



Classic Car Collectors Application Form

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

Tel No: 011 215 8800 | Fax No: 011 476 8205 | website: www.ccic.co.za



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 Cross Country Clubhouse fee is included on all policies.

THE INSURED

INDIVIDUAL

Title: _____ Initial: _____ First Names: _____ Surname: _____

Nationality: _____ Insured's ID Number: _____

Full description of Insured's occupation: _____

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

Monthly Annual

Account Holder: _____ Account No: _____

Bank: _____ Branch: _____ Branch Code: _____

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

CHEQUE

SAVINGS

TRANSMISSION

I hereby authorise Renasa 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 Renasa 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 Renasa Insurance Company Limited has received premium. (Subject to any period of grace Renasa Insurance Company Limited wish to offer).

Account Holders Signature

VEHICLE PARTICULARS

- **The proposal only applies to Classic or Collectors cars over 25 years old.**
- **The Classic or Collectors car(s) that you wish to insure are no your everyday vehicle(s).**
- **The Classic or Collectors car(s) that you wish to insure is fitted with a fire extinguisher.**
- **The principal driver of the car(s) that you wish to insure is over 25 years of age and has been licenced for more than 3 years,**
- **A valuation from a recognised Classic or Collector's Car Valuer, Club or Association for each vehicle together with photographs (time and date stamped) must be attached to this application form.**

VEHICLE 1

Make and Model (full description): _____ Year : _____
 Colour: _____ Odometer: _____ Registration Number: _____
 Chassis No: (VIN): _____ Engine No: _____
 Principal Driver: _____ Principal Driver ID No: _____
 Full description of Principal Driver's occupation: _____
 Residential Address of Principal Driver (If different to Insured): _____
 Suburb: _____ Postal Code: _____
 Registered Owner: _____
 Date Principal Driver's licence first issued? (Copy of drivers licence to be included) _____
 Sum Insured including VAT: _____
 Value of vehicle accessories and/or modifications (market value): _____
 (A fully detailed list with values must be attached to this application form and must be noted on the Schedule. If not received, no cover exists)

Audio equipment is automatically included up to R3 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 at an additional premium.

Description of Use:

PRIVATE USE ONLY (social, domestic and pleasure, including to work and back)

Overnight parking: (tick whichever applicable)

LOCKED GARAGE BEHIND LOCKED GATE

OTHER (please specify) _____

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
 If Yes, for what purpose and duration _____

(We will not insure the vehicle if the driver of the vehicle resides, or the vehicle is permanently based, outside the Republic of South Africa)

Does the Principal Driver currently have comprehensive vehicle insurance. Yes No
 How long has the Principal Driver had uninterrupted comprehensive vehicle insurance. _____

DETAILS OF PREVIOUS 5 YEARS INSURANCE FOR PRINCIPAL DRIVER

PERIOD OF INSURANCE	INSURER	POLICY NO

PRINCIPAL DRIVER TO DISCLOSE ALL DETAILS OF PREVIOUS LOSSES/CLAIMS IN THE LAST FIVE YEARS

DATE OF LOSS	INCIDENT	DETAIL OF LOSS	AMOUNT PAID



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ALL RISKS PARTICULARS

DESCRIPTION	SUM INSURED

We will not cover your All Risks items until a detailed list is received

All Risks cover is available for specific accessories that could be fitted to or removed from the vehicle.

Have any of the drivers named in this proposal (including the Insured) ever had their driver's licence endorsed? Yes No
If Yes, please supply full details. _____

Do any of the named drivers in this proposal (including the Insured) suffer from any disability that has required their vehicle to be modified? Yes No If Yes, please disclose full details. _____

Have any of the drivers named in this proposal (including the Insured) ever been sequestered, liquidated or had / have judgements against them? Yes No If Yes please supply full details: _____

Have any of the drivers named in this proposal (including the Insured), ever had an Insurer decline or cancel a policy? Yes No If Yes, please supply details? _____

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 Renasa 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 vehicle is not a person of less than 25 years of age, is in possession of a drivers licence that is valid in the Republic of South Africa and has been driving for no less than 3 years.

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.

I hereby elect to have all policy documentation sent to me as follows: E-mail CD Hard Copy

INSURED APPLICANTS SIGNATURE: _____ DATE: _____

REQUIREMENTS

1. We will verify your insurance and claims history on receipt of the application form.
2. All other documents and certificates ie copy of registration papers, drivers licence and security certificates must be received within 15 days.
3. In the event of a claim, proof of purchase will be requested in respect of all insured items. Failure to produce such documentation may result in your claim being rejected.



Take us with you