



OMNI MOTOR DIRECT AXIS ~ PROPOSAL FORM / QUOTATION REQUEST

Broker Name				
e-mail		Telephone		
Sub-Broker Name				
PROPOSER DETAILS				
<i>If more space is require to any of the below questions, please attach another page recording details, date and sign the document</i>				
Proposer Name				
Trading Name				
Previous Trading Name[s]				
Business description				
Company Registration Number		VAT Number		
Type of Organisation [Tick one]	Pty Ltd	Close Corporation	Sole Proprietor	Trust
How long have you been in this business?				
Physical Address				Code
Postal Address				Code
Telephone Number		Fax Number		
e-mail address		Cell Phone		
INSURANCE HISTORY	Current	Previous	Previous	
Name of Insurer				
Policy Number				
Has any Insurer declined to quote?			Yes	No
Has any Insurer cancelled your insurance?			Yes	No
Has any Insurer refused to renew your policy?			Yes	No
Has any insurer required an increase in premium / or imposed special terms?			Yes	No
If yes to any of the questions, please provide full details:				

SPECIFIED MOTOR INFORMATION				
Please complete the below in full.				
YEAR	MAKE AND MODEL	REGISTRATION NUMBER	VIN NUMBER	RETAIL VALUE

VEHICLE OPERATIONS		
Are any of the vehicles owned or operated by anyone other than yourself?	Yes	No
Are any of the vehicles lent out or leased out, or control assigned to any other party?	Yes	No
Are any of the vehicles in an unsafe, damaged and/or un-roadworthy condition?	Yes	No
Does your Company perform its own servicing?	Yes	No
Does your Company perform its own accident repairs?	Yes	No
If "Yes" to any of the above, please provide detail:		

DETAILS OF THE EXCESS
Details of excess structure the past 3 years [If more space is required, please attach another page recording details, date and sign the document]

PREVIOUS MOTOR CLAIMS				
History of previous claims/losses (for past 3 years) as confirmed by the Insurer [If more space is required, please attach another page recording details, date and sign the document]:				
Date of Loss	Type of vehicle	Vehicle registration	Description of loss	Settlement amount

DRIVERS ~ MULTIPLE CLAIMS		
Please provide details of all drivers who had more than one claim during the last three years		
NAME OF DRIVER	ID NUMBER	CORRECTIVE ACTION TAKEN

IMPORTANT NOTICE:

1) Claims Notification and/or Theft/Hijacking

All claims are to be reported on an Omnicover Pty Ltd claim form.

In an event of theft or hijack, and as soon as the occurrence is known, IMMEDIATELY NOTIFICATION must be given to: **JOHN PEARSON and ASSOCIATES (071 623 5499 - HOTLINE)**

Omicover Pty Ltd must be notified as soon as possible but no later than two working days after the occurrence.

Take all reasonable steps to recover the stolen property and to discover the guilty party.

Advise Omnicover Pty Ltd of any claim (other than theft, hijack) as soon as possible but no later than THIRTY DAYS after the occurrence.

In the case of a serious claim where damage to the insured vehicle is likely to exceed R200 000 (Two hundred thousand rand) or more than one third party is involved in the event, IMMEDIATE NOTIFICATION must be given to:

KVTR (0800 430 430)

Inform the South African Police Service as soon as possible and in any event not later than 24 (twenty four) hours following the accident or theft of property.

Complete the claim form as soon as possible and provide Omnicover Pty Ltd with all material information as requested like Telematics report / vehicle movements at the time of loss. The insurer will be under no obligation to proceed with a claim if you cannot provide, in full, the required information.

Provide Omnicover Pty Ltd with material proof, information, sworn declarations and any other documentation that the insurer may require as soon as practicable.

Provide Omnicover Pty Ltd with particulars of any other insurance that covers the same events as any section of Omnicover Policy.

Immediately forward to Omnicover Pty Ltd any notice of a claim, communication, writ, summons or other legal process issued or commenced against you in connection with the occurrence.

2) Theft/Hi-jacking Condition of cover in terms of all type vehicles (excluding Trailers and Special Type vehicles):

All vehicles as defined with an Insured Value of R200 000 and above must be protected with an approved operative tracking device. If a tracking device is installed, loss of or damage to the vehicle following theft, hi-jacking or attempted theft or hijacking will be covered only if;

- a) At the occurrence of a claim the Policyholder must supply proof of such tracking and recovery device and that it was activated at the time of the loss (A fourteen day grace period is allowed for the installation of the device from the date that cover inceptioned in instances where the vehicle does not have an approved tracking and recovery device installed)
- b) The Policyholder must ensure that the tracking device is operational and maintained in a good working order and that the device is tested at least once every six months;
- c) The theft or hijacking is immediately reported to the supplier of the required tracking device;

3) Alteration of Risk

Should there be a material change in the risk which increases the exposure to the Company in any way during the period of insurance, the Insured shall immediately inform the Company thereof, who will be entitled to review the terms of the policy

4) Fire Extinguishers

All heavy type commercial vehicles, medium commercial vehicles and plant items covered by the Omnicover Pty Ltd policy must be fitted with a minimum of a 4.5kg dry powder fire extinguisher.

5) Towing Companies

For vehicle towing services please use CTS [Car Towing Services] who can be contacted on 0861 869 464

DEBIT ORDER AUTHORISATION AND BANK ACCOUNT DETAILS

IMPORTANT INFORMATION:

- Please ensure that sufficient funds are available to make the contractual transfer. Banks will levy a penalty fee on your account if there are insufficient funds.
- The premium will be transferred monthly from your nominated account to the Oakhurst Insurance Company Limited account, on the same day of the month as selected below.
- Always keep an amount in your bank account higher than the amount that will be debited to provide for normal bank charges.

Day of month on which deductions must be made, select one *

1

7

10

15

*If your debit date falls on a weekend, your bank will debit your account on the preceding working day.

Accountholder:

Bank:

Branch:

Account Number:

Branch Code:

Account Type:

Cheque/Current

Savings

Transmission

DEBIT ORDER AUTHORITY:

I, the undersigned, request Oakhurst Insurance Company Limited to draw against my account the debit order amount. Such withdrawals from my account will be treated as though they have been signed by me personally, and I request the bank to debit my account with these drawings in line with all the conditions specified in this form.

DATE: _____

SIGNED BY NSURED: _____

Declaration

The proposal must be completed and signed by the proposer/insured.

The proposal shall form the basis of the insurance contract between the insured and the insurer, Oakhurst Insurance Company Limited, on acceptance thereof by both parties.

Making any false statement[s] or withholding any material facts may give the Insurer the right to reject any claim made under the policy or may result in the policy being declared null and void from the inception.

A material fact is any fact that will influence the acceptance of the risk.

I/We declare that the statements and particulars in this Proposal Form are true to the best of our knowledge and belief and that I/We have not misstated, suppressed or omitted any material facts.

I/We agree that this Proposal Form together with any other information supplied by us shall form the basis of any contract of Insurance effected thereon and shall be incorporated therein.

I/We undertake to inform Insurers of any material alteration of these facts whether occurring before or after completion of the contract of Insurance.

Signing this Proposal Form does not bind the Proposer to complete this Insurance.

I/We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Omnicover Pty Ltd

I/We who is employed by the proposer, confirm that I/We are authorised by the Company to complete and sign this Proposal Form and Debit Order Authorisation .

Signed: _____

Full Names Print]: _____

Capacity: _____

Date: _____