Postal Address						Code:	
QUESTIONNAIRE							
Please answer all questions below:							
1. GOODS CARRIED							
1.1		Full Description of goods carried:					
1.2		Maximum value of goods carried:					
						Monthly:	
						Annually:	
2. DESCRIPTION OF VEHICLES USED							
Reg. No.	Make	Type	Year	Cargo Capacity	Structurally Fully Enclosed	Open / Tarpaulin Covered	
2.1	Do the vehicles display company signage?					YES	NO
2.2	Are immobilisers fitted?					YES	NO
	If yes, please supply details:						
2.3	Are Alarm Systems fitted?					YES	NO
	If yes, please supply details:						
2.4	Are vehicles fitted with Two-way radios?					YES	NO
2.5	Do crews have cellphones?					YES	NO
2.6	Are any type of vehicle management systems fitted e.g. tachographs?					YES	NO
2.7	Is a satellite tracking and recovery system in use?					YES	NO

	If so, please provide full details:

3.	INCOME IN TERMS OF TRANSIT / HAULAGE RISK		
3.1	Please advise Gross Income:		
		Annual Carry (R)	Haulage (R)
	Current Year		
	Prior Year 1		
	Prior Year 2		
	Prior Year 3		
3.2	Do you make use of sub-contractors?	YES	NO
	If yes, what income do you derive from them?		
	(i) Haulage Fees – Own vehicles	R	
	(ii) Income from sub-contractors	R	
	(iii) Fixed costs	R	
	(iv) Running costs	R	
3.3	If you are not a carrier / transporter of goods, do you use outside contractors to transport your goods?		
	If yes, what is the percentage split between own vehicles and outside carriers?		
4.	DO YOU HAVE ANY FORM OF DRIVER TRAINING PROGRAMME IN PLACE?		
5.	CLAIMS EXPERIENCE		
	List of all losses over the last five years, whether or not covered by Goods in Transit Insurance arranged by you:		
6.	NAME OF CURRENT INSURER:		
7.	ADDITIONAL COMMENTS		
	(if any) including comments which might influence the Insurer's decision regarding acceptance of the risk and/or the terms to be offered for the insurance.		

DECLARATION

I confirm that the particulars in this questionnaire are true and complete and that I have not withheld any material information nor am I aware of any incidents that could lead to a claim other than those listed in 5 above.

I hereby also confirm that I am duly authorised to sign this questionnaire for the Insured.

SIGNATURE OF PROPOSER

DATE

DESIGNATION: _____

IMPORTANT NOTE:

In terms of the Policy holder Protection Legislation it is an offence for anybody other than the Proposer to sign this proposal form.

Please do not sign blank / partly completed forms.

Failure to disclose material facts could result in your policy being invalidated.

If you are in doubt whether a fact is material or not, declare it.

Frontline Underwriting Managers (Pty) Ltd reserves the right to decline any proposal.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

<http://www.justice.gov.za/infoereg/index.html>

Tel: 012 406 4818

Fax: 086 500 3351

Email: infoereg@justice.gov.za