

Domestic Insurance Proposal Form

DETAILS OF INSURED

Name of Insured: _____
 ID/Passport Number: _____ Marital Status: _____
 Phone Number: (W) _____ (H) _____ (C) _____
 Postal Address: _____
 Residential Address: _____
 Occupation: _____ Email: _____

PERIOD OF INSURANCE

Payment Frequency

Inception Date: _____ To: _____ Annualy Monthly
 Broker/ Agent: _____

HOUSEOWNERS (BUILDINGS)

Building Details	Building 1	Building 2
Physical Address		
Type of Residence (house, flat, etc)		
Is the residence rented out?		
Construction of walls		
Roof Construction		
Is the residence unoccupied?		
Period of unoccupancy		
Do you require subsistence/ landslip cover?		
Replacement Value		
Bond Holder		

HOUSEHOLDERS (CONTENTS)

Building Details	Residence 1	Residence 2
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Physical Address		
Sum Insured		
Type of Residence (house, flat, etc)		
Use of Residence (If Business, state nature of business)		
Construction of walls		
Roof Construction		
Is the residence rented out?		
Is the residence occupied during the day?		
Do you keep dogs on the property?		
Are there burglar bars on all the windows?		
Are there security gates in front of all external doors?		
Do you have an alarm system?		
Is the alarm linked to armed response?		
Provide name of armed response company (attach proof)		
Do you have electronic gates?		
Is there an electric fence around the property?		

ALL RISKS

Unspecified items/ Personal Effects

Description	Sum Insured
Wearing apparel and personal effects. Individual items less than P1000 limited to 25% of the householder's sum insured. Jewellery limited to 10% of the house holder's Sum Insured, unless specified	

Specified Items	Serial No:	Sum Insured	Premium
1			
2			
3			
4			
5			

PERSONAL ACCIDENT

Death: P _____ Permanent Total Disablement: P _____

Temporary Total Disablement: P _____ per week up to _____ Weeks

Medical Expenses: P _____

Name: _____ Age: _____

Name: _____ Age: _____

Beneficiaries:

Name: _____ Age: _____ Relationship to Insured _____

Name: _____ Age: _____ Relationship to Insured _____

PERSONAL LIABILITY**Automatically included – Maximum liability of P 2 500 000 as an extension to house owners or householders only****MOTOR**

	Vehicle 1		Vehicle 2	
Type of Cover	Comprehensive Third Party, Fire & Theft Third party only		Comprehensive Third Party, Fire & Theft Third party only	
Use of Vehicle	Private Business		Private Business	
Make and Model				
Year of Registration				
Value				
Registration Number				
Imported Vehicle?	Yes	No	Yes	No
Soft Top	Yes	No	Yes	No
Immobilizer (attach proof)	Yes	No	Yes	No
Gear Lock	Yes	No	Yes	No
Factory fitted immobilizer	Yes	No	Yes	No
Tracking device	Yes	No	Yes	No
Make of tracking device				
Accessories				
Make and Model of Radio				
Value				
Serial Number				
HP Bank				

REGULAR DRIVER DETAILS

Driver Details: _____ Date Of birth _____ / _____ / _____

Occupation: _____

CARAVANS/ TRAILERS AND MOTOR CYCLES**Caravans/ Trailers**

Make & Model: _____ Year: _____ Value: _____ Reg No: _____

Motor Cycles

Make & Model: _____ Year: _____ Value: _____ Reg No: _____

Type of Motor cycle

Business

Cruiser

Off Road

Quad

Use: Private

Road Bike:

Is the motorcycle kept in a locked garage overnight? Yes _____

Motor Cycle Trailer

No

Optional Extensions:

Limited Usage: Yes No

Security (Tick applicable block)

- A. Self- Activating motion sensor alarm
- B. Approved tracking device
- C. A and B
- D. None

If yes, please attach proof

HP Details

HP Bank: _____

CONTENTS INVENTORY AT NEW REPLACEMENT VALUE

Bedroom	1	2	3
Bed, Mattress			
Bedside radios			
Tables, chairs, wardrobes			
Curtains, Loose Carpets			
Paintings, ornaments			
Linen, blankets, bedding			
Clothing, footwear			
Furs, Jewellery			
Lamps			
Toys			
TV set, Video, Hi Fi			
Other			
Total P			

Study/ Workroom	
Desk, Bookcases	
Table, Chairs	
Curtains, Loose Carpets	
Paintings, ornaments	
Sewing/ Knitting machine	
Camera, Projector	
Firearms, Binoculars	
Typewriter/PC/Fax	
Sporting Equipment	
Reading Lamps	
Books, Manuscripts	
Other	
Total P	

Bathroom/Toilet	1	2
Curtains, Loose Carpets		
Towels, Linen		
Shaving Equipment		
Hairdryer		
Toiletries		
other		
Total P		

Passage, Entrance Hall	
Table, Chairs	
Curtains, Loose Carpets	
Paintings, ornaments	
Household Heaters	
Lined stored	
Other	
Total P	

Laundry	
Washing Machine	
Tumble dryer	
Iron/ Ironing board	
Curtains	
Lined stored	
other	
Total P	

Lounge	1
Lounge suite	
TV/Video/Video games/DVD	
Hi fi, tape deck, cd player	
Display cabinet, articles	
Tables, chairs	
Curtains, Loose Carpets	
Paintings, ornaments	
Reading lamps	
Liquor, glassware	
Other	
Total P	

Family room	
TV/Video/Video games/DVD	
Hi fi, tape deck, cd player	
Records, Tapes/CD's/DVD's	
Tables, chairs	
Curtains, Loose Carpets	
Paintings, ornaments	
Reading lamps	
Liquor, glassware	
Other	
Total P	

Dining Room	
Dresser, sideboard	
Tables, chairs	
Crockery, glassware	
Cutlery, silverware	
Reading lamps	
Display Lamps	
Hot Tray	
Curtains, Loose Carpets	
Paintings, ornaments	
Tea Trolley	
Other	
Total P	

Kitchen	1
Fridge/Freezer and contents	
Dishwasher	
Mixer/Blender	
Vacuum Cleaner, polisher	
Electrical appliances	
Cutlery, crockery, glassware	
Furniture, curtains	
groceries	
Utensils	
Microwave oven	
other	
Total P	

Garage/ Workshop	
Power/Hand tools	
Workbench, vice	
Bicycle	
Lawnmower, roller	
Garden furniture	
Garden implements	
Braai equipment	
Swimming pool equipment	
Welding equipment	
Other	
Total P	

Domestic Employee	
Bed, Mattress	
Wardrobe	
Table, chairs	
Curtains, Loose Carpets	
Paintings, ornaments	
Linen, blankets, bedding	
Clothing, footwear	
Radio, TV, Video	
Other	
Total P	

Grand Total

DECLARATION

I declare that:

- i. I hereby declare that all particulars and answers in this proposal are true and complete in every respect, and that no material fact has been withheld
- ii. I accept this proposal and declaration shall be the basis of the contract between Lords Insurance and myself
- iii. No insurer has ever canceled/declined or refused to renew or imposed special terms or conditions on any insurance affecting me
- iv. I have previously been insured with: Name of Insurer _____ v. I suffered the following losses during the past three years (whether insured or not)

Year	Description	Amount

Insured's signature _____ Date _____

Consent Form - Data Protection And Confidentiality

Lords Insurance (Pty) Ltd is committed to protecting your personal information in accordance with Data Protection Act (2024). All personal information provided by you will be treated with high level of confidentiality and solely for purpose related to your insurance policy.

We will not disclose your personal information to any third party without your consent, except in the following cases,

1. When required or permitted by law or regulatory authorities.
2. For the purpose of administering your policy, including claims processing and risk assessment.
3. Where necessary to protect the legitimate interest of Lords Insurance (Pty) Ltd, provided such disclosure is compliant with Data Protection Act (2024).4

By accepting this contract, you consent to the collection, processing and sharing of your personal information as outlined above.

If you wish to update or request access to your personal data, please contact our Data Protection Officer at

Tel: +267 3960214

Email: dataprivacy@lordsinsure.com

Client Name:

Client Signature:

Date:



Scan Me
Data Privacy Statement