

SAVANNAH MARINE

STATUTORY NOTICE TO SHORT-TERM INSURANCE POLICY HOLDERS IMPORTANT – READ CAREFULLY

DISCLOSE AND OTHER LEGAL REQUIREMENTS

(This notice does not form part of the Insurance Contract or any other documents)

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

1. ABOUT THE INTERMEDIARY (INSURANCE UNDERWRITER)	1. ABOUT THE INTERMEDIARY (INSURANCE UNDERWRITER)
<p>a. Name: Savannah Marine</p> <p>b. Legal status and any interest in the insurer.</p> <p>c. Whether or not in possession of professional indemnity insurance</p> <p>d. Detail of how to institute a claim</p> <p>e. Rand amount of fees and commission payable.</p> <p>f. Written mandate to act on behalf of insurer</p>	<p>a. We are Savannah Marine, Underwriting Managers for New National Assurance Company Ltd. The company registration number is CK/1989/015576/23. We are licensed as a Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act 2002. License No. 16936. Our contact details are provided in the letter accompanying your policy details.</p> <p>b. We operate as underwriting managers on behalf of the public (our clients).</p> <p>c. We have professional Indemnity Insurance.</p> <p>d. If something happens that lead to a claim, please contact Granville La Vita on 011 831 0720</p> <p>e. This information is included in your policy schedule</p> <p>f. We have the necessary mandates.</p>
2. ABOUT THE INSURER	2. ABOUT THE INSURER
<p>g. Name, physical and postal address and telephone numbers</p> <p>h. Telephone number of compliance department of the insurer</p> <p>i. Details of how to institute a claim and/or complaint</p> <p>j. Type of policy involved.</p> <p>k. Extent of premium obligations you assume as policyholder.</p> <p>l. Manner of payment of premium, due date of premiums and consequences of non-payment.</p>	<p>g. New National Assurance Company Limited. Registration Number: 1971/010190/06 Field House, 25 Joe Slovo Street, Durban 4001. PO Box 1610, Durban, 4000 ☐ Tel: (031) 334 2000</p> <p>h. Compliance Department: Vicky Lachrat ☐ (031) 334 2000</p> <p>i. Contact: New National Assurance Company Limited. Field House, 25 Joe Slovo Street, Durban 4001 Claims: Granville La Vita ☐ (011) 831 0720 ☐ Email: granville@savannahmarine.co.za Complaints: Vicky Lachrat ☐ (031) 334 2000 ☐ Email: vicky@nnac.co.za</p> <p>j. Short-term: your policy document contains all the relevant details</p> <p>k. You agree to pay the premium. See Policy Schedule for the frequency of payment and the amount due.</p> <p>l. Monthly debit order from your personal bank account. On non-receipt of premium, a double debit will be attempted the following month. If not collected, the policy lapses from date of first non-collection.</p>
3. OTHER MATTERS OF IMPORTANCE	
<p>m. You must be informed of any material changes to the information referred to in paragraphs 1 and 2.</p> <p>n. If the information in paragraphs 1 and 2 was given verbally, it must be confirmed in writing within 30 days.</p> <p>o. If any complaint to the intermediary or insurer is not resolved to your satisfaction, you may submit the complaint to (OSTI) The Ombudsman for Short-Term Insurance.</p> <p>p. 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.</p> <p>q. If premium is paid by debit order: (i) it may be in favour 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</p>	
4. WARNING	
<p><input type="checkbox"/> Do not sign any blank or partially completed application forms.</p> <p><input type="checkbox"/> Complete all forms in black ink.</p> <p><input type="checkbox"/> Keep all documents handed to you.</p> <p><input type="checkbox"/> Make note as to what is said to you.</p> <p><input type="checkbox"/> Don't be pressurised to buy the product</p> <p><input type="checkbox"/> Incorrect or non-disclosure by you of relevant facts may influence an insurer on any claims arising from your contract of insurance.</p>	
5. PARTICULARS OF SHORT-TERM INSURANCE OMBUDSMAN WHO IS AVAILABLE TO ADVISE YOU IN THE EVENT OF A CLAIM OR PROBLEMS WHICH ARE NOT SATISFACTORILY RESOLVED BY THE INSURANCE INTERMEDIARY AND/OR THE INSURER	
<p>The Ombudsman, PO Box 32334, Braamfontein 2017 ☐ Tel: (011) 726 8900 ☐ Fax: (011) 726 5501 ☐ Website: www.osti.co.za FAIS Ombud, 125 Dallas Avenue, Menlyn Central, Waterkloof Glen. Pretoria 0010. ☐ Tel: (012) 762 5000 ☐ Sharecall: 086 066 3247 ☐ Email: info@faisombud.co.za ☐ Website: www.faisombud.co.za</p>	
6. PARTICULARS OF REGISTRAR OF SHORT-TERM INSURANCE	
<p>Registrar of Short-Term Insurance, (FSCA) Financial Sector Conduct Authority, PO Box 35655, Menlo Park 0102 ☐ Tel: +27 12 428 8000 ☐ Fax: +27 12 346 6941</p>	

INFORMATION SHARING – CONSENT OF INSURED

You agree to share your information

By taking out this policy, you have agreed to share your personal information in certain ways. Below is the agreement that you have made.

1. I acknowledge that the sharing of insurance information for underwriting and claims purposes (included credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premium.
2. I waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me. This is on my own behalf as well as on behalf of any person I represent in terms of this insurance policy.
3. I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit
4. I consent to such information being disclosed to any other insurance company or its agent
5. I acknowledge that the information may be verified against legally recognized sources or databases.