

DISCLOSURE NOTICE TO SHORT-TERM INSURANCE POLICYHOLDERS IMPORTANT PLEASE READ CAREFULLY

As a short term insurance policyholder, or prospective policyholder, you have the right to the following information:

1. ABOUT THE INTERMEDIARY (INSURANCE BROKER)	2. ABOUT THE INSURER
(a) Name, physical address, postal address and telephone number	Should you require any additional information regarding any particular insurer, please contact us.
(b) Legal status and any interest in the insurer	Once cover has been issued, we will forward you their contact details.
(c) Whether or not in possession of professional indemnity insurance	SASRIA COVER (riot including political riot cover):
(d) Details of how to institute a claim	In the event that this policy extends to include SASRIA cover, the details of the insurer providing this cover:
(e) Particulars of the Broker's Compliance Officer	SASRIA SOC Ltd. Reg number: 1979/000287/06
(f) Rand amount of fees and commissions payable	The Executive Manager: Business Operations Department:
(g) Written mandate to act on behalf of insurer	Mrs Nomsa Mazibuko
THIS INFORMATION IS AS FOLLOWS:	Postal address: Physical address:
(a) Name, physical address, postal address and telephone number	PO Box 653367 26 Fricker Road
Name: Bay Union Insurance Brokers (Pty) Ltd Authorised Financial Services Provider, FSP No: 12235 VAT Registration No: 4890111844	Benmore Illovo, Sandton, 2196
Physical address: 30 Station Drive, Durban, 4001	2010 Sandton 2196
Postal address: PO Box 795, Durban, 4000	Telephone: 011 214 0800 Fax: 011 447 8630
Email address: info@bayunion.co.za	Compliance Email: nomsam@sasria.co.za
Telephone: 087 997 0200 Fax: 086 433 1551	Complaints Email: complaints@sasria.co.za
(b) Legal status and any interest in the insurer	Compliance Tel: 011 811 1311 Website: www.sasria.co.za
Private Company with limited liability with no direct financial interest in the insurer. Licensed by FSCA for short term personal and commercial lines.	3. OTHER MATTERS OF IMPORTANCE
(c) Whether or not in possession of professional indemnity insurance	(a) You must be informed of any material changes to the content provided in paragraphs 1 and 2.
This intermediary (brokerage) is in possession of professional indemnity insurance.	(b) If the information above was given to you verbally, it must be confirmed to you in writing within 30 days.
(d) Details of how to institute a claim	(c) If any complaint to the broker or to the insurer is not resolved to your satisfaction, you may submit a complaint to the FAIS Ombudsman.
Should you have a claim against your policy, please do the following:	(d) Polygraph or similar tests are not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating the claim.
(i) Notify our claims department at the above address or by telephone on the above number.	(e) If premium is paid by debit order:
(ii) A claim form will be handed to you, or faxed to you, or posted to you according to your instruction.	(i) It may only be in favour of one person and may not be transferred without your approval and
Complete this form and return it to us at the above address, or fax it to us at the above fax number.	(ii) The insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel such debit order.
Our claims department will then attend to your claim.	(f) The insurer and not the intermediary must give reasons in writing for repudiating your claim.
(iii) Should you have any difficulty, kindly contact our claims department and someone will assist you.	(g) Your insurer may not cancel your insurance merely by informing your intermediary.
(e) Particulars of the Broker's Compliance Officer:	There is an obligation to make sure the notice has been sent to you.
Associated Compliance (Pty) Ltd PO Box 9655, Devon Valley, 1715	(h) You are entitled to a copy of the policy free of charge.
Telephone: 011 678 2533	4. WARNING
Fax: 011 475 0096	Do not sign any blank or partially completed application form. Complete all forms in ink. Keep all documents handed to you. Make note as to what is said to you. Ask for a letter of representation from your adviser. Don't be pressurised to buy the product. Incorrect or non-disclosure by you of relevant facts may influence an insurer on any claims arising from your contract of insurance.
Email: rob@associatedcompliance.co.za	Particulars of the Ombudsman who is available to advise you in the event of claim problems that are not satisfactorily resolved by the insurance intermediary and/or insurer:
(f) Rand amount of fees and commission payable (excluding VAT)	FAIS Ombudsman Ombudsman for Short-term Insurance
Fees: As per proposal	PO Box 74571, LYNNWOOD RIDGE, 0040 PO Box 74571, LYNNWOOD RIDGE, 2017
Commissions: 12.5% on motor, 20% all other risks	Telephone: 012 470 9080 Telephone: 011 726-8900/9097
Binder/ A fee may be paid to us by the insurer in respect of	Fax: 012 348-3447 Fax: 011 726-5501
Outsourcing Fee: functions performed on behalf of the insurer.	Email: info@faisombud.co.za Email: info@osti.co.za
(g) Written mandate to act on behalf of insurer	Website: www.faisombud.co.za Website: www.insuranceombudsman.co.za
This certifies that insurers have granted mandates to the intermediary to represent the insurer and may accept business and issue policies on behalf of the insurer.	Particulars of Registrar of Short-term insurance:
	Financial Sector Conduct Authority
	PO BOX 3655, MENLO PARK, 0102
	Website: www.fsca.co.za Telephone: 012 428-8000
	Toll free: 0800 11 04 43/0800 20 20 87 Fax: 012 347-0221