

## ASSETS ALL RISK PROPOSAL FORM

### PERSONAL DETAILS

Surname		First Name	
Gender		Title	
Date of Birth		Age (next birthday)	
ID No.	Nationality		
Email Address			
Mobile No.	Work Tel		
Alternative No.	Home Tel		
Occupation	Employer		
Postal Address			
Physical Address			
Policy Number		Date of Expiry	DD / MM / YYYY

### COMPANY DETAILS (where applicable)

Place of incorporation \_\_\_\_\_

Date of incorporation \_\_\_\_\_

(attach copies of all relevant certificates i.e. Certificates of Incorporation, Board Resolution, or letter on letterhead confirming who may sign on behalf of the entity, Form J or Form C)

Nature of Business \_\_\_\_\_

Source of income \_\_\_\_\_

Persons representing the company  
 (attach copies of Identity Documents/if foreign national, attach certified copies of passport/residence permit/country of origin Identity Document)

Name and Identity Number	Specimen Signature	Designation
1. _____	_____	_____
2. _____	_____	_____

**PROPERTY TO BE INSURED**

**LOSS EXPERIENCE**

Please provide details of any and all loss or damage (whether insured or not) sustained over the past 5 (five) years:

Type of Cover	Date of loss	Details of loss / accident (e.g. causes, precautionary measures implemented, etc.)	Gross value (SZL)

Has any insurer in respect of the risk to which this proposal relates ever:

Yes      No

1. Declined a proposal, refused renewal or cancelled any of the proposer's previous insurance policies?

    

If so, provide details.

2. Required an increased premium and / or imposed special conditions?

    

If so, provide details.

3. Have you ever made a claim upon any other insurance company?

    

If so, provide details.

4. Are you currently insured for fire, burglary or all risks?

    

If so, with which company?



## BANKING DETAILS

Bank Name: \_\_\_\_\_  
Account Name: \_\_\_\_\_  
Account Type: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Branch: \_\_\_\_\_  
Deduction Date: 4 19 22 24 30

***I give United General Insurance permission to debit my account with the premium amount due on the above chosen day of the month or as soon as possible thereafter. I further authorize United General Insurance to access my bank account for the purpose of confirming premium deductions.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## DECLARATION

1. I warrant that all the information given in this Proposal Form, and in all documents, which have been or will be signed by me in connection with the proposed insurance, is true and complete. I further warrant that all the information given or to be given by me in writing, electronically or otherwise, in connection with the proposed insurance is true and complete.
2. I agree that the statements in this Proposal Form and electronic information, and the documents stated above shall, in addition to the statements in the application, be the basis of the proposed contract; that any material misstatement or omission therein may lead to any contract made being declared void by United General Insurance (UGI).
3. I understand that UGI regards the answers given in this Proposal Form or electronically as material in assessing my application for the cover accruing from the insurance policy.
4. Accepting that I am thereby curtailing my right to privacy, but to facilitate financial underwriting, and the consideration of any claim for benefits, under a policy related to this or any other application for insurance made by me, or in respect of me as the insured, I irrevocably authorize UGI to obtain any and all information pertaining to me as may be appropriate from any insurers or other financial institutions, including and via any third party, contracted to the said insurer or other financial institution.
5. I irrevocably authorize UGI:
  - a. to obtain from any person, whom I hereby so authorize and request to give, any information which UGI deems necessary, and;
  - b. to share with other insurers, and any associations of such insurers, that information and any information contained in this application or in any related policy or other document, either directly or through a database operated by or for such insurers as a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by UGI or by the operators of such database.

**PROTECTION OF PERSONAL INFORMATION**

I hereby agree that UGI may use my information or obtain information about me for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification
- Fraud prevention and detection/Money laundering
- Claims checks (Claims Register)
- Market research & statistical analysis
- Audit & records keeping purposes

Name of proposer:

Designation of proposer (if representing company):

Signature of proposer:

Date:

