

# Motorcycle Insurance Quotation Information Form

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## IMPORTANT

To enable the Insurer to underwrite risks fairly, we need to have the brokers/client's consent to verify and share policy information with insurers and other institutions as well as to access credit information held by other institutions.

Do you give the Insurer consent to the above stated

Yes

No

<b>Particulars of Insured</b>	<b>Full name (Id doc)</b>								
	<b>Surname</b>								
	<b>Marital Status</b>	<b>Married</b>		<b>Divorced</b>		<b>Unmarried</b>		<b>Widow/er</b>	
	<b>Occupation</b>								
	<b>Risk Address</b>								
								<b>Code</b>	
	<b>Telephone Numbers</b>	<b>Cell Number</b>			<b>Work</b>				
	<b>Email Address</b>								

<b>Motorcycle details</b>	<b>Type of motorcycle</b>	<b>Road</b>		<b>Dual / Adventure</b>		<b>Quad / Off-Road / Scrambler</b>					
		<b>ATV</b>									
	<b>Is the Motorcycle</b>	<b>New</b>		<b>Rebuilt</b>		<b>Used</b>		<b>Stolen Recovered</b>			
	<b>Mead and McGrouther Code</b>				<b>Model year</b>						
	<b>Make</b>				<b>Model</b>						
	<b>Date purchased</b>				<b>Retail value</b>						
	<b>Security</b>	<b>Alarm</b>			<b>Immobilizer</b>			<b>Alarm and Immobilizer</b>			
		<b>Tracking</b>			<b>Other, Pleaser describe</b>						
	<b>Daytime Security</b>	<b>Access control &amp; security guard</b>			<b>Access control &amp; no security guard</b>			<b>Security guard with no access control</b>		<b>No access control &amp; no security guard</b>	
	<b>Daytime Parking</b>	<b>Carport</b>			<b>In basement with access control</b>			<b>In basement no access control</b>		<b>Security complex</b>	
		<b>In yard no locked gates</b>			<b>In yard locked gates</b>			<b>Lock up garage</b>		<b>Open parking lot</b>	
		<b>On pavement in street</b>			<b>Other</b>						
	<b>Overnight location</b>	<b>Retirement complex</b>			<b>Residential are no access control</b>			<b>Enclosed access control area</b>		<b>Security village / security complex</b>	
		<b>Small holding/ plot/ farm</b>		<b>If small holding/ plot or farm motorcycle must parked overnight in a locked garage or building. Otherwise it must be fitted with a tracking unit.</b>							
	<b>Overnight Parking</b>	<b>Carport</b>			<b>In basement with access control</b>			<b>In basement no access control</b>		<b>Security complex</b>	
		<b>In yard no locked gates</b>			<b>In yard locked gates</b>			<b>Lock up garage</b>			
<b>Is this your first motorcycle</b>								Yes	No		
<b>Type of cover</b>	<b>Comprehensive</b>			<b>TPFT</b>			<b>TP</b>				
<b>Motorcycle use</b>	<b>Private</b>			<b>Business</b>							
<b>Motorcycle used for Commercial / Delivery purposes cannot be insured under this policy</b>											

# Domestic Insurance Proposal Form

<b>Motorcycle details</b>	<b>Any non standard accessories or modifications</b>						<b>Yes</b>	<b>No</b>
	<b>Modifications</b>	<b>Cosmetic</b>		<b>Performance</b>		<b>Cosmetic and Performance</b>		
	<b>Extras – Accessories and / or Modifications must be specified to enjoy cover</b>							
	<b>Description</b>						<b>Value</b>	
<b>Do you require any of the following products</b>		<b>Top Up protect</b>		<b>Excess Protect</b>		<b>Car Hire</b>		

<b>Details of all riders</b>	<b>This policy covers Authorized / Named riders only</b>										
		<b>Riders name</b>	<b>Rider id number</b>						<b>Licence code</b>	<b>Licence date obtained</b>	<b>Number of years motorcycle insurance</b>
	<b>Rider 1</b>										
	<b>Rider 2</b>										
	<b>Rider 3</b>										
	<b>Rider 4</b>										
	<i>NOTE: It is your responsibility to ensure all answers provided are correct and complete, on behalf of yourself and all other riders to be covered by this policy.)</i>										
	Have you or any other Authorised/Named Rider listed above in the last 5 years?										
	Had a conviction for any criminal offence?									<b>Yes</b>	<b>No</b>
	Been charged or convicted of any civil and or criminal offence?									<b>Yes</b>	<b>No</b>
	Had a civil judgment made against you?									<b>Yes</b>	<b>No</b>
	Had a drivers licence and or motorcycle licence cancelled, suspended or special conditions imposed?									<b>Yes</b>	<b>No</b>
	Had any insurance declined or cancelled, been refused renewal of any insurance, or had special Terms and Conditions imposed?									<b>Yes</b>	<b>No</b>
	Had any claims repudiated?									<b>Yes</b>	<b>No</b>
	Had any motor vehicle or motorcycle claims, losses or accidents?									<b>Yes</b>	<b>No</b>
	Been charged or convicted or fined of driving under the influence of alcohol and or drugs?									<b>Yes</b>	<b>No</b>
	Been Charged or convicted or fined for any driving offences other than parking offences?									<b>Yes</b>	<b>No</b>
	<b>If you answered YES to any of the above questions, please provide details below</b>										
<b>Drivers/ rider name</b>		<b>Details</b>						<b>Date</b>	<b>Loss amount</b>		
<b>Medical Conditions</b>											
Do you or any Authorized/Named Riders, currently suffer or have suffered in the past 5 years, any physical or mental disabilities or medical condition which would affect your riding performance.									<b>Yes</b>	<b>No</b>	
<b>If YES, please provide details</b>											

# Domestic Insurance Proposal Form

All risk / Riding Gear (Need to specify to have cover)	Item	Description	Sum Insured
			R
			R
			R
			R
			R
			R
			R
			R
			R

Trailer	Type of Vehicle	Make and Model	Year	Registration No	Registered Owner	CFG			
	1.								
	2.								
	3.								
	4.								
<b>Refer to Excess Schedule for this section</b>									