ONE

HORSE BOX & RIDING EQUIPMENT PROPOSAL

CLIENT DETAILS

Name		I.D Number	
Physical Address			
Cell Number		Email Address	
Make of Horsebox		Model	
Registration Number		Year	
Year		Cover to commence?	
Where is horsebox kept?			
Value for Insurance	R		

RIDING EQUIPMENT: (PLEASE ITEMISE INDIVIDUAL ITEMS)

QTY:	Description	Value

Signed at: _____ Date: _____

Full Name: _____

_____
Signature

ONE Insurance Underwriting Managers (Pty) Ltd Reg No. 1996/008987/07
Authorised Financial Services Provider FSP8783 VAT No. 4370160501

OMART INSURE
OLD MUTUAL ALTERNATIVE RISK TRANSFER INSURE LIMITED