

# Application for Internet Monthly Domestic Insurance Policy



Please complete this claim form in BLOCK CAPITALS and send it to your broker or to  
Zurich Insurance Company South Africa Limited  
Registration number: 1965/006764/06 VAT number: 4530103581  
15 Marshall Street, Ferreirasdorp 2048 Johannesburg, PO Box 61489, Marshalltown 2107  
Authorised Financial Services Provider 17703

Agency/broker	Agency No.
---------------	------------

**Important Notes**

1. Please print in BLOCK LETTERS.
2. No policy is in force until we have received the application form and accepted cover. If we decline your application, we will notify you or your broker immediately.
3. Please tick (✓) the applicable blocks for yes/no answers.
4. If insufficient space is available on the form please provide answers on a separate sheet.

**Cover required**

Cover is available for all the following classes of insurance. Please tick (✓) the classes you require insurance cover on and complete the relevant sections in the application form. No proposal is required for SASRIA as we purchase this on your behalf.

Section	✓	Section	✓	Section	✓	Section	✓	Section	✓
Buildings	<input type="radio"/>	All Risks	<input type="radio"/>	Public Liability	<input type="radio"/>	Personal Accident	<input type="radio"/>	Extended Liability	<input type="radio"/>
Contents	<input type="radio"/>	Computer Equipment	<input type="radio"/>	Motor	<input type="radio"/>	Pleasurecraft	<input type="radio"/>	Legal Plan	<input type="radio"/>
Motor Personal Accident	<input type="radio"/>								

**Personal details**

First name(s)	Surname
Identity No.	Date of birth
Occupation	
Postal address	
Post code	
Telephone No.	Work ( )
	Home ( )
Other	Fax ( )
	E-mail

**Date cover required from:**      DD / MM / YYYY      Language preference      (E) (A)

**General information**

1. Has any insurer ever cancelled, declined or refused to renew your insurance or imposed special terms?      Yes  No   
If "Yes", give details.
2. Give details of ALL losses or claims suffered in the last 3 years (whether insured or not)  
Type of loss (Fire, Motor, Accident, Burglary, etc.)      Year      Amount paid (Approx.)
3. Do you intend going on holiday within the next two months?      Yes  No   
If "Yes", give details.
4. Will the premises be left vacant for longer than 60 days in any calendar year?      Yes  No   
If "Yes", give details.

**General information (continued)**

5. Is the residence occupied during the day? Yes  No

If "Yes", by whom?

6. Is any part of the premises used for business purposes? Yes  No

If "Yes", give details.

7. Is the property isolated, e.g. on a plot or agricultural holding? Yes  No

8. Pensioner information – tick if you are:

a. Over 50 and still working

b. A bona fide pensioner

c. A bona fide pensioner living in a retirement village

**Applicable to buildings and contents sections**

In respect of property to be insured please state:

Details		Premises 1	Premises 2
Physical address			
		Postal code	Postal code
Construction	Walls		
	Roof		
Type of residence (tick)	House		
	Townhouse		
	Flat		
	High security village or complex <sup>1</sup>		
	Retirement village		
Occupied by you as (tick)	Owner		
	Tenant		

<sup>1</sup>A high security village or complex is defined as a complex that has security such as perimeter walling with razor coil or electrified fence on top of the perimeter wall, a manned security gate or access restricted by an intercom, remote control or register at the gate, security patrols and security lighting.

**Building section**

"Building" is defined as the private residence, all garages and outbuildings; brick, concrete or tar driveways, paths or patios; walls, gates and fences (other than hedges); tennis and squash courts; structure or fabric of swimming pools, sauna or spa baths and bore hole pumps situated at the address stated in the schedule.

Sum insured (current replacement cost)	Premises 1	Premises 2
	R	R

**Contents section**

The completion of the inventory form on the last page of this application will assist in establishing correct current replacement cost of contents.

Details	Premises 1	Premises 2
Sum insured (current replacement cost)	R	R
Are you entitled to a claim free discount?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
If "Yes", name the company and attach proof of discount		
Are all opening windows protected by burglar proofing?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Are external doors protected in any way other than their normal devices		

**Contents section (continued)**

Details	Premises 1	Premises 2
Are all external doors fitted with security gates?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Are the premises alarmed? If "Yes"	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Do you have armed response and a maintenance contract?		
Name of your service provider		

**All risks section**

Item	Description	Sum insured
1	<b>Unspecified items</b> Personal effects and clothing normally worn or carried by you. Limit any one item (other than clothing) – 20% of the total sum insured. This item excludes the following which can be individually specified: contact lenses, pedal cycles, cellular telephones, firearms, car sound systems, portable radios, tape decks, compact disc players, pagers, audio or video tapes or compact discs / DVDs.	R
2		R
3		R
4		R
5		R
6		R
7		R
8		R
9		R
10		R
11		R
12		R
13		R
14		R

- Notes:**
1. Attach valuation certificates for items of specified jewellery.
  2. Where applicable, include serial numbers of specified items.
  3. Describe items as fully and accurately as possible.

**Computer equipment section**

Item	Description	Sum insured
1		R
2		R
3		R
4		R
5		R
6		R
7		R
8		R
9		R
10		R
11		R
Do you require cover for reinstatement of data?		Yes <input type="radio"/> No <input type="radio"/>
If "Yes" state the amount to be insured (NB Minimum R1,000)		R

**General liability section**

Tick limit of indemnity required. Note that this cover is compulsory if you want to purchase extended liability cover.

R500,000	<input type="radio"/>
R1,000,000	<input type="radio"/>
R2,000,000	<input type="radio"/>
R3,000,000	<input type="radio"/>
R5,000,000	<input type="radio"/>

**Motor section**

**A. Applicable to motor cars and light delivery vehicles**

Details	Vehicle 1	Vehicle 2
Make		
Model		
Year of manufacture/ first registration		
Colour	<input type="radio"/> Beige <input type="radio"/> Black <input type="radio"/> Blue <input type="radio"/> Brown <input type="radio"/> Bronze <input type="radio"/> Burgundy <input type="radio"/> Cerise <input type="radio"/> Champagne <input type="radio"/> Charcoal <input type="radio"/> Copper <input type="radio"/> Cream <input type="radio"/> Gold <input type="radio"/> Green <input type="radio"/> Grey <input type="radio"/> Ivory <input type="radio"/> Jade <input type="radio"/> Maroon <input type="radio"/> Mustard <input type="radio"/> Orange <input type="radio"/> Pink <input type="radio"/> Purple <input type="radio"/> Red <input type="radio"/> Silver <input type="radio"/> Tan <input type="radio"/> Turquoise <input type="radio"/> White <input type="radio"/> Yellow	<input type="radio"/> Beige <input type="radio"/> Black <input type="radio"/> Blue <input type="radio"/> Brown <input type="radio"/> Bronze <input type="radio"/> Burgundy <input type="radio"/> Cerise <input type="radio"/> Champagne <input type="radio"/> Charcoal <input type="radio"/> Copper <input type="radio"/> Cream <input type="radio"/> Gold <input type="radio"/> Green <input type="radio"/> Grey <input type="radio"/> Ivory <input type="radio"/> Jade <input type="radio"/> Maroon <input type="radio"/> Mustard <input type="radio"/> Orange <input type="radio"/> Pink <input type="radio"/> Purple <input type="radio"/> Red <input type="radio"/> Silver <input type="radio"/> Tan <input type="radio"/> Turquoise <input type="radio"/> White <input type="radio"/> Yellow
Overnight parking	<input type="radio"/> Carport <input type="radio"/> Locked carport <input type="radio"/> Lockup garage <input type="radio"/> Behind locked gates <input type="radio"/> In the open <input type="radio"/> Secure parking garage	<input type="radio"/> Carport <input type="radio"/> Locked carport <input type="radio"/> Lockup garage <input type="radio"/> Behind locked gates <input type="radio"/> In the open <input type="radio"/> Secure parking garage
Limit of indemnity (retail value)	R	R
Details of any financial interest		
Is credit shortfall cover required? (load value above)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
No of claims in the past year	<input type="radio"/> None <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three or more	<input type="radio"/> None <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three or more
Estimated annual kilometres travelled	<input type="radio"/> up to 10,000 <input type="radio"/> 10,001 to 15,000 <input type="radio"/> 15,001 to 20,000 <input type="radio"/> 20,001 to 25,000 <input type="radio"/> 25,001 to 30,000 <input type="radio"/> 30,001 to 40,000 <input type="radio"/> 40,001 to 50,000 <input type="radio"/> Over 50,000	<input type="radio"/> up to 10,000 <input type="radio"/> 10,001 to 15,000 <input type="radio"/> 15,001 to 20,000 <input type="radio"/> 20,001 to 25,000 <input type="radio"/> 25,001 to 30,000 <input type="radio"/> 30,001 to 40,000 <input type="radio"/> 40,001 to 50,000 <input type="radio"/> Over 50,000
Details of usual driver	First name(s)	First name(s)
	Surname	Surname
	Date of birth	Date of birth
SA citizen?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
If "Yes", balance of ID number		
Gender	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female

**Motor section (continued)**

Details	Vehicle 1	Vehicle 2
Marital status	<input type="radio"/> Cohabitant <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Single <input type="radio"/> Widow <input type="radio"/> Widower	<input type="radio"/> Cohabitant <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Single <input type="radio"/> Widow <input type="radio"/> Widower
Date of issue of driver's licence and code		
Details of any driving offences		
Details of any disabilities		
Is the vehicle to be driven by any person under 25 years of age, or who has held a valid driver's licence for less than two years? If "Yes", give details	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Registration number of vehicle		
Protections	<input type="radio"/> None <input type="radio"/> Alarm <input type="radio"/> Immobiliser <input type="radio"/> Gearlock <input type="radio"/> Tracking <input type="radio"/> Recovery ID	<input type="radio"/> None <input type="radio"/> Alarm <input type="radio"/> Immobiliser <input type="radio"/> Gearlock <input type="radio"/> Tracking <input type="radio"/> Recovery ID
If a tracking device is fitted, state		
Name of system and model		
Device serial number		
Installation date		
Cover required	<input type="radio"/> Comprehensive <input type="radio"/> Third party fire & theft <input type="radio"/> Third party only	<input type="radio"/> Comprehensive <input type="radio"/> Third party fire & theft <input type="radio"/> Third party only
Claim free group per previous insurer (provide proof)		
Class of use (see below for descriptions)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
A. Private and business use: Social, domestic, pleasure purposes including travel to and from place of business or profession without making business calls on the journey. B. Full business use: Social, domestic, pleasure, business and professional purposes. C. Private use only: Social, domestic and pleasure purposes only.		
Engine number		
VIN / Chassis number		
Name of registered owner of the vehicle		
Is the vehicle modified or specially imported?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
If "Yes", give details		

**Motor section (continued)**

Details	Vehicle 1	Vehicle 2
Is the vehicle an imported model?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
If "Yes", give details		
Who is to drive the vehicle?	<input type="radio"/> Any licensed driver <input type="radio"/> Insured and family <input type="radio"/> Insured only	<input type="radio"/> Any licensed driver <input type="radio"/> Insured and family <input type="radio"/> Insured only
Do you require car hire cover?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

**Schedule of specified accessories to be covered:**

Item	Description	Vehicle 1	Vehicle 2
1			
2			
3			
4			
5			
6			

**B. Applicable to motor cycles**

Details	Vehicle 1	Vehicle 2
Make		
Model and engine cubic capacity		
Year of manufacture / first registration		
Limit of indemnity (retail value)		
Is credit shortfall cover required? (If so, load value above)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Details of any financial interest		
Details of usual rider		
First name(s)		
Surname		
Date of birth		
SA citizen?		
If "Yes", provide ID number		
Date of issue of rider's licence and code		
Details of any driving offences		
Details of any disabilities		
Registration number of motorcycle		
<b>Cover required</b>	<input type="radio"/> Comprehensive <input type="radio"/> Third party fire & theft <input type="radio"/> Third party only	<input type="radio"/> Comprehensive <input type="radio"/> Third party fire & theft <input type="radio"/> Third party only
Claim free group per previous insurer (provide proof)		
Class of use (see below for descriptions)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

- A. Private and business use: Social, domestic, pleasure purposes including travel to and from place of business or profession without making business calls on the journey.
- B. Full business use: Social, domestic, pleasure, business and professional purposes.
- C. Private use only: Social, domestic and pleasure purposes only.

**Motor section (continued)**

Details	Vehicle 1	Vehicle 2
Engine number		
VIN / Chassis number		
Name of registered owner of the vehicle		
Is the motorcycle an imported model?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
If "Yes", give details		
<b>If a tracking device is fitted, state</b>		
Tracking system and model		
Device serial number		
Installation date		
Who is to ride the motorcycle?	<input type="radio"/> Any licensed driver <input type="radio"/> Insured and family <input type="radio"/> Insured only	<input type="radio"/> Any licensed driver <input type="radio"/> Insured and family <input type="radio"/> Insured only
Is the motorcycle modified or specially imported?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

**C. Applicable to caravans and trailers**

Type: Caravan or trailer		
Make		
Model and engine cubic capacity		
Year of manufacture / first registration		
Limit of indemnity (retail value)		
Is credit shortfall cover required? (If so, load value above)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Details of any financial interest		
Name of registered owner		
Claim free group per previous insurer (provide proof)		
Are any security devices fitted?		
If "Yes", what type		
If a tracking device is fitted, state		
Tracking system and model		
Device serial number		
Installation date		
Registration number of caravan or trailer		
Cover required	<input type="radio"/> Comprehensive <input type="radio"/> Third party fire & theft <input type="radio"/> Third party only	<input type="radio"/> Comprehensive <input type="radio"/> Third party fire & theft <input type="radio"/> Third party only
VIN / chassis number		
Is the unit modified or specially imported?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
If "Yes", give details		
Is the unit an imported model?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
If "Yes", give details		
Where is the unit normally kept?		



**Pleasurecraft section****1. General**

Please state name of vessel

Type of vessel

Where the vessel will be used – NB Max. Sea use = 80 km from shore

 Inland only Inland and Sea

Where the vessel is usually stored

Construction of the hull

Year of manufacture

Serial No.

Claim free group per previous insurer (provide proof)

Length of vessel (delete inapplicable)

Measurement

Metres / Feet

Is there an auxiliary motor (applicable to wind vessels)

Yes  No 

Design speed with current motors (delete inapplicable)

Knots / Km per hour

Does the vessel have a glitter finish?

Yes  No 

Was the vessel amateur-built or was it a conversion?

Name and address of builder (or dealer if professionally built)

Skipper's experience

years and qualification (if any)

**Liability**

The standard limit of liability provided is R500,000. If you require more cover, state amount

R

This excludes water-skiers liability. Do you require water-skiers liability?

**2. Do you require the following extensions?**

Road / rail transit

Yes  No 

Submerged objects – applicable to motorised vessels only

Yes  No 

Racing risks – applicable to yachts only

Yes  No 

If "Yes", state value of masts, spars, standing and running rigging: and the year these were purchased

R

Year

**3. Schedule of items** (complete only those items for which you require cover)

Hull, inboard machinery and gear (excluding equipment – see below)

Outboard motor(s): Make and Horsepower	Serial number	Value
1.		R
2.		R
3.		R
Dinghy to parent vessel (detail outboard motor above)		R
Trailer: Make and model	Registration number	Value
1.		R
2.		R
Special equipment (list all equipment on board for which cover is required)		Value
1.		R
2.		R
3.		R
4.		R

**Extended liability section**

Tick limit of indemnity required. Please note that this cover cannot be purchased without General Liability

 R10,000,000 R20,000,000**Legal plan section**

Tick limit of indemnity required.

 R10,000 R20,000 R40,000 R70,000**Motor personal accident section****Basis of cover***(Tick cover required)*(i) Named persons (ii) Any driver (iii) Any driver and passengers **Basis of cover****Vehicle details to be completed if (ii) and/or (iii) above is/are elected**

Make &amp; Model of vehicle

Registration number

Year of manufacture

Seating capacity

Are all seats fitted with seatbelts?

Yes  No **Basis of cover – If (i) named persons or (ii) any driver and passengers are elected, list persons to be insured in space provided below. If more space is required, attach separate page.***Details to be shown in space provided below.*

Name of person	Date of birth	Benefits No of units (Refer below)	Name of person	Date of birth	Benefits No of units (Refer below)

**Selected benefits (Select the amount of cover you require for each individual benefit available)***Applicable to persons over 15 and under 75 years of age*

Units	Death & Permanent Total Disability (PTD)	Med Expenses
1	R250,000	R10,000
2	R500,000	R20,000
3	R750,000	R30,000
4	R1,000,000	R40,000
5	R1,250,000	R50,000
6	R1,500,000	R60,000
7	R1,750,000	R70,000
8	R2,000,000	R80,000

**Monthly debit order authority**

The information required below is to enable your monthly premiums to be debited to your bank or transmission account. To validate cheque/current account information please attach a cancelled cheque. Important: if you change your bank account please advise the Company immediately and forward a cancelled cheque from your new cheque book or advise details of your new transmission account. Please note that we are unable to debit from a savings account.

I hereby declare that Zurich Insurance Company South Africa Limited is authorised to debit the monthly premium to my bank account stated below and to adjust such debit as necessary due to changes in cover, risk, sums insured or premiums.

Name of bank

Branch name

Branch number

Account number

Name of account

Type of account

**Declaration**

**Consent to information sharing**

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidence of fraud and assessing risks fairly, future premium increases may be limited. This is done in the public interest and in the interest of all current and potential policyholders. The sharing of information includes, but is not limited to, information sharing via the Information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By the insurer accepting or renewing this insurance, you or any other person that is represented herein, give consent to the said information being disclosed to any other insurance company or its agent. You also similarly give consent to the sharing of information in regard to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases. By insuring or renewing your insurance, you hereby not only consent to such information sharing but also waive any rights of confidentiality with regard to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application, together with the information you supply in relation to the claim, will be included on the system and made available to other insurers participating in the Information Data Sharing System.

I declare that the information in this application is, to the best of my knowledge and belief, true and accurate in every respect and that no fact, circumstance or hazard that could affect the acceptance of my application has been withheld. I confirm that this application and declaration shall be the basis of the contract between Zurich Insurance Company South Africa Limited and myself.

Signed at  this  day of

Applicant's signature

## Contents inventory at new replacement value

Bedroom	1	2	3	4	Study/Workroom	
Bed, mattresses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Desk, bookcases	<input type="text"/>
Bedside radios	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tables, chairs	<input type="text"/>
Tables, chairs, wardrobes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Curtains, loose carpets	<input type="text"/>
Curtains, loose carpets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Paintings, ornaments	<input type="text"/>
Paintings, ornaments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sewing/knitting machine	<input type="text"/>
Linen, blankets, bedding	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Camera, projector	<input type="text"/>
Clothing, footwear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Firearms, binoculars	<input type="text"/>
Furs, jewellery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Typewriter/PC/Fax	<input type="text"/>
Lamps	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sporting equipment	<input type="text"/>
Toys	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reading lamps	<input type="text"/>
TV set, video, hi-fi	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Books, manuscripts	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>
<b>Total R</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Total R</b>	<input type="text"/>

Bathroom/Toilet	1	2	Passage/Entrance hall	Laundry
Curtains, loose carpets	<input type="text"/>	<input type="text"/>	Tables, chairs	<input type="text"/>
Towels, linen	<input type="text"/>	<input type="text"/>	Curtains, loose carpets	<input type="text"/>
Shaving equipment	<input type="text"/>	<input type="text"/>	Paintings, ornaments	<input type="text"/>
Hairdrier	<input type="text"/>	<input type="text"/>	Household heaters	<input type="text"/>
Toiletries	<input type="text"/>	<input type="text"/>	Linen stored	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>
<b>Total R</b>	<input type="text"/>	<input type="text"/>	<b>Total R</b>	<input type="text"/>

Lounge	Family room	Dining room
Lounge suite	<input type="text"/>	Dresser, sideboard
TV/Video/video games/DVD	<input type="text"/>	Tables, chairs
Hi-fi/tape deck/CD player	<input type="text"/>	Crockery, glassware
Records/tapes/CDs/DVDs	<input type="text"/>	Cutlery, silverware
Display cabinet, articles	<input type="text"/>	Reading lamps
Tables, chairs	<input type="text"/>	Display articles
Curtains, loose carpets	<input type="text"/>	Hot tray
Paintings, ornaments	<input type="text"/>	Curtains, loose carpets
Reading lamps	<input type="text"/>	Paintings, ornaments
Liquor, glassware	<input type="text"/>	Tea trolley
Other	<input type="text"/>	Other
<b>Total R</b>	<input type="text"/>	<b>Total R</b>

Kitchen	Garage/Workshop	Domestic employee
Fridge/freezer and contents	<input type="text"/>	Bed, mattress
Dishwasher	<input type="text"/>	Wardrobe
Mixer, blender	<input type="text"/>	Table, chairs
Vacuum, polisher	<input type="text"/>	Curtains, loose carpets
Electrical appliances	<input type="text"/>	Paintings, ornaments
Cutlery, crockery, glassware	<input type="text"/>	Linen, blankets, bedding
Furniture, curtains	<input type="text"/>	Clothing, footwear
Groceries	<input type="text"/>	Radio, TV, Video
Utensils	<input type="text"/>	Other
Microwave oven	<input type="text"/>	Other
Other	<input type="text"/>	Other
<b>Total R</b>	<input type="text"/>	<b>Total R</b>

**GRAND TOTAL R**