

INSUREDS DETAILS				MAIN RIDER DETAILS (if different to the Insured)			
Surname		Title		Surname			
First Names				First Names			
ID Number				Identity number:			
(or) Passport		DOB		RIDERS LICENCE DETAILS			
Postal Address				Learner	Full	Date obtained	
Risk Address				Has the rider completed an advance road riding course? (We will need certificates)	YES	NO	
Email Address				Has the riders licence been endorsed?	YES	NO	
Tel	H	W		Has the rider been refused motor insurance?	YES	NO	
	C			BIKE DETAILS			
GENERAL DETAILS				Year			
Are you currently insured	YES	NO		Make	Model		
Were you previously insured	YES	NO		Registration Number			
Current insurer				Engine Number			
				VIN Number			
Has any insurer ever refused to provide you with insurance or cancelled or renewed any policy with special terms?	YES	NO		Finance House	Dealer		
				Is the motorcycle a grey import?	YES	NO	
				Is the motorcycle a code 3 ?	YES	NO	
				Is the motorcycle modified	YES	NO	
Are you aware of any material information, other than that requested in this proposal form, which would affect the acceptance of this proposal?	YES	NO		Sum Insured <b>EXCLUDING EXTRAS</b>	R		
				List any extras you want insured: make model & values			
				R			
				R			
				R			
				R			
Have you have had any criminal convictions or do you have any criminal cases pending against you?	YES	NO		Sum Insured <b>INCLUDING EXTRAS</b>	R		
				Basic Excess Waiver @ R75 p/m	YES	NO	
PREVIOUS LOSSES OF INSURED RIDER				List any All Risk Items you want insured: make, model & values			
Relative to any motorcycle driven mainly by this rider, state the number of losses (whether insured or not) in the past 3 years				Helmet	R		
				Jacket	R		
				Gloves	R		
				Pants	R		
				Boots	R		
Please give details of all motor losses over the past 3 years				YOUR BIKESURE PREMIUM			
Date	Insurer	Circumstance	Cost	R			
				Would you like Top Up Cover	YES	NO	
				Would you like a Bikesure Warranty	YES	NO	
				Would you like Scrath and Dent Insurance	YES	NO	