



# MULTIPLEX APPLICATION FORM

Thank you for considering Santam as your insurer. Please complete and sign the application. Make sure that all questions are answered completely. Cover in terms of the policy will only commence after the official approval of your application by Santam Limited.

PLEASE PRINT ALL ANSWERS TO QUESTIONS OR MARK THE APPLICABLE BLOCK

THESE SECTIONS ARE FOR OFFICE USE ONLY

## Details of "applicant" and "other insureds"

### APPLICANT

### OTHER INSURED 1

### OTHER INSURED 2

Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="button" value="Male"/> <input type="button" value="Female"/>	<input type="button" value="Male"/> <input type="button" value="Female"/>	<input type="button" value="Male"/> <input type="button" value="Female"/>
ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Language of correspondence	<input type="button" value="Afrikaans"/> <input type="button" value="English"/>	<input type="button" value="Afrikaans"/> <input type="button" value="English"/>	<input type="button" value="Afrikaans"/> <input type="button" value="English"/>
Title (eg. Mr. or Dr.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status (eg married or widow)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Further details of applicant

Telephone no. Work:	Code:	<input type="text"/>	House: code:	<input type="text"/>
Fax number:	<input type="text"/>	Cell phone no.:	<input type="text"/>	
Postal address:	<input type="text"/>	E-mail address:	<input type="text"/>	
Street address:	<input type="text"/>	Postal code:	<input type="text"/>	
(If different from postal address)	<input type="text"/>	Postal code:	<input type="text"/>	

## Policy details

Policy code:	<input type="text"/>
Inception date:	<input type="text"/>
Choice of payment	<input type="text"/>
Debit order	<input type="text"/>
Cash	<input type="text"/>
Do you require Sasria (riot) cover?	<input type="button" value="Yes"/> <input type="button" value="No"/>

## For use by Broker/agent

Agent number:	<input type="text"/>
Name of agency:	<input type="text"/>
Handling fee:	<input type="text"/>
Telephone number:	<input type="text"/>
Fax number:	<input type="text"/>

## Monthly debit order collection date

On, or last working day <u>before</u> *	29th	30th	31st	1st
On, or first working day <u>after</u>	25th	26th	27th	28th
Two working days <u>after</u>	15th			

\*Please note that for this option, collection will take place on the last working day before this date in the event of this date falling on a weekend or public holiday.

Banking details

Bank branch code /  
Reference number

Account number

Account holder

Institution / Bank

Type of account

Current

Transmission

Credit card

Authorisation by Account Holder

Santam Limited (Santam) may deduct the amount of the premium from my account at the aforementioned institution in any way that Santam and the institution have agreed upon. Santam may pay any amount that is owed to me, into the same account.

All deductions from my account by Santam will be seen as if these had been signed by me.

Without my written consent, Santam may not cede it's rights in respect of this authorisation to a third party.

SIGNATURE OF ACCOUNT HOLDER

General

1.

Has an insurer ever refused any proposal of yours, cancelled any policy (or section thereof), refused to renew any policy (or section thereof) or imposed any special conditions? Cross the appropriate block.

Yes

No

If "YES" supply full details
2.

Are you currently insured against the risks your are applying for now? Cross the appropriate block.

Yes

No

If "YES" supply the name of the insurer
3.

If you are currently not insured but were previously, please provide the following:

Last date of insurance:

Name of insurer:
4.

Please supply full details of all losses you have experienced during the last 3 years, including claims that have been paid or not been paid.

TYPE OF LOSS	YEAR	AMOUNT	INSURER

Mark the insurance sections which you require.

PART I

- ☐ House contents
- ☐ All risks
- ☐ Buildings
- ☐ Vehicles
- ☐ Water Craft

PART 2

- ☐ Personal legal liability
- ☐ Vehicle liability
- ☐ Water-craft liability
- ☐ Extended personal legal liability
- ☐ Legal Access

PART 3

- ☐ Personal accident
- ☐ Death benefit
- ☐ Hospital benefit plan



ALL RISKS

PROPERTY	SUM INSURED	PREMIUM
Clothing and personal effects (maximum R1 000 or 20% of the insured amount per item)	R	R
Personal documents, coins and/or stamp collection	R	R
Transport of groceries and household goods	R	R
Keys, locks and remote control units	R	R
Wheelchairs		
1. Make	R	R
2. Make	R	R
Bicycles		
1. Make Serial number	R	R
2. Make Serial number	R	R
Cellular telephones		
1. Make Serial number	R	R
2. Make Serial number	R	R
Television sets, video recorders, decoders and video cameras		
1. Make Type (e.g. TV) Serial number	R	R
2. Make Type (e.g. TV) Serial number	R	R
3. Make Type (e.g. TV) Serial number	R	R
Computer equipment		
1. Make Type Serial number	R	R
2. Make Type Serial number	R	R
3. Make Type Serial number	R	R
Items in a bank vault		
1. Description Serial number	R	R
2. Description Serial number	R	R
3. Description Serial number	R	R
Specified items (e.g. cameras and jewellery of which the value exceeds R1 000)		
1. Description Serial number	R	R
2. Description Serial number	R	R
3. Description Serial number	R	R
4. Description Serial number	R	R
Endorsements		

BUILDINGS

Details of building

Type of residence

Street address where building is situated

Postal code

Flat above ground floor

Construction of walls

Construction of roof

Voluntary excess

Is the residence unfurnished and unoccupied?

Accidental damage to machinery

Subsidence / landslip

Sum insured of buildings

Holder of bond

Endorsements

Premium

Building 1

Main residence	Holiday home	Other residence
----------------	--------------	-----------------

Yes

No

Standard

Non-standard

Standard

Non-standard

Thatch

Thatch with thatchsayf

Yes

No

Amount: R

Yes

No

Yes

No

Sum insured: R

Yes

No

R

R

Building 2

Main residence	Holiday home	Other residence
----------------	--------------	-----------------

Yes

No

Standard

Non-standard

Standard

Non-standard

Thatch

Thatch with Thatchsayf

Yes

No

Amount: R

Yes

No

Yes

No

Sum insured: R

Yes

No

R

R

VEHICLES

Details of Car / LDV

Registered owner

Nominated driver(s)  
(3 only, including the applicant)

Is the applicant a nominated driver?

Details of nominated driver(s)  
(if applicant is also a nominated driver,  
only two further names may be added):

1) Surname, initials and title

Gender

Date of birth

Marital status

ID number

Occupation

2) Surname, initials and title

Gender

Date of birth

Marital status

ID number

Occupation

Car 1

Applicant	Spouse	Financially dependant child
-----------	--------	-----------------------------

Yes

No

Yes

No

Car 2

Applicant	Spouse	Financially dependant child
-----------	--------	-----------------------------

Yes

No

Yes

No

VEHICLES (continued)

Year of manufacture																				
Make (e.g. Toyota)																				
Model (e.g. Corolla 1.6 GL)																				
Vin number																				
Engine number																				
Chassis number																				
Class of use	<div>Private</div>			<div>Business</div>			<div>Farming</div>				<div>Private</div>			<div>Business</div>			<div>Farming</div>			
Registration number																				
Type of cover	<div>Comprehensive</div>										<div>Comprehensive</div>									
(for third party only cover see "Vehicle liability")	<div>Third party, fire and theft</div>										<div>Third party, fire and theft</div>									
	<div>Theft excluded</div>										<div>Theft excluded</div>									
Sum insured of car / LDV	<div>R</div>										<div>R</div>									
No-claim bonus (in years)	<div>0</div>	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>	<div>7</div>			<div>0</div>	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>	<div>7</div>		
Additional value of improvements (extras)	<div>R</div>										<div>R</div>									
Type of improvements (e.g. alloy wheels, sun-roof, etc.)																				

Is the vehicle equipped with the following:

VESA approved immobiliser	<div>Yes</div>	<div>No</div>			<div>Yes</div>	<div>No</div>		
VESA approved gear-lever lock	<div>Yes</div>	<div>No</div>			<div>Yes</div>	<div>No</div>		
Tracking device	<div>Yes</div>	<div>No</div>	Type:		<div>Yes</div>	<div>No</div>	Type:	
Is the vehicle kept in a lock-up garage overnight?	<div>Yes</div>	<div>No</div>			<div>Yes</div>	<div>No</div>		
Voluntary excess (cannot be taken with "waiver of excess")	<div>Yes</div>	<div>No</div>	<div>Amount: R</div>		<div>Yes</div>	<div>No</div>	<div>Amount: R</div>	
Specified accessories (e.g. radio or telephone)	<div>Yes</div>	<div>No</div>	<div>Sum insured: R</div>		<div>Yes</div>	<div>No</div>	<div>Sum insured: R</div>	
Make and model								
Difference in market value/hire purchase	<div>Yes</div>	<div>No</div>			<div>Yes</div>	<div>No</div>		
Tools, spare parts and travel accessories	<div>Yes</div>	<div>No</div>	<div>Sum insured: R</div>		<div>Yes</div>	<div>No</div>	<div>Sum insured: R</div>	
Car-hire - Comprehensive (Total loss and partial damage)	<div>Yes</div>	<div>No</div>			<div>Yes</div>	<div>No</div>		
Car-hire - Limited (Total loss only)	<div>Yes</div>	<div>No</div>			<div>Yes</div>	<div>No</div>		
Vehicle breakdown service	<div>Yes</div>	<div>No</div>			<div>Yes</div>	<div>No</div>		
Waiver of excess (only basic and theft/hijack)	<div>Yes</div>	<div>No</div>			<div>Yes</div>	<div>No</div>		
(Cannot be taken with "voluntary excess")								
Hire-purchase owner								
Name of branch								
Hire-purchase number								

Endorsements																				
Premium	<div>R</div>										<div>R</div>									

VEHICLES (continued)

Details of caravan / trailer

Registered owner

Type

Make (e.g. Jurgens)

Year of manufacture

Registration number

Sum insured of caravan / trailer

No-claim bonus (in years)

Caravan / Trailer 1

Applicant	Spouse	Other					
Caravan	Trailer						
R							
0	1	2	3	4	5	6	7
Yes	No	Sum insured: R					

Caravan / Trailer 2

Applicant	Spouse	Other					
Caravan	Trailer						
R							
0	1	2	3	4	5	6	7
Yes	No	Sum insured: R					

Contents of caravan

Hire purchase owner

Name of branch

Hire-purchase number

Endorsements		
Premium	R	R

Details of motorcycle

Registered owner

Class of use

Type of cover

(for third party only cover see "Vehicle liability")

Year of manufacture

Make (e.g. Honda)

Model (e.g. Goldwing)

Registration number

Sum insured of motorcycle

No-claim bonus (in years)

Hire purchase owner

Name of branch

Hire-purchase number

Motorcycle 1

Applicant	Spouse	Dependant child					
Private	Business						
Comprehensive							
Third party, fire and theft							
R							
0	1	2	3	4	5	6	7

Motorcycle 2

Applicant	Spouse	Dependant child					
Private	Business						
Comprehensive							
Third party, fire and theft							
R							
0	1	2	3	4	5	6	7

Endorsements		
Premium	R	R

WATER CRAFT

Details of craft

Registered owner

Craft 1

Applicant	Spouse
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Craft 2

Applicant	Spouse
-----------	--------

Type of craft (e.g. ski-boat)

Year of manufacture

Make/hull class (bv. Seafarer/fibre glass)

Glitter finish

Yes	No
-----	----

Yes	No
-----	----

Length of hull

	m
--	---

	m
--	---

Maximum speed

	Km/h
--	------

	Km/h
--	------

Name of craft

Sum insured of craft

R
---

R
---

Outboard motors

Yes	No
-----	----

Yes	No
-----	----

Make (e.g. Yamaha)

Horse power

	K/w
--	-----

	K/w
--	-----

Sum insured of outboard motor

R
---

R
---

Specified accessories

(e.g. water-skis and electronic equipment)

Yes	No
-----	----

Yes	No
-----	----

Joint value of accessories

R
---

R
---

Hire-purchase owner

Name of branch

Hire-purchase number

Endorsements

Premium

R
---

R
---

PART 2 - LIABILITY AND LEGAL-AID INSURANCE

PERSONAL LEGAL LIABILITY

R3 000 000

Yes

No

Premium: R

VEHICLE LIABILITY (Third party only cover)

Details of car / LDV

Registered owner

Car 1

Applicant	Spouse	Financially dependant child
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Car 2

Applicant	Spouse	Financially dependant child
-----------	--------	-----------------------------

Class of use

Private	Business	Farming
---------	----------	---------

Private	Business	Farming
---------	----------	---------

Make (e.g. Toyota)

Model (e.g. Corolla 1.6 GL)

Registration number

0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

No-claim bonus (in years)

Endorsements

Premium

R
---

R
---



Details of motorcycle

Registered owner

Class of use

Make (e.g. Honda)

Model (e.g. Goldwing)

Registration number

No-claim bonus (in years)

Endorsements

Premium

Motorcycle 1

Applicant

Spouse

Dependant child

Private

Business

0

1

2

3

4

5

6

7

Motorcycle 2

Applicant

Spouse

Dependant child

Private

Business

0

1

2

3

4

5

6

7

R

R

EXTENDED PERSONAL LEGAL LIABILITY

If "YES" for which amount ?

Yes

No

R10 million

R20 million

Premium: R

LEGAL ACCESS

If "YES" for which amount?

Yes

No

R30 000

R60 000

R100 000

Premium: R

PART 3 - FAMILY PROTECTION INSURANCE

PERSONAL ACCIDENT - cover against death or disability due to an accident (world-wide)

	Insured person 1	Insured person 2	Insured person 3
Surname, initials and title			
Relation to applicant (e.g. spouse or domestic worker)			
Gender			
Date of birth			
Marital status			
I.D. number			
Occupation			
Sum insured (R1000 to R75 000)	R	R	R
Endorsements			
Premium	R	R	R

DEATH BENEFIT PLAN (Underwritten by Sanlam Customised Insurance Limited)

Family cover

Yes

No

Amount of compensation

R3 000

R5 000

R7 500

R10 000

Premium

R

Individual cover

	Insured person 1	Insured person 2	Insured person 3
Surname, initials and title			
Relation to applicant (e.g. spouse or domestic worker)			
Gender			
Date of birth			
Marital status			
I.D. number			
Occupation			
Amount of compensation	R3 000R5 000R7 500R10 000	R3 000R5 000R7 500R10 000	R3 000R5 000R7 500R10 000
Premium	R	R	R

HOSPITAL BENEFIT PLAN

Family cover

Yes

No

Daily benefit (R50 - R400 in multiples of R50)

R

Premium

R

Individual cover

Insured person 1

Insured person 2

Insured person 3

Surname, initials and title			
Relation to applicant (e.g. spouse or domestic worker)			
Gender			
Date of birth			
Marital status			
I.D. number			
Occupation			
Daily benefit (R50-R400 in multiples of R50)	R	R	R
Premium	R	R	R

Total premium for a month

R

Declaration by applicant / other insured(s)

If this application is accepted, I accept the policy that is issued by Santam Limited. All the information contained in the application is correct and complete. If the information contained in this application is completed by anyone but myself, the person will be seen as my agent for supplying the information.

“I acknowledge that the sharing of information for underwriting and claims purposes is in the public interest, as it will enable insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to any underwriting and claims information in respect of any insurance policy or claim made or lodged by me, or on my behalf. I consent to such information being stored in the shared database and used as set out above. I also consent to such information being disclosed to any insurer or its agent. I further consent to any underwriting information being verified against legally recognised sources or databases.”

Signature of applicant

Date