

Riskflow Motor Fleet Insurance | Quote Request Form

1. Broker Details

Brokerage Name: Contact Number:
Contact Number: Email Address:

2. Client Details

Trading Name:
Does the Client Make Use of Sub Contractors: Yes ☐ No ☐ If Yes, Supply Name:
Description of Clients Business:
Postal Address: Physical Address:
Postal Code: Postal Code:
How Long Has the Client Been in Business: Areas Client is Operational in:
Please Indicate With An X: Long Haul ☐ Short Haul ☐ Sand and Stone ☐

3. Vehicle Details

Please complete the fields below, or alternatively provide the client's current policy schedule.

Note: Under Cover, specify one of the following options: - Comprehensive Cover - Third Party Only - Third Party, Fire and Theft

Vehicle Make & Model	Year Model	Reg Number	VIN Number	Cover Type	Retail Value
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R

4. GIT - Goods In Transit

Goods Carried	Year Model	Reg Number	VIN Number	Cover Type	Retail Value
FMCG (Foodstuff) Products					R
Liquor					R
Electrical Appliances					R
Electronic Goods					R
Tobacco					R
Hazardous Goods					R
Antiques					R
Other (Please specify)					R
If, General Goods (Specify)					R

5. Riskflow Products

Please indicate the products to be added to the quotation by marking each relevant block with an "X".

Own Damage Excess Reducer	☐ Yes	☐ No	Theft/Hijack Excess Reducer	☐ Yes	☐ No
Third Party Excess Reducer	☐ Yes	☐ No	Mechanical Breakdown Towing	☐ Yes	☐ No
Penalty Excess Reducer	☐ Yes	☐ No	Loss Of Use	☐ Yes	☐ No
Cross Border Towing & Recovery	☐ Yes	☐ No	Pollution Liability Excess Reducer	☐ Yes	☐ No
GIT - Basic Excess Reducer	☐ Yes	☐ No	Git - Theft/Hijack Excess Reducer	☐ Yes	☐ No
Windscreen Comprehensive Cover	☐ Yes	☐ No	Windscreen Excess Reducer	☐ Yes	☐ No
Riskflow Non-Motor Excess Reducer	☐ Yes	☐ No	Riskflow Tyre Cover	☐ Yes	☐ No
IVP (Inception Value Policy)	☐ Yes	☐ No	Include Camaras (Autotrack)	☐ Yes	☐ No

6. Important documents to be supplied

3 Years Claims History	☐ Yes	☐ No	Clients Policy Scedule (If not supplied Above)	☐ Yes	☐ No
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Please note: Once the quotation has been accepted, the following will be required:

- Each page of the quotation supplied by Riskflow must be signed by the client.
- A full 3-year claims history must be provided. If this has not yet been supplied, the policy cannot be activated.
- A fully completed HCV Application Form.
- Bank details, company name, and subcontractor information (if applicable).
- The inception date of cover.
- VIN and registration numbers must be included on the policy schedule and must be supplied.

Additional Comments