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## INFORMATION DISCLOSURE

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**IMPORTANT** - This notice does not form part of the Insurance Policy, but is designed to provide you the (re)insurance policyholder, or prospective policyholder, with the following information:

### 1. PARTICULARS OF YOUR INSURANCE BROKER

Business Name:	Maksure Financial Holdings t/a Maksure Risk Solutions
Physical Address:	Block 3 Waterfall Point, Cnr Waterfall and Woodmead Drive, Waterfall City, Midrand 2090
Postal Address:	Midridge, Midrand, 1682, South Africa PO BOX 4689, Halfway House, 1685
Telephone Number:	(011) 805 0086
E-mail Address:	<a href="mailto:info@maksure.co.za">info@maksure.co.za</a>
Website:	<a href="http://www.maksure.co.za">www.maksure.co.za</a>
FSP License:	44889
Name of Compliance Officer:	Ms. Lethubuhle Ncube
Telephone Number:	(011) 805 0086
E-mail:	<a href="mailto:lethu@maksure.co.za">lethu@maksure.co.za</a>

YOUR INSURANCE BROKER IS AUTHORISED TO PROVIDE FINANCIAL SERVICES IN RESPECT OF SHORT- TERM INSURANCE PERSONAL LINES AND COMMERCIAL LINES, LONG TERM INSURANCE, PENSION FUND BENEFITS AND INVESTMENTS PRODUCTS (FSP 44889).

YOUR INSURANCE BROKER HOLDS PROFESSIONAL INDEMNITY INSURANCE.

### 2. CLAIMS

Procedures for the submission of claims are detailed in the policy wording, but you may contact the insurance broker's claims department for assistance with submitting your claim.

### 3. COMPLAINTS

3.1 If you would like to lodge a formal complaint against your insurance broker, please write to:

**Maksure Financial Holdings (Pty) Ltd**

Postal Address: PO BOX 4689, Halfway House, 1685  
 Telephone Number: (011) 805 0086  
 Fax: 086 763 4903  
 Email: [info@maksure.co.za](mailto:info@maksure.co.za)  
 Website: [www.maksure.co.za](http://www.maksure.co.za)

If you are dissatisfied with the outcome of your complaint, you may approach the FAIS Ombudsman or Short-term Ombudsman, details of which appear below.

The Insurance Broker's Complaints Policy may be accessed on [www.maksure.co.za](http://www.maksure.co.za) or by

request to [complaints@maksure.co.za](mailto:complaints@maksure.co.za)

### **3.2 OMBUD FOR SHORT TERM INSURANCE**

You may contact the Ombudsman for Short Term Insurance if you have a complaint against your insurer, or if you are dissatisfied with the outcome of your claim.

Postal Address: P O Box 32334, BRAAMFONTEIN, 2017  
Telephone Number: (011) 726 8900 / 0860 726 890  
Fax Number: (011) 726 5501  
Email address: [info@osti.co.za](mailto:info@osti.co.za)  
Website: [www.osti.co.za](http://www.osti.co.za)

### **3.3 FAIS OMBUD**

You may contact the FAIS Ombudsman if you are dissatisfied with the advice or intermediary service rendered by your Insurance Broker/Intermediary.

Postal Address: P O Box 41, Menlyn Park, 0063  
Telephone Number: (012) 762 5000 / 0860663274  
Fax Number: (012)348 3447  
Email Address: [info@faisombud.co.za](mailto:info@faisombud.co.za)  
Website: [www.faisombud.co.za](http://www.faisombud.co.za)

## **4. COMMISSION, FEES AND CONFLICT OF INTEREST DISCLOSURE**

Maksure Financial Holdings (Pty) Ltd own no shares in insurance and reinsurance companies. We do not have a relationship with any other product supplier or provider that provides an ownership or financial interest.

Your broker receives a commission from your insurer. The levels of commission vary depending upon the product type, but will not exceed the following:

- a) Non-Motor: 20% of premium
- b) Motor: 12.5% of premium
- c) SASRIA: 11% of premium

Your broker does not receive more than 30% of its income from any one insurer in a 12-month period.

## **5. PREMIUMS AND FEES**

All premium obligations and fees are disclosed in your policy schedule. Your premiums are collected monthly and are due on the first day of the Period of Insurance. Please refer to your policy wording for Consequences of non-payment of premiums.

## **6. OTHER MATTERS OF IMPORTANCE**

- 6.1 You must be informed of any material changes to the information provided above.
- 6.2 A polygraph or 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.
- 6.3 All material facts must be accurately and properly disclosed by you, and the accuracy and completeness of all answers, statements or other information provided by or on your behalf remains your own responsibility.
- 6.4 You must on request be supplied with a copy of your policy free of charge.

## **7. WARNING**

- 7.1 Do not sign any blank or partially completed application form and complete all forms in ink.
- 7.2 Keep all documents handed to you and make note as to what is said to you.
- 7.3 Don't be pressurized to buy the product.
- 7.4 Incorrect or non-disclosure by you of material facts may influence the outcome of any claims against your insurance policy.

- 7.5 You are entitled a period up to 30 days within which you may cancel your policy in writing at no cost. Cover will cease upon cancellation of the policy. If the insurer wishes to cancel your policy, this will be done in writing, to your last known address.