

**MOTOR SECTION – ADDITION/AMENDMENT  
OF VEHICLE OR DRIVER DETAILS**



**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													
Tel Number (Home)		( )			Tel Number (Work)			( )					
Broker													
QUESTIONNAIRE													
The following questions are in respect of additions and amendments to the motor section of your policy. Please answer all questions below, by indicating either YES or NO:													
DETAILS		VEHICLE 1				VEHICLE 2							
1.	Risk Address where parked overnight												
2.	Class of Use	Domestic				Domestic							
		Private / Business				Private / Business							
3.	Year of Manufacture												
4.	Make & Model												
5.	Paint Colour												
6.	Type of Cover required	COMP		TPFT		TPO		COMP		TPFT		TPO	
7.	Registration Number												
8.	Engine Number												
9.	VIN Number												
10.	SUM Insured	R				R							
11.	Extra's included in above Sum Insured			R				R					
				R				R					
				R				R					
				R				R					
12.	Is vehicle imported / modified / turbo-charged?	YES		NO		YES		NO					
13.	Is vehicle registered as a Code 3 (rebuilt)?	YES		NO		YES		NO					
14.	Parking at night												
15.	Claim Free Group (Attach Proof)												
16.	Gearlock	YES		NO		YES		NO					
17.	Immobiliser	YES		NO		YES		NO					
18.	Tracking Device	YES		NO		YES		NO					
19.	HP/Lease Company												
20.	Registered Owner												
21.	Regular driver & ID NUMBER	Name:				Name:							
		ID no:				ID no:							
22.	Licence Code & Date of first issue	Code:				Code:							
		Date:				Date:							
23.	Date of birth for regular Driver												
24.	Car Hire	YES		NO		YES		NO					
25.	Waiver of Basic Excess	YES		NO		YES		NO					
26.	Extended Waiver of Excess	YES		NO		YES		NO					

DETAILS		VEHICLE 3				VEHICLE 4							
1.	Risk Address where parked overnight												
2.	Class of Use	Domestic				Domestic							
		Private / Business				Private / Business							
3.	Year of Manufacture												
4.	Make & Model												
5.	Paint Colour												
6.	Type of Cover required	COMP		TPFT		TPO		COMP		TPFT		TPO	
7.	Registration Number												
8.	Engine Number												
9.	VIN Number												
10.	SUM Insured	R				R							
11.	Extra's included in above Sum Insured			R				R					
				R				R					
				R				R					
				R				R					
12.	Is vehicle imported / modified / turbo-charged?	YES		NO		YES		NO					
13.	Is vehicle registered as a Code 3 (rebuilt)?	YES		NO		YES		NO					
14.	Parking at night												
15.	Claim Free Group (Attach Proof)												
16.	Gearlock	YES		NO		YES		NO					
17.	Immobiliser	YES		NO		YES		NO					
18.	Tracking Device	YES		NO		YES		NO					
19.	HP/Lease Company												
20.	Registered Owner												
21.	Regular driver & ID NUMBER	Name:				Name:							
		ID no:				ID no:							
22.	Licence Code & Date of first issue	Code:				Code:							
		Date:				Date:							
23.	Date of birth for regular Driver												
24.	Car Hire	YES		NO		YES		NO					
25.	Waiver of Basic Excess	YES		NO		YES		NO					
26.	Extended Waiver of Excess	YES		NO		YES		NO					

**PLEASE READ THE FOLLOWING DECLARATION VERY CAREFULLY AND READ AGAIN THE QUESTIONS AND ANSWERS, ESPECIALLY IF NOT COMPLETED IN YOUR OWN HAND, BEFORE SIGNING THE FORM**

I/We declare that the statement and particulars in this form are true to the best of my/our knowledge and belief and that I/we have not misstated, suppressed or omitted any material facts.

I/We hereby confirm that I/we understand that the abovementioned changes could result in our/my premium either increasing, decreasing or staying the same, subject to the protections of the new vehicle, as well as the new risk profile.

I/We agree that this form together with any other information supplied by me/us form the basis of any contract of insurance effected thereon and shall be incorporated therein. I/We undertake to inform the company of any material alteration of these facts whether occurring before or after completion of the contract of insurance.

FOR AND ON BEHALF OF: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

DESIGNATION: \_\_\_\_\_

NAME IN PRINT: \_\_\_\_\_

\_\_\_\_\_  
DATE

**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.**

**PRIVACY NOTICE – PROTECTION OF PERSONAL INFORMATION ACT (“POPIA”)**

We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

**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.

**YOUR rights**

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.

**To view our full privacy notice with contact details for the Information Regulator, please visit our website on:**

**<https://frontlineinsurance.co.za/pop/>**