

DISCLOSURE NOTICE TO SHORT - TERM INSURANCE POLICYHOLDERS  
IMPORTANT – PLEASE READ CAREFULLY - DISCLOSURE AND OTHER LEGAL REQUIREMENTS  
(This notice forms part of the Insurance Contract)

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

**01. YOUR FINANCIAL SERVICES PROVIDER:**

**1.1 Name, Physical Address, Postal Address and Telephone Number**

Business Name : Delphisure Group Insurance Brokers (Cape) (Pty) Ltd  
Physical Address : 1<sup>st</sup> Floor, Delphi Arena Building, 1 Old Oak Road, Tygervalley, 7536  
Postal Address : P.O. Box 3388, Tygerpark, 7536  
Email Address : [General@Delphisure.Com](mailto:General@Delphisure.Com)  
Telephone : 021 – 914 1700  
Fax Number : 021 – 914 1740

**1.2 LEGAL STATUS AND ANY INTEREST IN THE INSURER**

Private Company with no direct financial interest in the insurer. This intermediary receives less than 30% of its total income from the insurer.

**1.3 PROFESSIONAL INDEMNITY AND GUARANTEES**

Your Financial Services Provider does have Professional Indemnity Insurance.  
Your Financial Services Provider does have Intermediary Guarantee Fund Cover.  
Your Financial Services Provider does have Fidelity Guarantee Cover.

**1.4 DETAILS OF HOW TO INSTITUTE A CLAIM**

Should you have a claim against your policy, please do the following:

- (a) Notify our claims department at the above address or by telephone on 021 – 914 1700.
- (b) A claim form will be handed, email, faxed or posted to you according to your instruction. Complete this form and return it to us at the above address or fax it to us at the above fax number. Our claims department will then attend to your claim.
- (c) Should you have any difficulty, kindly contact our claims department and someone will assist you.

**1.5 COMPLAINTS**

If you have a query about this policy or you are in any way unhappy with the service that you have received, please contact your Financial Services Provider in Sub-section 1.1 above.

**1.6 WRITTEN MANDATE TO ACT ON BEHALF OF INSURER**

This certifies that the insurer has granted a mandate to the intermediary to represent the insurer and to accept business and issue policies on behalf of the insurer.

**02. 2.1 PARTICULARS OF YOUR FINANCIAL SERVICES PROVIDER COMPLIANCE OFFICER:**

**Name, Physical Address, Postal Address and Telephone Number**

Name : Vango Kolovos  
Physical Address : 1<sup>st</sup> Floor, Delphi Arena Building, 1 Old Oak Road, Tygervalley, 7536  
Postal Address : P.O. Box 3388, Tygerpark, 7536  
Telephone : 021 – 914 1700  
Fax Number : 021 – 914 1740

**2.2 YOUR INSURER/S:**

**Name, Physical Address, Postal Address and Telephone Number**

Name : Certain Underwriters at Lloyds of London  
Physical Address : C/O 1<sup>st</sup> Floor, Delphi Arena Building, 1 Old Oak Road, Tygervalley, 7536  
Postal Address : C/O P.O. Box 3388, Tygerpark, 7536  
Telephone : 021 – 914 1700  
Fax Number : 021 – 914 1740  
Compliance Officer : Mr. E.G. Kolovos, TEL: 021 – 914 1700 FAX NO: 021 – 914 1740

**2.3 PARTICULARS OF YOUR INSURANCE UNDERWRITING MANAGER:**

**Name, Physical Address, Postal Address and Telephone Number**

Name : Certain Underwriters at Lloyds of London  
Physical Address : C/O 1<sup>st</sup> Floor, Delphi Arena Building, 1 Old Oak Road, Tygervalley, 7536  
Postal Address : C/O P.O. Box 3388, Tygerpark, 7536  
Telephone : 021 – 914 1700  
Fax Number : 021 – 914 1740  
Compliance Officer : Mr. E.G. Kolovos, TEL: 021 – 914 1700 FAX NO: 021 – 914 1740

**03. PARTICULARS OF SASRIA LIMITED**

Should you have requested cover provided by SASRIA LIMITED then you are entitled to details as follows:

Physical Address : 47 Wierda Road West, Wierda Valley, Sandton, 2196  
Postal Address : P.O. Box 7380, Johannesburg, 2000  
Telephone : 0861 727 742  
Email address : [info@sasria.co.za](mailto:info@sasria.co.za)  
Website : [www.sasria.co.za](http://www.sasria.co.za)

Claims Procedure : In the event of a claim, all relevant documentation relating to your claim must be submitted to The Insurer at the Local Branch in your area.

Compliance Officer : If you have any complaints about The Insurer regarding SASRIA cover then you may contact, The Compliance Office, SASRIA Limited, P.O. Box 7380, Johannesburg, 2000

**04. 4.1 PARTICULARS OF THE SHORT TERM INSURANCE OMBUDSMAN:**

If the complaint to your Financial Services Provider and/or your Insurer, has not been resolved, you may contact,

Name : The Ombudsman for Short Term Insurance  
Physical Address : JJC House, 2<sup>nd</sup> Floor, 22 Owl Street, Milpark, Johannesburg, 2092  
Postal Address : P.O. Box 32334, Braamfontein, 2017  
Telephone : 011 – 726 8900  
Fax Number : 011 – 726 5501  
Email : [info@osti.co.za](mailto:info@osti.co.za)  
Website : [www.insuranceombudsman.co.za](http://www.insuranceombudsman.co.za)

**4.2 PARTICULARS OF THE FAIS OMBUDSMAN:**

**If you have a FAIS complaint, you may contact**

Name : The FAIS Ombudsman  
Physical Address : Eastwood Office Park, Boabab House, Ground Floor, Lynnwood Ridge, 0081  
Postal Address : P.O. Box 74571, Lynnwood, 0040  
Telephone : 012 – 470 9080  
Fax Number : 021 – 348 3447  
Email : [info@faisombud.co.za](mailto:info@faisombud.co.za)  
Website : [www.faisombud.co.za](http://www.faisombud.co.za)

**05. 5.1 TYPE OF POLICY INVOLVED**

Your policy is a domestic, monthly paid insurance policy.

**5.2 EXTENT OF PREMIUM OBLIGATIONS**

Your premium obligations are quoted which includes costs in the following areas:

Premium  
Annual SASRIA  
Inclusive of Commission  
Insurer Admin Fee  
Interest  
Broker Policy Fee  
Broker Debit Fee  
Value Added Products  
Inclusive of VAT  
Total Payable Excluding Annual SASRIA

**5.3 MANNER OF PAYMENT OF PREMIUM, DUE DATE AND CONSEQUENCE OF NON-PAYMENT**

Premium are paid by debit order. Premium are paid monthly and are due on the 1<sup>st</sup> day of each month.

Consequences of non payment:  
Please refer to your Policy Wording.

**06. OTHER MATTERS OF IMPORTANCE**

- (A) You must be informed of any material changes to the information provided above.
- (b) If the information above was given to you verbally, it must be confirmed to you in writing within 30 days.
- (c) If any complaint to the broker or insurer is not resolved to your satisfaction, you may submit a complaint to the Short-Term Insurance Ombudsman.
- (d) Polygraph or any lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating the claim.
- (e) The insurer and not the intermediary must give reasons for repudiating your claim.
- (f) Your insurer may not cancel your insurance merely by informing your intermediary. There is an obligation to make sure the notice has been sent to you.
- (g) You are entitled to a copy of the policy free of charge.
- (h) If premium is paid by debit order it may only be in favour of one person and may not be transferred without your approval, and the insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel such debit order.

**07 WARNING**

- 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.
- Don't be pressured to buy the product.
- Incorrect or non-disclosure by you of relevant facts may influence and insurer on any claims arising from your contact of insurance.

**08. SHARING OF INSURANCE INFORMATION**

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims to obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidents 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 policy holders.

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, gives 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 by yourself or your representative may be verified against any legally recognized 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.

**09. SECTION 21 of the Code of Conduct provides that no provider may request or induce in any manner a client to waiver any right or benefit conferred on the client by, or in terms of, any provisions of this code, or recognize, accept or act on any such waiver by the client and any such waiver is null and void.**

**10. FRAUD AND COMPLAINTS SERVICE:**

Fraud: If you become aware of irregularity on any policy you can contact your Insurer where your call will be treated in confidence – 021 – 914 1700.

Complaints: if you would like to lodge a complaint regarding your Insurer or your Intermediary, please contact you Insurer Complaints Department at 021 – 914 1700