



"INSURING YOUR PEACE OF MIND"

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CHANGE OF ADDRESS/ADDITIONAL PREMISES

I GENERAL INFORMATION

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.

ID number _____

Your title (e.g. Mr Mrs Miss) _____

Your initials _____ Surname _____

Policy ref _____

New postal address _____

Suburb _____

City postal code _____

Telephone Work _____

Home _____

Cell _____

Please provide at least one telephone number.

E-Mail address _____

Address of property to be insured (If more than one property is to be insured, complete an additional questionnaire)

Postal code _____

How long have you lived at the address given? Years _____ Months _____

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 _____

WHAT TYPE OF HOME DO YOU HAVE?

<input type="checkbox"/> House	<input type="checkbox"/> Flat above ground floor	<input type="checkbox"/> Holiday cottage or flat
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Ground floor flat	<input type="checkbox"/> Cluster House
<input type="checkbox"/> Retirement village	<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Complex
<input type="checkbox"/> Duplex	<input type="checkbox"/> Granny Flat	<input type="checkbox"/> Maisonette
<input type="checkbox"/> Simplex	<input type="checkbox"/> Other (specify)	<input type="text"/>

SITUATION

Is the residence situated on a smallholding/plot/farm? YES _____ NO _____ Specify

Is the residence undergoing alterations? YES _____ NO _____

Is the residence situated in a newly developed area? YES _____ NO _____

Are there any of the following within approximately 1 km radius of the residence?

Informal settlements	Vacant ground	Park	Railway lines
Minedumps	Sports fields	Golf course	Shops/Café
Railway station	Taxi rank	Highway	Building construction

CONSTRUCTION OF WALLS:

<input type="checkbox"/> Brick	<input type="checkbox"/> Iron	<input type="checkbox"/> Concrete Blocks
<input type="checkbox"/> Wood	<input type="checkbox"/> Other (Specify)	<input type="text"/>

ROOF MATERIAL:

<input type="checkbox"/> Tile	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Concrete
<input type="checkbox"/> Corrugated Iron	<input type="checkbox"/> Thatch	<input type="checkbox"/> Other (Specify) <input type="text"/>

Please advise if there are any additional buildings on the property, including outbuildings not attached to the main dwelling, e.g. gemini huts and lapas _____

Construction of the above (wall and roof) _____

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 _____

PLEASE TELL US

Are all the opening windows (including louvres) burglar barred? YES ____ NO ____
Are the fixed windows burglar barred? YES ____ NO ____
Are the external sliding doors fitted with security gates? YES ____ NO ____
Are the external sliding doors fitted with additional locks or bolts? YES ____ NO ____
Are other external doors fitted with security gates? YES ____ NO ____
Is the perimeter of the property walled/fenced? YES ____ NO ____

Type _____

Is it Electrified? YES ____ NO ____
If Electrified, is it connected to the alarm? YES ____ NO ____
Are there full-time security guards on your property? YES ____ NO ____
Is your home protected by a fully operational burglar alarm? YES ____ NO ____

Does it extend to the garage YES ____ NO ____ and/or all other outbuildings? YES ____ NO ____

If YES, please state the name of installer _____

(DOCUMENTARY PROOF FROM INSTALLER REQUIRED)

Is it linked to a control centre with armed response which will respond in person at the premises in the event of the alarm being activated? YES ____ NO ____
Does it incorporate an immediate siren? YES ____ NO ____
Is the system automatic? (it does not necessitate any action from the residents to activate the alarm system in the event of a burglary)? YES ____ NO ____
Are you a pensioner 65 or older? YES ____ NO ____
Does the dwelling comply with the requirements in the High Security Living Declaration? YES ____ NO ____

I declare that all the above information is correct

Signature _____ Date _____

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 and 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 and there is 24hr manned security with supervised entry and exit from the property

PLEASE SIGN THE FOLLOWING DECLARATION

DECLARATION - High Security Living Questionnaire 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.

Signature _____ Date _____