



CHANGE OF ADDRESS / ADDITIONAL PREMISES QUESTIONNAIRE

PERSONAL INFORMATION

Title:	Name:	Surname:	
Policy number:			
ID no:	Date of birth:		
Tel no (w):	(h):	(m):	
Email:			
Occupation:	Employer:		
New Residential Address:			
		Code:	
New Postal Address:			
		Code:	

DETAILS OF NEW RESIDENCE

(Please tick most appropriate box or circle either Yes or No)

Type of residence:

Detached house/cottage		Townhouse/duplex/semi-detached house	
Ground floor flat		Retirement/security village (24hr security)	
Above-ground floor flat		Holiday house / flat	
Other (give details):			
Does the property have a Lapa or Pool House roofed with thatch?			Yes / No
If yes, what is the square meterage of the lapa / pool house?			
How many meters from the house is the lapa / pool house?			

Construction type (please give full details):

Walls:	Standard <input type="checkbox"/>	Face-brick <input type="checkbox"/>	Other <input type="checkbox"/>
If other, please specify:			
Roof:	Slate <input type="checkbox"/>	Thatch <input type="checkbox"/>	Cement <input type="checkbox"/>
		Tile <input type="checkbox"/>	Asbestos <input type="checkbox"/>

Situation of residence (Please tick all that apply):

Situated on a smallholding / plot:	Situated on a farm:
Undergoing building alterations:	In a new area:

Is the residence located within 1km of any of the following? (Please tick all that apply)

Vacant ground	Building construction	Taxi rank	
Railway station	Informal settlement	Mine dumps	
Shops / café	Highways	Railway lines	
Park	Other (please specify):		

Occupancy (please circle Yes or No):

Will the residence be unoccupied for a period longer than 60 days in any one calendar year?	Yes / No
If yes, please state the full details and number of days:	
Is the residence left unoccupied during office hours?	Yes / No
Is the residence hired / let out, or used as a commune?	Yes / No
Please give full details:	

Sum Insured and Details of Buildings	Property:	R
	Outbuildings:	R
	Extensions	R
	Lapa's:	R
	Thatch:	R
(Cost of rebuilding main residence, outbuildings, tennis court, swimming pool, spa bath, borehole equipment, driveway, patios, walls, gates and fences)		
Sum Insured and Details of Contents	Property:	R
	Outbuildings:	R
	Extensions	R
	Lapa's:	R
	Thatch:	R
The sum insured must represent new replacement value (We strongly recommend that you complete an Inventory checklist to assist you in calculating an adequate Sum Insured)		
Security of the residence / property:		
Are all opening portions of windows protected by burglar bars / grills?		Yes / No
Are all louvres windows protected by burglar bars / grills?		Yes / No
Are all non opening windows protected by burglar bars?		Yes / No
Are all exterior doors protected by grill gates?		Yes / No
Are all glass panels on either side of exterior doors protected?		Yes / No
Is your home protected by a fully operational burglar alarm?		Yes / No
If yes, please state the name of installation (Documentary proof required):		
Is it linked to a control centre, with armed response?		Yes / No
Name of Alarm Company:		
Does it incorporate an immediate siren?		Yes / No
Is the system automatic i.e. It doesn't necessitate any action from the Insured to activate the alarm system in the event of a burglary?		Yes / No
Security Complex Questionnaire (please complete in addition to the above)		
Is there 24 hour access control to the complex?		Yes / No
Is the perimeter wall a minimum of 1.8m high with electric fencing alarmed and linked to 24 hour armed response / guardhouse?		Yes / No
Overnight parking for vehicle (Eg: Locked garage; behind locked gates etc)		
Vehicle:	Kept Overnight (full description):	
1		
2		
3		
General information:		
Do you wish to bear the first portion of any claim in exchange for a premium discount?		Yes / No
If yes, please refer to us for a quotation.		
Do you require that theft cover be excluded?		Yes / No
Do you require cover to be extended to include accidental damage?		Yes / No
If yes, please refer to us for a quotation.		
Do you require cover to be extended to include accidental damage?		Yes / No
If yes, please refer to us for a quotation.		
DEBIT ORDER DETAILS		
Have your banking details changed?)If yes, please complete the following)		Yes / No
Name of Bank:	Branch:	
Account holder:	Branch code:	
Account number:		
Type of account e.g. Current (Cheque), Transmission, Savings, Bond, Sub-share:		
Signature of Insured:		Date: