



FDM ENGINEERING
 UNDERWRITERS (PTY) LTD
 2004/009147/07
 Authorised Financial Services Provider - FSP No: 20816

Plant All Risk Insurance Questionnaire Form

A. Broker Details

Broker name			
Contact person			
Landline		Mobile	
Email address			

B. Insured Details

Name of insured					
Physical address				City	
Province		Postal code		Country	
Postal address				City	
Province		Postal code		Country	
Landline				Mobile	
Business of insured					
VAT no					

C. Insured History

Has there been any previous insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which ccompany		
Claims History		

D. Plant To Be Insured

Agreed value		Market Value		New Replacement Value	
Is windscreen /glass required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is on-site public liability cover required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is road risk liability required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Item & Value		Item & Value	
1		2	
3		4	
5		6	
7		8	
9		10	
11		12	
13		14	
15		16	
17		18	
19		20	
21		22	
23		24	
25		26	
27		28	

G. Declaration

a) Do not sign any blank or partially completed application/proposal form

b) Complete all sections in full & in black ink

c) Retain all documents handed to you.

d) Make notes of what has been said to you

e) Do not be pressurized by anyone to purchase the product

f) Incorrect information or non - disclosure of any material fact, by you, will have an affect on claims

We hereby declare the foregoing particulars to be true in every respect

Form Completed by		Date	
Signature of insured		Date	

DISCLOSURE

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 information forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence

POPI STATEMENT

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the insured's private information including making that information available to other associated parties, insurers, or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers as situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.