

SECTIONAL TITLE MACHINERY BREAKDOWN QUESTIONNAIRE

CLIENT DETAILS

Name _____

Postal address _____

Contact person _____

Company registration no. _____

VAT no. _____

CURRENT/PREVIOUS INSURANCE

Name of current/previous insurer _____

Claims experience/details _____

Supporting business with Hollard _____

CLAIMS EXPERIENCE

Year	Details of loss	Gross cost	Excess	Cost to insurers
_____	_____	R _____	R _____	R _____
_____	_____	R _____	R _____	R _____
_____	_____	R _____	R _____	R _____
_____	_____	R _____	R _____	R _____

- Business description

- Risk address _____
- Description of machinery – *List to be provided*
- Comments on condition of machines and age

- Comments on whether item is locally manufactured or imported (*if imported, are there local agents and availability of spares*)

- Comments on maintenance on machines (*interval – year/months/working hours*)

7. Working hours (how many shifts per day/per week and times, including seasonal operations – provide full details, i.e. sugar mill, cannery, etc.)

8. Maintenance

- | | | | |
|-----|--|-----|----|
| 8.1 | Is there a maintenance agreement in place | YES | NO |
| 8.2 | Is this internally or with a specialised agent | YES | NO |
| 8.3 | If with an agent, please supply details | | |

8.4 What other maintenance plans are in place

PROTECTION OF PERSONAL INFORMATION

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

DECLARATION

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this forms the basis and is part of any policy issued in connection with the above risk.

It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the insured will not lodge any other claims of whatever nature. The Insurers undertake to treat this information in strict confidence.

Signature _____

Date _____

If not submitted electronically