

HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

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CHANGE OF ADDRESS QUESTIONNAIRE

Details of the Insured

Full Name:			
Identity Number:			
Policy Number:			
Full Risk Address:			Code:
Postal Address:			Code:
Occupation:			

General Information

Is the residence occupied during normal business hours, and if so, by whom:			
If the residence is occupied by a domestic employee, please state the period of employment:			
As well as the number of days per week he / she works for you:			
What precautions do you take for the safety of the property during an absence from the premises which exceeds 48 hours:			
Are the premises burglar alarmed:	YES	NO	
How long have you occupied these premises:			
Please state the construction of the walls:			
Please state the construction of the roof:			
If the building has a thatch roof, is an SABS approved lightning conductor installed:			
What is the distance to the nearest fire department:			
State full details of all losses or claims in the last 3 years, whether insured or not:			
Date of Loss:	Description of Loss:	Quantum:	
If you have easily accessible exterior french, sliding or patio doors are they protected in any way other than the suppliers normal locking devices:	YES	NO	
If YES, please provide details:			
Are the remaining easily accessible external doors fitted with security gates:	YES	NO	
Does the property have access control:	YES	NO	
Is the property fully walled:	YES	NO	
Is any part of the premises used for business:	YES	NO	
If YES, please provide details:			
Will the residence be occupied in excess of 60 days in any one year:	YES	NO	
If YES, please state the period that the residence will be unoccupied as well as the circumstances of the inoccupation:			

How will vehicles insured be housed overnight:					
Within locked garage	Access controlled area		Within fenced carport		Other
If OTHER, please specify:					

Applicable to Residential Flats Only

What floor is the flat on:			
Is the flat serviced:	YES	NO	
If YES, please state by whom:			
Are all accessible windows protected by burglar proofing:	YES	NO	
If NOT, please state which are not:			
Have you any other further means of protecting these windows:			

Private Dwelling Houses

Is the property isolated or near an open area or park:	YES	NO	
What is the distance between your home and that of your nearest neighbour:			
Do you have a domestic employee residing on the premises:			
Are all the easily accessible opening windows protected by burglar proofing:			
Do you keep watch dogs:	YES	NO	
If YES, please state breed, age and size of the dog/s:			
Are you a member of a neighbourhood watch or similar organisation:	YES	NO	
If YES, please give details:			

If the Premises are Alarmed

If you subscribe to an armed response or security company, please state company name:			
Please state type of alarm:			
Please state when the alarm was installed:			
Please state who the alarm was installed by:			
Is the alarm regularly tested and maintained:	YES	NO	
Which company is responsible for testing the alarm:			
Are all external windows and doors protected by the alarm:	YES	NO	
Does the alarm extend to the outbuildings:	YES	NO	
Have your neighbours been requested to respond to your alarm:	YES	NO	

Declaration

I hereby agree that this questionnaire shall form part of my original proposal for insurance and declare that the answers provided are true, correct, and complete in every respect. I am aware that non-disclosure of any material fact could render the cover granted, in terms of the policy wording, null and void.

Name:		Designation:	
Signature:		Date:	