

INSURED DETAILS				MAIN RIDER DETAILS (if different to the Insured)				DECLARATION AND DEBIT ORDER AUTHORISATION					
Surname		Title		Surname				<p>I/we declare that the information contained in this proposal form and any other information supplied by me or on my behalf is true and correct and that this proposal form shall form the basis of this contract of insurance.</p> <p>I/we acknowledge that the sharing of claims information and underwriting information (including credit information) by Insurers is necessary to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, is in the public interest and with a view to limiting premiums. On my own behalf and on behalf on any person I represent herein, I hereby waive any right to privacy in any insurance information provided by me or on my behalf in respect of any insurance policy or claim made or lodged by me and I consent to such information being disclosed to any other insurance company or its agent. I/we also acknowledge that the information provided may be verified against legitimate sources.</p> <p>I/We hereby authorise Innovation Maven to debit the following account with the premium due by the policy herein applied for and to vary such debits from time to time to reflect any changes to covers, risks, sums insured or premium rates.</p>					
First Names				First Names									
ID Number				Identity number:									
(or) Passport		DOB		RIDERS LICENCE DETAILS									
Postal Address				Learner	Full	Date obtained							
Risk Address				Has the rider completed an advance road riding course? (We will need certificates)		YES	NO						
				Has the riders licence been endorsed?		YES	NO						
Email Address				Has the rider been refused motor insurance?		YES	NO						
Tel	H	W	C	BIKE DETAILS									
GENERAL DETAILS				Year									
Are you currently insured		YES	NO	Make		Model							
Were you previously insured		YES	NO	Registration Number									
Current insurer				Engine Number									
				VIN Number									
Has any insurer ever refused to provide you with insurance or cancelled or renewed any policy with special terms?		YES	NO	Finance House		Dealer							
				Is the motorcycle a grey import?		YES	NO						
				Is the motorcycle a code 3 ?		YES	NO						
				Is the motorcycle modified		YES	NO						
Are you aware of any material information, other than that requested in this proposal form, which would affect the acceptance of this proposal?		YES	NO	Sum Insured EXCLUDING EXTRAS		R		Bank					
				List any extras you want insured: make model & values				R		Bank			
								R		Branch			
								R		Code			
								R		Account holder			
				R		Account number							
Have you have had any criminal convictions or do you have any criminal cases pending against you?		YES	NO	Sum Insured INCLUDING EXTRAS		R		Type of account					
				Basic Excess Waiver @ R75 p/m		YES	NO	Debit date nearest					
								1st	15th				
PREVIOUS LOSSES OF INSURED RIDER				List any All Risk Items you want insured: make, model & values									
Relative to any motorcycle driven mainly by this rider, state the number of losses (whether insured or not) in the past 3 years				Helmet		R		Inception Date					
				Jacket		R							
				Gloves		R							
				Pants		R							
				Boots		R							
Please give details of all motor losses over the past 3 years				YOUR BIKESURE PREMIUM				R		Authorised Signature/s			
Date	Insurer	Circumstance	Cost					Date					
				Would you like Top Up Cover		YES	NO	FAX TO 0865242823 OR EMAIL BEVAN@HARNACKS.CO.ZA HARNACKS BROKERS IS AN AUTHORISED SERVICE PROVIDER (36577)					
				Would you like a Bikesure Warranty		YES	NO						
				Would you like Scrath and Dent Insurance		YES	NO						