

ENGINEERING QUESTIONNAIRE
MACHINERY BREAKDOWN LOSS
OF PROFIT DETERIORATION OF STOCK



CLIENT DETAILS

Name _____

Postal Address _____ Code _____

Contact Person _____ Contact no. _____

Company Registration no. _____ VAT no. _____

CURRENT/PREVIOUS INSURANCE

Name of current/previous Insurer _____

Claims Experience/Details _____

Supporting Business with Opportuna _____

CLAIMS EXPERIENCE

Year	Details of Loss	Gross Cost R	Excess R	Cost to Insurers R
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. BUSINESS DESCRIPTION

2. RISK ADDRESS _____ Code _____

3. DESCRIPTION OF MACHINERY *List to be provided*

4. COMMENTS ON CONDITION OF MACHINES & AGE

5. COMMENTS ON WHETHER ITEM IS LOCALLY MANUFACTURED OR IMPORTED (If imported are there local agents and availability of spares)

6. COMMENTS ON MAINTENANCE: ON MACHINES (Interval – year/months/working hours)

7. **WORKING HOURS** (*How many shifts per day/per week and times, including seasonal operations – provide full details, i.e. sugar mill, cannery, etc.*)

8. Maintenance

a) Is there a maintenance agreement in place ☐ YES ☐ NO

b) Is this internally or with a specialized agent ☐ YES ☐ NO

c) If with an agent please supply details

d) What other maintenance plans are in place

LOSS OF PROFITS

(following Machinery Breakdown Insurance)

LIMIT OF INDEMNITY

Gross Profit	R	Increased Cost of Working	R
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Claims Preparation Costs	R	Indemnity Period	R
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Time Exclusion R

DETERIORATION OF STOCK

(following Machinery Breakdown)

1. DESCRIPTION COLD ROOM

2. DESCRIPTION CONTENTS

3. ALTERNATIVE STORAGE FACILITIES

4. VALUE AT RISK

Cost Price	R
Cost Price plus costs incurred prior to the goods being placed in the Cold Rooms	R

DECLARATION

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this forms the basis and is part of any policy issued in connection with the above risk.

It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the insured will not lodge any other claims of whatever nature. The Insurers undertake to treat this information in strict confidence.

PROTECTION OF PERSONAL INFORMATION

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this questionnaire and proposal, you agree to the processing and sharing of your personal information.

Signature

If not submitted electronically.

Date

A. Authority

Given by (name of account holder) _____

Address _____

Bank _____

Branch and Code _____

Account Number _____

Type of Account (delete that which is not applicable) Current (cheque)/Savings/Transmission

Amount _____

Date _____

To (name of beneficiary) Opportuna Underwriting Managers (Pty) Ltd

Abbreviated Name as Registered with the Bank Opportuna

Beneficiary's Address
13 Reynolds Street
Petervale
Sandton
2191

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement")

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued and delivered as follows: monthly, bi-monthly, quarterly, six-monthly, annually, weekly, bi-weekly (delete that which is not applicable)
In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

Payment instructions due in December may be debited against my account on _____.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)

(Assisted by)

E. Agreement Reference Number

This Agreement Reference number is: _____

F. Policyholder Protection Rules (PPRs)

The Financial Sector Conduct Authority published the amendments to the Policyholder Protection Rules as prescribed under Section 55 of the Short-Term Insurance Act and in that regard, we would like the Policyholder to complete the question as under-noted below:

Please may you confirm if the business/policyholder annual turnover or asset value is R2 000 000 or less:

☐ Yes ☐ No

If no, please may you confirm if the Policyholder is aware of the fees being charged.

☐ Yes ☐ No