

info@cig.co.za www.cig.co.za

CHANGE OF ADDRESS/ADDITIONAL PREMISES

PLEASE COMPLETE THIS DOCUMENT IN INK AND PRINT THE ANSWERS TO QUESTIONS
 OR TICK THE APPROPRIATE BOX.

In terms of the legislation, after the proposer has signed this document, it will be an offence for anybody else to amend it.

Policy Number	<input type="text"/>
Policy Holder	<input type="text"/>

General Information

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First Name	<input type="text"/>	Postal Address		<input type="text"/>	
ID Number	<input type="text"/>			<input type="text"/>	
Occupation	<input type="text"/>			<input type="text"/>	
				<input type="text"/>	

Contact Details

Work	<input type="text"/>	Cell	<input type="text"/>
Home	<input type="text"/>	Email	<input type="text"/>

Type of Residence

House	<input type="checkbox"/>	Yes	No
Smallholding / Farm	<input type="checkbox"/>	Yes	No
Detached House	<input type="checkbox"/>	Yes	No
Granny Flat	<input type="checkbox"/>	Yes	No
Residential Complex	<input type="checkbox"/>	Yes	No
Flat – Ground, 1st or 2nd Floors	<input type="checkbox"/>	Yes	No
Flat – Above 2nd Floor	<input type="checkbox"/>	Yes	No

Construction of Residence

Walls	<input type="checkbox"/>	Brick	Stone	Concrete		
Roof	<input type="checkbox"/>	Slate	Tiles	Concrete	Asbestos	Metal
Thatch	<input type="checkbox"/>	Yes	No			
If Yes, is an SABS Lightning Conductor installed	<input type="checkbox"/>	Yes	No			
Other construction. Please specify:						
Walls	<input type="text"/>					
Roof	<input type="text"/>					

Occupation

Is the residence a holiday home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the dwelling undergoing alterations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the residence be left unoccupied for more than a total of 60 days a year	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the residence be hired or let out or used as a commune?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you conduct any business activities from home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of nature of business	
Details of type of stock and equipment	
Value of stock and equipment	

Security

Is the Property fully walled with an electrified fence a minimum of 1.8 meters in height	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Property have 24 hour manned security with supervised entry and exit from the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglar bars on all ground, first and second floor opening and louvre windows and including windows of flats that are on a common passageway?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Security gates on all external glass panelled doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Security gates on all external sliding doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Locking devices in addition to the frame lock on all external sliding doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Perimeter of your property walled/fenced with a wall or steel fence of at least 1.8m in height?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Dwelling protected with a SAIDSA approved Burglar alarm system linked to a 24-hour control Room with armed response which is made fully Operational when the dwelling is unoccupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If Yes, advise name of service provider	

Cover Required: Household Contents

Sum Insured (household goods and personal effects for new replacement costs)	
Type of Cover	<input type="checkbox"/> Full <input type="checkbox"/> Limited
Accidental Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sum Insured (limited to 25% of Household Contents sum insured)	
Power Surge cover for R20,000	
Waiver of the Basic First Amount Payable Applicable to basic excess only	<input type="checkbox"/> Yes <input type="checkbox"/> No

Cover Required: Buildings

Sum Insured (include buildings, outbuildings and other structure for replacement value)	
Is the residence bonded	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Bondholder	
Accidental Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sum Insured (limited to 25% of Household Contents sum insured)	
Waiver of Basic First Amount Payable Applicable to basic excess only	<input type="checkbox"/> Yes <input type="checkbox"/> No

Address of new property

Empty text box for address

Approximate age of the dwelling Years [] Months []

Is the roof of your house made of thatch? (Please tick one) Yes No

If YES, is the roof protected by a lightning conductor approved by the SABS? Yes No

Situation

Is the residence situated on a smallholding/plot/farm? Yes No

Is the residence undergoing alterations? Yes No

Is the residence situated in a newly developed area? Yes No

Occupancy

Will the residence be left unoccupied within the next 30 days? Yes No

Will the residence be left unoccupied during working hours? Yes No

Will the residence be left unoccupied for more than a total of 60 days a year? Yes No

Will the residence be hired or let out or used as a commune? Yes No

If YES, please give details []

High Security Living Questionnaire (tick one only)

I confirm that I live in the following premises where all major building construction has been completed:

- 1. SECURE COMPLEX where
• the property is fully walled with an electrified fence
• there is 24hr manned security with supervised entry and exit from the property

- 2. RETIREMENT VILLAGE where
• the property is fully walled with an electrified fence
• there is 24hr manned security with supervised entry and exit from the property

DECLARATION

I declare that the dwelling indicated above complies with the security requirements shown. It is understood that the insurer has the right to repudiate liability for loss or damage arising out of theft or attempted theft if at the time of loss or damages the above security requirements have not been complied with.

Client Signature: []

Date: []