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PLANT ALL RISK QUESTIONNAIRE

Supplementary to the questionnaire for material damage cover which forms an integral part of this questionnaire

Insured Details

Name of Insured: _____

Postal Address: _____

Vat Number: _____

Telephone No: _____

Fax Number: _____

Business Description _____

Insurance History

a) Has there been any previous insurance? Yes No

b) If Yes with which Company? _____

c) Claims History? _____

SHARING THE LIGHT TO GROW OTHERS

Insurance

a) Plant to be insured on:

Market Value

(MV):

New Replacement Value

(NRV):

b) Total Value of Plant: R _____

c) Description of Plant

1. _____

Value: R. _____

2 _____

Value: R. _____

3 _____

Value: R. _____

4 _____

Value: R. _____

5 _____

Value: R. _____

6 _____

Value: R. _____

7 _____

Value: R. _____

8 _____

Value: R. _____

9 _____

Value: R. _____

10 _____

Value: R. _____

(If Number of Items Exceed Given Space Please Provide with Detailed List of Plant)

d) Hire-In-plant

Estimated Annual Fee for Hire-In-Charges: R _____

Highest Value of Hire-In-Plant: R _____

Establish Contract Hire Conditions. Insurance to be based on CPHA (Contractors Plant Hire Association) Conditions.

Additional Information

a) Geographical Scope of Site

b) Method of Transport

Road

Rail

Air

If by Road please specify: (e.g. – Truck, Low bed etc.)

c) Are the Plant and/or Machinery regularly exposed to any special conditions? (e.g. Fire, Explosion, Flood, Inundation etc.)

Yes.

No.

If Yes please specify:

d) Any Additional Comments of Special Requirements?

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this forms the basis and is part of any policy issued in connection with the above risk.

It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the insured will not lodge any other claims of whatever nature. The Insurers undertake to treat this information in strict confidence.

Date _____

Signature _____