

Financial adviser quote request form: Motor vehicle, household contents and building



Contact us

Tel: 0860 751 751, PO Box 3888, Rivonia 2128, www.discovery.co.za

This form will help your financial adviser in producing a Discovery Insure quote. It is used to attain information and to get permission to obtain your insurance credit score. It does not bind you, your financial adviser nor Discovery Insure to any contract.

1. Planholder details

Surname	
Maiden name	
First names	
Preferred name	
Initials	
Title	
Gender	
Date of birth	
Identity number or passport number	
Occupation	
Employer	
Marital status	

Planholder address details

Address with suburb and postal code		Code
Plot/Farm	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Planholder quote – details

Pensioner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of years of uninterrupted comprehensive insurance		
Have special terms and conditions been imposed or has cover ever been refused/cancelled for you or anybody that will have cover on this Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, reason for refusal		
Cover start date		
If you accept the quote, will it replace existing cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Vehicle

	Vehicle 1	Vehicle 2
Vitalitydrive	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, reward option	<input type="checkbox"/> Cash to Planholder or <input type="checkbox"/> Cash to Excess Funder Account or <input type="checkbox"/> Cash to drivers (including young adult payments)	<input type="checkbox"/> Cash to Planholder or <input type="checkbox"/> Cash to Excess Funder Account or <input type="checkbox"/> Cash to drivers (including young adult payments)
If you have a young adult driver, the rewards fund cash to	<input type="checkbox"/> Young adult or <input type="checkbox"/> Planholder	<input type="checkbox"/> Young adult or <input type="checkbox"/> Planholder
Vehicle description (make and model)		
Year		
Cover type	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Only <input type="checkbox"/> Third Party, Fire and Theft	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Only <input type="checkbox"/> Third Party, Fire and Theft
Insured value	<input type="checkbox"/> Retail value <input type="checkbox"/> Market value <input type="checkbox"/> Retail value booster	<input type="checkbox"/> Retail value <input type="checkbox"/> Market value <input type="checkbox"/> Retail value booster

3. Vehicle (continued)

	Vehicle 1		Vehicle 2	
Voluntary excess				
Vehicle use	<input type="checkbox"/> Private and professional	<input type="checkbox"/> Business	<input type="checkbox"/> Private and professional	<input type="checkbox"/> Business
Telematics DQ-Track	<input type="checkbox"/> Smartphone-enabled <input type="checkbox"/> None	<input type="checkbox"/> Standalone	<input type="checkbox"/> Smartphone-enabled <input type="checkbox"/> None	<input type="checkbox"/> Standalone
Do you have a car tracking device installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which tracking device do you have installed?				
If no, do you want standalone tracking device at additional cost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any performance modifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please state details				
Registration number				
Finance house				
Registered owner				
Average kilometres driven per month				

4. Optional benefits – Vehicle

	Vehicle 1		Vehicle 2	
Car hire (number of days)	<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> 30	<input type="checkbox"/> 60
Car hire (selected car or similar)	<input type="checkbox"/> Hyundai i10 <input type="checkbox"/> VW Polo Hatch <input type="checkbox"/> VW Kombi	<input type="checkbox"/> Toyota Corolla <input type="checkbox"/> Toyota Verso <input type="checkbox"/> Mercedes C-class	<input type="checkbox"/> Hyundai i10 <input type="checkbox"/> VW Polo Hatch <input type="checkbox"/> VW Kombi	<input type="checkbox"/> Toyota Corolla <input type="checkbox"/> Toyota Verso <input type="checkbox"/> Mercedes C-class
Write-off accelerator (percentage of damage before the vehicle is written off)	<input type="checkbox"/> Yes If yes, <input type="checkbox"/> 40% or <input type="checkbox"/> 50%	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, <input type="checkbox"/> 40% or <input type="checkbox"/> 50%	<input type="checkbox"/> No
Credit shortfall cover	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Driver details

	Primary driver	Primary driver
Relationship to Planholder		
Surname		
First names		
Initial		
Title		
Gender		
Date of birth		
Identity number or passport number if not South African citizen		
Country of issue		
Marital status		
Pensioner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licence code	<input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C <input type="checkbox"/> EB <input type="checkbox"/> EC1 <input type="checkbox"/> EC	<input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C <input type="checkbox"/> EB <input type="checkbox"/> EC1 <input type="checkbox"/> EC
Date licence first issued		
How many years has the person been insured as a primary driver?		
Number of claims, incidents or losses in the last 3 years?		
Licence ever suspended or endorsed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licence currently suspended or endorsed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Young adult benefit (available to drivers younger than 26)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Parking security

Daytime parking	Vehicle 1		Vehicle 2	
Address with suburb and postal code	Code		Code	
Security	<input type="checkbox"/> Carport secured <input type="checkbox"/> Street <input type="checkbox"/> Garage secured <input type="checkbox"/> Garage other	<input type="checkbox"/> Carport unsecured <input type="checkbox"/> Locked enclosure <input type="checkbox"/> Garage unsecured <input type="checkbox"/> Driveway	<input type="checkbox"/> Carport secured <input type="checkbox"/> Street <input type="checkbox"/> Garage secured <input type="checkbox"/> Garage other	<input type="checkbox"/> Carport unsecured <input type="checkbox"/> Locked enclosure <input type="checkbox"/> Garage unsecured <input type="checkbox"/> Driveway
Plot/Farm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Overnight parking	Vehicle 1		Vehicle 2	
Address with suburb and postal code	Code		Code	
Security	<input type="checkbox"/> Carport secured <input type="checkbox"/> Street <input type="checkbox"/> Garage secured <input type="checkbox"/> Garage other	<input type="checkbox"/> Carport unsecured <input type="checkbox"/> Locked enclosure <input type="checkbox"/> Garage unsecured <input type="checkbox"/> Driveway	<input type="checkbox"/> Carport secured <input type="checkbox"/> Street <input type="checkbox"/> Garage secured <input type="checkbox"/> Garage other	<input type="checkbox"/> Carport unsecured <input type="checkbox"/> Locked enclosure <input type="checkbox"/> Garage unsecured <input type="checkbox"/> Driveway
Plot/Farm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Extras

Factory fitted extras	Vehicle 1		Vehicle 2	
Description	Extra 1	Extra 2	Extra 1	Extra 2
Value				
Description	Extra 3	Extra 4	Extra 3	Extra 4
Value				
Description	Extra 5	Extra 6	Extra 5	Extra 6
Value				
Description	Extra 7	Extra 8	Extra 7	Extra 8
Value				

Non-factory fitted extras	Vehicle 1		Vehicle 2	
Description	Extra 1	Extra 2	Extra 1	Extra 2
Value				
Description	Extra 3	Extra 4	Extra 3	Extra 4
Value				
Description	Extra 5	Extra 6	Extra 5	Extra 6
Value				
Description	Extra 7	Extra 8	Extra 7	Extra 8
Value				

Non-standard radio equipment	Vehicle 1	Vehicle 2
Make and description		
Value of radio equipment		

8. Household contents

	Address 1	Address 2
Address with suburb and postal code	Code	Code
Sum insured (replacement value of all household contents items)		
Voluntary excess		
Is this property in a high security estate or complex?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residence type	<input type="checkbox"/> House <input type="checkbox"/> Ground floor flat <input type="checkbox"/> Flat above ground level	<input type="checkbox"/> House <input type="checkbox"/> Ground floor flat <input type="checkbox"/> Flat above ground level
Holiday home	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commune	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property let/sublet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property used for business purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, add business description		
Number of days unoccupied per year consecutively		
Wall construction material		
Perimeter wall	<input type="checkbox"/> No fence <input type="checkbox"/> Wire fence <input type="checkbox"/> Wood fence higher than 1.8m tall <input type="checkbox"/> Wood fence lower than 1.8m tall <input type="checkbox"/> Pallisade wall higher than 1.8m tall <input type="checkbox"/> Pallisade wall lower than 1.8m tall <input type="checkbox"/> Pre-cast wall higher than 1.8m tall <input type="checkbox"/> Pre-cast wall lower than 1.8m tall <input type="checkbox"/> Brick wall higher than 1.8m tall <input type="checkbox"/> Brick wall lower than 1.8m tall <input type="checkbox"/> Brick wall higher than 1.8m tall with electric fencing	<input type="checkbox"/> No fence <input type="checkbox"/> Wire fence <input type="checkbox"/> Wood fence higher than 1.8m tall <input type="checkbox"/> Wood fence lower than 1.8m tall <input type="checkbox"/> Pallisade wall higher than 1.8m tall <input type="checkbox"/> Pallisade wall lower than 1.8m tall <input type="checkbox"/> Pre-cast wall higher than 1.8m tall <input type="checkbox"/> Pre-cast wall lower than 1.8m tall <input type="checkbox"/> Brick wall higher than 1.8m tall <input type="checkbox"/> Brick wall lower than 1.8m tall <input type="checkbox"/> Brick wall higher than 1.8m tall with electric fencing
Roof construction (e.g. shingles, tiles, corrugated iron, thatch)		
The following applies to a roof made of thatch		
Lightning conductor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a thatch roof within 5m of the main building on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the structure size of the thatch building >15% of the main building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The following applies to security		
Is there open ground adjacent to perimeter walls?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an electric fence completely surrounding your property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglar bars on opening windows including louvre types	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pin lock on all external sliding doors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Access control	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the alarm radio linked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of years at previous insurer		
Number of claims, losses or incidents in the last 3 years		
Geyser inside	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of geysers	Solar <input type="checkbox"/> Conventional <input type="checkbox"/> Heat pumps <input type="checkbox"/>	Solar <input type="checkbox"/> Conventional <input type="checkbox"/> Heat pumps <input type="checkbox"/>
Other		

9. Optional benefits – household contents

	Address 1		Address 2	
Additional goods in the open cover	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accidental damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comprehensive subsidence and landslip	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cover for buildings unoccupied for more than 60 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Building

	Address 1		Address 2	
Address with suburb and postal code	Code		Code	
Finance house				
Registered owner				
Sum insured (replacement value of all household contents items)				
Voluntary excess				
Is this property in a high security estate or complex?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residence type	<input type="checkbox"/> House <input type="checkbox"/> Ground floor flat	<input type="checkbox"/> Flat above ground level	<input type="checkbox"/> House <input type="checkbox"/> Ground floor flat	<input type="checkbox"/> Flat above ground level
Holiday home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commune	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property let/sublet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property used for business purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, add business description				
Number of consecutive days unoccupied in a year				
Wall construction material				
Perimeter wall	<input type="checkbox"/> No fence <input type="checkbox"/> Wood fence higher than 1.8m tall <input type="checkbox"/> Wood fence lower than 1.8m tall <input type="checkbox"/> Pallisade wall higher than 1.8m tall <input type="checkbox"/> Pallisade wall lower than 1.8m tall <input type="checkbox"/> Pre-cast wall higher than 1.8m tall <input type="checkbox"/> Pre-cast wall lower than 1.8m tall <input type="checkbox"/> Brick wall higher than 1.8m tall <input type="checkbox"/> Brick wall lower than 1.8m tall <input type="checkbox"/> Brick wall higher than 1.8m tall with electric fencing	<input type="checkbox"/> Wire fence	<input type="checkbox"/> No fence <input type="checkbox"/> Wood fence higher than 1.8m tall <input type="checkbox"/> Wood fence lower than 1.8m tall <input type="checkbox"/> Pallisade wall higher than 1.8m tall <input type="checkbox"/> Pallisade wall lower than 1.8m tall <input type="checkbox"/> Pre-cast wall higher than 1.8m tall <input type="checkbox"/> Pre-cast wall lower than 1.8m tall <input type="checkbox"/> Brick wall higher than 1.8m tall <input type="checkbox"/> Brick wall lower than 1.8m tall <input type="checkbox"/> Brick wall higher than 1.8m tall with electric fencing	<input type="checkbox"/> Wire fence
Roof construction (e.g. shingles, tiles, corrugated iron, thatch)				
The following applies to a roof made of thatch				
Lightning conductor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a thatch roof within 5m of the main building on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the structure size of the thatch building >15% of the main building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The following applies to security				
Is there open ground adjacent to perimeter walls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an electric fence completely surrounding your property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Burglar bars on opening windows including louvre types	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pin lock on all external sliding doors	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No
Access control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the alarm radio linked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of years at previous insurer				

10. Building (continued)

	Address 1	Address 2
Number of claims, losses or incidents in the last 3 years		
Geysers inside	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of geysers	Solar <input type="checkbox"/> Conventional <input type="checkbox"/> Heat pumps <input type="checkbox"/>	Solar <input type="checkbox"/> Conventional <input type="checkbox"/> Heat pumps <input type="checkbox"/>
Other	<input type="text"/>	<input type="text"/>
Geysers outside	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of geysers	Solar <input type="checkbox"/> Conventional <input type="checkbox"/> Heat pumps <input type="checkbox"/>	Solar <input type="checkbox"/> Conventional <input type="checkbox"/> Heat pumps <input type="checkbox"/>
Other	<input type="text"/>	<input type="text"/>

11. Optional benefits – building

	Address 1	Address 2
Comprehensive subsidence and landslip	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover for buildings unoccupied for more than 60 days	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Personal liability

Select your value of cover (default cover R2 500 000)	<input type="checkbox"/> R2 500 000	<input type="checkbox"/> R5 000 000
	<input type="checkbox"/> R10 000 000	<input type="checkbox"/> R20 000 000
	<input type="checkbox"/> R25 000 000	

13. Portable possessions

Optional benefits

General clothing and personal effects cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the sum insured?	<input type="text"/>

Specified items

	Item 1	Item 2
Item description		
IMEI number/serial number		
Value		
	Item 3	Item 4
Item description		
IMEI number/serial number		
Value		
	Item 5	Item 6
Item description		
IMEI number/serial number		
Value		

Number of years at previous insurer	<input type="text"/>
Number of claims, losses or incidents in the last 3 years	<input type="text"/>
My Jeweller	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jeweller name	<input type="text"/>

14. Consent for insurance credit score

To help us underwrite and administer your policy we need your consent to get an insurance credit score.

In considering claims for benefits under a policy related to this or another proposal you made for insurance, for you or any member of your family, you give Discovery Insure the right to:

- Get information from any credit bureau about your, or any member of your family's, credit worthiness on an ongoing basis.
- Provide information, based on your payment history with Discovery Insure, to a credit bureau.
- Share claims-related information with other short-term insurers, contacted service providers and industry associations.

I, _____ have read and understood the above.

Signature

Signed at

_____ on this _____ day of _____ 20 _____

Witness name

Witness signature

Signed at

_____ on this _____ day of _____ 20 _____