PROPOSAL FOR INSURANCE



Tel : 021 - 702 7960 Fax : 021 - 702 4108

Email: Riccardo@phoenixrisk.co.za Website: www.pedalcycleinsurance.co.za

	VAME OF GUARDIAN
Title: Name:	Surname:
PERS	SONAL DETAILS OF CYCLIST
Title: Initials:	Surname:
Identity No.	Date of birth: DD/MM/YEAR
Occupation:	Cellular No:
Postal Address:	Tel No. (Work):
	Tel No. (Home):
Postal Code:	E-mail address:
Residential Address:	
GEI	NERAL INFORMATION
Please tick (✓) the applicable block and prov 1. Where did you hear about Cyclesure?	ide full details where requested
Cycling Publication Broker	Friend Internet Brochure Cycle dealer
Date cover required from: DD/MM/Y	EAR
Has any Insurer ever cancelled, decline If Yes, give details	ed or refused to renew your insurance or imposed special terms? Yes No
Give details of ALL losses or claims sur Type of loss (theft ,accident ,loss)	ffered in the last 3 years (whether insured or not) Year Cost (Approx.)
4.Are you a bona-fide pensioner? Yes	No 5.Who is your cycle dealer?
	DDITIONAL COVER
Increase Personal Liability to R 3 0	000 000 @ R3-00pm Yes No 000 000 @ R5-00pm Yes No 000 000 @ R5-00pm
Do you require cover for pedal cycle hire follo	wing an accident or theft?(at R10pm) Yes No
ER 24 SweatSafe ID R18 pm	Yes No
ER 24 SweatSafe 50 R30 pm ER 24 SweatSafe 100 R60 pm	Yes No No
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	BIT ORDER DETAILS
Name of Bank:	Branch Name:
Bank Branch Code:	Account Number:
Account Holder's Name:	Date: DD/MM/YEAR
Account Holder's Signature:	1

PEDAL CYCLE DETAILS Road bike Mountain bike Time trail Track bike Tandem Type of pedal cycle: 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 Cycle computer___ R GPS. R Helmet _ Glasses Shoes . Clothing _ R Second set of wheels _____ R Powertap R Bottle Cages _____ R Pump R Bike caddy __ R Other (Please Specify) _ R **CONSENT TO INFORMATION SHARING** Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and

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:	DD/MM/YEAR	