



Established 1993

OPTION SHORT TERM INSURANCE BROKERS (PTY) LTD

INSURANCE BROKERS & GROUP SCHEME ADMINISTRATORS

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Registration No. 1993/06939/07 ▲ FSP Licence No. 8265 ▲ Vat No. 4210141406

PERSONAL PROPOSAL FORM

Broker Information

Broker: _____

Broker Fee: R _____ % _____

Quote Number: _____

Client Information

Full Name of Policy Holder: _____

I.D./Company Registration Number: _____

VAT Number: _____

Gender: Male Female

Occupation: _____ Marital Status: _____

Contact Number: Home _____ Contact Number: Cell _____

Contact Number: Work _____ Contact Number: Fax _____

E-mail Address: _____

Address: Residential _____

Address: Postal _____

Debit Order Authority

Policy Details

Inception Date: _____

Payment Frequency: Monthly Annually

Bank Details

Bank: _____

Branch Name: _____

Branch Code: _____

Account Number: _____

Account Holder: _____

Type of Account:

Authorisation by Account Holder

I hereby authorise Main Street 732 (Pty) Ltd t/a Echelon, on behalf of Santam Ltd, to debit my bank account noted above

Signature of Account Holder: _____

RISK INFORMATION - MOTOR

	Vehicle 1	Vehicle 2	Vehicle 3
Make:			
Model:			
Year:			
Year of Manufacture:			
Registration Number:			
Details and Value of Accessories:			
Details and Value of Audio Equipment			
(If not Factory Fitted):			
Retail Value of Vehicle:			
Transmission:	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic
Driver Seating:	<input type="checkbox"/> Right-hand <input type="checkbox"/> Left-hand	<input type="checkbox"/> Right-hand <input type="checkbox"/> Left-hand	<input type="checkbox"/> Right-hand <input type="checkbox"/> Left-hand
Engine Number:			
Vin Number:			
Registered Owner:			
Overnight Storage	<input type="checkbox"/> Locked Garage <input type="checkbox"/> Locked Basement Carport behind <input type="checkbox"/> Locked Gates <input type="checkbox"/> Driveway no Locked Gates <input type="checkbox"/> On Street	<input type="checkbox"/> Locked Garage <input type="checkbox"/> Locked Basement Carport behind <input type="checkbox"/> Locked Gates <input type="checkbox"/> Driveway no Locked Gates <input type="checkbox"/> On Street	<input type="checkbox"/> Locked Garage <input type="checkbox"/> Locked Basement Carport behind <input type="checkbox"/> Locked Gates <input type="checkbox"/> Driveway no Locked Gates <input type="checkbox"/> On Street
Vehicle Located at (Address):			

Current Vehicle Security:

Current Vehicle Security:

Tracking Device Details:

Executive Car-Hire:

Name of Main Driver:

Main Driver I.D No./Age:

Main Driver Gender:

Date of Birth:

Marital Status:

Occupation:

Use of Vehicle:

CFG of Main Driver:

(Copy of schedule to be Provided)

Bank Interests to be Noted:

3 Year New for Old:

Excess Waiver:

Credit Shortfall:

Motor Personal Accident (MPA):

MPA Passenger Extension:

MPA Maximum Indemnity Limit:

	Vehicle 1	Vehicle 2	Vehicle 3
Current Vehicle Security:			
Current Vehicle Security:			
Tracking Device Details:			
Executive Car-Hire:	<input type="checkbox"/> Executive Car Hire (Group F – Extra R45p/m)	<input type="checkbox"/> Executive Car Hire (Group F – Extra R45p/m)	<input type="checkbox"/> Executive Car Hire (Group F – Extra R45p/m)
Name of Main Driver:			
Main Driver I.D No./Age:			
Main Driver Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:			
Marital Status:			
Occupation:			
Use of Vehicle:	<input type="checkbox"/> Business <input type="checkbox"/> Private <input type="checkbox"/> Both	<input type="checkbox"/> Business <input type="checkbox"/> Private <input type="checkbox"/> Both	<input type="checkbox"/> Business <input type="checkbox"/> Private <input type="checkbox"/> Both
CFG of Main Driver:			
(Copy of schedule to be Provided)			
Bank Interests to be Noted:			
3 Year New for Old:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excess Waiver:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Shortfall:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor Personal Accident (MPA):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
MPA Passenger Extension:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
MPA Maximum Indemnity Limit:	<input type="checkbox"/> R250,000 <input type="checkbox"/> R500,000	<input type="checkbox"/> R750,000 <input type="checkbox"/> R1,000,000	

RISK INFORMATION – BUILDINGS/CONTENTS

Risk Address:

Type of Residence:

Age of Residence:

Construction - Roof:

Security:

Occupied by:

Occupied during the day:

	Premises 1	Premises 2	Premises 3
Risk Address:			
Type of Residence:	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Cluster <input type="checkbox"/> Farm <input type="checkbox"/> Holiday House <input type="checkbox"/> Other	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Cluster <input type="checkbox"/> Farm <input type="checkbox"/> Holiday House <input type="checkbox"/> Other	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Cluster <input type="checkbox"/> Farm <input type="checkbox"/> Holiday House <input type="checkbox"/> Other
Age of Residence:	kms	kms	kms
Construction - Roof:	<input type="checkbox"/> Standard <input type="checkbox"/> Non-std <input type="checkbox"/> Yes (Complete Questionnaire) <input type="checkbox"/> No <input type="checkbox"/> Burglar Bars on Opening Windows <input type="checkbox"/> Security Gates on External Doors <input type="checkbox"/> 24 Hour Alarm linked to Armed Response (Response Co. Name)	<input type="checkbox"/> Standard <input type="checkbox"/> Non-std <input type="checkbox"/> Yes (Complete Questionnaire) <input type="checkbox"/> No <input type="checkbox"/> Burglar Bars on Opening Windows <input type="checkbox"/> Security Gates on External Doors <input type="checkbox"/> 24 Hour Alarm linked to Armed Response (Response Co. Name)	<input type="checkbox"/> Standard <input type="checkbox"/> Non-std <input type="checkbox"/> Yes (Complete Questionnaire) <input type="checkbox"/> No <input type="checkbox"/> Burglar Bars on Opening Windows <input type="checkbox"/> Security Gates on External Doors <input type="checkbox"/> 24 Hour Alarm linked to Armed Response (Response Co. Name)
Security:	<input type="checkbox"/> Electric Fence - linked to Armed Response (Response Co. Name)	<input type="checkbox"/> Electric Fence - linked to Armed Response (Response Co. Name)	<input type="checkbox"/> Electric Fence - linked to Armed Response (Response Co. Name)
Occupied by:	<input type="checkbox"/> Patrolled by Security Guards <input type="checkbox"/> Secure Estate <input type="checkbox"/> Unoccupied Longer than 60 Days <input type="checkbox"/> Owner <input type="checkbox"/> Tenant		
Occupied during the day:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CFG :(Copy of Schedule to be Provided) Interests to be noted:

Maximum Indemnity/Buildings

(Please ensure all outbuildings are included. Premium and claims settlement will be based on the value of all buildings on the premises)

Maximum Indemnity/Contents:

Premises 1	Premises 2	Premises 3
Main Dwelling R _____ Outbuildings: R _____ TOTAL R _____	Main Dwelling R _____ Outbuildings: R _____ TOTAL R _____	Main Dwelling R _____ Outbuildings: R _____ TOTAL R _____
Contents at Premises: R _____ Contents in Bank Vault: R _____ TOTAL R _____	Contents at Premises: R _____ Contents in Bank Vault: R _____ TOTAL R _____	Contents at Premises: R _____ Contents in Bank Vault: R _____ TOTAL R _____

RISK INFORMATION - PERSONAL ALL RISKS

Unspecified Personal All Risks: R _____

Specified Items and Values:

Description	Serial No.	In Bank Vault	Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

10.				
11.				
12.				
13.				
14.				
15.				

RISK INFORMATION - WATERCRAFT

Type of Craft: Rigid Semi-Rigid Full Inflatable
 Semi-Inflatable Jetski/Wetbike

Construction of Hull: _____

Details of Motor/s: _____

Storage when not in Use: Locked Garage Locked Basement
 Carport behind Locked Gates Driveway – No Locked Gates
 On Street

Use of Vessel: Inland Only Inland and Coastal Coastal and Surf Launch

Name of Pilot: _____

Experience of Pilot (Years): _____ Date of Skipper's Licence: _____

Sum Insured: Hull R _____ Sum Insured: Motor/s R _____

Sum Insured: Accessories R _____

TOTAL SUM INSURED: R _____

RISK INFORMATION - PERSONAL ACCIDENT

Full Name: _____

I.D Number: _____

Maximum Indemnity Limit: R250 000 R500 000
 R750 000 R1 000 000
 R1 500 000 R2 000 000

RISK INFORMATION – ADDITIONAL BENEFITS

Retrenchment Benefit: Yes No

Roadside/Home Assist: Yes No

LOSS HISTORY & GENERAL INFORMATION

Does the Policyholder/Client/Main Driver or any other driver, suffer from defective vision, hearing or from any physical or mental infirmity? Yes No

Please provide details: _____

Is the Policyholder/Client/ Main Driver or other driver's licence currently endorsed, or has it previously been endorsed?

Yes No

Please provide details: _____

Has the Policyholder/Client/Main Driver suffered any losses, insured or otherwise, in the past 5 years?

Yes No

Details of Incident	Year	Amount Claimed

Has any insurer ever refused any proposal of yours, cancelled any policy (or section thereof), refused to renew or imposed any special conditions on any policy (or section thereof)

Yes No

If yes, please provide full details: _____

Please provide details of your current insurance policy: _____

WARRANTY

I hereby warrant that the above particulars and statements are true and complete and contain all information known to me affecting the risks to be insured and that this and any other statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of and incorporated in the contract between me and Santam Limited herein represented by Main Street 732 (Pty) Ltd t/a Echelon and shall be promissory.

I agree to accept the insurance on the terms and conditions set forth in the policy.

Date _____ Signature of Policy Holder _____