

IMPORTANT – PLEASE READ CAREFULLY

**DISCLOSURES REQUIREMENT MADE IN TERMS OF THE FINANCIAL ADVISERS'
AND INTERMEDIARY SERVICES (FAIS) ACT, NO. 37 OF 2002
NOTICE TO SHORT-TERM INSURANCE POLICYHOLDERS**

(This notice does not form part of the Insurance Contract or any other document)

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

1. THE INTERMEDIARY (INSURANCE BROKER)

- a) Name, physical address, postal address and telephone number
- b) Legal status and any interest in the insurer
- c) Whether or not in possession of Professional Indemnity insurance and guarantees
- d) Details of how to institute a claim
- e) Rand amount of fees and commission payable.
- f) Written mandate to act on behalf of insurer

You have the right to the following information regarding the Broker who must hold a valid licence to operate under specific categories of business

Whether the services rendered are under supervision
Whether the broker holds more than 10% of the Insurer's shares and/or
Whether the broker received more than 30% of the total remuneration from the Insurer in the past year
Details of complaints policy and procedures
Details of compliance arrangements
Contractual arrangements with the Insurer including any restrictions or conditions

Your insurance adviser should provide this information to you when you are provided with a quotation or take out a policy.
If your adviser does not do so after you have requested it, please contact Paladin who will assist you in obtaining it.

2. PARTICULARS OF THE INSURER

Name: Centriq Insurance Company Limited
Co Registration Number: 2000/017936/06
FSP Licence No: 3417
Physical address: 1st Floor 4 Fricker Road Illovo Johannesburg
Postal address: PO Box 55674 Northlands 2116
Telephone and fax number: 011-268 6490 / 011-268 6495
Website address: www.centriq.co.za
Compliance Officer: Compli-Serve SA

3. PARTICULARS OF THE UNDERWRITING MANAGERS

Name: Paladin Underwriting Managers (Pty) Ltd representing Centriq Insurance Company Limited
Co Registration Number: 1999/013248/07
FSP Licence No: 5069
Email: paladin@paladin.co.za
Compliance Officer: Compli-Serve SA
Telephone Number: 086 127 3783

Physical address:	CAPE TOWN	JOHANNESBURG
Postal address:	Ebden House, Belmont Office Park, Belmont Rd, Rondebosch 7700	10th Floor, Fredman Towers, 13 Fredman Drive, Sandton 2196
Telephone and fax number:	PO Box 613, Rondebosch 7701	PO Box 783050, Sandton City 2146
	021-686 7270 / 086 559 7283	011 – 523 9550 / 086 – 559 7282

The nominated person at Paladin Underwriting Managers for handling complaints is Peter Donald

Paladin has an agreement with Centriq to act as policy underwriting administrators, claims handlers and marketing agents for Short Term Commercial Lines.
Paladin earns over 30 percent of its income from the Insurer.

Should you be dissatisfied with any aspect of your insurance contract, service received as part of a general disclosure, how to lodge a complaint or of Paladins' compliance with the FAIS Act, you should refer the matter to the Managing Director at Paladin.

Paladin carries both Fidelity Guarantee insurance to a limit of R1 000 000 and Professional Indemnity cover to a limit of R5 000 000

Paladin is not required to hold IGF cover.

Paladin is licensed in terms of FAIS to provide advice under the following categories: Short-Term Insurance: Personal Lines and Commercial Lines

4. PARTICULARS OF YOUR FINANCIAL SERVICES PROVIDER COMPLIANCE OFFICER:

Name, physical address, postal address and telephone number

Name: Compli-Serve SA Pty Ltd
Physical address: 25 Second Avenue, Harfield Village, 7708
Postal address: P O Box 2358, Clareinch, 7740
Telephone Number: 0861273783 Fax:021 6742821

5. 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 Number: 0861727742
Email / Website: info@sasria.co.za / www.sasria.co.za
Compliance Officer: Ms Nomsa Wabanie nomsaw@sasria.co.za
Complaints email address: complaints@sasria.co.za

6 PARTICULARS OF THE SHORT TERM INSURANCE OMBUDSMAN and THE FAIS OMBUD

If the complaint to your Insurer has not been resolved, you may contact;

Name: The Ombudsman for Short Term Insurance
Physical address: JCC House, 22 Owl Street, Milpark, Johannesburg, 2092
Postal address: P.O. Box 32334, Braamfontein, 2017
Telephone Number: 086 0662837
Email: info@osti.co.za
Website: www.insuranceombudsman.co.za

The FAIS Ombud
Eastwood Office Park, Boabab House, Lynnwood Ridge, 0081
P.O. Box 74571, Lynnwood Ridge, 0040
012- 4709080
info@faisombud.co.za
www.faisombud.co.za

7. PARTICULARS OF REGISTRAR OF SHORT TERM INSURANCE

Name: Registrar of Short Term Insurance
Postal address: P.O. Box 35655, Menlo Park 0102
Telephone: 012-428 8000

8. MANNER OF PAYMENT OF PREMIUM, DUE DATE AND CONSEQUENCE OF NON-PAYMENT

Premiums are paid by cheque/EFT. Premiums are paid annually and are due on the 1st day of the annual period of cover.
Consequences of non payment: Please refer to your Policy Wording/Schedule.

9. 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) 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.
- (e) You are entitled to a copy of the policy free of charge.
- (f) 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.
- (g) Your type of insurance is specifically described in the attached policy documentation.
- (h) You are entitled to cancel your contract of insurance within a period of fourteen (14) days after inception should you decide the product does not meet your requirements.

10. 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 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.

11. SHARING OF INSURANCE INFORMATION

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 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 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, 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 regards 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 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.

12. 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 recognise, accept or act on any such waiver by the client and any such waiver is null and void.

13. CONFLICT OF INTEREST DISCLOSURE:

We have considered the conflict of interest provisions in terms of the FAIS Act 37 2002 and have not identified any actual or potential conflicts of interest, either ownership interest, financial interest, third party relationships, associates or distribution channels as defined.

We adopt a values based approach where the spirit of the legislation is embraced. This is reviewed at least once a year in consultation with an external independent compliance practitioner and reported to the FSB. A conflict of interest management policy is available to clients upon request.

14. PREMIUMS AND YOUR MONETARY OBLIGATIONS

Due date of premiums: As per your policy schedule

Consequences of non-payment of premium: The premium is payable on or before inception or renewal date (15 days grace will be allowed), failing which the policy will lapse from the day preceding the inception or renewal date provided that: In the case of monthly policies the 15 days grace period will apply with effect from the second month of the inception date of the policy.

Any subsequent premiums on monthly policies are payable on the first working day of each month for the same month. If the premium is paid by debit order and this is dishonored by your bank:

- (i) as a result of your instruction to the bank to stop payment of the debit order, the policy will lapse from the last day of the month for which premium was received;
- (ii) for any other reason, other than (i) above, the following month a debit order will be submitted to the bank for two months premium. If this debit is returned unpaid, the policy will lapse from the last day of the month for which premium was received.

15. CLAIMS

Details on how to institute a claim: Should you have a claim under your policy, including a SASRIA claim, you are required to notify your insurance broker, of such claim as soon as reasonably possible and in all cases within 30 days from the date of the event giving rise to your claim. If you fail to notify your insurance broker timeously of your claim it may be rejected due to such late notification. Furthermore, you will be required to complete a claim form and may also be required to produce documentary proof substantiating your claim.

The claims procedure is as follows:
Provide all documents as requested.

Take all reasonable steps to prevent further damage or loss.

Notify the SAPS within twenty four (24) hours of any loss or theft of property, or of accidents involving an insured vehicle.

Give all assistance in the identification and recovery if lost or stolen property is located. Following indemnification, recovered property belongs to the Insurer. Polygraph, or any other lie detector test, is not obligatory in the event of a claim and failure thereof may not be the sole reason for the repudiation of a claim. The Insurer or Paladin and not the Broker, must give reasons for any claim repudiation.

In the event of a repudiation of a claim you have a period of ninety (90) days from the date of the repudiation in which to make representations to the Insurer.