

FAIS DISCLOSURE DOCUMENT TO SHORT-TERM INSURANCE POLICYHOLDERS
IMPORTANT – PLEASE READ CAREFULLY
DISCLOSURE AND OTHER LEGAL REQUIREMENTS

(This notice does not form part of the Insurance Contract or any other document)
Given in terms of the Financial Advisory and Insurance Services Act 37 of 2002

1. About the intermediary (Insurance Broker)

Deo Gratia Insurance Brokers (Pty) Ltd

Physical Address :
Unit A1 Block A
Glenwood Office Park
Sprite Avenue
Faerie Glen
Pretoria
0081

Postal Address :
P. O. Box 41347
Garsfontein East
Pretoria
0060

Telephone : (012) 361 0244/6 FSP License 1233 (licensed for Commercial and Personal Lines Business)

E-mail: martie@deogratiabrokers.co.za OR daleen@deogratiabrokers.co.za

Affiliation to the Professional Body:

Financial Intermediaries Association of South Africa (FIA)

Professional Indemnity Cover:

AIG South Africa Limited

FIA Code of Conduct:

The FIA requires of its Members:

- *To adhere to this code, the constitution of the FIA, and any other relevant statutory enactment.*
- *To conduct their business in good faith and with integrity.*
- *To honor the confidentiality of all information communicated to, or obtained by the member;*
- *Where business entails the assessment or acceptance of any risk by an Underwriter, to obtain all material information from the client and to communicate the same to the Underwriter;*
- *To render services or advice only in connection with matters or products about which the member is informed and knowledgeable and to comply at all times with legislation relating to the financial services industry;*
- *Not ever to act in a manner that may harm the image of the FIA or its members;*

Complaints

If you have any complaints about our service, please contact the broker handling your Insurance Portfolio. In the event that the above complaint is not resolved within 48 hours, please report the complaint to our Complaints Officer.

Complaints Officer:

Mrs. J.M. Rothmann
Telephone: 012 - 361 0244/5/6
Telefax: 012 - 361 0247

Compliance Officer:

Leona Prinsloo
Practice No. : 4920
Cellphone : 083 310 2563
Email : lprinsloo@mweb.co.za
Postal Address : 149
Kriestel Road
Lyttelton 0157

Conflict of Interest Management Policy

Our COIMP is available on request (in terms of BN58/2010) and can also be viewed on our website: www.dgbrokers.co.za

2. Legal Status

We are registered and our Company No is 2022/595899/07
We are registered for VAT and our VAT number is 4700184809

3. Insurers with whom Deo Gratia has mandates

- Deo Gratia Insurance Brokers (Pty) Ltd is licensed as an Intermediary Financial Services Provider in the Short Term Personal Lines and Short Term Commercial Lines business.
- We have a contract with all Insurers and Underwriting Managers that we deal with and represent inter alia Santam, Hollard, Mutual, and Federal (Letters of Accreditation are available);
- Insurers who receive less than 30% of businesses are inter alia Consort, Execuline, ABSA Insurance Company, Auto & General Insurance Company
- Insurer who receives more than 30% of business is Santam.
- We have 0% interest in an Insurer

4. Claims Procedure

- In respect of Vehicle Accidents, phone your Insurer's hotline from the scene of the accident as they will summon an approved towing service to tow your vehicle to a place of safety.
- Report the loss/claim to us
- A claim form (if required by your Insurer) will be submitted to you and you must complete, sign and return this document to us
- Our address and contact details are specified below point 1 above
- Should you have any queries, please contact us.

5. Rand amount of fees and percentages of commission earned:

Deo Gratia levies a facilitating fee payable by their clients:

Business/Commercial policies and products: 5% of monthly or annual premiums or as otherwise agreed

Personal lines policies and products: R50.00 or as otherwise agreed

Deo Gratia also earns commission from Insurers as follows: 20.0% of Non- Motor Risk Premium and 12.5% of Motor Risk Premium.

6. About the Insurer (These details are available on the Insurer / Underwriting Agency's Disclosure Document)

Name, physical and postal address, and telephone numbers
 Telephone number of the compliance department of the Insurer
 Details of how to institute a claim and/or complaint
 Type of Policy involved
 Extent of premium obligations you assume as Policyholders
 Manner of payment of premium, the due date of premiums, and consequences of non-payment.

This information is disclosed separately and confirmed in writing in the Policy, Policy Schedules, and other standard disclosure documents.

7. Other matters of importance

You must be informed of any material changes to the information referred to in Paragraphs 1 and 2.

If the information in Paragraphs 1 and 2 were given orally, it must be confirmed in writing within 30 days.

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.

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 a claim

If the premium is paid by debit order

- (i) it may only be in favor of one person and may not be transferred without your approval: and
- (ii) the Insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel such debit order.

The Insurer and not the Intermediary must give reasons for repudiating your claim.

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.

You are entitled to a copy of the Policy.

8. Warning

Do not sign any blank or partially completed application form.

Complete all forms in ink.

Keep all documents handed to you.

Take note as to what is said to you.

Don't be pressurized 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.

9. Particulars of Short-Term Insurance Ombudsman who is available to advise you in the event of claim problems, which are not satisfactorily resolved by the insurance intermediary and/or the Insurer.

P.O. Box 30619
 BRAAMFONTEIN
 2017

Telephone: 0860 662 837

Fax: 011 - 726 5501

10. Particulars of Registrar of Short-Term Insurance

Financial Services Board
P. O. Box 35655
MENLO PARK
0102
Telephone : 012 – 428 8000
Fax : 012 – 347 0221

11. Sharing of Insurance Information

The South African Insurance Association (SAIA) has created a shared database for storing insurance information. Insurers share information with each other regarding policies and claims in order to prevent insurance fraud and evaluate and assess risks and proposed risks for insurance. Shared information contributes in limiting fraud and assists in the assessment of risks fairly. This is done in the interest of policy holders, (existing and future). The sharing of information is not limited to information sharing via the SAIA shared database.

By the Insurer (s) accepting or renewing this insurance you or any other person you represent gives consent that the said information being disclosed to any other insurance company or its agents.

In Addition to the above you are also giving consent to the sharing of information in regard to past insurance policies and claims you have made, you also acknowledge that information provided, by you or your representative may be verified against any legally recognized sources or databases.

By insuring or renewing your insurance you hereby consent to such information sharing and you also waive any rights of confidentiality with regard to underwriting or claims information that has been provided by another person on your behalf. In the event of a claim, the information you have provided/supplied in relation to the claim, will be included in the system and made available to other Insurers participating in the Data Sharing System.

The above is contained in our Protection of Personal Information Act policy. This document is available on request.

SIGNED: _____

INSURED

DATE

TITLE / DESIGNATION