

## MOTOR CAR RACING QUESTIONNAIRE

(To be completed by the life insured)

### 1. Life insured's details

Policy no. \_\_\_\_\_ Identity no. \_\_\_\_\_  
 Name of insured \_\_\_\_\_

### 2. General information

2.1 Please indicate the type of motor car racing in which you participate

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Autocross/autosolo/<br>autotest | <input type="checkbox"/> Kart racing > 100cc          | <input type="checkbox"/> Amateur road rallies     | <input type="checkbox"/> Stock car racing           |
| <input type="checkbox"/> Truck racing                    | <input type="checkbox"/> Drag racing                  | <input type="checkbox"/> Speedcar (midget)        | <input type="checkbox"/> Professional stage rallies |
| <input type="checkbox"/> Touring cars                    | <input type="checkbox"/> Off-road racing              | <input type="checkbox"/> Hill climbing            | <input type="checkbox"/> *Open wheel/circuit racing |
| <input type="checkbox"/> Sports or spring car racing     | <input type="checkbox"/> Track racing                 | <input type="checkbox"/> Vintage and classic cars | <input type="checkbox"/> Rallycross                 |
| <input type="checkbox"/> Stock cars                      | <input type="checkbox"/> Other (please specify) _____ |   |   |

If open wheel or circuit racing, please indicate class, e.g. auto GP, Formula Ford, F3, Formula 1200, sports car, sports saloon, etc.

2.2 What are the maximum speeds attained? \_\_\_\_\_

2.3 Do you, or do you plan to, participate in any record attempts? \_\_\_\_\_

2.4 How many times a year do you participate in racing? \_\_\_\_\_

2.5 Have you ever had an accident while racing? YES  NO

If YES, provide details \_\_\_\_\_

2.6 Do you intend to engage in any other form of racing in the future other than stated above? YES  NO

If YES, provide details \_\_\_\_\_

2.7 In what capacity do you participate in motor car racing (e.g. professional, amateur)? \_\_\_\_\_

2.8 Are you a member of Motorsport South Africa? YES  NO

If so, provide MSA licence number. \_\_\_\_\_

Is the licence currently valid? YES  NO

### 3. Declaration by life insured

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with my application shall be the basis of the contract between me and Hollard Life.

Initials

**Please take note of the following Hollard disclosures**

**Protection of Personal Information Act (POPIA)**

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

**Financial Intelligence Centre Amendment Act (FICAA)**

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

**Signature  
(life insured)**

\_\_\_\_\_

**Date**

D	D	M	M	Y	Y	Y	Y
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