

## UNITED GENERAL INSURANCE (UGI) HOME PLAN INSURANCE PROPOSAL FORM

This contract for insurance is proposed by UGI and any insurance subsequently arising between yourself and UGI Limited.

### CONTACT & PERSONAL DETAILS

Surname	<input type="text"/>	First Name	<input type="text"/>
Gender	<input type="text"/>	Title	<input type="text"/>
Date of Birth	<input type="text"/>	Age (next birthday)	<input type="text"/>
ID No.	<input type="text"/>	Nationality	<input type="text"/>
Email Address	<input type="text"/>		
Mobile No.	<input type="text"/>	Work Tel	<input type="text"/>
Alternative No.	<input type="text"/>	Home Tel	<input type="text"/>
Occupation	<input type="text"/>	Employer	<input type="text"/>
Postal Address	<input type="text"/>		
Physical Address	<input type="text"/>		
Driver's License No.	<input type="text"/>	Date of Issue	<input type="text"/>
Period of Insurance	From	<input type="text" value="DD / MM / YYYY"/>	To <input type="text" value="DD / MM / YYYY"/>
Policy Number	<input type="text"/>	Date of Expiry	<input type="text" value="DD / MM / YYYY"/>

### EMPLOYMENT DETAILS

Name of Employer	<input type="text"/>		
Postal Address of Employer	<input type="text"/>		
Physical Address of Employer	<input type="text"/>		
Telephone	<input type="text"/>	E-Mail	<input type="text"/>
Occupation	<input type="text"/>	Source of Income	<input type="text"/>
Income Bracket:	E1,000 to E10,000	<input type="text"/>	
	E10,001 to E20,000	<input type="text"/>	
	E20,001 and above	<input type="text"/>	
	<input type="text"/>		

## PROPERTY TO BE INSURED

Construction of walls	Brick   Metal   Wood   Concrete   Other
Type of roof	Tile   Metal   Wood   Concrete   Thatch   Other
Type of construction	Standard   Non-standard   Thatch
Type of house	Flat / One Storey   Double Storey   Detached house
No. of bedrooms	

and all private garages and outbuildings walls gates and fences (other than hedges) on the same premises and used solely connection therewith, including Landlord's Fixtures and Fittings therein or thereon,

all situated on Stand/Erf/Lot/Farm No. \_\_\_\_\_  
 Road/Street \_\_\_\_\_  
 Town \_\_\_\_\_

Total Sum Insured:

**Note:**

When two or more Private Dwelling Houses are to be insured which do not communicate with one another, a separate sum must be placed on each such Dwelling (inclusive of all Domestic Outbuildings) Each Private Dwelling House with construction of same should be specified.

1. State the number of independent tenants and/or paying guests, boarders and/or lodgers		
2. Is any trade or business carried out in any of the buildings? If so, provide details.	YES	NO
3. Are the buildings in a good state of repair and will they be so maintained?	YES	NO
4. Is the policy to be ceded? If so, to whom?	YES	NO
5. Have you any existing insurances in addition to this proposal in respect of the building(s) now to be insured? If so, give particulars.	YES	NO
6. Have you ever sustained loss from any of the Perils or Contingencies mentioned? If so, provide details.	YES	NO
7. a) Have you had a proposal or insurance or renewal of a policy declined, or	YES	NO
b) A policy terminated, or	YES	NO
c) Special Conditions or rates imposed at anytime?	YES	NO
If so, state name of insurers.		
8. Does the amount to be insured represent the full present value of the building?	YES	NO
9. Is your home within 400m of any water or industrial sites?	YES	NO
10. State period from which insurance is required	From	To

## THIRD PARTY FINANCIAL INTEREST

State a financial institution/Third Party that is providing you with a mortgage or loan on your property

Name of Company:

## PAYMENT DETAILS

Payment Method: 

Debit Order	Stop Order	Govt Payroll	Cash	EFT
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If Govy Payroll, Employment Number: \_\_\_\_\_

## BANKING DETAILS

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Deduction Date: 

4	19	22	24	30
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Account Type: \_\_\_\_\_  
Account Number: \_\_\_\_\_

***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:

- Assessment and processing of claims
- Credit searches and/or verification
- Audit & records keeping purposes
- Statistical analysis & Marketing research
- Underwriting & claims checks
- Fraud prevention and detection/Money laundering

Name of proposer:

Designation of proposer (if representing company):

Signature of proposer:

Date: