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31 MAY 1999

ADMIN AND CLAIMS: 0860 10 51 67

XXXXXXXXXX

**YOUR BUSINESS INSURANCE POLICY: XXXXXXXXXXXX.**

Auto & General Insurance Company Ltd wants to take this opportunity to welcome you to our service. This is just another affirmation of our commitment to make short-term insurance accessible and user-friendly to you, our valued client. Attached, please find all the documentation you will need for confirmation and explanation of your cover. Your pack consists of the following:

**POLICY BOOK**

One of the first business insurance policy books in the industry to have been awarded the Readability Mark for plain business writing. It is easy to understand as there is no legal jargon or small print.

**POLICY SCHEDULE**

All the details of the cover you selected as well as your excesses appear on this document which forms the basis of your premium calculation and acceptance of your risk. Kindly read through your schedule carefully to ensure that all your business, personal and cover details are correct.

**A&G BUSINESS PLUS BROCHURE**

Our A&G Business Plus Brochure product is a unique offering exclusive to our business insurance policy holders. The brochure explains all the benefits included automatically in your policy. Besides emergency assistance, like road side, towing or medical, the services included have been specifically designed to assist businesses like yours with their growth and sustainability.

If you have insured a vehicle(s), please save the dedicated towline number on your phone and place the sticker on the vehicle. Remember to call this towline number in the event of an accident. A&G Business Plus is a phone call away - 0860 83 84 85

**CASH BACK BONUS**

Remember that you can also choose to include a Cash Back Bonus, at a minimal fee. This entitles you to a cash reward if you have uninterrupted claims-free cover for 4 years. Your payout could be equal to your first year's insurance premiums or 25% of all your premiums paid over 4 years, whichever is the lesser.

As the aim is to provide the best support possible, please contact the Business Insurance Department on the above numbers, if you have any questions or changes.

Looking forward to doing business with you!

Regards

**Antoinette O'Callaghan**  
Customer Services

## Auto & General Business Insurance – Legal disclosures

About your insurer and product supplier for the business insurance selected

### FSP

		<b>Auto &amp; General Insurance Company Ltd</b>
a)	FSP Licence Number:	16354
b)	Registration Number:	1973/016880/06
c)	VAT Number:	489010585
d)	Physical Address:	Auto & General Park, 1Telesure Lane, Riverglen, Dainfern,2191
e)	Postal Address:	P.O. Box 11250, Johannesburg, 2000
f)	Website:	www.autogen.co.za
g)	Tel:	(011) 489-4000
h)	The Compliance Officer:	P.O. Box 11250, Johannesburg, 2000 Tel: (011) 489-4060 Fax: (011) 489-4381 E-mail: compliance@telesure.co.za
i)	The Public Officer:	A van Heerden Tel: (011) 489 4000
j)	The compliance department deals with issues relating to Auto&General's compliance with the FAIS Act. if you have policy-related issues, please call your local insurance contact centre at the number that appears on your schedule.	
k)	In the event of a complaint regarding a contravention of, or failure to comply with the FAIS Act, and/or the wilful or negligent rendering of a financial service that has or may cause prejudice or damage or if you feel you have been treated unfairly, please fax the details of your complaint to the Compliance Officer at the fax number at h) above.	
l)	In the event of a claim, you must call your insurance call centre at the number that appears on your schedule.	
m)	Auto & General Insurance Company Ltd is a registered Insurer and an Authorised Financial Services Provider, licenced to give advice and render financial services on short-term insurance personal and commercial lines and long term insurance category A and B.	
n)	Auto & General has appointed Telesure Group Services as a non-mandated intermediary to perform the following binder functions: enter into, vary or renew policies and to settle claims under these policies, for which Telesure Group Services receives a binder fee in accordance with the terms and conditions of the agreement between the parties.	
o)	Consultants, who currently do not meet the minimum experience and/or qualification requirements as set by the FAIS Act, render services under management supervision as provided for in the FAIS Act.	
p)	Auto & General Insurance Company Ltd does currently have professional indemnity insurance.	
q)	Telesure Group Services (PTY) Ltd is a juristic representative of Auto & General.	
r)	All premiums are inclusive of VAT at the standard rate. With the direction of the Commissioner in terms of S20(7) of the VAT Act, this policy document together with proof of payment of the insurance premium constitutes a valid tax invoice for the purpose of deducting input tax.	

About your product supplier of cover for any accidental or intentional damage to your property caused by any person or group of people taking part in a riot, strike, etc

a)	Product Supplier:	<b>SASRIA SOC LIMITED</b>
b)	Registration Number:	1979/00287/06
c)	Physical Address:	36 Fricker Road, Illovo
d)	Postal Address:	P.O. Box 653367, Benmore, 2010
e)	Website:	www.sasria.co.za
f)	Tel:	011 214 0800 / 086 172 7742
g)	The Compliance Officer:	Ms Nomsa Wabanie P.O. Box 7380, Johannesburg, 2000 E-mail Address: nomsaw@sasria.co.za 011 214 0800 / 086 172 7742
h)	The compliance department deals with issues relating to SASRIA's compliance with the FAIS Act.	
i)	Should you have any complaints relating to SASRIA, please e-mail complaints@sasria.co.za.	
j)	In the event of a SASRIA Claim, claims related queries can be made to Themba Sibiyona on 011 214 0829 ext. 229 or Mmakgomo Motalane on 011 214 0863 ext. 263	
k)	Auto & General is an agency company of SASRIA.	
l)	Please see your policy book for the type of cover that SASRIA provides.	

### Record of Advice

Telephone recordings will serve as a record of the advice given to you. Recordings of telephone discussions will be made available on request.

### COMPLAINTS HANDLING PROCEDURE

#### STEP 1-Contact Policy Services Department

Should you have any complaints regarding the following:

1. The administration of your policy- for example, problems with your debit order, incorrect information on your policy schedule or complaints against the consultant that sold you the policy.
2. Claims on your policy- for example, a claim lodged is taking too long or has been repudiated.
3. You may be requested to submit your complaint in writing together with any supporting documentation to either one of the following communication channels depending on the area you live in:

#### Area Policy Services

Johannesburg	Tel: 0860 109 190	Fax: 0860 109 158
Pretoria North West	Tel: (012) 452 3000	Fax: (012) 452 3271
Pretoria South East	Tel: (012) 452 3260	Fax: (012) 452 3261
Durban	Tel: (031) 366 8466	Fax: (031) 366 8502
Cape Town	Tel: (021) 527 8666	Fax: (021) 527 8722
Port Elizabeth	Tel: (041) 502 2662	Fax: (041) 502 2648
Bloemfontein	Tel: (051) 406 2211	Fax: (051) 406 2201

STEP 2- (A) Contact- Internal Dispute Resolution Department

If the matter is still not resolved to your satisfaction and it relates to a disputed claim, please contact our internal dispute resolution department, the details are as follows:

Internal Dispute Resolution Department:

Tel: 0860 109 059

E -mail: [compliance@telesure.co.za](mailto:compliance@telesure.co.za)

Fax: 0860 105 197

PO Box 11250, Johannesburg, 2000

Or

(B) Contact-Compliance

Should you believe that the insurer has contravened any regulatory or statutory requirement, in that, the financial service was not rendered honestly, fairly, with due skill, care and diligence, and in the interests of you the client, please contact the Compliance department. The compliance Department handles all FAIS related complaints:

Contact details:

Compliance Department

Tel: (011) 489 4644

E-mail:

Fax: (011) 489 4381

[compliance@telesure.co.za](mailto:compliance@telesure.co.za)

STEP 3- Contact the Short-term Ombudsman or the FAIS Ombudsman (Where applicable)

Should your complaint not be resolved to your satisfaction or if we failed to timeously respond to your complaint, then you may submit your complaint to the FAIS ombudsman, or the Ombudsman for Short-term Insurance, whichever is applicable.

- (A) The Ombudsman for Short-term Insurance- provides consumers with a free dispute resolution mechanism. It mediates between subscribing members such as the insurer and policyholders regarding insurance contracts.

The Ombudsman for Short-Term Insurance can be contacted at:

Tel:

(011) 726 8900

Fax:

(011) 726 5501

Sharecall:

0860 726 890

E-mail:

[info@osti.co.za](mailto:info@osti.co.za)

Postal Address:

P O Box 32334, Braamfontein, 2017

- (B) The FAIS Ombudsman is an independent and impartial dispute resolution tribunal which investigates, considers and disposes of complaints by consumers against Financial Services Providers. For example, the way a policy was sold or how a service was provided.

The FAIS Ombudsman can be contacted at:

Sharecall:

0860 FAIS OM (0860 324 766)

Tel:

(012) 470 9080

Fax:

(012) 348 3447

E-mail address:

[info@faisombud.co.za](mailto:info@faisombud.co.za)

Website:

[www.faisombud.co.za](http://www.faisombud.co.za)

Postal address:

P.O.Box 74571, Lynnwood Ridge, 0040



## SUMMARY OF YOUR COVER

**Policy Number**      XXXXXXXXXXXX      **Effective Date:**      2013/08/21

**Business Type:**

XXXXXXXXXX

**Business Name and Address:**

XXXXXXXXXX

**Broker Name:**      XXXXXXXX

**Broker Code:**      XXXXXXXX

**Physical Address:**

XXXXXXXXXX  
XXXXXXXXXX  
XXXXXXXXXX  
XXXXXXXXXX  
XXXXXXXXXX

**Postal Address:**

XXXXXXXXXX  
XXXXXXXXXX  
XXXXXXXXXX  
XXXXXXXXXX  
XXXXXXXXXX

**Telephone Work:**      XXXXXXXX

**Telephone Cellular:**      XXXXXXXX

**Fax Number:**      XXXXXXXX

**E-mail Address:**      XXXXXXXX

**The residential address plus any other daytime or overnight addresses displayed on this schedule are the risk addresses where you keep the insured items. These have an influence on the calculation of your premium and determines the acceptability of your risk plus the terms and conditions that are applied to your policy. IF YOU CHANGE ANY OF THESE ADDRESSES AND DO NOT UPDATE YOUR POLICY RECORDS, YOU MAY NO LONGER HAVE INSURANCE.**

<b>Non-Motor Cover</b>	<b>Insured Amount</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>	<b>SASRIA Included</b>
Fire	xxxxxxx	See cover page	xxxxxxxxxx	Yes
Business Interruption	xxxxxxx	xxxxxxxxxx	xxxxxxxxxx	Yes
Office Contents	xxxxxxxxxx	See cover page	xxxxxxxxxx	Yes
Buildings Combined	xxxxxxx	See cover page	xxxxxxxxxx	Yes
Contents	xxxxxxx	See cover page	xxxxxxx	
Subsidence of land	xxxxxxx	See cover page	xxxxxxxxxx	
Geyser Cover	Cover Selected			
Accounts Receivable	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	Yes
Theft	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	Yes
Money	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	Yes
Fidelity Guarantee	xxxxxxx	xxxxxxxxxx	xxxxxxxxxx	No
Glass	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	Yes
Electronic Equipment	xxxxxxx	See cover page	xxxxxxxxxx	Yes
Business All Risk				
Cellphones	xxxxxxxxxx	See cover page	xxxxxxxxxx	Yes
Specified Items	xxxxxxxxxx	See cover page	xxxxxxxxxx	Yes
Portable Electronic Equipment	xxxxxxxxxx	See cover page	xxxxxxxxxx	Yes
Tools	xxxxxxxxxx	See cover page	xxxxxxxxxx	Yes
Goods in Transit				
All Risk	xxxxxxxxxx	As specified.	xxxxxxxxxx	Yes
Fire, Collision and Overturning	xxxxxxxxxx	As specified.	xxxxxxxxxx	Yes
Fire, Collision, Overturning and Theft	xxxxxxxxxx	As specified.	xxxxxxxxxx	Yes
Accidental Damage	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	Yes
Malicious damage	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	Yes
Leakage	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	Yes
Public Liability	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	Yes
Employers' Liability	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	Yes
Personal Accident	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	No

Motor Cover	Year	Registration	Basic Excess	Monthly Premium	SASRIA Included	Sound System
XXXXXXXXXX	xxxxx	XXXXXXXXXX	Not Applicable *	xxxxxxxxxx	Yes	xxxxxxxx xx
xxxxxxxxxx	xxxxx	XXXXXXXXXX	xxxxxxxxxx	xxxxxxxxxx	Yes	No
xxxxxxxxxx	xxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	Yes	No
XXXXXXXXXX	xxxxx	XXXXXXXXXX	xxxxxxxxxx	xxxxxxxxxx	Yes	No
	1	XXXXXXXXXX	xxxxxxxxxx	xxxxxxxxxx	Yes	No
SASRIA Premium for Car/s						xxxxxxxx xx
SASRIA Premium for Goods Vehicles						xxxxxxxx xx
<b>Total SASRIA Premium for Vehicles Cover</b>					<b>xxxxxxxxxx</b>	
SASRIA Premium for Fire Cover						xxxxxxxx xx
SASRIA Premium for Money Cover						xxxxxxxx xx
SASRIA Premium for Goods in Transit Cover						xxxxxxxx xx
SASRIA Premium for Motor Ferries and/or Motor Traders' Cover						xxxxxxxx xx
SASRIA Premium for Business Interruption / ICOW Cover						xxxxxxxx xx
<b>Total SASRIA Premium for Non-Motor Cover</b>					<b>xxxxxxxxxx</b>	
<b>TOTAL MONTHLY PREMIUM</b>					<b>xxxxxxxxxx</b>	
<p>The monthly payment includes a broker commission of 1.10% for the motor section of your policy and 1.10% for the other sections and a broker fee of xxxxxxxx. The payment will be collected by IS Services (PTY) Ltd on the deduction dates.</p>						

\* Excess Buster is selected. Please refer to the Vehicle section page for details.

All premiums and insurance values are inclusive of VAT at the applicable rate. This schedule becomes a Tax Invoice once the premiums are paid in full.

**PAYMENT DETAILS**

**POLICY NUMBER:**

**XXXXXXXXXX**

**Payment details for policy number:** **XXXXXXXXXX**

WE AGREED TO COLLECT PAYMENTS BY DEBIT ORDER ON THE FOLLOWING DEDUCTION DATES:

**XXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX**

First deduction - XXXXXXXXXXXX on XXXXXXXXXXXX will provide cover from 31 May 1999 to 31 May 1999. Subsequent deductions - XXXXXXXXXXXX on the 1<sup>st</sup> of each month, or on the first applicable deduction day thereafter, will provide cover for that month.

<b>Financial Institution:</b>	XXXXXXXXXX	<b>Branch:</b>	XXXXXXXXXX
<b>Account Type:</b>	XXXXXXXXXX	<b>Account Number:</b>	XXXXXXXXXX
<b>Account Holder:</b>	XXXXXXXXXX		

**1 XXXXXXXXXXXX XXXXXXXXXXXX**

First deduction - XXXXXXXXXXXX on 1 will provide cover from 31/05/1999 to 31/05/1999. Subsequent deductions - xxxxxxxxxxxx on the 1<sup>st</sup> of each month, or on the first applicable deduction day thereafter, will provide cover for that month.

<b>Financial Institution:</b>	XXXXXXXXXX	<b>Branch:</b>	XXXXXXXXXX
<b>Account Type:</b>	XXXXXXXXXX	<b>Account Number:</b>	XXXXXXXXXX
<b>Account Holder:</b>	XXXXXXXXXX		

**XXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX**

First deduction - XXXXXXXXXXXX on 31 May 1999 will provide cover from 31 May 1999 to 31 May 1999. Subsequent deductions - XXXXXXXXXXXX on the 1<sup>st</sup> of each month, or on the first applicable deduction day thereafter, will provide cover for that month.

<b>Financial Institution:</b>	XXXXXXXXXX	<b>Branch:</b>	XXXXXXXXXX
<b>Account Type:</b>	XXXXXXXXXX	<b>Account Number:</b>	XXXXXXXXXX
<b>Account Holder:</b>	Name 1		

**XXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX**

First deduction - XXXXXXXXXXXX on 31 May 1999 will provide cover from 31 May 1999 to 31 May 1999. Subsequent deductions - XXXXXXXXXXXX on the 1<sup>st</sup> of each month, or on the first applicable deduction day thereafter, will provide cover for that month.

<b>Financial Institution:</b>	XXXXXXXXXX	<b>Branch:</b>	XXXXXXXXXX
<b>Account Type:</b>	XXXXXXXXXX	<b>Account Number:</b>	XXXXXXXXXX
<b>Account Holder:</b>	XXXXXXXXXXXXXXXXXXXX		

**NON-VEHICLE COVER**

First deduction - Deduction Amount on 25 September 2013 will provide cover from 25 September 2013 to 25 September 2013. Subsequent deductions - Subsequent Deductions on the 1<sup>st</sup> of each month, or on the first applicable deduction day thereafter, will provide cover for that month.

<b>Financial Institution:</b>	Financial Institution	<b>Branch:</b>	Bank Branch
<b>Account Type:</b>	Account Type	<b>Account Number:</b>	Account Number
<b>Account Holder:</b>	Name		

**BUILDING COMBINED COVER**

Pro-rate deduction for extra cover - XXXXXXXXXX on 31 May 1999 will provide cover from 31 May 1999 to 31 May 1999. Subsequent deductions - XXXXXXXXXX on the 1<sup>st</sup> of each month, or on the first applicable deduction day thereafter, will provide cover for that month.

**Financial Institution:** XXXXXXXXXX  
**Account Type:** XXXXXXXXXX  
**Account Holder:** XXXXXXXXXX

**Branch:** XXXXXXXXXX  
**Account Number:** XXXXXXXXXX



**NON-MOTOR UNDERWRITING DECLARATIONS****POLICY NUMBER:****XXXXXXXXXX**

Your answers to our questions are displayed below and your cover details appear on the pages overleaf. Kindly read this carefully and make sure that all the data and amounts recorded, are correct. (Note that if a R0 value has been recorded, that the relevant cover type has not been included with your policy.) Each of these factors has an influence on the premium and acceptability of your risk. Your policy may be invalidated if your details are not entirely true and correct and you do not advise us of changes or corrections.

<b>OUR QUESTION</b>	<b>YOUR ANSWER</b>																																				
Will the premises be unoccupied for more than 30 days in a year? Number of days unoccupied?	YES XXXXXXXXXX																																				
Is the business insured at the moment? Name and branch of insurance company? When did or will the policy expire?	YES XXXXXXXXXX 31 MAY 1999																																				
Do you have smoke detectors with a linked sprinkler system? Do you have fire extinguishers or fire hoses at your premises?	YES YES																																				
Where is the business situated? Is the property bordered by one or more of the following?	XXXXXXXXXX <table border="0"> <tr> <td>Vacant Land</td> <td>YES</td> <td>Chemicals</td> <td>YES</td> </tr> <tr> <td></td> <td></td> <td>Factory</td> <td></td> </tr> <tr> <td>Golf Course</td> <td>YES</td> <td>Scrap yard</td> <td>YES</td> </tr> <tr> <td>Park</td> <td>YES</td> <td>Scrap dealer</td> <td>YES</td> </tr> <tr> <td>Stream / River</td> <td>YES</td> <td>Candle</td> <td>YES</td> </tr> <tr> <td></td> <td></td> <td>Manufacturer</td> <td></td> </tr> <tr> <td>Small Holding / Farm</td> <td>YES</td> <td>Furniture</td> <td>YES</td> </tr> <tr> <td>Squatter Camp / Informal Settlement</td> <td>YES</td> <td>Manufacturer</td> <td></td> </tr> <tr> <td>Woodworking Shop</td> <td>YES</td> <td></td> <td></td> </tr> </table>	Vacant Land	YES	Chemicals	YES			Factory		Golf Course	YES	Scrap yard	YES	Park	YES	Scrap dealer	YES	Stream / River	YES	Candle	YES			Manufacturer		Small Holding / Farm	YES	Furniture	YES	Squatter Camp / Informal Settlement	YES	Manufacturer		Woodworking Shop	YES		
Vacant Land	YES	Chemicals	YES																																		
		Factory																																			
Golf Course	YES	Scrap yard	YES																																		
Park	YES	Scrap dealer	YES																																		
Stream / River	YES	Candle	YES																																		
		Manufacturer																																			
Small Holding / Farm	YES	Furniture	YES																																		
Squatter Camp / Informal Settlement	YES	Manufacturer																																			
Woodworking Shop	YES																																				
What type of building/structure is in XXXXXXXXXXXX? In what type of area is the building situated? Does the building have a thatched roof? Is the building insured at the moment?	XXXXXXXXXX XXXXXXXXXX YES YES																																				
Are there burglar bars on the outside of all exterior windows? Are there burglar bars on the inside of all exterior windows?	YES YES																																				
Is the building protected by a burglar alarm? PLEASE NOTE: this is a condition of cover that your burglar alarm is in working order at all times? Is the alarm in working order? Are all opening windows and doors protected by the alarm? Does the alarm have infra-red detectors? Does the alarm have a siren? Is the alarm linked to an armed reaction unit? Company and branch name of armed reaction unit? Is the alarm linked to a manned control room? Company and branch name of manned control room to which alarm is linked?	YES YES YES YES YES XXXXXXXXXX YES XXXXXXXXXX																																				
Do the business premises have access control? Is it manned access control?	YES YES																																				
Are the business premises protected by electric fencing? Is the electric fencing linked to an armed reaction unit? Company and branch name of manned control room to which alarm is linked? Is the electric fencing linked to a manned control room? Company and branch name of manned control room to which electric fencing is linked?	YES YES XXXXXXXXXX YES XXXXXXXXXX																																				

... continued

Has your company submitted any non-motor claims within the last 2 years?	YES
What type of claim was it?	XXXXXXXXXX
When did it happen?	31/05/1999
How much was the claim for?	XXXXXXXXXX
Were there any losses not claimed for in the last 2 years?	YES
What type of loss was it?	XXXXXXXXXX
When did it happen?	31/05/1999
How much was the loss?	XXXXXXXXXX
Has an insurance company EVER cancelled or refused to renew your insurance?	YES
Why was the policy cancelled?	XXXXXXXXXX
With which insurance company was the policy cancelled?	XXXXXXXXXX
Branch of the insurance company?	BRANCH OF COMPANY
When was the policy cancelled?	31/05/1999
How frequently is banking done?	XXXXXXXXXX
Who transports the money to the bank?	XXXXXXXXXX
Is the money kept in a safe on the premises?	YES
SABS safe grading category?	XXXXXXXXXX
How are the goods transported?	XXXXXXXXXX
Could you please specify what is transported?	XXXXXXXXXX
How often do you convey goods?	XXXXXXXXXX
Is work done away from the premises?	YES
What percentage of time relates to work away?	XXXXXXXXXX

We reserve the right to survey the business premises at any time during the period of insurance. Following our survey, we may require you to improve the business risk or we could impose further terms and conditions which will make the risk acceptable to us.

**FIRE**

**POLICY NUMBER: XXXXXXXXXXXX**

Cover	Insured Value	Basic Excess	Monthly Premium
Buildings	XXXXXXXXXX	As per below	XXXXXXXXXX
Machinery, tools and equipment	XXXXXXXXXX	As per below	XXXXXXXXXX
Fixtures and fittings	XXXXXXXXXX	As per below	XXXXXXXXXX
Stock and Materials	XXXXXXXXXX	As per below	XXXXXXXXXX
Miscellaneous Items	XXXXXXXXXX	As per below	XXXXXXXXXX
<b>Optional Cover</b>			
Subsidence of land	Sum Insured	As per below	XXXXXXXXXX

Cover automatically included to assist you	Insured Value	Basic Excess	Monthly Premium
Professional fees	Sum insured	As per below	Included
Demolition and clearing costs	Sum insured	As per below	Included
Temporary removal	Sum insured	As per below	Included
Alternative replacement	Sum insured	As per below	Included
Other tenants	Sum insured	As per below	Included
Building bondholders	Sum insured	As per below	Included
Building escalation	10% of Sum insured	As per below	Included
Claims preparation costs	R 50,000	Not Applicable	Included

Geyser Cover		Number of geysers	Insured Value	Basic Excess	Monthly Premium
Damage / loss to geysers and attached equipment/ pipes	1	XXXXXXXXXX	XXXXXXXXXX*	Included	
Resulting damage/loss caused by geyser/s or attached equipment/pipes	Not Applicable	XXXXXXXXXX	R 1,200**	Included	
<b>Heating Source Type</b>	<b>Geyser Tank Location</b>				
XXXXXXXXXX	<b>Located Inside</b>	<b>Located Outside</b>			
	XXXXXXXXXX	XXXXXXXXXX			

SASRIA	As Per SASRIA	As Per SASRIA	Included
<b>TOTAL MONTHLY PREMIUM</b>			<b>XXXXXXXXXX</b>

**Basic Excess**  
5% of claim with a minimum of R 1,650,

**Additional Excess**  
XXXXXXXXXX

**Endorsement**  
None

**Note**  
Kindly ensure that the insured value of your property is the actual new replacement value. You also need to ensure that the insured value is adjusted every time you acquire additional property, and at least once a year, to keep up with new market prices.

**BUSINESS INTERRUPTION**

**POLICY NUMBER: XXXXXXXXXXXX**

<b>Cover</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Gross Profit	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Indemnity Period: XXXXXXXXXXXX month/s			
SASRIA	As Per SASRIA	As Per SASRIA	Included
<b>Optional Cover</b>			
Additional increase cost of working	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
<b>TOTAL MONTHLY PREMIUM</b>			<b>XXXXXXXXXX</b>

<b>Cover automatically included to assist you</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Accountants	Sum Insured	XXXXXXXXXX	Included
Accumulated stock	Sum Insured	XXXXXXXXXX	Included
Departments / branches / business units	Sum Insured	XXXXXXXXXX	Included
Unit output	Sum Insured	XXXXXXXXXX	Included
Salvage sale turnover / sales / revenue / income	Sum Insured	XXXXXXXXXX	Included
Other premises	Sum Insured	XXXXXXXXXX	Included
Additional business premises	Sum Insured	XXXXXXXXXX	Included
Suppliers in South Africa	R 50,000	XXXXXXXXXX	Included
Suppliers outside South Africa	R 50,000	XXXXXXXXXX	Included
Prevention of access	R 50,000	XXXXXXXXXX	Included
Customers outside South Africa	R 50,000	XXXXXXXXXX	Included
Customers in South Africa	R 50,000	XXXXXXXXXX	Included
Public utilities	R 50,000	XXXXXXXXXX	Included
Claims preparation costs	R 50,000	Not Applicable	Included

<b>Additional Excess</b>
XXXXXXXXXX

**Endorsement**

Kindly ensure that the turnover/sales/revenue/income value we record on your policy is always the same as your actual turnover/sales/revenue/income. You are required to inform us of changes and ensure that the sum insured is increased when necessary.

**BUILDINGS COMBINED**

**POLICY NUMBER: XXXXXXXXXXXX**

Cover	Insured Value	Basic Excess	Monthly Premium
Buildings Combined	xxxxxxxxxx	As per below *	xxxxxxxxxx
<b>Optional Cover</b>			
Subsidence of land	Sum Insured	As per below	xxxxxxxxxx

Geyser Cover	Number of geysers	Insured Value	Basic Excess	Monthly Premium
Damage / loss to geysers and attached equipment/ pipes	2	xxxxxxxxxx	As per below *	Included
Resulting damage/loss caused by geyser/s or attached equipment/pipes	Not Applicable	xxxxxxxxxx	As per below *	Included
<b>Heating Source Type</b>		<b>Geyser Tank Location</b>		
	<b>Located Inside</b>	<b>Located Outside</b>		
xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx		
xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx		

SASRIA	As Per SASRIA	As Per SASRIA	Included
<b>TOTAL MONTHLY PREMIUM</b>			<b>xxxxxxxxxx</b>

Cover automatically included to assist you	Insured Value	Basic Excess	Monthly Premium
Loss of rent	25% Sum Insured	As per below for all detailed cover *	Included
Landlord's liability	R 1,000,000		Included
Professional fees	Sum Insured		Included
Demolition and clearing costs	Sum Insured		Included
Temporary removal	Sum Insured		Included
Other tenants	Sum Insured		Included
Building bondholders	Sum Insured		Included
Building escalation	10% of Sum Insured		Included
Claims preparation costs	R 50,000	Not Applicable	Included

**Basic Excess**

**Buildings Combined Section**

xxxxxxxxxx% of the value of the claim, with a minimum of xxxxxxxxxxxx.

**Geyser Excess**

\*\*\* 5% of the value of the claim or R 1,200, whichever amount is the highest, with a maximum of R 12,000.

\*\*Any claim for resulting damage that is not submitted together with the claim for the actual geyser, will have an excess of R 1,200 or 5% of the value of the claim, whichever amount is the highest, each and every claim.

**Additional Excess**

Xxxxxxxxxxx

**Endorsement**

None

**Note**

Kindly ensure that the insured value of your buildings is the actual new replacement value. You also need to ensure that the insured value is adjusted every time you acquire additional structures, and at least once a year, to keep in line with new market prices.

**OFFICE CONTENTS**

**POLICY NUMBER:**

**XXXXXXXXXX**

Cover	Insured Value	Basic Excess	Monthly Premium
Contents	xxxxxxxxxx	As per below	xxxxxxxxxx
<b>Optional Cover</b>			
Legal liability documents SASRIA	xxxxxxxxxx As Per SASRIA	As per below *** As Per SASRIA	xxxxxxxxxx Included
<b>TOTAL MONTHLY PREMIUM</b>			<b>xxxxxxxxxx</b>

Cover automatically included to assist you	Insured Value	Basic Excess	Monthly Premium
Professional fees	Sum insured	As per below for	Included
Demolition and clearing costs	Sum insured	all detailed cover *	Included
Temporary removal	Sum insured		Included
Other tenants	Sum insured		Included
Locks and keys	R 2,500		Included
Theft	25% of Sum Insured		Included
Personal property	R 2,500 per employee		Included
Rent	25% of Sum insured		Included
Increased cost of working	25% of Sum insured		Included
Claims preparation costs	R 50,000	Not Applicable	Included

**Endorsements**

Your cover is subject to your burglar alarm being in a working order, linked to a control room with armed response at all times. Please ensure that it is activated when your business premises are unoccupied. Cover will be excluded from your policy if you fail to comply with these requirements.

If you are held legally liable for loss of or damage to another person's documents whilst in your possession, cover will be provided if the loss or damage was caused by a peril which is insured under this section.

**Basic Excess**

**Office Contents Section**

xxxxxxxxxx% of the value of the claim, with a minimum of xxxxxxxxxx.

**Legal Liability Section**

\*\*\* xxxxxxxxxx% of the value of the claim, with a minimum of xxxxxxxxxx.

**Additional Excess**

Xxxxxxxxxx

In the event of a theft occurring during the period of the initial unoccupancy of 30 days, 20% of the claimed amount.

**Note**

Kindly ensure that that the insured value of your property is the actual new replacement value. You also need to ensure that the insured value is adjusted every time you acquire additional contents, and at least once a year, to keep in line with new market prices.

**ACCOUNTS RECEIVABLE**

**POLICY NUMBER: XXXXXXXXXXXX**

Cover	Insured Value	Basic Excess	Monthly Premium
Outstanding Debtors	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
<b>TOTAL MONTHLY PREMIUM</b>			<b>XXXXXXXXXX</b>

Cover automatically included to assist you	Insured Value	Basic Excess	Monthly Premium
Claims preparation costs	R 50,000	Not Applicable	Included

**Endorsements**

**Endorsements**

Cover is conditional upon copies of all your customers' debtor account records being made within 60 days of each calendar month's end and stored in a fireproof safe at an alternative location, away from your business premises.

**Additional Excess**

XXXXXXXXXX



**THEFT**

**POLICY NUMBER:**

**XXXXXXXXXX**

<b>Cover</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Property / Stock SASRIA	xxxxxxxxxx Not Applicable	xxxxxxxxxx Not Applicable	xxxxxxxxxx Not Applicable
<b>TOTAL MONTHLY PREMIUM</b>			<b>xxxxxxxxxx</b>

<b>Cover automatically included to assist you</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Damage to buildings	R 25,000	xxxxxxxxxx	Included
Locks and keys	R 2,500	xxxxxxxxxx	Included
Claims preparation costs	R 50,000	Not Applicable	Included

**Endorsement:**  
 Your cover is subject to your burglar alarm being in a working order, linked to a control room with armed response at all times. Please ensure that it is activated when your business premises are unoccupied. Cover will be excluded from your policy if you fail to comply with these requirements.

**Additional Excess**  
**XXXXXXXXXX**  
 In the event of a theft occurring during the period of the initial unoccupancy of 30 days, 20% of the claimed amount.

**MONEY**

**POLICY NUMBER: XXXXXXXXXXXX**

Cover	Insured Value	Basic Excess	Monthly Premium
Sum Insured	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
SASRIA	As Per SASRIA	As Per SASRIA	Included
<b>TOTAL MONTHLY PREMIUM</b>			<b>XXXXXXXXXX</b>

Cover automatically included to assist you	Insured Value	Basic Excess	Monthly Premium
Receptacle / safe	R 5000	R 1000	Included
Money not locked in safe	R 2500	R 1000	Included
Personal effects	R 2500	R 1000	Included
Claims preparation costs	R 50,000	Not Applicable	Included

**Receptacle / Safe Limits**

Cover is conditional upon your receptacle / safe, as specified, being in working order at all times. Note that the SABS grading of a safe determines the maximum amount of cover we can grant:

No SABS grading	R 5,000
SABS Category 1-grading	R 10,000
SABS Category 2-grading	R 15,000
SABS Category 2 HD-grading D3	R 25,000
SABS Category 2 ADM-grading	R 50,000
SABS Category 2 ADM-grading D3	R 75,000
SABS Category 3-grading	R 100,000
SABS Category 4-grading	R 200,000

**Endorsements**

If money to the value of more than R15,000 is transported for banking, the utilisation of a registered security company is required. Money must be kept in the safe after working hours.

Cover will be excluded from your policy if you fail to comply with the above requirements.

**Additional Excess**

XXXXXXXXXX

**FIDELITY GUARANTEE**

**POLICY NUMBER: XXXXXXXXXXXX**

<b>Cover</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Staff dishonesty SASRIA	XXXXXXXXXX Not Applicable	XXXXXXXXXX Not Applicable	XXXXXXXXXX Not Applicable
<b>Optional Cover</b>			
Computer fraud, theft or dishonesty	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
<b>TOTAL MONTHLY PREMIUM</b>			<b>XXXXXXXXXX</b>

<b>Cover automatically included to assist you</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Claims preparation costs	R 50,000	Not Applicable	Included

<b>Additional Excess</b>
XXXXXXXXXX

**GLASS**

**POLICY NUMBER:**

**XXXXXXXXXX**

<b>Cover</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Internal / External SASRIA	XXXXXXXXXX Not Applicable	XXXXXXXXXX Not Applicable	XXXXXXXXXX Not Applicable
<b>Optional Cover</b>			
Neon signage	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
<b>TOTAL MONTHLY PREMIUM</b>			<b>XXXXXXXXXX</b>

<b>Cover automatically included to assist you</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Claims preparation costs	R 50,000	Not Applicable	Included

<b>Additional Excess</b>
XXXXXXXXXX

**ELECTRONIC EQUIPMENT**

**POLICY NUMBER:**

**XXXXXXXXXX**

Cover	Insured Value	Basic Excess	Monthly Premium
Limit	xxxxxxxxxx	As per below	xxxxxxxxxx
<b>Optional Cover</b>			
Software	xxxxxxxxxx	As per below	xxxxxxxxxx
SASRIA	As Per SASRIA	As Per SASRIA	Included
<b>TOTAL MONTHLY PREMIUM</b>			<b>xxxxxxxxxx</b>

Cover automatically included to assist you	Insured Value	Basic Excess	Monthly Premium
Increased cost of working	R 30,000	As per below for	Included
Reinstatement of data	R 30,000	all detailed cover	Included
Power of telecommunication access lines	R 30,000		Included
Claims preparation costs	R 50,000	Not Applicable	Included

**Basic Excess**  
 xxxxxxxxx% of the value of the claim, with a minimum of xxxxxxxxx.

**Additional Excess**  
 In the event of a theft occurring during the period of the initial unoccupancy of 30 days, 20% of the claimed amount.

**Endorsements**

Your cover is subject to your burglar alarm being in a working order, linked to a control room with armed response at all times. Please ensure that it is activated when your business premises are unoccupied. Cover will be excluded from your policy if you fail to comply with these requirements.

We do not indemnify you for power surges, unless a lightning or surge arrester or uninterrupted power supply device to protect your electricity as well as telephone and data lines, had been installed and was in full operation at the time of the power surge.

Kindly ensure that the insured value of your electronic equipment is the actual new replacement value. You also need to ensure that the insured value is adjusted every time you acquire additional contents, and at least once a year, to keep in line with new market prices.

Cover is subject to us receiving a comprehensive list of electronic equipment, including laptops, together with individual serial numbers.

**BUSINESS ALL RISK**

**POLICY NUMBER:**

**XXXXXXXXXX**

Cover	Insured Value	Basic Excess	Monthly Premium
Cellphone	xxxxxxxxxx	As per below	xxxxxxxxxx
Portable Electronic Equipment	xxxxxxxxxx	As per below	xxxxxxxxxx
Tools	xxxxxxxxxx	As per below	xxxxxxxxxx
Specified Items	xxxxxxxxxx	As per below	xxxxxxxxxx
SASRIA	As per SASRIA	As per SASRIA	Included
<b>TOTAL MONTHLY PREMIUM</b>			<b>xxxxxxxxxx</b>

Cover automatically included to assist you	Insured Value	Basic Excess	Monthly Premium
Increased cost of working	R 30,000	R 500	Included
Claims preparation costs	R 50,000	Not Applicable	Included

**Endorsements**

Cover is subject to us receiving a comprehensive list of all items together with individual serial and IMEI numbers in the event of a cellphone.

**Basic Excess**

Cellphone

xxxxxxxxxx% of the value of the claim, with a minimum of xxxxxxxxxxxx.

Portable Electronic Equipment

xxxxxxxxxx% of the value of the claim, with a minimum of xxxxxxxxxxxx.

Tools

xxxxxxxxxx% of the value of the claim, with a minimum of xxxxxxxxxxxx.

Specified item

xxxxxxxxxx% of the value of the claim, with a minimum of xxxxxxxxxxxx each and every claim.

**Additional Excess**

Xxxxxxxxxx

**GOODS IN TRANSIT****POLICY NUMBER:****XXXXXXXXXX**

<b>Cover</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Load Limit Cover - All Risk	xxxxxxxxxx	As per below	xxxxxxxxxx
SASRIA Load Limit Cover - Fire, Collision, and Overturning	As Per SASRIA xxxxxxxxxx	As Per SASRIA As per below	Included xxxxxxxxxx
SASRIA Load Limit Cover - Fire, Collision, Overturning and Theft	As Per SASRIA xxxxxxxxxx	As Per SASRIA As per below	Included xxxxxxxxxx
SASRIA	As Per SASRIA	As Per SASRIA	Included  xxxxxxxxxx

<b>Cover automatically included to assist you</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Debris removal	Sum insured	As per below	Included
Fire extinguishing charges	Sum insured	As per below	Included
Claims preparation costs	R 50 000		Included

**Endorsements**

Cover is granted for fire, collision, overturning, plus theft. Theft must follow the perils of fire, collision, and overturning.

**Endorsements**

Cover granted for the perils of fire, collision, and overturning only.

**Basic Excess**

5% of the claim with a minimum of R500

**Theft/Hijacking Excess**

10% of the claim with a minimum of R2,500.

**ACCIDENTAL DAMAGE**

**POLICY NUMBER:**

**XXXXXXXXXX**

<b>Cover</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Sum Insured SASRIA	XXXXXXXXXX Not Applicable	XXXXXXXXXX Not Applicable	XXXXXXXXXX Not Applicable
<b>Optional Cover</b>			
Malicious damage Leakage	XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX
<b>TOTAL MONTHLY PREMIUM</b>			<b>XXXXXXXXXX</b>

<b>Cover automatically included to assist you</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Claims preparation costs	R 50,000	Not Applicable	Included

**Additional Excess**

XXXXXXXXXX

In the event of a theft occurring during the period of the initial unoccupancy of 30 days, 20% of the claimed amount.



**PUBLIC LIABILITY****POLICY NUMBER:****XXXXXXXXXX**

<b>Cover</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
General and Tenants SASRIA	xxxxxxxxxx Not Applicable	xxxxxxxxxx Not Applicable	xxxxxxxxxx Not Applicable
<b>Optional Cover</b>			
Products liability	xxxxxxxxxx	As per below	Included
Defective workmanship	xxxxxxxxxx	As per below	Included
Trustees liability	xxxxxxxxxx	As per below	Included
<b>TOTAL MONTHLY PREMIUM</b>			<b>xxxxxxxxxx</b>

<b>Cover automatically included to assist you</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Social activities	Sum insured	xxxxxxxxxx	Included
Private work	Sum insured	xxxxxxxxxx	Included
Tenant's lease	Sum insured	xxxxxxxxxx	Included
Security organisations	Sum insured	xxxxxxxxxx	Included
More than one legal entity	Sum insured	xxxxxxxxxx	Included
Railway property	Sum insured	xxxxxxxxxx	Included
Emergency medical services	Sum insured	xxxxxxxxxx	Included
Parking facilities	Sum insured	xxxxxxxxxx	Included
Food or drink poisoning	Sum insured	xxxxxxxxxx	Included
Work away	R 100,000	As per below	Included
Legal defence costs	R 50,000	xxxxxxxxxx	Included
Wrongful arrest and defamation	R 50,000	xxxxxxxxxx	Included
Claims preparation costs	R 50,000	Not Applicable	Included

**Basic Excess**

<b>Products Liability --</b>	10% of the claim with a minimum of R 1,100 and a maximum of R 25,000.
<b>Trustees Liability --</b>	10% of the claim with a minimum of R 1,100 and a maximum of R 25,000.
<b>Defective Workmanship --</b>	10% of the claim with a minimum of R 1,100 and a maximum of R 25,000.
<b>Work Away --</b>	10% of the claim with a minimum of R 1,100 and a maximum of R 25,000.

**EMPLOYERS' LIABILITY**

**POLICY NUMBER: XXXXXXXXXXXX**

<b>Cover</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Sum Insured SASRIA	XXXXXXXXXX Not Applicable	XXXXXXXXXX Not Applicable	XXXXXXXXXX Not Applicable
<b>TOTAL MONTHLY PREMIUM</b>			<b>XXXXXXXXXX</b>

<b>Cover automatically included to assist you</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Your principal Claims preparation costs	Sum Insured R 50,000	XXXXXXXXXX Not Applicable	Included Included

<b>Additional Excess</b>
XXXXXXXXXX

**PERSONAL ACCIDENT**

**POLICY NUMBER: XXXXXXXXXXXX**

<b>Cover</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Owner / Shareholder	xxxxxxxxxx	Not Applicable	xxxxxxxxxx
<b>Optional Cover</b>			
Burns Disfigurement	xxxxxxxxxx	Not Applicable	xxxxxxxxxx
<b>TOTAL MONTHLY PREMIUM</b>			<b>xxxxxxxxxx</b>

<b>Cover automatically included to assist you</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Claims Preparations Costs	R 50,000	Not Applicable	Included

<b>Additional Excess</b>
XXXXXXXXXX

**VEHICLE SECTION**

**POLICY NUMBER:** XXXXXXXXXXXX

<b>Vehicle:</b> xxxxxxxxxxx XXXXXXXXXXX	<b>Registration No.:</b> XXXXXXXXXXX
<b>Regular Driver:</b> xxx xxx xxxxxxxxxxx	<b>Marital Status:</b> xxxxxxxxxxx
	<b>Date of Birth:</b> 31/05/1999

The regular driver is the person who drives the vehicle most often and more frequently than any other person. If the details above are incorrect or you do not tell us when the details of the regular driver change, we may refuse to pay a claim.

**Vehicle endorsements:**  
 Cover will be limited to Third Party Only, until the vehicle has been inspected at an approved assessment centre. Please ignore if done. Theft cover, or damage because of theft, is excluded until we have inspected your tracking system.

**Please note: There will be no cover for business use if the driver of the vehicle is under the age of 21.**

**Vehicle Use: PRIVATE**

You will have cover if the regular driver use the vehicle solely for social, domestic and pleasure purposes and between your home and permanent place of work. You will also have cover if any other driver, whom we did not exclude from the policy, uses the vehicle occasionally for social, domestic and pleasure purposes.

Comprehensive Cover	Insured Value	Basic Excess	Monthly Premium
Own Damage/Loss	Trade Value	As per below *	xxxxxxxxxx
Hail Damage	Trade Value	xxxxxxxxxx	xxxxxxxxxx
Sound System	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx
Window Glass	Trade Value	xxxxxxxxxx	Included
Total Liability Cover:	xxxxxxxxxx		xxxxxxxxxx
Other party property fire and explosion	xxxxxxxxxx	As per below *	
Other damage	xxxxxxxxxx	As per below *	
Vehicle Hire: Accident - 1 days	xxxxxxxxxx		xxxxxxxxxx
Vehicle Hire: Theft - 1 days	xxxxxxxxxx		xxxxxxxxxx
Loss of Keys	Retail Value	R 2,150	Included
Riot Outside South Africa/Namibia	Retail Value	R 2,150	Included
Wreckage Removal	Reasonable Costs	R 2,150	Included
Canopy	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx
Medical Expenses	R 5,000	Not Applicable	Included
Claims preparation costs	R 50,000	Not Applicable	Included
<b>Vehicle Accessories</b>	xxxxxxxxxx	R 2,150	xxxxxxxxxx
xxxxxxxxxx	xxxxxxxxxx		Included
SASRIA	As per SASRIA	As per SASRIA	xxxxxxxxxx
<b>TOTAL MONTHLY PREMIUM</b>			<b>XXXXXXXXXX</b>

\* No basic excess is applicable on theft and accident claims by the regular driver and spouse/partner. The minimum claim amount is xxxxxxxxxxx.

- Additional excess:**
- When the driver of the vehicle is younger than 25: xxxxxxxxxxx
  - has a learner's licence: xxxxxxxxxxx
  - has a licence less than two years: xxxxxxxxxxx
  - When the vehicle is used outside the Republic of South Africa: xxxxxxxxxxx
  - If the vehicle is stolen: xxxxxxxxxxx
  - ...or xxxxxxxxxxx% of the value of the vehicle whichever is the higher
  - But you do not pay this excess if we recover the vehicle before we pay the claim, and it is economical to repair or if a tracking device is fitted.
  - Signage xxxxxxxxxxx
  - Capsizing & Overtuning whilst Tipping xxxxxxxxxxx

Your answers to our questions allow us to work out the premium and to decide if we can accept the risk of the policy or not. If the declarations that follow for the vehicle section are not entirely true and correct, we may invalidate your cover.

Where is the vehicle parked at night? Overnight parking address:	Roaming
Where is the vehicle parked during the day? Daytime parking address:	Unspecified
Has the vehicle's engine been upgraded to increase performance?	Roaming
	Unspecified
	Yes

<b>History in respect of:</b>	<b>Regular Driver</b>
Ever had licence endorsed?	Yes
Ever had vehicle insurance cancelled or application refused?	Yes

**MOTORCYCLE SECTION**

**POLICY NUMBER: XXXXXXXXXXXX**

<b>Description:</b>	xxxxxxxxxx XXXXXXXXXXXX	<b>Registration Number:</b>	XXXXXXXXXXXX
<b>Named Drivers:</b>			

**Endorsement:**

Cover will be limited to Third Party Only, until the vehicle has been inspected at an approved assessment centre. Please ignore if done.

**Please note: There will be no cover for business use if the driver of the Motorcycle is under the age of 21.**

**Vehicle Use: NAMED DRIVERS - TOUR OPERATOR / PROFESSIONAL GUIDE**

You will have cover when the regular driver and his/her spouse use the vehicle for business, social, domestic and pleasure purposes. You will also have cover if any other driver, whom we did not exclude from the policy, uses the vehicle occasionally for social, domestic and pleasure purposes but not for business purposes.

Cover – Comprehensive	Insured Value	Basic Excess	Monthly Premium
Own damage/loss	xxxxxxxxxx	As per below	xxxxxxxxxx
Total Liability Cover:	xxxxxxxxxx		xxxxxxxxxx
Other party property fire and explosion	xxxxxxxxxx	As per below	
Other damage	xxxxxxxxxx	As per below	
SASRIA	As per SASRIA		xxxxxxxxxx
<b>TOTAL MONTHLY PREMIUM</b>			<b>XXXXXXXXXXXX</b>

**IMPORTANT:** Please note that if you claim a total loss (i.e. if the Motorbike is stolen or written off), you will be paid out either the maximum indemnity value from above or the fair market value - depending on what amount is the lesser. You are solely responsible for making sure that the value that you insure is checked each year and changed if necessary. This amount is not automatically adjusted in line with depreciation.

**BASIC EXCESS**

xxxxxxxxxx or xxxxxxxxxxxx% of the claim - depending on which amount is the highest.

- Additional Excesses:**
- If the driver of the motorcycle has a learner's licence xxxxxxxxxx
  - If the driver of the motorcycle has had his/her licence for less than two years xxxxxxxxxx
  - If the driver of the motorcycle is not the regular driver as stated on the policy xxxxxxxxxx
  - If the driver of the motorcycle is younger than 25 and the engine is bigger than 125cc xxxxxxxxxx
  - If the motorcycle is used outside the Republic of South Africa xxxxxxxxxx

Your answers to our underwriting questions enable us to work out premiums and to decide whether the risk of your policy may be accepted or not. Please check your answers and information below carefully and make sure everything is correct. If any of the details below are not fully true and correct but you tell us they are, your coverage may be invalid.

Our Question:	Your Answer:
Where is the motorcycle normally parked at night?	Roaming
Where is the motorcycle normally parked during the day?	Roaming
Has the motorcycle's engine been upgraded to increase performance?	Yes

**TRAILER SECTION**

**POLICY NUMBER:** XXXXXXXXXXXX

<b>Trailer:</b>	1 XXXXXXXXXXXX	<b>Registration No.:</b>	XXXXXXXXXX
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**Use: PRIVATE**  
 You will have cover if the trailer is used solely for social, domestic, and pleasure purposes.

<b>Cover – COMPREHENSIVE</b>	<b>Insured Value</b>	<b>Basic Excess</b>	<b>Monthly Premium</b>
Cover	XXXXXXXXXX	As per below	XXXXXXXXXX
Total Liability Cover:	XXXXXXXXXX		Included
Other party property fire and explosion	XXXXXXXXXX	As per below	
Other damage	XXXXXXXXXX	As per below	
SASRIA	As per SASRIA	As per SASRIA	XXXXXXXXXX
<b>TOTAL MONTHLY PREMIUM</b>			<b>XXXXXXXXXX</b>

**Basic Excess:**  
 XXXXXXXXXXXX or 5% of the claim - whichever is the greater.

**Additional Excess:**  
 If the trailer is used outside of the Republic of South Africa: R 9,000

**GOLF CART**

**POLICY NUMBER:** XXXXXXXXXXXX

<b>Vehicle:</b>	XXXXXXXXXX XXXXXXXXXXXX	<b>Registration No.:</b>	XXXXXXXXXX
<b>Regular Driver:</b>	XXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX	<b>Marital Status:</b>	XXXXXXXXXX
		<b>Date of Birth:</b>	31/05/1999

The regular driver is the person who drives the vehicle most often and more frequently than any other person. If the details above are incorrect or you do not tell us when the details of the regular driver change, we may refuse to pay a claim.

**Special endorsements:**  
XXXXXXXXXX

**Vehicle Use: PRIVATE - Single Driver**  
You will have cover when the regular driver and his/her spouse use the vehicle for business, social and domestic purposes. Business use cover will only be valid when the vehicle is used for trips directly related to the specific function of the insured business as noted in the policy underwriting.

Cover – COMPREHENSIVE	Insured Value	Basic Excess	Monthly Premium
Cover	XXXXXXXXXX	As per below	XXXXXXXXXX
Hail Damage	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Sound System	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Window Glass	XXXXXXXXXX	XXXXXXXXXX	Included
Total Liability Cover:	XXXXXXXXXX		XXXXXXXXXX
Other party property fire and explosion	XXXXXXXXXX	As per below	
Other damages	XXXXXXXXXX	As per below	
Loss Of Keys	Retail Value	XXXXXXXXXX	Included
Riot Outside South Africa/Namibia	Retail Value	XXXXXXXXXX	Included
Wreckage Removal	Reasonable Costs	XXXXXXXXXX	Included
SASRIA			XXXXXXXXXX
<b>TOTAL MONTHLY PREMIUM</b>			<b>XXXXXXXXXX</b>

**Basic excess:**  
The basic excess is XXXXXXXXXXXX or XXXXXXXXXXXX % of the value of the Golf Cart, whichever is the higher.

Your answers to our questions allow us to work out the premium and to decide if we can accept the risk of the policy or not. If the declarations that follow for the vehicle section are not entirely true and correct, we may invalidate your cover.

Where is the vehicle parked at night?	Roaming
Overnight parking address:	Unspecified
Where is the vehicle parked during the day?	Roaming
Daytime parking address:	Unspecified
<b>History in respect of:</b>	<b>Regular Driver</b>
Ever had licence endorsed?	Yes
Ever had vehicle insurance cancelled or application refused?	Yes



**CLAIMS SUMMARY**

**POLICY NUMBER:** XXXXXXXXXXXX

Description	Claim Number	Claim Type	Claim Date	Claim Amount	Claim Status
XXXXXXXXXX	XXXXXXXXXX XX	XXXXXXXXXX	31/05/1999	XXXXXXXXXX	XXXXXXXXXX

**FIRE - MISCELLANEOUS ITEMS -- DETAILS LIST**  
Please check and keep updated

**POLICY NUMBER: XXXXXXXXXXXX**

Item	Insured Item Value
XXXXXXXXXX	XXXXXXXXXX

**ELECTRONIC EQUIPMENT -- DETAILS LIST**  
Please check/complete and keep updated

**POLICY NUMBER: XXXXXXXXXXXX**

Item	Insured Item Value
XXXXXXXXXX	XXXXXXXXXX

... continued

**ELECTRONIC EQUIPMENT -- DETAILS LIST**  
Please check/complete and keep updated

**POLICY NUMBER: XXXXXXXXXXXX**

<b>Item</b>	<b>Insured Item Value</b>
XXXXXXXXXX	XXXXXXXXXX

**ELECTRONIC EQUIPMENT -- DETAILS LIST**  
Please check/complete and keep updated

**POLICY NUMBER: XXXXXXXXXXXX**

**SOFTWARE**

Item	Insured Item Value
XXXXXXXXXX	XXXXXXXXXX

**BUSINESS ALL RISK -- DETAILS LIST**  
Please check/ complete and keep updated

**POLICY NUMBER: XXXXXXXXXXXX**

**PORTABLE ELECTRONIC EQUIPMENT**

Item	Insured Item Value
XXXXXXXXXX	XXXXXXXXXX

... continued

**BUSINESS ALL RISK -- DETAILS LIST**  
Please check/ complete and keep updated

**POLICY NUMBER: XXXXXXXXXXXX**

**PORTABLE ELECTRONIC EQUIPMENT**

Item	Insured Item Value
XXXXXXXXXX	XXXXXXXXXX

**BUSINESS ALL RISK -- DETAILS LIST**

Please check/ complete and keep updated

**POLICY NUMBER:**

**XXXXXXXXXX**

**CELLPHONES**

Item	Insured Item Value
XXXXXXXXXX	XXXXXXXXXX

**... continued**



**BUSINESS ALL RISK -- DETAILS LIST**  
Please check/ complete and keep updated

**POLICY NUMBER: XXXXXXXXXXXX**

**CELLPHONE**

Item	Insured Item Value
XXXXXXXXXX	XXXXXXXXXX

**BUSINESS ALL RISK -- DETAILS LIST**  
Please check/ complete and keep updated

**POLICY NUMBER:**        **XXXXXXXXXX**

**SPECIFIED ITEMS**

<b>Item</b>	<b>Insured Item Value</b>
XXXXXXXXXX	XXXXXXXXXX

**BUSINESS ALL RISK -- DETAILS LIST**  
Please check/ complete and keep updated

**POLICY NUMBER: XXXXXXXXXXXX**

**TOOLS**

Item	Insured Item Value
XXXXXXXXXX	XXXXXXXXXX