

## UBER Proposal Form

### Broker & Product Details:

Broker:	
Product: (UBER or TAXIFY)	

### Client Details:

Company Name:	
Trading As:	
Reg. No.:	
Vat. No.:	

### Primary Contact Details:

Phone No.:	
Fax No.:	
Cell. No.:	
Email:	

### Address (must be a physical address):

Complex:	
Building:	
Street:	
Town/City:	
Postal Code:	
Province:	

### Underwriting Information: UBER / TAXIFY Motor

MM Code:	
Vehicle Make, Model & Year:	
Sum Insured (Retail):	
Registration No.:	
Odometer Reading:	
Vin No.:	
Engine No.:	
Colour:	
Description (UBER or TAXIFY):	
Overnight Address:	

Overnight Parking Details (please select an option):

	Behind Locked Gate
	Carport
	Street
	Locked Garage
	Secure complex
	Unknown

Cover Type (please select an option):

	Comprehensive
	Third Party Fire & Theft

Previous Insurance History:

Previous Insurer:	
NCB (1, 2, 3, 4, or 5):	
Loss Ratio:	

UBER / Taxify Type (please select an option):

	UBER X
	UBER Black
	UBER XL

Immobiliser Security (please select an option):

	Factory Fitted
	None
	SAIA Approved
	Unknown
	VESA 3
	VESA 4

	Gear Lock
	Data Dots

Existing Tracking Device:

If yes, please provide description:	
-------------------------------------	--

Vehicle Finance:

Registered Owner of Vehicle:		
If Finance, provide details:	Finance Company:	
	Financed Date:	
	Period:	

Vehicle Extras:

Details	Value


**Add on Products (please select an option):**

	Excess Buy Back (Additional)
	Car Rental (30-day period, Limited to 200km per day)
	Car Rental (30-day period, Unlimited Km per day)
X	Telematics C Track (Mandatory)
	Scratch & Dent
	St Paul Roadside Assist
	PotholeSure

**Driver Details:**

Name & Surname:	
RSA ID. No.:	
Date of Birth:	
Title:	
Gender:	
Language:	
Marital Status:	
Cell No.:	
Email:	
License Type:	
Year of License Date Obtained:	

**Note:**

1. Please provide a copy of the following docs:
  - a. ID and Driver's license.
  - b. Tracking unit certificate if already installed.
  - c. Previous schedule of insurance.
  - d. Claims history.