

## 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: \_\_\_\_\_ Annually 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 holders 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
<b>Type of Cover</b>	Comprehensive Third Party, Fire & Theft Third party only	Comprehensive Third Party, Fire & Theft Third party only
<b>Use of Vehicle</b>	Private                  Business	Private                  Business
<b>Make and Model</b>		
<b>Year of Registration</b>		
<b>Value</b>		
<b>Registration Number</b>		
<b>Imported Vehicle?</b>	Yes                  No	Yes                  No
<b>Soft Top</b>	Yes                  No	Yes                  No
<b>Immobilizer (attach proof)</b>	Yes                  No	Yes                  No
<b>Gear Lock</b>	Yes                  No	Yes                  No
<b>Factory fitted immobilizer</b>	Yes                  No	Yes                  No
<b>Tracking device</b>	Yes                  No	Yes                  No
<b>Make of tracking device</b>		
<b>Accessories</b>		
<b>Make and Model of Radio</b>		
<b>Value</b>		
<b>Serial Number</b>		
<b>HP Bank</b>		

**REGULAR DRIVER DETAILS**

Driver Details: \_\_\_\_\_ Date Of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_

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

Make &amp; Model: \_\_\_\_\_ Year \_\_\_\_\_ Value \_\_\_\_\_ Reg No \_\_\_\_\_

**Motor Cycles**

Make &amp; 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**

<b>Bedroom</b>	<b>1</b>	<b>2</b>	<b>3</b>
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			

<b>Study/ Workshop</b>	
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	

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

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

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

<b>Lounge</b>	<b>1</b>
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	

<b>Family room</b>	
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	

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

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

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

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

Grand Total

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## 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).<sup>4</sup>

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](mailto:dataprivacy@lordsinsure.com)**

Client Name:

Client Signature:

Date:



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Data Privacy Statement