

PEDAL CYCLE DETAILS

Type of pedal cycle: Road bike Mountain bike Time trail Track bike Tandem

Year Purchased: Serial No. Of frame:

Make Model & size of frame:

Colour of frame: Name of fork:

Groupset: Gear ratio: 8sp 9sp 10sp

Handle bars:

Saddle & Saddle pin: Pedals:

Shocks:

Wheelset:

Total replacement value of the complete pedal cycle: R

ACCESSORIES (Please specify make and model)

Heart rate monitor _____	R	<input style="width: 95%;" type="text"/>
Cycle computer _____	R	<input style="width: 95%;" type="text"/>
GPS _____	R	<input style="width: 95%;" type="text"/>
Helmet _____	R	<input style="width: 95%;" type="text"/>
Glasses _____	R	<input style="width: 95%;" type="text"/>
Shoes _____	R	<input style="width: 95%;" type="text"/>
Clothing _____	R	<input style="width: 95%;" type="text"/>
Second set of wheels _____	R	<input style="width: 95%;" type="text"/>
Powertap _____	R	<input style="width: 95%;" type="text"/>
Bottle Cages _____	R	<input style="width: 95%;" type="text"/>
Pump _____	R	<input style="width: 95%;" type="text"/>
Bike caddy _____	R	<input style="width: 95%;" type="text"/>
Other (Please Specify) _____	R	<input style="width: 95%;" type="text"/>

CONSENT TO INFORMATION SHARING

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidence of fraud and assessing risks fairly, future premium increases may be limited. This is done in the public interest and in the interest of all current and potential policy holders. The sharing of information includes, but is not limited to, information sharing via the information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By the insurer accepting or renewing this insurance you are or any other person that is represented herein, give consent to the information being disclosed to any other insurance company or its agent. You also similarly give consent to the sharing of information in regards to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases. By insuring or renewing your insurance, you hereby not only consent to such information sharing but also waive any rights of confidentiality with regard to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application, together with the information you supply in relation to the claim, will be included on the system and made available to other Insurers participating in the information Data Sharing System.

DECLARATION

I declare that the information in this application is, to the best of my knowledge and belief, true and accurate in every respect and that no fact, circumstance or hazard that could affect the acceptance of my application has been withheld. I confirm that this application and declaration shall be the basis of the contract between Insurers / Underwriters and myself.

Applicant's Signature: _____

Date: