

# Brokerserv (Pty) Ltd

121 Bram Fisher Drive, Randburg 2125

Tel: (011) 889-8400, Fax: (011) 886-0092

E-MAIL: ilseb@brokerserv.co.za

"Authorised Financial Services Provider no. 2802"



## Annexure C

**IMPORTANT – PLEASE READ CAREFULLY  
DISCLOSURE AND OTHER LEGAL REQUIREMENTS**

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

### 1. Details of your intermediary

- a. Brokerserv (Pty) Ltd, P.O Box 2097, Randburg, 2125
- b. Brokerserv hold professional indemnity insurance.
- c. Fees and commission payable as on the schedule.
- d. Brokerserv (Pty) Ltd have a written mandate to act on behalf of Zurich Insurance Company South Africa Limited.
- e. Compliance Officer details: National Compliance Company, 22 Punjab Avenue, Mackenzieville, Nigel, 1491 Tel: 011 819-3367. FSB Practice number 4071.
- f. Brokerserv (Pty) Ltd - FSP number is 2802. In the unlikely event that you are dissatisfied with any aspect of our service, you should address your complaint in writing to the FAIS Ombudsman – details below.
- g. Brokerserv (Pty) Ltd administer both domestic lines and commercial lines insurance portfolios
- h. We do not own shares in any insurer.
- i. We do earn more than 30% of our commission from particular insurers namely AIG & Zurich Insurance Company South Africa.

**Details of your broker/financial advisor:** Your broker should have provided this information to you when you were provided with a quotation or took out the policy. If your broker/advisor has not done so after your requested it, please contact Brokerserv (Pty) Ltd who will assist in obtaining it.

### 2. About your Insurer

- a. Zurich Insurance Company South Africa
- b. FSP Number 17703

**Registered Head Office is at:**

Physical Address:  
SA Eagle House  
The Braes  
193 Bryanston Drive  
2021

Postal Address:  
P.O. Box 61489  
Marshalltown  
2107

Tel: (011) 540-4000 Fax: (011)540-4444

- c. The Compliance Officer is contactable at (011) 540-4000
- d. Complaints should be written or faxed to the compliance officer at the address in 2 (a) above.
- e. The premium and all accompanying charges are detailed on your policy schedule. The type of policy is described on the document attached.
- f. **Method of payment:**  
Monthly – premiums to be paid by debit order on the 1<sup>st</sup> working day of each month  
Annual – premiums to be paid prior to the Annual Anniversary date of the policy. This date is reflected on your policy schedule.
- g. **Consequence of Non-Payment**  
You must pay the premium by the premium due date. Where such a premium is by way of debit order **the onus will be on you to ensure that the monthly premium is met by the financial institution and if you fail to pay any monthly premium or annual premium within 15 days of the due date no claim shall be payable to you and cover will be cancelled.**

### 3. Other matters of importance

- a. You must be informed in the event of any material changes to the information referred to in paragraphs 1 and 2.
- b. If the information in paragraphs 1 and 2 was given orally, it must be confirmed to you in writing within 30 days.
- c. If any complaint to the intermediary or insurer is not resolved to your satisfaction, you may submit the complaint to the Registrar of Short Term Insurance whose address appears at the foot of this notice.
- d. A polygraph or lie detector test is not obligatory in the event of a claim and failure thereof may not be the sole reason for repudiating a claim.
- e. If premium is paid by debit order:
  - (i) it may only be in favour of one person and may not be transferred without approval; and
  - (ii) your insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel such debit order.
- f. Your insurer and not the intermediary must give you reasons in writing in the event of a claim being repudiated.

- g. 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.
- h. You are entitled to a copy of the policy free of charge.

**4. How to institute a claim**

- a. Complete the appropriate claim form (available from your intermediary or Zurich Insurance Company South Africa office) and forward it to your intermediary or insurer.
- b. The incident giving rise to the claim must be notified to a police station within 24 hours and lodged in writing to your insurer within 30 days of occurrence.
- c. The office of the insurer is the branch/address marked on the attached schedule.
- d. Do not admit liability or negotiate with any person. Have your vehicle towed to a safe place.
- e. Note down the names and addresses of any witnesses.
- f. If you receive a summons or notice of impending legal action notify your insurer immediately and forward any documentation to your insurer.
- g. Do not give any instruction to repair unless your insurer has approved it.

**5. Warning**

- Do not sign any blank or partially completed application forms.
- Complete all forms in ink.
- Keep all documents handed to you.
- Make a note as to what is said to you.
- Don't be pressurized to buy the product.
- Study the policy with care immediately when it is received. If you have any uncertainties, discuss these with your insurer or intermediary. Incorrect or non-disclosure by you of relevant facts may influence an insurer on any claims arising from your contract of insurance.

**6. Particulars of:**

SHORT TERM INSURANCE OMBUDSMAN  
P.O. Box 30619  
Braamfontein, 2107  
Tel: (011)726-8900  
Fax: (011)726-5501

FINANCIAL SERVICE BOARD  
P.O. Box 35655  
Menlo Park, 0102  
Tel: (012)428-8000  
Fax: (012)347-0221

The Insurer with whom your SASRIA Policy is placed (if applicable):

SASRIA LTD  
P.O. Box 7380  
Johannesburg, 2000  
Tel: (011)783-0171  
Fax (011)783-0781

Complaints in respect of a representative (Nominated Insurer) to be addressed to the above address. Claims notification – In the event of a claim all relevant documentation relating to your claim must be submitted to the Nominated Insurer, the name and address as mentioned above.