

POLICY NUMBER:
INSURED :
OLD ADDRESS :
NEW RISK ADDRESS:
POSTAL ADDRESS:
TELEPHONE:
WORK : CODE _____

HOME : CODE _____ **CELL** : _____

EMAILADDRESS _____

GENERAL INFORMATION - Please complete (applicable to all sections)

Physical address of your private home:

PRIVATE HOME (1)

 Postal Code:
PRIVATE HOME (2)

 Postal Code:
This section is compulsory if cover is required for Household Goods, Houseowners and / or the All Risks Section.
Private homes occupied as communes are not acceptable. Please (✓) the appropriate option:
ADDITIONAL INFORMATION
Private Home (1)
Private Home (2)

Is this your main home:

 Y N

 Y N

Is the roof constructed of:

 Tile Slate
 Concrete Metal
 Shingles Thatch
 Fibre Cement Sheet
 Other

 Tile Slate
 Concrete Metal
 Shingles Thatch
 Fibre Cement Sheet
 Other

If Thatch - an SABS approved Lightning Certificate is required.

Are the main walls constructed of:

 Brick / Stone or Concrete
 Asbestos or Timber Clad
 Metal Frame and Fibreglass
 Timber / Part Timber Framed Metal

 Brick / Stone or Concrete
 Asbestos or Timber Clad
 Metal Frame and Fibreglass
 Timber / Part Timber Framed Metal

 Prefabricated Sandwich Panels

 Prefabricated Sandwich Panels

Where is your private home situated:

 Smallholding, Plot or Farm
 Security Village / Complex
 Retirement Complex
 Enclosed Access Controlled Area
 Residential Area, No Access Control

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 Residential Area, No Access Control

Is your private home situated within 500m of a Shoreline/River/Lake or Dam:

 Y N

 Y N

From which date have you lived at your private home:

 Y Y Y Y - M M

 Y Y Y Y - M M

What type of private home do you have:

 Detached House/Cottage
 Semi-detached House/Cottage
 Flat above 1st Floor
 Flat Ground Floor/1st Floor

 Detached House/Cottage
 Semi-detached House/Cottage
 Flat above 1st Floor
 Flat Ground Floor/1st Floor

	Private Home (1)	Private Home (2)
How many bedrooms in your private home:	<input type="text"/>	<input type="text"/>
How many bathrooms in your private home:	<input type="text"/>	<input type="text"/>
Will your private home be left unoccupied:		
▪ During working hours:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
▪ For more than a total of 60 days per year:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
▪ Is the private home unoccupied for the first 7 days in the first 30 days of cover:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
Is the private home a holiday home:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
Will your private home be hired or let out:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
If Yes, provide details	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Are all opening windows burglar barred:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
Are all fixed windows burglar barred:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
Does any outbuilding or garage adjoining to the private home have an adjoining door:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
Are all access doors fitted with security gates:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
Is the perimeter of your private home walled/fenced with a wall or steel fence of at least 1.8m height:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
Is there razor/barbed wire/fence on the perimeter wall/fence:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
If Yes, please indicate as follows:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
▪ Some perimeter walls/fence have razor/barbed wire/electric fencing:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
▪ All perimeter walls/fence have razor/barbed wire/electric fencing	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
Are there full time security guards on your property:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
Is there 24 hour access control to your property:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
Is your private home protected with an alarm system:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
If Yes, is the alarm system an approved *SAIDSA alarm system linked to a 24 hour control room with armed response:	<input type="text"/> Y <input type="text"/> N	<input type="text"/> Y <input type="text"/> N
If Yes, who is the Service Provider:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<i>(Please attach documentary proof from the Service Provider)</i>		
If No, please provide details:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

To be completed by the policyholder:
DATED:

Year _____

Month _____

Day _____

I hereby confirm that the abovementioned changes are true and understand that my premium may either increase, decrease or stay the same, subject to the protections of the new residence as well as the new risk profile.

(Policyholder's signature) _____