

BROKER INFORMATION

Brokerage/broker: _____
 Fee: _____ Broker contact number _____
 Email: _____

CLIENT DETAILS

Surname: _____ First Name: _____
 Title: Mr Mrs Miss Ms Other (specify) _____
 ID Number: _____
 Date of Birth: _____ (DD/MM/YYYY) Occupation: _____
 Marital Status: Single Married Divorced Widowed
 Postal Address: _____ Code: _____
 Residential Address: _____ Code: _____
 Cell Number: _____ Home Number: _____
 Work Number: _____ Fax Number: _____
 Email Address: _____
 Inception Date: _____ (DD/MM/YYYY)
 Client's outdoor interests : _____

DECLARATION

PREVIOUS INSURANCE

1) Has any insurer ever declined a proposal, cancelled any policy (or any section thereof) imposed any conditions, refused to renew any policy (or any section thereof) or refused to continue with any insurance of yours? Yes No
 If "YES" please give full particulars: _____

2) Are you presently insured against any of the perils in respect of which you now propose to insure against? Yes No

Insurance Company: _____ Policy Number: _____

3) Consent to ITC check? Yes No

4) History of previous losses/claims:
 Please give full particulars in respect of off all losses incurred by you during the last 5 years, including all claims which have been paid or rejected for any reason.

| TYPE OF LOSS | DESCRIPTION | YEAR | AMOUNT | INSURER |
|--------------|-------------|------|--------|---------|
| | | | R | |
| | | | R | |
| | | | R | |

METHOD OF PREMIUM PAYMENT

Yearly in Cash Per monthly debit order

Account Holder: _____ Bank: _____

Branch: _____ Branch Code: _____

Account Number: _____ Account Type: _____

I authorise Sasfin HRS to deduct the amount of the premium for this policy from my account at the above institution in any way that SasfinHRS and the institution have agreed upon.

All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally.
 I agree that in the event of any debit order not being met by my financial institution, the policy will be cancelled and of no effect from midnight on the last day of that month for which premium has been received.

Signature of Account Holder: _____ Signature of Policy Holder: _____

Date: _____ (DD/MM/YYYY) Date: _____ (DD/MM/YYYY)

SECTION A – MOTOR

MOTOR CATEGORY – (COVER COMPREHENSIVE ONLY)

| Vehicle Particulars | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|---|--------------------------|--------------------------|--------------------------|
| AWD/4WD SUV/ RV or 4X4 Single/double cab or single/double cab with diff. lock | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vehicle Make | | | |
| Vehicle Model | | | |
| Colour | | | |
| Year of manufacture | | | |
| Engine cc | | | |
| How many ignition keys do you have? | | | |
| Odometer reading | | | |
| Registration Number | | | |
| Engine Number | | | |
| Chassis/VIN Number | | | |
| Details of pre-existing damage to vehicle? | | | |
| Current retail value for year model vehicle | R | R | R |
| Fitments/Accessories | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| Provide details | | | |
| Total value Fitments # | R | R | R |
| Total value vehicle incl. # | R | R | R |

FURTHER VEHICLE PARTICULARS

| Night time parking | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|--|---|---|---|
| Where is vehicle parked overnight (i.e. locked garage, secure premises, Access control complex, in the street etc) | | | |
| Vehicle Security | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| Factory fitted alarm/ immobilizer | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| After market alarm/immobilizer | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Tracking device | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| State whether early warning, locating or Telematics | | | |
| Use of Vehicle | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| Private incl. commuting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Private and Business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Private and Professional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Registered Owner | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|---|--|--|--|
| Name | | | |
| Relationship to Insured | | | |
| Regular Driver's name | | | |
| Marital status | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| Claim Free Group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ID Number (if not policy holder) | | | |
| Date of Birth | (DD/MM/YYYY) | (DD/MM/YYYY) | (DD/MM/YYYY) |
| Licence Issue Date | (DD/MM/YYYY) | (DD/MM/YYYY) | (DD/MM/YYYY) |
| Has licence been endorsed? | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| If yes, please provide reason: | | | |
| Address of overnight parking. | | | |
| | Code: | Code: | Code: |
| How long has the Owner/ Driver been driving LDV, SUV, 4WD, RV vehicles? | years | years | years |
| Specify off-road driver or advanced driver courses completed and when. | | | |
| IS the owner/ driver likely to use the vehicle off-road? | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Will the owner/driver take part in any off-road recreational club challenges? | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |

The following is to be supplied with each vehicle to be insured:

- Clear photographs of: a) License disk for vehicle; b) Front, rear and side views of vehicle showing window glass;
- c) Odometer reading

CROSS BORDER TRAVEL

Apart from RSA the insured vehicle is automatically covered in Lesotho, Swaziland, Namibia, Botswana, Zimbabwe, Mozambique, Angola, Zambia, Malawi, Kenya, Tanzania and Uganda.

| | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|--|-----------|-----------|-----------|
| Specify which territories you are likely to travel to? | | | |
| Specify the duration of each trip? | | | |
| Specify purpose of travel. | | | |

FINANCE ON VEHICLE

| Finance Particulars | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|--|-----------|-----------|-----------|
| Finance house/banking institution name | | | |

ADDITIONAL VEHICLE EXTENSIONS – SPECIFY IF REQUIRED (SUBJECT TO AN ADDITIONAL PREMIUM CHARGE)

| Car Hire 30 days max. Select below (p.m. = per month) | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|--|--------------------------|--------------------------|--------------------------|
| Group B Hatch man. R75 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Group C Sedan man. R85 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Group D Automatic R95 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Group K SUV R280 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Group L 1ton LDV R120 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not Required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tyre Insurance (OPTIONS – R3000/R6000 or R5000/R10000 or R7500/R15000 per tyre/per claim) <i>If required, specify number, OR:</i> | | | |
| Tyre & Rim Insurance (OPTIONS – R10 000 or R20 000 or R30 000 Incident Limit) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Xs'Sure (basic excess only) BASIC EXCESS BUY DOWN – 4% of claim amount/maximum R50 000: X's Sure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Credit Shortfall Maximum Shortfall/Vehicle Value R200 000/R1 000 000 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Value Added Products and Emergency Assistance

Automatic Cover R60pm Non Optional

Customer Loyalty Consultants – Value added Products and Emergency Medical Response/Assistance and Evacuation Services including Guaranteed Hospital Admission up to R5 000 is automatically provided in terms of this policy. VAP's include accident manager, roadside/vehicle locksmith-flat tyre-out of fuel-flat battery/trauma/legal/medical emergency assistance/funds protect/HELP 247 Mobile Application

MOTOR CATEGORY: TOWABLES – (COVER COMPREHENSIVE ONLY)

| Unit Particulars | Unit 1 | Unit 2 | Unit 3 |
|---|---|---|---|
| Unit type – specify | | | |
| 1) Caravan standard/ or on and off road unit; | | | |
| 2) Trailer standard baggage/ or on and off road camper unit; | | | |
| 3) Utility trailers – Specify use | | | |
| Make of unit | | | |
| Year of manufacture | | | |
| Model | | | |
| Registration number | | | |
| Chassis/VIN/ Serial number | | | |
| Colour | | | |
| Sum Insured required | R | R | R |
| Total Value standard supplied contents/additional fitments or accessories; | R | R | R |
| a) Contents | R | R | R |
| b) Fitments | R | R | R |
| c) Accessories | R | R | R |
| Chassis Length in metres | | | |
| If the unit is a boat trailer, is it a break-neck? | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Does the unit have an independent braking system? | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Does the unit have a tandem axle-system? | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Where is the unit stored/ parked whilst not in use? Describe security at location. | | | |
| Is the unit the subject of a finance agreement? If so, state which Bank? | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Are you likely to take the unit cross border, | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| If so, where? | | | |

NOTE

The following is to be supplied for each itemised tow unit:

Clear photographs of: a) License disk for unit; b) Front, rear and side views of unit showing window glass, where applicable.

MOTOR CATEGORY: MOTOR CYCLES – CRUISER/TOURER/ADVENTURE ONLY/ATV'S/GOLF CARTS

(MUST BE INSURED WITH A 4WD/RV UNIT.)

| Unit Details | Motorcycle/Quad/ ATV 1 | Motorcycle/Quad/ ATV 2 | Motorcycle/Quad/ ATV 3 |
|--|---------------------------|---------------------------|---------------------------|
| Make | | | |
| Type | | | |
| a) Cruiser/Tourer/Adventure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Quad/ATV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Golf Cart | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Model | | | |
| Year | | | |
| Engine capacity (500cc & above only) | | | |
| Colour and special features/signage (i.e ghosting) | | | |
| Registration number | | | |
| VIN Number | | | |
| Engine Number | | | |
| Serial Number b) & c) above | | | |
| M&M Code (if applicable) | | | |
| Retail Value | R | R | R |
| Accessories list under each unit/total value# | R | R | R |
| # | R | R | R |
| # | R | R | R |
| # | R | R | R |
| # | R | R | R |
| Unit total value inclusive # | R | R | R |

Finance On Unit

| Finance Particulars | Motorcycle/Quad/ ATV 1 | Motorcycle/Quad/ ATV 2 | Motorcycle/Quad/ ATV 3 |
|--|---------------------------|---------------------------|---------------------------|
| Finance house/banking institution name | | | |

NOTE

The following is to be supplied for each unit itemized above. Clear photographs of:
a) License dial; b) Front, rear and side views of the unit insured showing window glass where applicable; c) Driver's License.

CROSS BORDER TRAVEL

Apart from RSA the insured unit is automatically covered in Lesotho, Swaziland, Namibia, Botswana, Zimbabwe, Mozambique, Angola, Zambia, Malawi, Kenya, Tanzania and Uganda

| | Motorcycle/Quad/ ATV 1 | Motorcycle/Quad/ ATV 2 | Motorcycle/Quad/ ATV 3 |
|--|---------------------------|---------------------------|---------------------------|
| Specify which territories you are likely to travel to? | | | |
| Specify the duration of each trip? | | | |
| Specify purpose of travel. | | | |



Insured By: Guardrisk Insurance Company Limited | Reg 1992/001639/06 | FSP 75
 Address – 102 Rivonia Rd, Sandton | Postal- PO Box 783542, Sandton 2146 | Tel- 0860 002 500



Administered by: Sasfin HRS Administrators (Pty) Ltd | Reg 2014/074456/07 | FSP45422
 Address – 97 Milner Rd, Kensington B, Randburg | Postal- PO Box 321 Cramerview 2060 | Tel- 011 840-6000

RECORD OF ADVICE (ROA) – REGARDING YOUR TRUE GRIT POLICY

INSURED:

REFERENCE NUMBER:

DATE:

(DD/MM/YYYY)

TIME

(HH:MM)

BROKER NAME:

CONFIRMATION

| | DISCUSSED | NOT DISCUSSED | FULLY UNDERSTOOD | NEED MORE EXPLANATION | NOT TAKEN UP | TAKEN UP |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| The summary below does not replace the full terms and conditions of cover as set out in the TRUE GRIT Policy wording, however is a summary of the points discussed between you and your Broker. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Should there at any stage be any material change to the nature of the risk, or the risk is increased in anyway, you are to immediately notify your Broker who in turn are required to notify TRUE GRIT in writing. This may result in certain restrictions or amendments being imposed in the scope of cover. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| The onus is on the Insured to prove ownership of any property lost or damaged. Failure to do so may negatively impact on the outcome of a claim. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ITEMS THAT CAN BE COVERED UNDER THE TRUE GRIT POLICY | | | | | | |
| I am fully aware that the cover is restricted to cover certain select Vehicles, Motorcycles, Campers, Towed Items (caravans and trailers), Pleasure Craft and a limited range of specific All Risks items. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| I understand that no cover is in place until I have received confirmation to this effect, either by sms or in writing from TRUE GRIT. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| COVER FOR VEHICLES AND MOTORCYCLES | | | | | | |
| I am aware that the cover for the vehicle/s, is restricted to the current retail value for the year and model and that details of all/any extra fitments and accessories need to be specifically listed with the applicable replacement values. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Any exceptions to this will be agreed to in writing and endorsed on the policy documentation by TRUE GRIT. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| COVER FOR CARAVANS, TRAILERS AND OTHER TOWED ITEMS | | | | | | |
| Cover is restricted to the current retail value for the make, year & model unit and details of all/any extras which are required to be covered, need to be specifically listed with applicable replacement values. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Any exceptions to this will be agreed to in writing and endorsed on the policy documentation by TRUE GRIT in writing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| COVER FOR PLEASURE CRAFT/SMALL CRAFT | | | | | | |
| There are restrictions to the type of craft that can be insured including its value, dimensions and speed. I understand the requirements relating to currency of a skippers permit and vessel safety inspection certification. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| I am aware of these and satisfied that the criteria have been met to be accepted for cover with TRUE GRIT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| SPECIFIC OUTDOOR PERSONAL ITEMS THAT MAY BE COVERED ON THE POLICY WITH TRUE GRIT | | | | | | |
| I am the rightful owner and regular user of the item/s to be covered and have proof of acquisition/ ownership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| CROSS-BORDER TRAVEL | | | | | | |
| I am aware of the procedures and I am aware that I am required to inform TRUE GRIT of my intended cross-border travels to ensure that cover is in effect. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| TRUE GRIT ASSIST BENEFITS – CUSTOMER LOYALTY CONSULTANTS (CLC) | | | | | | |
| I am aware of the additional cover and service benefits and how to make use of the ASSIST dedicated contact line in case of emergency or need to do so. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |



| | CONFIRMATION | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | DISCUSSED | NOT DISCUSSED | FULLY UNDERSTOOD | NEED MORE EXPLANATION | NOT TAKEN UP | TAKEN UP |
| ADDITIONAL COVER OPTIONS AVAILABLE | | | | | | |
| I am aware of the additional offerings that I may take up to enhance my policy benefits. The following have been discussed with me. | | | | | | |
| 1 – CAR HIRE (Options – Groups B,C,D, K & L Vehicles): Empire Fleet Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 – CREDIT/FINANCE SHORTFALL – GAP – MAXIMUM SHORTFALL R200 000/R1 000 000 VEHICLE VALUE: i-Credit (Infiniti) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) BASIC EXCESS BUY DOWN – 4% of claim amount/maximum R50 000: X's Sure (Guardrisk) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 – TYRE COVER (OPTIONS – R3000/R6000 or R5000/R10000 or R7500/R15000 PER TYRE/PER CLAIM) INCLUDES OFF-ROAD TYRE DAMAGE: X's Sure (Guardrisk) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OR: | | | | | | |
| 5 – RIM & TYRE (OPTIONS – R10 000 or R20 000 or R30 000 INCIDENT LIMIT) : X's Sure (Guardrisk) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 – CROSS BORDER MEDICAL RESPONSE/ASSISTANCE/REPATRIATION: CLC – GENRIC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 – EXTENDED MOTOR THIRD PARTY LIABILITY (R10M OR R20M): GENLIB | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 – Has your broker discussed with you that he will be charging you an additional fee over and above the commission to which he is entitled. this amount is limited in total to r50-00 for the policy. | | | | | | |
| Your signature here, confirms your consent for the broker to derive this additional income. | | | | | | |

POLICY HOLDER SIGNATURE _____

BROKER SIGNATURE _____

DATE: (DD/MM/YYYY)

SHORT TERM INSURANCE PRINCIPLES

(Definitions summary page handed to client)

NO. PRINCIPLE CONCEPT OR INTENT DISCUSSED (Discussed/Not discussed)

| | Yes | No |
|---|--------------------------|--------------------------|
| 1. A short term policy is a contract of UTMOST GOOD FAITH and all relevant information has been disclosed by you. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Your Broker has provided you with all the relevant information in order for you to make informed decisions relative to the TRUE GRIT Policy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. TRUE GRIT may exercise the SUBROGATION clause following settlement of your claim if there is a need to make a recovery from a Third Party. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. You understand the implications of the UNDER INSURANCE Clause and how this may adversely affect your claim settlement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. It is your duty to ensure that your premiums are paid and in addition the implications of the CONTRIBUTION Clause. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. All extras and All Risks items are to be insured at NEW REPLACEMENT VALUE . | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. You will be required to provide all required information in the event of a VALID CLAIM . | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. TRUE GRIT has the option to decide on the method of a CLAIMS SETTLEMENT which could be by repair, or replacement or making a payment. | <input type="checkbox"/> | <input type="checkbox"/> |

Signed at _____ On this day, the _____ of _____ 20____

Signature of Policy Holder: _____

Signature of Broker: _____

CONSENT TO INFORMATION SHARING

Where it is felt necessary, Insurers will periodically share information regarding an Insured for material validation purposes and to obviate the potential of fraudulent claims. Reduction of fraudulent incidents in the insurance industry could reduce the need to impose increases in premiums in the future. Information sharing is done in the best interests of current and prospect policyholders. Information sharing or gathering of information is in the main, done via the Information Data Sharing System controlled by Trans Union ITC and operated on behalf of the South African Insurance Association.

By your insurer agreeing to insure your risk or renew your insurance, you and any person authorised to effect insurance on your behalf, consent to all information (both current and previous) being made available to any other insurer or it's representative. You or your representative also hereby accept that any information supplied can be verified by any legally recognized source or central information data base. By acceptance or renewal of your insurance, you have hereby consented to the insurer sharing or verifying information and also waive any rights of confidentiality concerning the underwriting or claims information provided by yourself or your authorized representative.

Should you incur a claim, the information provided by you with your proposal and any information supplied relative to the claim, will be included on the Information Data Sharing system and in so doing be made available to all other participating insurers.

Declaration

I warrant that the answers given by myself or my authorised representative are true and correct, and I do not know of any material facts, even though specific questions about the material facts have not been asked, that should in addition be communicated to the Insurer.

I hereby acknowledge and accept that SasfinHRS Administrators will charge an additional Policy Management fee of R100-00 on my Policy each month.

I AGREE THAT this proposal shall be the basis of the contract between the insurer and myself.

I WILL ACCEPT the insurer's supplied policy wording, unless otherwise agreed or altered in writing by sasfinHRS & myself.

I UNDERSTAND THAT this insurance will not commence until this proposal has been accepted by the insurer.

If you are unable to sign this declaration without qualification, then please provide your reason/s below:

Signature of Policy Holder _____ Date _____

In terms of the policyholder protection legislation, it is an offence for anyone other than the proposer to complete and sign this proposal form.

WE REMIND YOU NOT TO SIGN ANY BLANK OR PARTIALLY COMPLETED FORM/S



Insured By: Guardrisk Insurance Company Limited | Reg 1992/001639/06 | FSP 75
 Address - 102 Rivonia Rd, Sandton | Postal- PO Box 783542, Sandton 2146 | Tel- 0860 002 500



Administered by: Sasfin HRS Administrators (Pty) Ltd | Reg 2014/074456/07 | FSP45422
 Address - 97 Milner Rd, Kensington B, Randburg | Postal- PO Box 321 Cramerview 2060 | Tel- 011 840-6000

ADDITIONAL FEE CONSENT FORM

This document sets out your consent for the payment of additional fees that will go directly to your broker for additional services performed by [FSP name] "broker" and does not replace any other disclosure you are entitled to receive in terms of any applicable legislation.

_____ charges additional fees for the following services:
 (broker name)

SERVICES RENDERED

[remove functions not being performed and add any additional services being provided]

| | | | |
|--|--------------------------|---|--------------------------|
| Obtaining quotes and valuations for claims | <input type="checkbox"/> | Negotiations with insurer in respect of rejected claims | <input type="checkbox"/> |
| Advice outside the ambit of financial products; | <input type="checkbox"/> | Assisting with recoveries against third parties | <input type="checkbox"/> |
| Roadside assistance services in the case of a motor vehicle collision or breakdown | <input type="checkbox"/> | Assist with organising car hire if required while vehicle is being repaired | <input type="checkbox"/> |
| Additional written information to assist with accidents | <input type="checkbox"/> | Assisting with assessors and investigators | <input type="checkbox"/> |
| Facilitation of non-insurance value added products | <input type="checkbox"/> | Risk advice and risk management services | <input type="checkbox"/> |
| Onsite visits when requested and with renewal | <input type="checkbox"/> | | |
| Other (please specify) | <input type="checkbox"/> | | |

The deduction and collection of broker fees will be facilitated by the insurer or their appointed premium collection agency. You may also withdraw consent to charge the fee if you do not want to make use of these services provided.

I, _____, with identity number _____ hereby confirm the following:

- a. My broker, [insert broker name] has explained to me that an additional fee will be charged on my insurance policy in respect of additional services provided to me by my broker. My broker has also explained the nature of the fee to me and I am comfortable with the fee being charged.
- b. My broker has confirmed that the additional fee which I will be charged, does not relate to any service for which my broker is already receiving a commission (from the insurer) for in respect of my policy, nor is the fee for a service that is already included in my insurance premium.
- c. I hereby consent my broker to charge me R _____ [insert fee amount] as a Rand amount/as a percentage of gross premium, inclusive of VAT, for the duration of the policy.

Signed at _____ on this _____ day of _____, _____

 Client signature

 Client name

 Authorised broker / Representative signature

 Authorised broker / Representative name