



DISCLOSURE NOTICE TO SHORT-TERM INSURANCE POLICY HOLDERS
IMPORTANT – PLEASE READ CAREFULLY – DISCLOSURE AND LEGAL REQUIREMENTS

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

1. Your Administering Intermediary / Insurer
1.1 Particulars Business Name: Riskbuster (Pty) Ltd Physical Address: 25 Steenbok Street, Kleinbaai, Western Cape, 7220 Postal Address: 25 Steenbok Street, Kleinbaai, Western Cape, 7220 E-Mail Address: leon@riskbuster.co.za Telephone: 0826018288 Fax: Please use email Registration Number: 2021/877696/07 Authorized Financial Services Provider: (50256)
1.2 Particulars of your Insurers Administrating Intermediary Compliance Officer Compliance Officer: Herman Hesse Business Name: Moonstone Compliance (Pty) Ltd Physical Address: Technopark, 25 Quantum Street, Stellenbosch Nu, Western Cape, 7614 Postal Address: P.O. Box 12662, Stellenbosch, 7614 Telephone: 021 883 9000 Fax: 021 8832590 Email Address: hhesse@moonstone.co.za
1.3 Legal Status and any Interest in the Insurer The Intermediary referred to page 1 is either a private/public company and has a specific agreement with product supplier. The contact details of the product supplier, New National Assurance Company Limited, is listed in section 3.1 below. The Intermediary confirms that the representative is an authorized representative of the Intermediary and has a written agreement with the Intermediary. There may be a representative rendering services under supervision. There may be exemptions that the Registrar granted the Intermediary with regards to any matter. The Intermediary accepts responsibility for its own actions and representative s actions that may be performed by him/her in the course and scope of the written agreement. In terms of the license issued to the Intermediary by the Registrar, the Intermediary is authorized to provide financial services in respect of short-term insurance. The Intermediary may have other contractual relationships with other product suppliers. Kindly enquire with your intermediary.
1.4 Details of how to Institute a claim Should you have a claim against your policy, please do the following: Notify the intermediary at the above address. A Claim form will be handed, emailed, faxed or posted to you according to your instruction. Complete this form and return it to your intermediary at the below address or by e-mail. Our claims department will then attend to you claim. Should you have any difficulty, kindly contact your insurer s claims department and someone will assist you. The details on how to lodge a claim as well as a list of documents that must accompany the claim can be found on www.nnac.co.za
1.5 Complaints If you want to lodge a complaint, you may contact New National, your insurer, on +27 (0) 31 334 2000 or via e-mail on complaints@nnac.co.za . New National has complaints procedure and policy can be found on www.nnac.co.za .
1.6 Written Mandate to act on behalf of Insurer This certifies that the insurer has granted a mandate to the intermediary to represent the insurer and to accept the business and issue policies on behalf of the insurer



1.7 Conflict of Interest

We have considered the conflict-of-interest provisions in terms of the FAIS Act 37 2002 and have not identified any actual or potential conflicts of interest, either ownership interest, financial interest, third party relationships, associates, or distribution channels as defined.

We adopt a values-based approach where the spirit of the legislation is embraced.

This is reviewed at least once a year in consultation with an external independent compliance practitioner and reported to the FSCA. A conflict-of-interest management policy is available to clients upon request

2: Your Intermediary

2.1: Particulars

Business Name:

Physical Address:

Postal Address:

E-Mail Address:

Telephone:

Fax:

Registration No.:

Authorized financial services provider license no.:

2.2 Particulars of your Intermediary's Compliance Officer

Compliance Officer:

Business name:

Physical Address:

Postal Address:

Telephone:

Fax:

E-Mail Address

2.3 Legal Status and interest in the Insurer

The Intermediary referred to page 1 is either a private/public company and has a specific agreement with product supplier.

The contact details of the product supplier, New National Assurance Company Limited, is listed in section 3.1 below.

The Intermediary confirms that the representative is an authorized representative of the Intermediary and has a written agreement with the Intermediary.

There may be a representative rendering services under supervision.

There may be exemptions that the Registrar granted the Intermediary with regards to any matter.

The Intermediary accepts responsibility for its own actions and representative s actions that may be performed by him/her in the course and scope of the written agreement.

In terms of the license issued to the Intermediary by the Registrar, the Intermediary is authorized to provide financial services in respect of short-term insurance.

The Intermediary may have other contractual relationships with other product suppliers. Kindly enquire with your intermediary.

2.4 Professional Indemnity

We have professional indemnity and fidelity guarantee with

Professional Indemnity (Leppard – Lombard Insurance Company)

Fidelity Guarantee – We do not collect and hold premiums and therefore this cover is not required.

2.5 Details of how to Institute a claim

Should you have a claim against your policy, please do the following:

Notify the intermediary at the above address.

A Claim form will be handed, emailed, faxed or posted to you according to your instruction.

Complete this form and return it to your intermediary at the below address or by e-mail. Our



claims department will then attend to your claim.
Should you have any difficulty, kindly contact your insurer's claims department and someone will assist you.

The details on how to lodge a claim as well as a list of documents that must accompany the claim can be found on www.riskbuster.co.za

2.6 Complaints

If you want to lodge a complaint, you may contact New National Assurance, your insurer, on +27 (031) 334 2000 or via e-mail on complaints@nnac.co.za. New National's complaints procedure and policy can be found on www.nnac.co.za.

2.7 Conflict of Interest

We have considered the conflict-of-interest provisions in terms of the FAIS Act 37 2002 and have not identified any actual or potential conflicts of interest, either ownership interest, financial interest, third party relationships, associates or distribution channels as defined. We adopt a values-based approach where the spirit of the legislation is embraced. This is reviewed at least once a year in consultation with an external independent compliance practitioner and reported to the FSCA. A conflict-of-interest management policy is available to clients upon request.

3 Your Insurer (s)

3.1 Particulars

Business Name: New National Assurance Company Limited
Physical Address: Field House, 25 Joe Slovo Street, Durban, 4001
Postal Address: 33 Oxford Road, Forest Town, Johannesburg, 2001
E-Mail Address: info@nnac.co.za
Telephone: +27 (0)31 334 2000
Fax: (0)31 301 1166
Registration No.: 1971/010190/06
Authorised financial services provider license no.: 2603

3.2 External Compliance Officer

Compliance Officer: Associated Compliance
Telephone: 27 (011) 678 2533

3.3 Internal Compliance Officer

Head of Compliance: Vicky Lakhraj
5th floor, Field House, 25 Joe Slovo Street, Durban, 4001
Postal: Po Box 1610, Durban, 4000
Telephone: 031 334 2000
Fax: 27 (031) 3011166
E-Mail Address: compliance@nnac.co.za

DISCLOSURE NOTICE FOR SHORT-TERM (NON-LIFE) INSURANCE POLICYHOLDERS

DISCLOSURE REQUIRED IN TERMS OF SECTION 4 TO 7 OF THE GENERAL CODE OF CONDUCT OF THE FINANCIAL ADVISERS AND INTERMEDIARY SERVICES (FAIS) ACT, No 37 of 2002

The purpose of this document is to provide you with key information that you should know. New National Assurance Company, hereinafter referred to as NNAC is authorized to provide financial advisory and intermediary services and administers all aspects of your policy. This information is given to assist Policyholders and is in line with our Regulatory Obligations. As a policy holder you have the right to the following information:

1. About the insurer

- a. Name, physical and postal address and telephone numbers.
- b. Telephone number of compliance department of the insurer.
- c. Details of how to institute a claim and/or complaint.
- d. Type of policy involved.
- e. Extent of premium obligations you assume as policyholder.
- f. Manner of payment of premium, due date of premiums and consequences of non-payment.



2. About the insurer

- g. Name, physical and postal address and telephone numbers.
- h. Telephone number of compliance department of the insurer.
- i. Details of how to institute a claim and/or complaint.
- j. Type of policy involved.
- k. Extent of premium obligations you assume as policyholder.
- l. Manner of payment of premium, due date of premiums and consequences of non-payment.

Contact Details:

New National Assurance Company Limited
25 Joe Slovo Street,
5th Floor, Field House,
Durban
P O Box 1610,
Durban, 4000
Tel: (031) 334 2000
Fax: (031) 301 1166
E-mail: compliance@nnac.co.za
FSP number: 2603
Company registration number:
1971/010190/06
Website: www.nnac.co.za

Our Head of Compliance is:

Ms Vicky Lakhraj
Tel : (031) 334 2000
Email : compliance@nnac.co.za

External Compliance Officer:

Associated Compliance
Tel: (011) 678 2533

3. Disclosures and other Legal Requirements

You must be informed of any material changes to the information referred to in paragraph 1 and 2. If the information in paragraphs 1 and 2 was 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 address your queries to the relevant Ombudsman depending on the nature of your claim. Our complaints resolution policy is available on our website at www.nnac.co.za. 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.

Please take note of the following:

- a. You will be informed of any material changes to the information referred to above.
- b. Please read through all the documents sent to you so you understand the contents thereof.
- c. NNAC accepts responsibility for the financial advice of its representatives, acting in the scope and course of their employment. Some of our representatives work under supervision as defined in the Determination of Fit and Proper Requirements.
- d. You are entitled to a copy of the policy documents free of charge.
- e. No person may request or induce you to waive your rights as set out in this disclosure notice or any other rights confirmed by the Short-term Insurance Act and/or the Financial Advisory and Intermediary Services Act.
- f. Do not sign any blank or partially completed application forms and keep notes as to what is said to you.
- g. Keep all documents handed to you.
- h. Do not be pressurized to purchase a product.
- i. Please ensure that all the information you supply has been recorded correctly. Any misrepresentation or incorrect information can prejudice you in the event of a claim.
- j. Your personal information will be processed in a lawful manner.
- k. With regards to your personal information, you have the right to access any of your personal information and lodge complaints in this regard with the Insurer or the South African Information Regulator in terms of the Protection of Personal Information Act (POPI).
- l. Review your cover periodically to ensure that it is appropriate for your needs.



<p>Premiums and your monetary obligations.</p>	<p>You agreed to pay the premium. The amount of premium due, the frequency of payment and the date on which payment is due are contained in the schedule. Cover will be provided for those periods of insurance for which premiums have been paid to us within the valid receipt period.</p> <p>For monthly policies, if payment has not been made on the payment date, a 15-day grace period will be extended from commencement of the second month of the policy; and failing further premiums, your policy will lapse and cover will automatically be cancelled, effective from and including the day that premium had become due. Therefore, non-payment of premiums may lead to rejection of your claim.</p> <p>For annual policies, payment is due at inception of cover, and on or before renewal of the policy. Failing payment of the premium, your policy will lapse and cover will automatically be cancelled. Therefore, non-payment of premiums may lead to rejection of claims.</p> <p>If a premium is paid by debit order, it may only be in favor of the insurer and may not be transferred without your approval.</p>
<p>Claims</p>	<p>Procedures for the submission of claims are detailed in the General Conditions section of the policy. In the event of a possible claim you must notify your insurance broker or an office of NNAC most convenient to you within 30 days. The contact details of your controlling NNAC office are listed in all letters to you. In the event of a claim, you will be required to supply the following:</p> <ul style="list-style-type: none"> - 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. <p>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 NNAC immediately if you become aware of any impending prosecution. In the event of a claim, you may become responsible for the first amount payable, which is reflected in your policy schedule.</p> <p>In the event of repudiation or rejection of your claim NNAC must give written reasons. 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>General</p>	<p>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 the nearest NNAC office.</p>
<p>Complaints Resolution: Should you wish to dispute the outcome of your claim, you must address the dispute directly with us by sending an email to complaints@nnac.co.za or calling us on (031) 334 2000 and if the matter is not resolved to your satisfaction, you may address your queries to the relevant Ombudsman depending on the nature of your claim. Our complaints resolution policy is available on our website at www.nnac.co.za.</p>	



Should you wish to dispute matters relating to your policy itself, example- the repudiation or rejection of a claim and or should you be unhappy with the internal process relating to your complaint resolution, you may refer the complaint to the Ombudsman for Short Term Insurance.

Compliance related queries:

For any compliance/non-compliance matters relating to FAIS or the Policyholder Protection Rules, you may contact Our Head of Compliance on (031) 334 2000 or email: compliance@nnac.co.za. A complaint must relate to a financial service rendered by our Company to the complainant in order to lodge a complaint with the FAIS Ombudsman. If the matter is not resolved to your satisfaction, you may address your queries to the relevant Institution.

Contact details of Institutions for Referral of Complaints not resolved to your satisfaction.

Ombudsman for Short Term Insurance:

Telephone: (011) 726 8900

PO Box 32334

Fax: (011) 726 5501 Braamfontein

Website: www.osti.co.za 2017

The FAIS Ombudsman

Telephone: 0860 324 766

PO Box 74571

Fax: (012) 348 3447 Lynnwood Ridge

Website: info@faisombud.co.za 0040

The Financial Sector Conduct Authority

Telephone: 0800 20 37 22

P.O. Box 35655

Fax: (012) 346 6941 Menlo Park

Website: www.fsca.co.za 0102

Sasria SOC Ltd

Postal address PO Box 653367

Benmore

2010

Physical address 36 Fricker Road

Illovo

South African Information Regulator

Email: complaints.IR@justice.gov.za

Postal address: PO Box 31533

Braamfontein

Johannesburg

2017

Physical address: JD House

27 Stiemens Street

Braamfontein

Johannesburg

2001

3.4 Details of how to Institute a claim

Should you have a claim against your policy, please do the following:

Notify the intermediary at the above address.

A Claim form will be handed, emailed, faxed or posted to you according to your instruction. Complete this form and return it to your intermediary at the address below

Our claims department will then attend to your claim.



Should you have any difficulty, kindly contact your insurer's claims department and someone will assist you. The details on how to lodge a claim as well as a list of documents that must accompany the claim can be found on www.nnac.co.za

3.5 Complaints

If you want to lodge a complaint, you may contact NNAC, your insurer, on +27 (0)31 334 2000 or via e-mail on complaints@nnac.co.za. NNAC's complaints procedure and policy can be found on www.nnac.co.za.

3.6 Conflict of Interest

We have considered the conflict-of-interest provisions in terms of the FAIS Act 37 2002 and have not identified any actual or potential conflicts of interest, either ownership interest, financial interest, third party relationships, associates or distribution channels as defined. We adopt a values-based approach where the spirit of the legislation is embraced. This is reviewed at least once a year in consultation with an external independent compliance practitioner and reported to the FSCA. A conflict-of-interest management policy is available to clients upon request.

4. Particulars of Sasria SOC Limited

Physical Address: 36 Fricker Road, Illovo, Sandton, Gauteng, 2196

Postal Address: P.O. Box 653367, Benmore, Gauteng, 2010

Telephone: +27 (0)11 2140800

Fax: +27 (0)11 4478630

Registration No: 1979/000287/06

E-Mail: mziwolom@sasria.co.za

Web Site: www.sasria.co.za

Claims Procedure: In the event of a claim, all relevant documentation relating to your claim must be submitted to The Insurer at the Local Branch in your area.

Compliance Officer: Mziwoxolo Mavuso

Compliance Tel No: 0861727742

Compliance E-Mail Address: contactus@sasria.co.za

Complaints E-Mail Address: complaints@sasria.co.za

5. Ombudsman and Registrar

5.1 Particulars of the Short-Term Ombudsman

In the event of a complaint or a dispute, you may contact the following Ombud:

Name: Ombudsman for Short Term Insurance

Physical Address: 1st Floor, Block A, 1 Sturdee Avenue, Rosebank, Johannesburg, Gauteng, 2196

Postal Address: P.O. Box 32334, Braamfontein, Gauteng, 2017

Telephone: +27 (0)11 7268900

Fax: +27 (0)11 7265501

Share call: 0860726890

E-Mail: info@osti.co.za

Website: www.osti.co.za

5.2 Particulars of the FAIS Ombud

If your complaint related to advice that you have received or any other FAIS related complaint, you may contact the following Ombud

Name: Ombudsman for Financial Services Providers

Physical Address: Kasteelpark, Orange Building, 546 Jochemus Street, Erasmuskloof, Pretoria, Gauteng, 0181

Postal Address: P.O. Box 74571, Lynnwood Ridge, Gauteng, 0040

Telephone: +27 (0)12 7625000

Fax: +27 (0)86 7641422

E-Mail: enquiries@faisombud.co.za

Website: www.faisombud.co.za

5.3 Registrar for Short-Term Insurance – Financial Conduct Authority

Physical Address: 41 Matroosberg Road, Ashlea Gardens, Pretoria, 0002

35655, Menlo Park, Pretoria, 0102



Email: info@fsca.co.za
Tel no: 27 (0)12 428 8000
Fax no: 27 (0)12 346 6941

6. Premium

6.1 Type of Policy Involved

Your policy is a Personal Value-added product (VAPS), Monthly paid insurance policy

6.2 Extent of Premium Obligations

Your premium obligations are:

Premium: Rxxx

Monthly Sasria: Rxxx

Broker Fee: Rxxx

Total Payable: Rxxxxx Paid Monthly to NNAC Insurance Company Limited

VAT Amount: Rxxxx

Broker Commission: Rxxxx

SASRIA Commission: Rxxxx

The broker fee is a fee payable to the Intermediary for rendering services to the policyholder, which fee is payable by the policyholder to the intermediaries

6.3 Manner of payment of premium and due date of Premium

Premiums are paid by debit order through your bank account which details you provided to your intermediary by means on concluding a debit order mandate or by means of voice logging. The Premiums are paid monthly in terms of the premium obligations stated above, which amount shall be debited on the (.....)

Agreement Number / Policy Schedule number: XXXXXXXXX

Commencement / Pay date: XXXXX

Amount: RXXXXXXX

Abbreviated name: Riskbuster

User contact details (please refer to the Insurer s contact details stated above)

6.4 Consequence of non-payment of premium

If the premium is not paid on due date, you will be granted a grace period of 15 (thirty) days after the 1st day of the month on which the premium is due.

If the premium is not paid within the 30 (thirty) day grace period, then the policy will be cancelled from the first day of the month for which the unpaid premium was due.

The grace period will only be applicable from the second month of your policy.

6.5 Premium Collection Agency Details

The mandate to collect premiums (in respect of personal and/or commercial insurances) via debit order is facilitated through a collection agent, Qsure (Pty) Ltd

Company name: Qsure (Pty) Ltd

Telephone: 011-4496800

E-Mail address: janusp@qsure.co.za

www.qsure.co.za

FSP License Number: 50552

7: Other Matters of Importance

You must be informed of any material changes to the information provided above.

If the information above was given to you verbally, it must be confirmed to you in writing 30 days.

The right to request recordings if any information was disclosed to you telephonically.

If any complaint to the broker or insurer is not resolved to your satisfaction, you may submit a complaint to the short-term insurance ombudsman.

Polygraph or any lie detector test is not obligatory in the event of a claim and failure thereof may not be the sole reason for repudiating the claim.

The insurer and not the intermediary must give reasons for repudiating your claim.

You are entitled to a copy of the policy free of charge.



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.

All information regarding the policy terms and conditions must be disclosed to you in order to make an election if more than one option of a policy term or condition applies.

Please refer to your policy wording for all exclusions and limitations that apply with regard to your policy. You have the right to cancel your policy at any time. Please refer to your policy wording for details.

8: Warning

Do not sign any blank or partially completed application form

Complete all forms in ink

Keep all documents handed to you

Make note as to what is said to you

Don't be pressurized to buy the product

You must disclose all material facts to your broker. Incorrect or non-disclosure of information may influence an insurer on any claims arising.

9. 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 risk 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 policy holders.

The sharing of information includes, but is not limited to the information sharing via the Information Data Sharing System operated by Trans Union ITC 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 also similarly give consent to the sharing of information in regard to past insurances policies and claims that you have made. You also acknowledge that information provided by yourself, or your representative may be verified against any legally recognized 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 applications 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 Information Data Sharing System.

Section 21 of the Code of Conduct of the FAIS Act 37 2002 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 recognize, accept or act on any such waiver by the client and any such waiver is null and void.

Protection of Personal Information Disclosure:

NNAC Insurance Company Limited processes your personal information in terms of the Protection of Personal Information Act ("POPI") for the purpose of:

- a) to conduct credit reference searches;
- b) to confirm, verify and update your personal information details.
- c) to confirm the existence of a bank account.
- d) manage, administer and/or amend your insurance policies.



- e) underwrite short term policies.
 - f) manage and administer claims.
 - g) compliance with a legal or statutory requirements or industry bodies that apply to NNAC;
 - h) Fraud Detection
 - i) market research; and to
 - j) offer and administer insurance products.
- NNAC may in turn share your personal information with 3rd parties in order to give effect to the purpose set out herein.
- Please ensure that you broker provides you with a copy of their privacy statement when your personal information is being processed.

10: Authorization to your Insurer

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including 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 premiums.

On my own behalf and on behalf of any person I represent herein, I hereby 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.

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.

I consent to such information being disclosed to any other insurance company or its agent.

I acknowledge that the information may be verified against legally recognized sources or database.