DISCLOSURE NOTICE TO NON-LIFE INSURANCE POLICYHOLDERS

INTERMEDIARY SERVICES ACT NO.37 2002 FAIS & NON-LIFE INSURANCE ACT
IMPORTANT - PLEASE READ CAREFULLY - DISCLOSURE AND OTHER LEGAL REQUIREMENTS
(This notice does not form part of the Insurance Contract)

Your insurance product involves three companies performing different functions:

The Intermediary	This company acts as your agent and sells the product to you.
The Insurer	This is the insurance company that ultimately receives your premiums and is liable for claims.
The Binder Holder	This company "binds" or deals with various aspects of your policy on behalf of your insurer (for example: going on risk, deciding on your premiums and settling your claims).
The Underwriting Manager (UMA)	The UMA performs binder functions and other services on behalf of an insurer. The UMA is mandated to enter into, vary and renew policies as well as determining policy benefits, policy wordings and premiums and settling claims on Hollard's behalf.

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

ABOUT THE INTERMEDIARY (INSURANCE BROKERAGE)

Business Name : Risk Benefit Solutions (Pty) Ltd
Physical Address : 1st Floor Soho on Strand, 128 Strand Street, Cape Town, 8001
Postal Address : P.O. Box 449, Cape Town, 8000
Telephone : 021 443 4400 Fax : 021 443 4444
Web : www.rbs.co.za Email : info@rbs.co.za
Registration Number : 1999/021199/07
VAT Number : 4430190183
Authorised Financial Services Provider Licence No: 4903

Authorised to provide Financial Services in Respect of Licence Category 1: 1.2 Non-Life Personal and 1.6 Non-Life Commercial Lines

BROKER'S COMPLIANCE OFFICER

Name : Compli-Serve SA (Pty) Ltd
Physical Address : No 65 Second Avenue, Harfield Village, 7708
Postal Address : P O Box 2358, Clareinch, 7740
Telephone : 087 897 6970 Fax : 021 6742821 Email : riana@compliserve.co.za
Contact Person : Riana Grobler

LEGAL STATUS AND ANY INTEREST IN THE INSURER

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

PROFESSIONAL INDEMNITY AND GUARANTEE

Your Intermediary does have Professional Indemnity Insurance.
Your Intermediary does not have Intermediary Guarantee Fund Cover.
Your Intermediary does have Fidelity Guarantee Cover.

WRITTEN MANDATE TO ACT ON BEHALF OF INSURER

This certifies that the insurer has granted a mandate to the administrator to represent the insurer and to accept business on their behalf.

COMMISSION

We receive commission from the insurer in the amount of 20% of the premium for non-motor and 12.5% of the premium for motor,

GENERAL COMMENTS

SHARING OF INSURANCE INFORMATION

In the case that you wish to apply for access to information, please peruse and follow the procedure on the following website:
https://www.rbs.co.za/wp-content/uploads/2019/06/Access-To-Information.pdf

If you have submitted your request to the Information Officer, and your request has not been resolved within 6 weeks of you submitting your request, you may complain to the Information Regulator at:

- <https://www.justice.gov.za/inforeg/>
- Complaints.IR.justice.gov.za

ABOUT THE ADMINISTRATOR

Name : Independent Broker Administration (Pty) Ltd
Physical Address : 1st Floor Soho on Strand, 128 Strand Street, CAPE TOWN
Postal Address : P.O. Box 449, CAPE TOWN
Telephone : 021 4434400 Fax : 0214434444
Email : info@rbs.co.za
Authorised Financial Services Provider Licence No: 22229
Registration Number : 2000/017256/07
VAT Number : 4120192630
Authorised to provide Financial Services in Respect of Licence Category 1: 1.2 Non-Life Personal and 1.6 Non-Life Commercial Lines

ADMINISTRATOR COMPLIANCE OFFICER DETAILS

Compliance Officer : Compli-Serve SA (Pty) Ltd

Physical Address	: No. 25 Second Avenue, Harfield Village, 7708				
Postal Address	: P O Box 2358, Clareinch, 7740				
Telephone	: 0861 273 783	Fax	: 021 6742821	Email	: www.compliserve.co.za
Contact Person	: Riana Grobler				

PROFESSIONAL INDEMNITY AND GUARANTEE

Your Administrator does have Professional Indemnity Insurance.
Your Administrator does not have Intermediary Guarantee Fund Cover.
Your Administrator does not have Fidelity Guarantee Cover.

ABOUT THE INSURER

Name	: The Hollard Insurance Company Limited (Binder)		
Physical Address	: Hollard Arcadia Campus, 22 Oxford Road, Parktown, Johannesburg, 2193		
Postal Address	: P.O. Box 87419, Houghton, Johannesburg, 2041		
Telephone	: (011) 351 5000	Fax	: (011) 351 8034
Website	: www.hollard.co.za	Email	: info@hollard.co.za
Registration Number	: 1952/003004/06		
VAT Number	: 4450117405		

Authorised Financial Services Provider Licence No: 17698
Authorised to provide Financial Services in Respect of Licence Category 1: 1.2 Non-Life Personal and 1.6 Non-Life Commercial Lines

INSURER COMPLIANCE OFFICER

Name	: Hollard Compliance Department		
Telephone	: 011 351 5000	Fax	:
Contact Person	: Group Compliance Department	Email	: compliance@hollard.co.za

INSURER COMPLAINTS DEPARTMENT

www.hollard.co.za

Contact Person	: Hollard Insure Complaints	Tel No	: 011 351 5000
Postal Address	:	Email	: hollardinsurecomplaints@hollard.co.za

DETAILS OF HOW TO INSTITUTE A CLAIM

Should you have a claim against your policy, please contact your Broker or Scheme Administrator for details.

FRAUD AND COMPLAINTS

COMPLAINTS RESOLUTION

Should you have any complaints with respect to the product and service provided please write to:
Name The Hollard Insurance Company Limited
Department Hollard Insure Complaints
Email address hollardinsurecomplaints@hollard.co.za
Website www.hollard.co.za

If you are dissatisfied with the outcome of your complaint, depending on the nature of your complaint, you may approach the FAIS Ombud for matters relating to how the policy was sold to you or the Short-term Ombudsman for matters relating to your policy itself, like claims, details of which appear below.

CLAIMS

Procedures for the submission of claims are detailed in the policy wording in the sections of the policy headed GENERAL.
In the event of a possible claim you must notify the insurers as soon as possible. The contact details of your insurer is detailed above.

In the event of a claim you will be required to supply the following:
- Details of other insurance covering the same event
- Written details of the event unless otherwise instructed
- Information and proof in support of the claim
- Documents or details of any communication in connection with the claim.

You must make no admission or statement of liability or make any offer to any third party. Claims resulting from loss, theft or malicious damage must be reported to the police. You must notify the insurer immediately, once you become aware of any impending prosecution. In the event of a claim you may become responsible for a first amount payable in respect of a claim. Details of any such responsibility is shown in the policy wording and the amount is shown in the policy schedule.

TYPE OF POLICY

This is a Non-Life Insurance policy, paid Monthly.

EXTENT OF YOUR PREMIUM OBLIGATIONS

Your premium obligations are:

Premium	:	2 312.46	
Sasria	:	54.04	
Broker Fees	:	231.25	
Underwriter Fees	:	-	
Retained Fee	:	-	
Total Payable	:	2 597.75	
Inclusive of Commission of	:	360.60	Paid Monthly to Risk Benefit Solutions (Pty) Ltd
Inclusive of VAT of	:	338.84	

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

Premiums are paid by debit order. Premiums are paid Monthly and are due on the 1st day of each month.

You agreed to pay the premium. The amount of premium due, the frequency of payment, and the date on which payment is due, is contained in the policy schedule.

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

WARNING

- Do not sign any blank or partially completed application forms.
- Complete all forms in ink.
- Keep all documents handed to you.
- Make notes 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.
- Request a letter of representation from your adviser.

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 insurer or the broker is not resolved to your satisfaction, you may submit a complaint to the Non-Life Insurance Ombudsman or FAIS 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.

COMMISSION, BINDER AND CONFLICT OF INTEREST DISCLOSURE

Syndicate Investments, a company within The Hollard Group of Companies, owns 34.53% of the shares in the holding company of your intermediary / the binder holder. A Hollard employee sits on the board of the holding company of your intermediary / the binder holder as a non-executive director.

Your intermediary receives a commission from your insurer. The levels of commission vary depending upon the product type. The exact amounts are disclosed in your policy schedule. In addition, your intermediary charges you a broker fee which will also be shown on your policy schedule.

The binder holder is paid a binder fee which is calculated to be 9.00% of the gross written premium it places with your insurer.

The binder holder is in the same group of companies as your insurance broker.

BINDER DISCLOSURE

RBS Insurance Administration Services (Pty) Ltd acts as a binder holder for The Hollard Insurance Company Limited and has a signed Personal Lines and Commercial Lines binder agreement to this effect. In terms of this agreement, the binder holder may:
1) enter into, vary and renew policies
2) determine the premiums
3) determine policy benefits
4) settle all valid claims.

The binder holder also has a signed Special Risks binder agreement. In terms of this agreement, the binder holder may:
1) enter into, vary and renew policies.

The binder holder may not reject claims, nor may it cancel policies. This may only be done by the insurer.

OTHER KEY CONFLICT OF INTEREST DISCLOSURES

Relating to your broker:

Does your broker have a shareholding in any insurer?	No
Does your broker receive more than 30% of their income from any insurer?	Yes
Does your broker have a relationship with any insurer that provides a financial interest other than ownership?	No
Does your broker have a relationship with any other broker that provides an ownership or financial interest?	No
Does your broker have a relationship with any distribution channel that provides an ownership, financial interest or support service?	No
Does your broker have a relationship with any other person that provides an ownership or financial interest?	Yes

Details if Yes: Syndicate Investments

Any combination of these relationships and/or ownership or financial interests may present a potential conflict and as such we need to ensure you are aware of these.

A full copy of your broker's conflict of interest management policy can be obtained from:
i) Your broker's offices upon written request to info@rbs.co.za
ii) Your broker's website www.rbs.co.za

Relating to the binder holder:

Does the binder holder have a shareholding in any insurer?	No
Does the binder holder receive more than 30% of their income from any insurer?	Yes
Does the binder holder have a relationship with any insurer that provides a financial interest other than ownership?	No
Does the binder holder have a relationship with any other broker or binder holder that provides an ownership or financial interest?	No
Does the binder holder have a relationship with any distribution channel that provides an ownership, financial interest or support service?	No
Does the binder holder have a relationship with any other person that provides an ownership or financial interest?	Yes

Details if Yes: Syndicate Investments

Any combination of these relationships and/or ownership or financial interests may present a potential conflict and as such we need to ensure you are aware of these.

A full copy of the binder holder's conflict of interest management policy can be obtained from:
i) The binder holder's offices upon written request to info@rbs.co.za
ii) The binder holder's website www.rbs.co.za

PARTICULARS OF SASRIA SOC LIMITED

Should you have requested cover provided by SASRIA SOC LIMITED, Registration No. 1979/00287/06, details are as follows:

Physical Address	: 36 Fricker Road, Illovo, Sandton, 2196		
Postal Address	: P.O. Box 653367, Benmore, 2010		
Telephone	: (011) 214 0800 / 086 172 7742	Website: www.sasria.co.za	
Fax	: (011) 447 8630	Email: contactus@sasria.co.za	
Claims Procedure	: In the event of a claim, all relevant documentation relating to your claim must be submitted to the Nominated Insurer, the name and address that appears above.		
Compliance Officer	: Mr. Mziwoxolo Mavuso		
Telephone	: (011) 214 0800 / 086 172 7742	Email: mziwoxolom@sasria.co.za	
Complaints	: Complaints in respect of a Representative (Nominated Insurer) to be addressed to: Compliance Officer, Sasria SOC Limited, P.O. Box 653367, Benmore, 2010		

Authorised Financial Services Provider Licence No: 39117

PARTICULARS OF THE NON-LIFE INSURANCE OMBUDSMAN

The OSTI is available to advise you in the event of a complaint regarding intermediary services and advice.

Name	: The Ombudsman for Non-Life Insurance		
Physical Address	: 1 Sturdee Avenue, 1st Floor, Block A, Rosebank, Johannesburg, 2196		
Postal Address	: P.O. Box 32334, Braamfontein, 2017		
Telephone	: (011) 726 8900	Fax: (011) 726 5501	Share call: 0860 726 890
Email	: info@osti.co.za	Web site: www.osti.co.za	

PARTICULARS OF THE FAIS OMBUDSMAN

Physical Address	: 125 Dallas Avenue, Menlyn Central, Waterkloof Glen, Pretoria 0010	
Postal Address	: P.O. Box 74571, Lynnwood Ridge, 0040	
Telephone	: (012) 762 5000 / (012) 470 9080	Fax: 086 764 1422 / (012) 348 3447
Email	: info@faisombud.co.za	Web site: www.faisombud.co.za

PARTICULARS OF THE REGISTRAR OF NON-LIFE INSURANCE / FINANCIAL SECTOR CONDUCT AUTHORITY

Name	: Financial Sector Conduct Authority (FSCA)		
Postal Address	: P.O. Box 35655, Menlo Park, 0102		
Telephone	: (012) 428-8000	Fax: (012) 346-6941	Contact Centre: 0800 20 37 22
E-mail	: info@fsca.co.za	Website : www.fsca.co.za	

GENERAL

The policy wording and schedule must be read as one document. If you need advice on any aspect of your policy, first amounts payable, claims procedures, or your responsibility to pay premiums, please contact your insurance broker or your insurer as indicated on the accompanying schedule.

SECTION 21 OF THE CODE OF CONDUCT

The Code of Conduct provides that no provider may request or induce, in any manner, a client to waive 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.

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 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 are similarly giving consent to the sharing of information in regard 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 recognised 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 Data Sharing System.