

## QUOTATION QUESTIONNAIRE: SHORT TERM INSURANCE - PERSONAL LINES – MOTOR

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_ Existing Client: ☐ Yes ☐ No

Name: \_\_\_\_\_ Work no: \_\_\_\_\_

Address: \_\_\_\_\_ Cell no: \_\_\_\_\_

Code: \_\_\_\_\_ Fax no: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Insured ID: \_\_\_\_\_

Current Insurer: \_\_\_\_\_ Spouse ID: \_\_\_\_\_

Number of years with current insurer: \_\_\_\_\_

**DECLARATION:**

Have you been insured previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of any offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in civil or criminal litigation or had a civil judgement passed against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever had insurance cover declined, cancelled or had special conditions imposed against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do we have your permission to allow insurers to perform a confidential ITC credit check?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### VEHICLE 1:

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Colour: \_\_\_\_\_ Sum Insured: R \_\_\_\_\_

Vehicle Type: 4x4 ☐ Bakkie ☐ Build up ☐ Hatch Back ☐ Import ☐ Kit Car ☐ LDV ☐ Minibus ☐

Motorcycle ☐ Sedan ☐ SUV ☐ Other ☐

Cover: Comprehensive ☐ Third Party, Fire & Theft ☐ Third Party Only ☐ Is this a Code 3 vehicle? ☐ Yes ☐ No

Use: Social ☐ Private incl Work & Back ☐ Professional/Business ☐ Business Type: \_\_\_\_\_

Registered Owner: \_\_\_\_\_ ID No: \_\_\_\_\_

Registered Driver: \_\_\_\_\_ ID No: \_\_\_\_\_ Licence Code: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Night Parking: \_\_\_\_\_ Area Code: \_\_\_\_\_ Day Parking: \_\_\_\_\_ Area Code: \_\_\_\_\_

Tracking Device: ☐ Yes ☐ No ☐ Type: \_\_\_\_\_ Alarm: ☐ Yes ☐ No ☐ Immobiliser: ☐ Yes ☐ No ☐

Gear Lock: ☐ Yes ☐ No ☐ NCB: \_\_\_\_\_ Losses in last 5 years: \_\_\_\_\_

**\*Is This A New Vehicle Replacing An Existing Vehicle?** ☐ Yes ☐ No ☐ N/A ☐ If Yes, which vehicle? \_\_\_\_\_

### OPTIONAL COVER:

Car Hire: ☐ Yes ☐ No ☐ Excess Waiver/Reducer: ☐ Yes ☐ No ☐ IVP: ☐ Yes ☐ No ☐

Road Assist: ☐ Yes ☐ No ☐ 4x4 Assist: ☐ Yes ☐ No ☐ Credit Shortfall: ☐ Yes ☐ No ☐

Amount Outstanding: R \_\_\_\_\_ Radio? ☐ Yes ☐ No ☐ Replacement Value: R \_\_\_\_\_

### VEHICLE 2:

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Colour: \_\_\_\_\_ Sum Insured: R \_\_\_\_\_

Vehicle Type: 4x4 ☐ Bakkie ☐ Build up ☐ Hatch Back ☐ Import ☐ Kit Car ☐ LDV ☐ Minibus ☐

Motorcycle ☐ Sedan ☐ SUV ☐ Other ☐

Cover: Comprehensive ☐ Third Party, Fire & Theft ☐ Third Party Only ☐ Is this a Code 3 vehicle? ☐ Yes ☐ No

Use: Social ☐ Private incl Work & Back ☐ Professional/Business ☐ Business Type: \_\_\_\_\_

Registered Owner: \_\_\_\_\_ ID No: \_\_\_\_\_

Registered Driver: \_\_\_\_\_ ID No: \_\_\_\_\_ Licence Code: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Night Parking: \_\_\_\_\_ Area Code: \_\_\_\_\_ Day Parking: \_\_\_\_\_ Area Code: \_\_\_\_\_

Tracking Device: ☐ Yes ☐ No ☐ Type: \_\_\_\_\_ Alarm: ☐ Yes ☐ No ☐ Immobiliser: ☐ Yes ☐ No ☐

Gear Lock: ☐ Yes ☐ No ☐ NCB: \_\_\_\_\_ Losses in last 5 years: \_\_\_\_\_

**\*Is This A New Vehicle Replacing An Existing Vehicle?** ☐ Yes ☐ No ☐ N/A ☐ If Yes, which vehicle? \_\_\_\_\_

### OPTIONAL COVER:

Car Hire: ☐ Yes ☐ No ☐ Excess Waiver/Reducer: ☐ Yes ☐ No ☐ IVP: ☐ Yes ☐ No ☐

Road Assist: ☐ Yes ☐ No ☐ 4x4 Assist: ☐ Yes ☐ No ☐ Credit Shortfall: ☐ Yes ☐ No ☐

Amount Outstanding: R \_\_\_\_\_ Radio? ☐ Yes ☐ No ☐ Replacement Value: R \_\_\_\_\_

Client signature: \_\_\_\_\_ Advisor signature: \_\_\_\_\_

### Head Office

t: 086 118 7878 | [info@originfin.com](mailto:info@originfin.com) | [www.originfin.com](http://www.originfin.com)

Oak Leaf Terrace, Old Oak Office Park, 1 Edmar Street, Bellville, 7530

P.O. Box 3813, Tygervally, 7536

2.2.2017.3E