Boskruin Office Park,
President Fouche Avenue,
Boskruin, 2154
(Entrance Boskruin Village Centre)

P O Box 1555, Fontainebleau, 2032

Telephone: 0861 543 326
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MOTORSPORT QUESTIONNAIRE

Name of the Life to be Insured

Quotation No.

1. Please indicate which motorsport you participate in

☐ Rallying ☐ Saloon car racing ☐ Club racing ☐ Formula Ford/V racing ☐ Formula 1 racing ☐ Sports car racing

2. Do you possess a competition license? ☐ YES ☐ NO

If "YES" state details

3. Date when you first participated in motor sport Date D D M M Y Y Y Y

4. Number of events entered:

a) in the past year _____ b) total to date _____

c) How many do you expect to compete in annually in the future? _____

5. Give full particulars of all accidents you have had whilst engaged in motor sport?

6. On what type of tracks are you liable to drive? _____

7. Do you compete on an amateur/professional basis? _____

State details of engine size (standard or modified)

8. Do you compete or intend to compete outside South Africa? ☐ YES ☐ NO

If "YES"state details

9. Do you engage in any special record attempts? ☐ YES ☐ NO

If "YES", sate details

I hereby declare that the above statement are full, complete and true and agree that this shall form part of my application for the Policy.

Signature _____ Date D D M M Y Y Y Y