



Underwritten by Hollard Insurance Company Limited
Cross Country is an Authorized Financial Services Provider 39547
Registration number: CK 2008/013847/07 | VAT Number: 4020252203
Cross Country Insurance Consultants (Pty) Ltd



Take us with you

AGENT NAME OR BROKER: POLICY FEE:

BROKER REPRESENTATIVE OR KEY INDIVIDUAL:

INCEPTION DATE OF INSURANCE:

YOU SHOULD NOT SIGN THIS FORM, UNLESS YOU HAVE CONFIRMED THE ACCURACY OF ALL INFORMATION SUPPLIED ON THE APPLICATION FORM. UNDER NO CIRCUMSTANCES SHOULD YOU SIGN A BLANK APPLICATION FORM.

IMPORTANT INFORMATION: The X-Club fee is included on all policies.

THE INSURED

INDIVIDUAL

Title: Initial: Surname:

Nationality: Occupation:

Insured's ID Number:

COMPANY

Company Name: Company Reg. No:

Nature of business:

OTHER PARTICULARS

Postal Address: Postal Code:

Residential Address: Postal Code:

Home Tel No: Work Tel No:

Cell Phone No: Fax No:

E-mail Address:

BANK DETAILS

Account Holder: Account No:

Bank: Branch: Branch Code:

Account Type (tick whichever is applicable) - NO CREDIT CARDS

CHEQUE [ ]

SAVINGS [ ]

TRANSMISSION [ ]

Account Holders Signature:

I hereby authorize Hollard Insurance Company Limited to draw against the above account (or any other institution to which I may transfer my account) the amount necessary for the payment of the monthly premiums and adjustments due to Hollard Insurance Company Limited in respect of the insurance herein proposed. I agree that in the event of any debit order not being met by my financial institution, the Policy will be cancelled and of no effect from midnight of the last day of that month for which Hollard Insurance Company Limited has received premium. (Subject to any period of grace Hollard Insurance Company Limited wish to offer).

VEHICLE PARTICULARS

All vehicles must be registered in the Republic of South Africa. It is compulsory for the vehicle to be fitted with an operational electronic vehicle immobilizer and alarm system approved by VSS in conjunction with SAIA. Vehicles that have been re-built or vehicles that are grey imports may not be insured (unless agreed by us and stated in the Schedule).

Year of vehicle: Make and Model (full description):

Colour: Odometer: Registration Number: (copy of registration papers to be included)

Chassis No: (VIN): Engine No:

Principal Driver: Principal Driver ID No:

Occupation of Principal Driver:

Residential Address of principal Driver (If different to Insured): \_\_\_\_\_

Registered Owner: \_\_\_\_\_

How many years has the principal driver had a drivers licence? \_\_\_\_\_

Drivers licence code? (Copy of drivers license to be included) \_\_\_\_\_

How many years has the principal driver driven a 4X4 or 4X2 vehicle? \_\_\_\_\_

Retail value of vehicle: \_\_\_\_\_ Mead & McGrouther Code \_\_\_\_\_

Minimum sum insured of vehicle R 70 000 (excluding accessories)

Maximum sum insured R1 000 000 unless agreed by Cross Country in writing

Value of vehicle accessories (market value): \_\_\_\_\_ (A fully detailed list is required and must be noted on the Schedule. If not received, no cover exists)

Do you require HP shortfall cover? If yes, please specify value: \_\_\_\_\_ HP Company: \_\_\_\_\_

(Residual HP excluded)

Total value of the vehicle to be insured: \_\_\_\_\_

Audio equipment is automatically included up to R15 000 as a direct result of theft or attempted theft.

The excess applicable is R1000. In order to avoid this excess, you have the option to specify the audio equipment under the All Risks Section with additional premium

Please specify Make, Model and value of Radio Below. If you would like to specify the radio under the All Risks Section:

\_\_\_\_\_ R \_\_\_\_\_

#### Description of Use

- PRIVATE USE ONLY (including to work and back)
- FULL BUSINESS USE (sales, reps, site visits, brokers, estate agents etc - excluding carriage of goods for reward)
- COMMERCIAL LODGES/PROFESSIONAL TOUR OPERATORS
- VEHICLE UTILISED ON A FARM

Overnight parking: (tick whichever applicable)  LOCKED GARAGE  OTHER (please specify) \_\_\_\_\_

Has the Principal Driver completed a Cross Country approved ON/OFF road driving course? Yes  No

Is the Principal Driver a Bona Fide Pensioner? Yes  No

(non working with no additional income)

Will the vehicle be utilised across the Republic of South Africa borders? Yes  No

Will the vehicle be utilised across the Republic of South Africa borders for more than 60 days in a 12 month period?

(We will not insure the vehicle if the driver of the vehicle is residing in a territory outside the border of the RSA) Yes  No

Will anyone under 25 years or older than 70 years of age drive the vehicle? Yes  No

Voluntary Basic Excess of: 5% of claim with a minimum of R5000? Yes  No

Do you require the CIMS benefits?  Yes  No

(Roadside Assistance, Medical Assistance Helpline, Medical Emergency Evacuation, International Personal Accident and Medical Expenses, Trauma Cover, Legal Assistance etc. - Full details on the Cross Country Website)

#### TRACKING DEVICE: CROSS COUNTRY APPROVED

- BANDIT FAILSAFE (HIGH ALERT)
- BANDIT ACTIVE
- NEOTRAC
- CARTRACK
  - QUICK
  - QUICK DOUBLE
  - QUICK PLUS
  - QUICK ALERT
  - EXECUTIVE PLUS
  - FLEET MANAGEMENT
- C-TRACK INSURE PROTECTOR
- C-TRACK SECURE PLUS
- C-TRACK SECURE PLUS PROTECTOR
- MY TRACER
- NETSTAR - CROSS COUNTRY CYBER-SLEUTH SUPREME DEAL ( with backup Sleuth)
- CELTRAC BUDDI
- TRACKER - SKYTRAX COMBO (including Retrieve)
- OTHER-NON APPROVED(Please specify) \_\_\_\_\_
- NONE

If the insured vehicle is fitted with a Cross Country Approved tracking device and the device is fully operational at the time of the theft or hijack, there is NO theft and hijack excess. If any OTHER tracking device (non-approved) is fitted or if NO tracking device is fitted, the theft and hijack excess is 10%.



Take us with you

Will your vehicle ever be loaned out?  Yes  No If yes, to who and why? \_\_\_\_\_

Car hire following accidents: This cover is not automatically included

Please select on one of the following options:  No car hire required  GROUP B vehicle  
 GROUP D vehicle (Automatic)  Soft 4X4 vehicle | Bakkie

CARAVAN AND TRAILER PARTICULARS

Year: \_\_\_\_\_ Make and Model: \_\_\_\_\_ Registration number: \_\_\_\_\_  
Sum insured including manufacturers standard supplied fixtures, fittings and contents: \_\_\_\_\_  
Sum Insured for non-standard supplied contents: \_\_\_\_\_  
Total value of the Caravan/Trailer to be insured: \_\_\_\_\_  
Is the Caravan kept at a secure resort with perimeter fencing and roving security? Yes  No   
Is the Caravan stored under hail net or other such shelter (excluding trees) Yes  No

ALL RISKS PARTICULARS

YEAR	DESCRIPTION	SUM INSURED

Until a fully detailed list is received and noted on the Schedule the limit per item is R200,00

Insured and/or principal driver to disclosure all details of previous Motor losses/claims in the past 3 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insured and/or principal driver to disclose all details of previous losses/claims (ie, householders, all risks etc.) in the past 3 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you or any principle driver of the insured vehicle have or have had any judgements against you? Yes  No   
If YES please supply full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any Principal driver of the Insured Vehicle, ever had an Insurer decline or cancel a policy? Yes  No

WARRANTY

I hereby warrant that the above particulars (including any addendums and/or attachments) and statements are true, correct and complete and contain all information known to Me affecting the risks to be insured and that this and any other statement made by Me or on My behalf for the purpose of the proposed insurance shall be the basis of and incorporated in the contract between Me and *Holland Insurance Company Limited* and shall be promissory. Should there be any material changes in the above risk, We being Cross Country, are to be notified immediately. This policy or any part of it may be declined by Us, if any details that affect the risk are not disclosed. Furthermore, a claim may be declined/rejected by Us if any details that affect the risk are not disclosed. I hereby declare that the vehicle to be insured shall not be driven by any person who to My knowledge has been refused any motor vehicle insurance and continuance thereof. I declare that the main or principal driver of the above vehicle is not a person of less than 25 years of age and has a valid drivers license in RSA. I further agree to accept the insurance on the terms and conditions set forth in the Policy.

I hereby consent that an enquiry can be done at inception of the policy or within the duration of the policy, with any registered credit bureau on my credit and insurance profile in order to assess and underwrite the risk fairly.

INSURED APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Take us with you