

# Marine Goods in Transit Questionnaire for Owner of Cargo

## A. Applicant details

Insured's name or trading name: .....

Insured's ID number: .....

Insured's VAT number: .....

Company registration number: .....

Description of business: .....

Postal address: .....

Physical address: .....

Contact person(s): .....

Email address: .....

Telephone number: ..... Cell number: .....

## B. Cargo details

Estimated annual carry: .....

Description of goods to be carried: .....

New, used or other than new goods, please specify: .....

Maximum value of goods carried any one conveyance based on BOV: .....

Average value of goods carried: .....

**Estimated Annual Insured Value of cargo carried:**

% own vehicles ..... % carrier's vehicles .....

% other means of conveyance, please specify: .....

Basis of valuation required (e.g. selling/purchase price plus freight): .....

If required, please provide maximum limit at any one exhibition: .....

### C. Means of conveyance

	% of annual carry		Open vehicles %
<b>Own transport</b>		%	
			<b>Closed vehicles %</b>
<b>Carrier</b>		%	<b>Open vehicles %</b>
			<b>Closed vehicles%</b>
<b>Other means of conveyance</b>			<b>Comments</b>

In respect of your own vehicles, are registration numbers and company telephone numbers painted on vehicle cabs and on rear doors?

Yes No

Are immobilisers fitted? Yes No

Are alarm systems fitted? Yes No

Are two-way radios fitted? Yes No

Do crews have cell phones? Yes No

Is an anti-jamming system installed? Yes No If yes, type? .....

Is a satellite tracking and recovery system in place? Yes No If yes, type? .....

Horse only? Horse and trailer(s)?

Are the vehicle movements traced/monitored on a 24-hour non-stop basis? Yes No

Are the vehicle tracking devices operated by an profession independent tracking and recovery company control room? Yes No

Is there a 24-hour stand-by recovery reaction unit? Yes No

### D. Loss history

Name of current insurer: .....

Policy number: .....

#### Claims experience

Please list details of all claims over the past five years, whether or not covered by insurance, and include full details of any hijacking, theft and armed robberies.

Year	Paid	O/s (Outstanding)	Cause of claim

## Declaration

I hereby declare that, to the best of my knowledge and belief, the particulars and answers are **true and correct** and that I have not withheld any information that is likely to influence the decision of the Insurers in regard to this Proposal.

**Applicant's signature:** .....

**Date:** .....

## Protection of Personal Information Act

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed/used/ stored in accordance with the POPI Act and for the following purposes:

- To verify the information disclosed herein against any other source;
- To communicate with you directly should you request us to and in accordance with relevant regulatory requirements;
- To compile non-personal statistical information to assist in assessing similar risks;
- To assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances;
- To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control;
- To combat insurance fraud and properly evaluate risks, we will store your personal information on a shared database created by the South African Insurance Association (SAIA) in order to verify it against available sources and databases on the system.

### Personal information of minors

If any information provided herein relates to a Minor (i.e. a child under the age of 18) we require that a competent person (parent/legal guardian) provide consent to the processing of such information for the above purposes and for any purpose that is compatible therewith.

I, ..... (full name of competent person), hereby provide my consent to the processing of any information provided herein relating..... (name of minor whose personal information is disclosed herein) for the purpose as disclosed above. I further understand that I have the right to withdraw this consent at any time but that this may mean that any insurance issued pursuant to this application may be terminated and/or that any claims issued against such insurance may not be able to be finalised.

### Further disclosures

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us/Santam Ltd):

- To request that we provide you with access to your personal information held/processed by us;
- To request that we erase or correct the your personal information that we hold (where appropriate/possible);

- To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format;
- To request that we restrict the processing of your personal information for reasons provided for in the POPI Act.

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact the Santam Client Care department (contact details below):

**Email:** complaints@santam.co.za

**Telephone:** 0860 102 725

**Fax:** (021) 915 7434

Alternately, you also have the right to approach the South African Information Regulator (contact details below) should the above process not adequately address your concerns.

**Email:** complaints.IR@justice.gov.za

**Postal address:** PO Box 31533, Braamfontein, Johannesburg, 2017

**Physical address:** JD House, 27 Stiemens Street, Braamfontein, Johannesburg, 2001

**NOTE: Signing this form does not bind the Proposer to arrange insurance through Santam Marine but it is agreed that the information on this form shall be the basis of the contract should a policy be issued. No liability attaches to the Insurers until this proposal has been accepted.**

## Debit order

The premium for this policy is an annual premium but may be paid by monthly debit order instalments through a bank or building society account. If you prefer to pay the premiums by monthly debit order instalments please give the following information:

Name of bank/building society: .....

Type of account: .....

Branch code (bank current accounts only): .....

Name of account holder: .....

Branch: ..... Account number: .....

Signature of account holder: .....

### The monthly instalments can be debited to the account on one of the following dates.

Please indicate your preference by ticking the appropriate box:

On or last working day before: 1st      or 15th