

# ALL YOUR PRODUCT BENEFITS UNPACKED.



Unlimit Your Life.

# THE UNLIMITED

FSP 21473

UNDERWRITTEN BY



CENTRIQ  
INSURANCE

This product is underwritten by Centriq Insurance Company Limited, a licensed non-life insurer and an authorised financial services provider (FSP Number 3417).

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## THE INSURANCE POLICY

### SPECIFIC TERMS & CONDITIONS FOR THE INSURANCE POLICY

#### ACCURACY OF INFORMATION

It is very important that you give The Unlimited, LTS and the insurer honest and accurate information at all times. If you give The Unlimited and/or the insurer false or incorrect information, your insurance policy may be invalid or you may not be covered in full or in part. The Unlimited and the insurer may rely on the accuracy and truthfulness of any information provided by you during any conversation and including in any proposal/application form or other information supplied by you or by The Unlimited on your behalf to the insurer, including any relevant recorded phone calls made to or received by you.

If the insurer, LTS, or The Unlimited fail to enforce any provision strictly or at all, this does not mean that we waive any of our rights thereto, nor does it mean that we may not enforce it thereafter.

#### WHO IS THE INSURER FOR THE INSURANCE POLICY?

Centriq Insurance Company Limited (Reg. No. 1998/007558/06), a licensed non-life insurer and an authorised financial services provider (FSP Number 3417) (the insurer), which provides you with your insurance benefits under this insurance policy.

You can contact the insurer, **Centriq Insurance Company Limited**, on **011 268 6490**.

#### GENERAL DEFINITIONS (What these words mean when used in this insurance policy)

Subject to all the terms and conditions of this insurance policy:

1. **Attorney** means the lawyer or other appropriately qualified person appointed by LTS to represent you.
2. **Child/ren** means your biological children, stepchildren, adopted children and children who are related to you by blood or a legally recognised relationship. The child/ren must be under the age of 21 and totally financially dependent on you. This means that from the date you add a child to this insurance policy and throughout the lifetime of this insurance policy, you (the policyholder) are totally responsible for the livelihood of your child/ren and pay for their food, water, medicine, shelter and clothing.
3. **Due date** means the date of your premium deduction every month (your salary pay date).
4. **Fact/s** means all relevant facts (circumstances, acts and omissions) which relate to a proceeding relating to your legal rights.
5. **Insurer** means the company which provides you with your insurance benefits and who receives the insurance premium every month. Your insurer under the insurance policy is Centriq Insurance Company Limited (Reg. No. 1998/007558/06), a licensed non-life insurer and authorised financial services provider (FSP No. 3417).
6. **Insured event** means all the acts or omissions forming the facts which may lead to a proceeding, from any cause not excluded under this insurance policy.
7. **Insured person** means you, your spouse and/or any child who is covered under this insurance policy. They must be South African citizens or, if they aren't, they must have residential rights in South Africa or be in possession of a valid work permit or other permit, which allows them to remain in South Africa on a long-term basis as required by the Immigration Act.
8. **Legal fees** means reasonable attorney fees, costs and disbursements of a proceeding necessarily incurred and in accordance with LTS's approved tariffs (see **CLAIMS PROCESS CONDITIONS**).
9. **LTS** means Legal and Tax Services (Pty) Ltd, an authorised Financial Services Provider (FSP No. 28566) and the non-mandated intermediary and binder

holder that is responsible for the provision of the legal services and administration of claims in terms of this insurance policy, which is underwritten by the insurer.

10. **Insurance premium** means the amount payable to the insurer every month for the insurance cover under this insurance policy. The insurance premium is disclosed separately in the *insurance benefits* section of this insurance policy.
11. **Metropolitan areas** are the areas deemed to be within Cape Town, Durban, Gqeberha, Johannesburg and Pretoria.
12. **Premium deduction** means the collection of your insurance premium on the due date every month. The collection method will be via Persal (the National and Provincial Government's personnel salary system).
13. **Proceeding** means the pursuit or defence of a single civil, labour or criminal matter before 1(one) single South African court of law (Magistrate's Court or higher), the CCMA, Bargaining Council, or the Labour Court. The insurance policy may not cover any step in the proceeding that involves or relates to any event which needs to take place (in part or whole) outside the Republic of South Africa.
14. **Spouse/partner** means a named person who you are married to by civil law, tribal custom or in terms of any religion, this includes your life partner. Your spouse or life partner must normally live with you in South Africa and you must be interdependent on each other. When we use the word "partner", we refer to your spouse (as described above) or your life partner, whomever is named on your insurance policy.
15. **Start date** means the date of your first successful premium deduction and is the date on which all your insurance benefits are available (subject to waiting periods).
16. **Waiting period** means the period specified in this insurance policy/*insurance benefits* section during which the insurer needs to have received a specified number of insurance premiums from you before you are entitled to claim under this insurance policy. Please note, the minimum premium deductions required to meet the waiting periods start from when a person is added to the insurance policy and cover for the applicable insured person will also only begin once the insurer has received the required minimum insurance premiums for that person.
17. **We/us/our** means The Unlimited Group (Pty) Limited. We are authorised by the insurer to market the insurance policy as the non-mandated intermediary. The Unlimited Group (Pty) Limited is an authorised Financial Services Provider (FSP No. 21473).
18. **You/your** means the policyholder and includes additional dependants insured, where applicable.

## IMPORTANT PLEASE READ CAREFULLY

1. The insurance policy is issued to you at your own request and without advice. Please read it carefully and ensure that it is appropriate to your needs. If not, please contact us. Also see **CANCELLATION OF YOUR INSURANCE BENEFITS** below.
2. Neither the insurer, LTS, nor The Unlimited, their employees, agents, or representatives shall be liable for any damages or consequential damages that may arise out of or in connection with any advice given or work done (or not given or done) by any of the aforementioned (or the attorney), notwithstanding any mistake, error of judgment or negligence. In addition, we will not be responsible for any loss, damage or interest that you may allege was caused by repudiation of a claim or any delays in not approving a claim under the insurance policy.
3. You agree that we can market other products and services to you **even after this insurance policy ends** and share market innovations with you.

## HOW WILL WE COMMUNICATE WITH YOU?

1. We will communicate with you via SMS, WhatsApp to the cell phone number you provided us, email or letter. This will be the agreed method of giving you any notice required by this insurance policy or by law. If you have a preference about how we communicate with you, please tell us.

2. It is important to keep all the contact information (current cell phone number, email address, physical and/or postal address) you have recorded with us (including the details of your spouse and children) updated. If any of these contact details change, it is your duty to let us know as soon as possible. We will always communicate with you using your last known details to fulfil your insurance benefits and to process any claims you may have. Please contact us on 0861 990 000.

## FOR COMPLAINTS AND COMPLIANCE

1. It is important that you are happy with your insurance policy. If you are unhappy for any reason, please call us on 0861 990 000 and give us a chance to see if we can set things right.
2. If you are still not happy, then refer to 'How to submit a complaint' in the STATUTORY NOTICE OF DISCLOSURES AND OTHER LEGAL REQUIREMENTS DOCUMENT section.

## WE WOULD LOVE TO HEAR FROM YOU

If you have any questions, or need assistance with your insurance policy, you can get in touch with us in the following ways:

-  Facebook (look for The Unlimited);
-  Twitter (our handle is @theunlimited); find us on
-  LinkedIn as theunlimited; or
-  on our website [www.theunlimited.co.za](http://www.theunlimited.co.za); or
-  call us on **0861 990 000**.

## SPOUSE AND CHILDREN (WHERE RELEVANT)

1. You (the policyholder) are covered by the insurance benefits. You can cover your spouse and up to 5 of your children (*as defined*), if stated to be included in the *insurance benefits* section of this insurance policy, at an additional cost to you, where applicable.
2. You must provide us with the name, surname and dates of birth of your spouse and each of your children (*as defined*), or they will not be covered. It is important that we have the correct details of your spouse and children. If any amendments are required, or you would like to understand who can be covered, please contact us for assistance.
3. **Important to note:**
  - 3.1. **For your spouse to be covered for an insured event:**
    - 3.1.1. Details of your spouse, as defined, must be on record. Your spouse or life partner must normally live with you in South Africa and you must be interdependent on each other.
    - 3.1.2. The union or life partnership between you and your spouse must be before the date of the facts giving rise to a claim.
  - 3.2. For your children to be covered for an insured event, they must be:
    - 3.2.1. on record; **and**
    - 3.2.2. totally financially dependent on you. This means that from the date you add a child or to this insurance policy and throughout the lifetime of this insurance policy, you (the policyholder) are totally responsible for the livelihood and support of the insured child and pay for their food, medicine, shelter, money, education and clothing; **and**
    - 3.2.3. a member of your family through blood or by a recognised legal relationship.

**IMPORTANT:** You may add your child to this insurance policy from the day they are born alive (and up to the age of 21).

4. Failure to provide us with the details above, or if you do not meet these requirements, can result in the repudiation of a claim or the insurer voiding the insurance policy or parts thereof. At the time of a claim, it is your responsibility to prove that you and your spouse are interdependent and that you normally live together. You must also prove that your children are a member of your family through blood or by a recognised legal relationship and are totally financially dependent on you as described above.

## PAYMENT AND NON-PAYMENT OF INSURANCE PREMIUMS

It is your responsibility to pay your insurance premiums every month or you will not be covered.

### 1. Payment of insurance premiums:

- 1.1. If you are a Government employee and have given us your Persal number:
  - 1.1.1. you have authorised your employer to deduct the insurance premium stated in the *insurance benefits* section of this insurance policy from your salary via Persal (National and Provincial Government's personnel salary system);
  - 1.1.2. you have authorised us to deduct the insurance premium from any of your bank accounts which you have given us, if the Government is unable to deduct the insurance premium in favour of the insurer from your salary via Persal. Your debit order will be presented to your bank on the due date; and
  - 1.1.3. you agree that, should any changes in terms of this insurance policy resulting in either the cancellation of the insurance policy or an increase in insurance premium be required, such changes need to be communicated to Persal first and the change may only be effective up to 60 days later. This means that you may have another premium deduction before the change is effective.  
**For example:** if an instruction to cancel this insurance policy is received by Persal on the 25<sup>th</sup> of June, the cancellation may only be effective up to 60 days later during the following month, or the month after in August (and the insurance premium will still be deducted from your salary in July).
- 1.2. The insurance premium is due in advance and this insurance policy will not be binding on us or the insurer until your first successful premium deduction.
- 1.3. This insurance policy is month-to-month. It will renew on the same terms each time your premium deduction is successful.

### 2. Unpaid insurance premiums:

- 2.1. If the insurer does not receive the insurance premium by the due date every month, you will have NO cover. **The insurer will not double deduct missed insurance premiums the following month.**
- 2.2. You have a grace period of 15(fifteen) days, calculated from the due date within which to make a manual EFT payment to us. During the grace period, all insurance benefits will remain in force. However, in the event of a valid claim occurring during this period, the outstanding insurance premium can be deducted from the cover amount. If we do not receive payment within the 15 days, you will not have cover.

*Example: insurance premium due date is the 1<sup>st</sup> of May. If you miss a premium deduction, you will only have until the 16<sup>th</sup> of May to make a manual EFT payment to us. If you don't, you will not have cover.*

3. In the event of your premium deduction being cancelled and your insurance premium being collected via debit order going forward, we use a tracking system that allows us to process your debit on another date if need be to improve the likelihood of a successful debit order collection. This allows you to keep your insurance policy active, but it remains your obligation to see that all insurance premiums are paid manually when any collection of premiums fail.
  - 3.1. If your insurance premium is not received, you agree that we may, at our discretion, try and collect from your account a further 3 times.
  - 3.2. If we cannot collect the insurance premium after 4 consecutive attempts, the insurance policy will automatically end. This means that your

insurance policy will lapse. PLEASE NOTE: You and any person insured will not be entitled to any insurance benefits during any month where we do not successfully collect an insurance premium from you.

- 3.3. If you dispute your monthly debit order with the result that the debit order is reversed by your bank, and provided the debit order mandate is not cancelled, we may, subject to the terms of this insurance policy, resubmit the debit order mandate for collection in the month following the dispute/s.

## AMENDMENTS TO COVER OR INSURANCE PREMIUMS

1. **The insurer and we reserve the right to amend, add or change the insurance premium, insurance benefit waiting period or terms and conditions of this insurance policy, including your cover, by giving 31 days' written notice to you of our intention to do so.**
2. Any variations and or changes, referred to above, including any insurance premium rate adjustment will be binding on you and can be applied at any time to the existing terms and conditions after written communication of these changes has been sent, on 31 days' notice, but please remember that it may still take up to 60 days from the date of communication to you to become effective.

## WHEN DOES YOUR COVER START?

1. On receipt of your first insurance premium by the insurer, your insurance policy will start (the start date). The start date of your insurance policy will be the date of your first successful premium deduction.
2. **Please note:** the instruction for your first premium deduction will need to be communicated to Persal first and your start date may only be effective up to 45 days later. This means that you may only have your first premium deduction in the following month/s.  
**For example:** if an instruction for your first premium deduction is received by Persal on the 25<sup>th</sup> of June, your first premium deduction may only happen up to 45 days later during the following month, or the month after in August (and the start date of your insurance policy will only happen on the date of that first premium deduction).
3. You are entitled to your insurance benefits from the start date, subject to any waiting period that may apply.
4. If you miss a premium deduction and the insurer receives your next insurance premium, at a later date, your insurance policy will recommence on receipt of that next premium and the balance of any waiting period will be taken into account.
5. If you are unsure when your cover starts, please contact us to confirm the start date of your insurance policy.
6. You must be under the age of 65 to be covered under this insurance policy. The insurance policy will automatically end when you turn 70 or immediately on the death of the policyholder.
7. Any insurance benefits that apply to your dependants will also end should this insurance policy end for any reason or when your dependants:
  - 7.1. in the case of children, turn 21; and
  - 7.2. in the case of adults, turn 70.

## CANCELLATION OF YOUR INSURANCE POLICY

1. You can cancel your insurance policy at any time. CALL US ON 0861 990 000 OR EMAIL US ON [CUSTOMERCARE@THEUNLIMITED.CO.ZA](mailto:CUSTOMERCARE@THEUNLIMITED.CO.ZA). Please remember that your cancellation may take up to 60 days to take effect.
2. There is a cooling-off period of 14 days (calculated from when these terms and conditions are sent to you) in which you can cancel and receive a refund **BUT ONLY IF YOU HAVE NOT USED** any of the insurance benefits. Cancellation of your insurance policy will include cancellation of ALL of your insurance benefits.
3. The insurer can cancel or void the insurance policy (or sections thereof) at any time if you do not fulfil your duties under this insurance policy or if you

misrepresent material facts, are dishonest or fraudulent in your actions, by us notifying you:

- 3.1. immediately in writing of cancellation/voidance for fraudulent or dishonest actions or the non-payment of insurance premium; and
  - 3.2. of cancellation after 31 days' notice in writing (or such other period as may be mutually agreed and/or otherwise prescribed by this insurance policy).
4. If your insurance policy is cancelled, or upon the removal of a spouse or a child from the insurance policy, and you already have a claim which has been approved, LTS will pay the legal fees incurred for the authorised proceeding in accordance with the approved tariff by them.

## TRANSFER OR CASH-IN

Your insurance policy, or any rights in your insurance policy, cannot be transferred to another person. You cannot take out a loan against your insurance policy. Your insurance policy is month-to-month and does not pay out any profits, nor can it be cashed in for money.

## REPLACEMENT INSURANCE

We do not provide financial advice to customers. If this insurance policy, or any part of this insurance policy is replacing an existing policy you have, make sure that you have carefully compared the insurance premiums, insurance benefits and terms and conditions.

## CLAIMS PROCESS CONDITIONS

These are the detailed claims conditions that must be in place or complied with by you so that you can enjoy the insurance benefits.

1. **When can you claim?**
  - 1.1. As soon as the insurer has received your first insurance premium (the start date), you are entitled to cover and to claim your insurance benefits if an insured event occurs; however, if there is a waiting period, you or any person insured will not have cover until the waiting period has ended. Also, you can only claim for the insurance benefits if the insurer successfully receives your insurance premium every month and if you comply with all the terms and conditions in this insurance policy.
  - 1.2. **The facts and the proceeding must all take place and be pursued exclusively within the Republic of South Africa, the insured event must be after the start date and an exclusion must not apply.**
2. **Time period to submit a claim?**
  - 2.1. You must notify us within 90 days of you becoming aware of the first fact giving rise to a claim. We and LTS may not accept late notification.
3. **How do you claim your insurance benefits?**
  - 3.1. It's simple, CALL US on 0861 990 000 and we will guide you through the process.
  - 3.2. Please complete a claim sheet in full, as requested by LTS with all supporting information and evidence required to prove your claim, for example, witness statements, expert reports, documents, recordings, transcripts, etc.
  - 3.3. You must give LTS a copy of any legal documents which you receive that require your compliance (e.g. summons, dismissal letter from your employer, letter of demand etc.). A copy must be given to LTS before any such notices lapse, otherwise your cover may be repudiated.
  - 3.4. After LTS has received your fully completed claim sheet, they **have the right to request additional supporting documents at any time** should they feel that this information will be required or necessary to prove or defend your claim. If you do not provide further information within a reasonable period, normally 30(thirty) days, your claim may be closed until such time as you comply. If at a later stage, the further information is received, the claim may be repudiated if the insurance



policy conditions are not satisfied, or you have no prospects of success.

4. **Alternative resolution for any claim:**

- 4.1. LTS may instruct that an alternative course of action be followed before approving a claim, if such a course of action may lead to settlement or resolution of the claim without formal legal proceedings.
- 4.2. Rather than approving a claim, LTS may settle it by paying you (or the other party) a sum of money equal to, but not more than, the claim amount proven by either party.
- 4.3. If you disagree with any of the recommendations or instructions given by LTS, you may request in writing that their internal Complaints Officer or an attorney appointed by them, who reviews and decides on the matter, whose decision will be final and binding.
- 4.4. **There are some more important details which you will find in the document called the STATUTORY NOTICE OF DISCLOSURES DOCUMENT which is provided to you in this pack. Please make sure you read and understand it and if you have any questions, please call LTS on the number provided.**
- 4.5 All costs incurred in submitting a claim are for your account.

5. **Claim approval and appointment of an attorney:**

- 5.1. LTS are entitled to investigate each claim, and you grant them full authority and power of attorney to freely contact any person, take statements, and conduct whatever investigations they consider necessary.
- 5.2. If LTS are not able to find an alternative resolution for your claim, and provided they have received the claim sheet (fully completed with all supporting information and evidence) and the attorney's opinion (if applicable), LTS will advise you within 7(seven) business days thereof, in writing, whether the claim has been approved or repudiated.
- 5.3. Cover cannot be approved orally or over the phone and must be authorised in writing.
- 5.4. If your claim is approved, an attorney may be appointed to handle your proceeding. If you use an attorney from the LTS panel, all the legal fees will be covered in terms of their approved tariffs. While LTS often try their best in finding an attorney, they are not obliged to should your claim be on short notice or is outside of a recognised metropolitan area.
- 5.5. You may wish to select your own attorney if you have prior approval from LTS. If you do select your own attorney, you will have to pay the attorney anything charged in excess of LTS's approved tariffs (similar to a doctor who charges above medical aid rates, where you have to pay the balance).
- 5.6. The attorney acts on your behalf, and not on behalf of us, LTS and/or the insurer. However, in order to provide this cover, we, LTS and/or the insurer is entitled to all information relating to the case and exchanged between you and the attorney and you hereby grant Power of Attorney to LTS in this respect. You must communicate directly with your attorney. Claims and complaints against an attorney must be referred directly to the Legal Practice Council.
- 5.7. You agree that the attorney can keep LTS fully informed at all times on the progress of your proceeding and let them have any information which may be relevant to whether your claim should continue to be covered or not.
- 5.8. You may not change attorneys without the prior written consent from LTS, failing which, you will be personally liable for the legal fees of the new attorney. Furthermore, if you request the change and they approve it, any fees that are wasted or duplicated by changing attorneys will be for your personal account.
- 5.9. You may not withdraw from the proceeding without first notifying LTS, failing which, you will be liable for all legal fees incurred since approval of the claim.
- 5.10. If the other litigating party also has an insurance policy with us, they can refer the case to the internal Complaints Officer or an attorney of LTS who will decide the matter as an expert and not arbitrator, and the decision will be final and binding on all parties. The Complaints Officer or an attorney appointed by LTS will decide what procedures are to be followed

and must finalise the matter within 30(thirty) days of referral, if possible.

6. **Settlement by attorney:**

- 6.1. If, in the opinion of an attorney, a claim is at any time capable of being settled, you are required to co-operate and assist the attorney (as far as is reasonably possible) to resolve the matter.
- 6.2. If a settlement offer is obtained, you must notify LTS immediately.
- 6.3. If you unreasonably reject a settlement proposal that an attorney believes is fair and in your best interest, then cover may be withdrawn or repudiated.
- 6.4. If you accept a settlement with the recovery of legal fees, then any amount that is recovered on your behalf must be paid back to LTS.
- 6.5. LTS does not pay the costs of the other litigating party in settled matters.

7. **Payment of legal fees and costs recovered:**

- 7.1. You must notify LTS within 30(thirty) days of receipt of any account received for legal fees by an attorney, failing which LTS may not be required to pay such fees.
- 7.2. LTS is only obliged to pay legal fees in terms of their approved tariffs (see **Approved tariffs for legal fees** below) and at the conclusion of a proceeding.
- 7.3. If legal costs are awarded in your favour or are otherwise recovered, such fees must be paid to LTS.

8. **Claim repudiations:**

- 8.1. If cover is not approved and your claim is repudiated, LTS will notify you in writing on behalf of the insurer with detailed reasons for such a decision.
- 8.2. If you wish to appeal the repudiation, you will have **90(ninety) days from the date of the notification of the decision to you** to make written representations to LTS or the insurer (complaints@centriq.co.za). You may also lodge a complaint to the FAIS Ombud, to the Short-term Insurance Ombudsman or Financial Sector Conduct Authority.
- 8.3. You have **180(one hundred and eighty) days from the expiry of the above 90(ninety) day period** to institute legal action to dispute any decision and if you do not, you may no longer have any claim.
- 8.4. **There are more important details about this process in the STATUTORY NOTICE OF DISCLOSURES DOCUMENT provided to you.**

9. **Approved tariffs for legal fees:**

Legal fees will be paid as per the following approved tariffs. Amounts charged in excess of the below tariffs are for your personal account.

- 9.1. **Disbursements:** all reasonable disbursements necessarily incurred may be paid, provided such disbursements are taxable and do not exceed what would be allowed on taxation, excluding the costs of an interpreter, witness fees, or transcription of proceedings.
- 9.2. **Advocates fees:** advocates fees in the Magistrates, Criminal Court or Labour Court are not covered. Fees for advocates in the High Court are limited to no more than 3(three) days in court, and may not be paid unless (i) prior written approval from LTS is first obtained, and (ii) such fees are taxable and do not exceed what would be allowed on taxation.
- 9.3. **Criminal matters:** whatever is claimable in terms of the Legal Aid Board tariff, plus 50% thereof.
- 9.4. **Civil matters:** whatever is taxable on the appropriate scale as between party and party.
- 9.5. **Labour matters:** whatever is taxable on the appropriate scale as between party and party, as if the matter was in the Magistrate's Court, on Scale B of the tariff for defended actions.
- 9.6. **Opponent's fees:** fees which are taxed pursuant to an appropriate order of court.
- 9.7. **Expert's fees:** the fees of experts to testify in support of your claim may be paid, provided that you have prior written approval from LTS, and provided that such fees are taxable and do not exceed what is allowed on taxation.
- 9.8. **Execution:** if judgment is obtained, the taxable costs for the service of 1 (one) single writ of execution, or emoluments attachment, garnishee or enforcement order may be paid. The costs of security to accompany the Sheriff may not be covered. Only 1(one) execution attempt is covered.

## GENERAL INSURANCE POLICY EXCLUSIONS

General exclusions are specific items, losses or events that are not covered by this insurance policy.

1. **The insurer will NOT cover any claim if you have:**
  - 1.1. added children who are either over the age of 21 or not totally financially dependent on you for their livelihood and support and payment of their food, medicine, shelter, education, money and clothing at the time of the incident that led to a claim under this insurance policy.
2. **The insurer will NOT cover any claim where at the time of the incident that led to a claim under this insurance policy, the following conditions have not been met:**
  - 2.1. You must, where possible, take all reasonable and responsible steps to protect your rights and interests, and to prevent a claim or avoid legal fees from being unnecessarily incurred.
  - 2.2. The claim must relate to you directly and must be brought exclusively in your personal capacity and relate to your private affairs. The insurer will not cover a claim where you are acting in your capacity as a director, shareholder, member of a close corporation, officer, trustee, executor, curator, business partner, landlord or similar capacity.
  - 2.3. There must be reasonable prospects of success that you will succeed in your proceeding, and legal action must be the only reasonable and available way to resolve the matter. If prospects are questionable, LTS may refer it to an attorney for a professional opinion.
  - 2.4. You must be truthful and not withhold any information related to a claim even if not asked for it. Failing to do so may result in your cover being withdrawn or repudiated. The party you are proceeding against must be identifiable, have a confirmed physical or primary residence, generate or receive an income or have sufficient assets to pay for any judgment in your favour, failing which, cover may be withdrawn or repudiated. In the event of you not being able to provide the aforesaid information, LTS may, at their discretion, appoint a tracing agency.
  - 2.5. You cannot be subject to, or contemplating sequestration, administration, curatorship or anything similar.
3. **The insurer will NOT cover any claim, nor pay for legal fees, that directly or indirectly arise out of or are connected to any of the following:**
  - 3.1. Events that occurred prior to the start date of the policy.
  - 3.2. If we, LTS or the insurer have reason to suspect that you (or any third party) are committing fraud.
  - 3.3. **Commercial matters:** this includes the pursuit of business or monetary gain, other than your income as an employee, including but not limited to your conduct of a business, profession or trade, or acting as a landlord, or anything relating to patent, trademark, or copyright. Criminal action arising out of the foregoing is also excluded.
  - 3.4. **Family law and related matters:** this includes marriage, past or present affectionate relationships, opposed divorce, child care or access, guardianship, existing maintenance matters, parenthood, paternity, promise to marry, family or domestic violence, harassment, adoption, or ownership or monetary disputes. This clause applies to a current or former spouse or partner or life-partner, in-laws (parents, siblings and their spouses/partners/children), child (biological, step or adopted), parent, grandparent, or sibling (and their spouses/partners/children). The enforcement or annulment of a court order relating to the foregoing is also excluded. **Please note that uncontested divorces have a waiting period of 6 successful premium deductions.**
  - 3.5. **Criminal matters:** any deliberate criminal conduct, and all other criminal conduct unless you have a strong and valid defence which you can prove. Criminal conduct which is similar to a previous conviction or where an admission of guilt fine is payable, may be excluded.
  - 3.6. Any conduct where you were under the influence of or affected by alcohol or drugs.
  - 3.7. A repudiation of a claim or any legal action against us, the insurer, LTS or an attorney.

- 3.8. Appeals and/or reviews.
- 3.9. **Immovable property law:** Claims related to immovable property, other than your full-time permanent primary place of residence ("your house"). Changing the status, zoning, right of use of your house, amendments to Title Deeds, and similar matters are also excluded. If you buy a property (with intention to use it as your house) which is occupied by someone else, the insurer will not pay for the eviction or any other action related to it.
- 3.10. **Pain and suffering matters:** this includes claims related to emotional hurt or infringement of personality rights (e.g. defamation, the right to dignity, privacy, a good name, not to be insulted etc) are excluded. Claims related to harassment may only be pursued if such conduct is life threatening or a recognised medical expert can provide a report in support of severe emotional damage. Claims defended require a valid and strong defence.
- 3.11. Claims related to a vehicle of which you are not the registered owner (or, for instalment sale agreements, you are not authorised by the credit provider to be in possession of the vehicle), or claims related to you driving without a valid driver's or vehicle licence may not be covered.
- 3.12. **Illegal conduct:** this includes mass action or protest, contamination or damage from nuclear material, war, hostilities, rebellion, unlawful labour disturbances, public disorder, civil disobedience, resisting or impeding lawful authority, intimidation, conduct contrary to public policy or tainted with illegality or involving indecent or unlawful sexual behaviour or based on malice or vexatious conduct on your part or undertaken to further ideological objectives (e.g. political, economic or environmental) or political activities, or which may harm the interests or well-being of any organ of state or municipality.
- 3.13. **Public matters:** this includes claims related to government, a municipal body, or similar body or structure which relate to the provision of services, rates, taxes, water, lights, waste, e-tags or tolls, similar charges, or maintenance of infrastructure (e.g. roads), or which relate to delays in performance or poor service delivery.
- 3.14. **Legal administrative work:** matters which are administrative in nature or involve the drafting of documents, including but not limited to conveyancing, deceased estates, marriage contracts, and similar matters.
- 3.15. **Frivolous matters:** matters that are trivial or have a monetary value less than the limit of the Small Claims Court.
- 3.16. **Matters involving debt:** debt management or failure by you to discharge a debt lawfully owing and due by you.
- 3.17. **Application proceedings:** this includes any application relating to the status of a person (e.g. sequestration, rehabilitation, curatorship, insanity) or similar matters.
- 3.18. Matters where you have received (or will receive) some compensation under an insurance policy or similar cover (e.g. medical aid, vehicle insurance etc.).
- 3.19. Constitutional Court and Tribunal matters.

## SANCTIONS

1. This insurance policy excludes cover, and the insurer is not liable to pay for any claim, nor provide any insurance benefit under this insurance policy to the extent that the provision of such cover, payment of such claim or provision of such insurance benefit would expose either us or the insurer to any sanction, prohibition or restriction under United Nations resolutions or any trade, economic, personal or other sanctions, laws or regulations of the European Union, United Kingdom, United States of America and the Republic of South Africa or any other country or political or economic zone.
2. The insurer has the right to cancel any insurance benefit/insurance policy, section and/or item should we or the insurer become aware that you or your dependants are listed on one of the sanctions lists which we or the insurer are required to screen against.

## TREATING THE CUSTOMER FAIRLY (TCF)

We are committed to ensuring that all our customers are treated fairly and that every member of our team understands what TCF means to our business. Being a brand-led business means that we put the customer at the centre of everything we do.

The systems and processes we have put in place ensure that all of our customers are treated fairly at every interaction.

We only partner with and select suppliers of benefits and services that are able to demonstrate their respect in treating customers fairly and they uphold the TCF principles for all interactions of the customer relationship, for which they are responsible.

It is important that they are in alignment and agree to our TCF objectives in every interaction that they may have with our customers.

## YOUR INSURANCE BENEFITS

1. The insurer agrees to pay your claim/s subject to:
  - 1.1. any proposal/application or other information supplied by, or on behalf of you, including any recorded phone calls made to or received by you, will be the basis of this insurance policy and must be true and complete or the insurance benefits may not be paid;
  - 1.2. where the insurance is varied or extended, the insurance provided by any additional benefit, special clause, variation and extension, schedule or addendum is subject to the terms, conditions, exclusions and limitations of this insurance policy from the date of change; and
  - 1.3. you complying with all the terms, conditions, limitations and exclusions contained in this insurance policy. If you don't, the insurer can void your insurance benefits, cancel the insurance policy or repudiate any claim/s made.

## INSURANCE BENEFITS AVAILABLE:

### A. LEGAL ASSISTANCE BENEFIT

1. **Important information about your legal assistance benefit**
  - 1.1. The legal assistance benefit is a telephonic legal assistance service manned by qualified attorneys. Attorneys will assist you with your legal rights and how to enforce them – including on the following matters: matrimonial; property; constitutional issues; consumer matters; criminal matters including bail assistance; furnishing of standard wills; assistance and documentation with 'self-help services' e.g. small claims court, unopposed divorces etc.
  - 1.2. Legal assistance will not be provided on matters relating to you carrying on a business, any venture for gain or transaction or undertaking where there is a profit motive.
  - 1.3. You will be provided with pro forma documents where applicable. Examples of these documents include, but are not limited to:
    - Acknowledgement of Debt
    - Agreement of sale of motor vehicle
    - Domestic worker contract
    - Joint last will and testament
    - Last will and testament
    - Lease agreement
    - Residential tenant checklist
    - Power of Attorney
    - Purchase of immovable property
2. **How to access your legal assistance benefit**

The legal assistance helpline is available 24 hours a day, 7 days a week on **0861 990 000**, to assist with bail related matters, however legal assistance on other matters will be provided from Monday 08:30-16:30 to Friday 08:30-15:30 during office hours.

3. **Waiting period specific to your legal assistance benefit**  
The legal assistance benefit is available after your first successful premium deduction.

## B. BAIL BENEFIT

1. **Specific additional definition for your bail benefit**
  - 1.1. **Bail amount** means the amount payable to the courts in respect of your bail. This comes from the total bail benefit limit.
2. **Important information about your bail benefit**
  - 2.1. The criminal charge against you must be brought in a court within a metropolitan area.
  - 2.2. The availability of an attorney in your area is not guaranteed.
  - 2.3. **Waiting periods apply.**
3. **Benefit: bail benefit**
  - 3.1. **After hours service:**
    - 3.1.1. If you require bail assistance outside of normal business hours, you can contact us on **0861 990 000**.
    - 3.1.2. On calling us, you will be transferred directly to a legal advisor.
    - 3.1.3. The legal advisor will arrange for legal representation in your area, provided an attorney is available.
  - 3.2. **Bail benefit:**
    - 3.2.1. The insurer will pay an insured person's bail amount, subject to the exclusions in your insurance policy, up to the benefit limit as stated in the **benefit limits table** below. Any legal fees (where relevant) over and above the bail benefit limit may be claimed from the litigation benefit (see LITIGATION BENEFIT below).

BENEFIT LIMITS	INSURANCE PREMIUM
<p><b>R3,000.00</b> (three thousand Rand) for the <b>bail benefit</b> per insured family, per annum.</p> <p>Important: This benefit may be paid, provided:</p> <ul style="list-style-type: none"> <li>• the bail amount does not exceed the above cover amount. If it does, and you or the insured person cannot pay the difference, the benefit may not apply;</li> <li>• confirmation of cover has been provided by LTS to the attorney who attends to the bail application;</li> <li>• the matter is not specifically excluded under this insurance policy (see <b>GENERAL INSURANCE POLICY EXCLUSIONS</b>).</li> <li>• if the bail amount is refunded by the court, the cover amount must be repaid to LTS, and you hereby authorise your attorney to pay LTS the amount refunded.</li> </ul> <p><b>Who is covered?</b></p> <p><b>You</b>, the main member, your <b>spouse</b> and your <b>children (up to a maximum of 5)</b>.</p>	<p><b>Please note:</b> your bail benefit of R3 000 is included as part of your overall litigation benefit amount.</p> <p>Please refer to the litigation <b>benefit limits table</b> below for your insurance premium for you, your spouse and your children (up to a maximum of 5).</p>

Provided that:

- we have your and your spouse's name and date of birth on record;
- we have your children's names and dates of birth on record; and
- children must be under the age of 21 years, related to you through blood or a legally recognised relationship and they must be totally financially dependent on you i.e. you are responsible for their livelihood.

4. **Waiting period specific to your bail benefit**

4.1. Claims for the bail benefit has the following waiting period:

4.1.1. The waiting period starts from the date the insurer successfully receives the first insurance premium applicable to that insured person and ends after a minimum of 2(two) insurance premiums have been received.

4.2. Should a claim occur within a waiting period there will be no refund of insurance premium/s and no payment of the claim.

4.3. Should your premium deduction fail and then you resume paying your insurance premium before your insurance policy is cancelled, then the insured person's applicable waiting period will continue until 6 insurance premiums are received by the insurer. If your insurance policy has been cancelled and you want your insurance benefits to begin again, you will need to take out a new insurance policy and waiting periods will start again as set out above.

5. **Who will the insurer pay?**

The insurer will always pay the claimable amounts under this insurance benefit directly to the appointed attorneys in the event that a claim is approved.

**C. LITIGATION BENEFIT**

1. **Specific additional definition for your litigation benefit**

1.1. **Litigation** means the process of taking legal action or defending against it. The litigation benefit covers your legal fees when pursuing or defending a legal matter in a litigation proceeding.

2. **Important information about your litigation benefit**

2.1. One insured event can give rise to only one single proceeding in a court of law (for example, with an assault, the insured event could give rise to a criminal case and a civil case for damages. Subject to the insurance policy terms and conditions, you will only be covered for one of these proceedings).

2.2. If your claim is approved, LTS can help you find an attorney (or you can choose your own) to represent you. The litigation benefit will pay for the legal fees only, and will not cover costs like damages, security for costs, fines or penalties. If you lose a proceeding, the litigation benefit may cover the taxed costs of the other side, but only if it was awarded by the court.

2.3. The maximum cover amount payable for any 1(one) proceeding cannot exceed the monetary value of the dispute with the other party.

3. **Benefit: litigation benefit**

The insurer will pay towards legal fees for litigation proceedings, whether an insured person is pursuing or defending the matter, up to the amount stated in the **benefit limits table** below.

BENEFIT LIMITS	INSURANCE PREMIUM
<p><b>R213,000.00 (two hundred and thirteen thousand Rand)</b> payable for any 1(one) proceeding (insured event).</p> <p><b>Important:</b> This benefit may be paid, provided:</p> <ul style="list-style-type: none"> <li>• you only pursue 1(one) proceeding for 1(one) set of facts to an event at a time.</li> <li>• the benefit limit will apply to 1(one) set of facts, even if other members of your family are also involved in those set of facts.</li> <li>• If flowing from 1(one) set of facts, there is both a basis for exclusion and a basis for cover, then if the basis for exclusion is either the dominant or the initiating cause of the facts, your claim can be repudiated, if such exclusion makes prospects of success poor.</li> <li>• legal fees are not unnecessarily incurred as a result of your unreasonable actions or which arise as a result of you not co-operating with an attorney, or with us.</li> <li>• no costs have incurred prior to the authorisation and written approval of the claim by LTS.</li> <li>• your insurance premiums are fully paid for the entire period of time that the facts which are required to prove your claim take place over.</li> </ul> <p><b>Who is covered?</b></p> <p><b>You</b>, the main member, your <b>spouse</b> and your <b>children (up to a maximum of 5)</b>.</p> <p>Provided that:</p> <ul style="list-style-type: none"> <li>• we have your and your spouse's name and date of birth on record;</li> <li>• we have your children's names and dates of birth on record; and</li> <li>• children must be under the age of 21 years, related to you through blood or a legally recognised relationship and they must be totally financially dependent on you i.e. you are responsible for their livelihood.</li> </ul>	<p>Your insurance premium for you, your spouse and your children (up to a maximum of 5) is R169.00 (incl. VAT) per month.</p>

**4. Waiting periods and additional conditions specific to your litigation benefit**

4.1. Claims for the litigation benefit has the following waiting periods and additional conditions (where relevant):

4.1.1. the waiting period starts from the date the insurer successfully receives the first insurance premium applicable to that insured person and ends after a minimum of 2(two) insurance premiums have been received.

4.1.2. **Claims relating to uncontested divorce:** This benefit applies to **you only** and the waiting period will start from the date the insurer successfully receives the first insurance premium and ends after a minimum of 6(six) insurance premiums have been received. The following additional conditions will apply:

4.1.2.1. This benefit does not include the cost of delays or postponements unreasonably caused by either of the parties to the divorce.

4.1.2.2. If the divorce becomes opposed, cover may be withdrawn or repudiated.

4.1.3. **Claims relating to new maintenance applications (unopposed and opposed maintenance applications):** This



benefit only applies if you are the applicant of the maintenance application and the waiting period will start from the date the insurer successfully receives the first insurance premium and ends after a minimum of 12(twelve) insurance premiums have been received. The following additional condition will apply:

4.1.3.1. Cover is subject to the issues in dispute being reasonable and fair.

4.1.4. **Claims relating to internal disciplinary hearings:** For you and each person insured, the waiting period will start from the date the insurer successfully receives the first insurance premium applicable to the insured person and ends after a minimum of 12 (twelve) insurance premiums have been received. The following additional conditions will apply:

4.1.4.1. Internal disciplinary hearings may be covered subject to the consent of the employer that you may be represented at the hearing.

4.1.4.2. Cover for internal disciplinary hearings is capped at R2 000 per day or a total of R6 000 per hearing (3 days).

4.2. Should a claim occur within a waiting period (where applicable), there will be no refund of insurance premium/s and no payment of the claim.

4.3. Should your premium deduction fail and then you resume paying your insurance premium before your insurance policy is cancelled, then the insured person's applicable waiting period will continue until the required number of insurance premiums (depending on the nature of the claim) are received. If your insurance policy has been cancelled and you want your insurance benefits to begin again, you will need to take out a new insurance policy and waiting periods will start again as set out above.

## 5. Who will the insurer pay?

The insurer will always pay the claimable amounts under this insurance benefit directly to the appointed attorneys in the event that a claim is approved.

**IMPORTANT: STATUTORY NOTICE OF DISCLOSURES AND OTHER LEGAL REQUIREMENTS (IN TERMS OF THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT "FAIS")**

**As an insurance policyholder, you have the right to the following information:**

**DETAILS OF THE NON-MANDATED INTERMEDIARY AND BINDER HOLDER WHO OFFERS YOU THE PRODUCT**

**Company Name:** The Unlimited Group (Pty) Ltd (The Unlimited)  
**Physical Address:** No.3 The Boulevard, Westway Office Park, Intersection of Spine Road and The Boulevard, Westville, KwaZulu-Natal, South Africa, 3610  
**Postal Address:** Private Bag X7028, Hillcrest, 3650  
**Telephone Number:** 0861 990 000  
**Fax Number:** 0865 009 307  
**Email Address:** [info@theunlimited.co.za](mailto:info@theunlimited.co.za)  
**Website:** [www.theunlimited.co.za](http://www.theunlimited.co.za)  
**Company Registration Number:** 2002/002773/07  
**FSP License Number:** 21473  
**VAT Number:** 4360161139  
**Details of FAIS Compliance:** Moonstone Compliance  
**Compliance Officer:** Ms CL Payne  
**Postal Address:** 25 Quantum Street, Technopark, Stellenbosch, 7600  
**Telephone Number:** 021 883 8000  
**Fax Number:** 021 883 8005  
**Email Address:** [cpayne@moonstonecompliance.co.za](mailto:cpayne@moonstonecompliance.co.za)

a.	<b>Conflict of interest</b>	In accordance with our conflict management policy, we place a high priority on our customers' interests. We will try to identify, manage and as far as reasonably possible avoid any such instances. Our "Conflict of Interest" policy is available on our website at <a href="http://www.theunlimited.co.za">www.theunlimited.co.za</a> .
b.	<b>Cooling-off rights</b>	As this is a month-to-month insurance policy (duration of less than 31 days), a cooling-off period in terms of the Policyholder Protection Rules is not required. We do, however, offer the following cooling-off rights: If there has been no insured event and no insurance benefit has yet been claimed or paid, you have the right to cancel the insurance policy by giving us written or telephonic notice within 14 days of you receiving this Statutory Notice of Disclosures OR from a reasonable date on which it can be deemed that you received this Statutory Notice of Disclosures.  We will comply with your request for cancellation within 31 days of receiving your cancellation notice and will refund all insurance premiums or moneys paid by the premium-payer within the cooling-off period provided there has been no claim.
c.	<b>Insurance cover</b>	The Unlimited holds professional indemnity and fidelity insurance.

d.	<b>Intermediary Services</b>	The Unlimited does not provide advice as defined in the FAIS Act, we only provide factual information. To ensure that you make a financial commitment to a product that is appropriate to your needs, as determined by you, you must request all the necessary documentation and information you feel necessary for you to make an informed choice before you make a final decision.
e.	<b>Written mandate to act on behalf of the insurer</b>	Yes, The Unlimited acts as a non-mandated intermediary in terms of a Binder Agreement with the insurer in terms of which they receive commission of 20% and a binder fee of 3.5% of the gross written insurance premium for performing certain binder functions which include entering into, varying or renewing this insurance policy, and incidental activities undertaken on behalf of the insurer.
f.	<b>Whether more than 10% of the insurer's shares are held or whether more than 30% of total remuneration was received from the insurer</b>	The Unlimited does not hold more than 10% of the insurer's shares and has not received more than 30% of the total remuneration from one insurer in the preceding calendar year. The Unlimited is not an associate company of the insurer.
g.	<b>Waiver of rights</b>	The law does not allow a financial services provider to request or induce in any manner a customer to waive any right or benefit conferred on them in terms of legislation, nor allow a financial services provider to act on any such waiver. Any such waiver is null and void.
h.	<b>Legal status</b>	<p>The Unlimited is an authorised financial services provider (FSP21473).</p> <p>License limitations:</p> <ul style="list-style-type: none"> <li>• We must inform the Registrar of any business information change within 15 days.</li> <li>• We must maintain a list of all our Key Individuals and Representatives, and we must provide a copy of the register to the Registrar.</li> <li>• We accept responsibility for services provided by our representatives, whilst acting in the scope of their employment/contracts and confirm that some services are rendered under supervision – please refer to the FSCA's webpage to view a full list of our representatives. Steps to follow: <ol style="list-style-type: none"> <li>1. Go to <a href="http://www.fsca.co.za">www.fsca.co.za</a></li> <li>2. Click on "Regulated Entities"</li> <li>3. Under the heading "Regulated Entities and Persons" click on "FAIS"</li> <li>4. Click on "Financial Service Providers"</li> <li>5. Insert our FSP Number 21473 in the field "Search for FSP No"</li> <li>6. Click on "Details" and select the information that you wish to view.</li> </ol> </li> <li>• We may not provide business under a license that has not been changed in accordance with the</li> </ul>

	<p>provisions of the FAIS Act.</p> <ul style="list-style-type: none"> <li>• Our insurance products must qualify as financial products, as contemplated by the FAIS Act. We are licensed to provide intermediary services in respect of Category 1, Long-Term Insurance Subcategories A, B1, B2, B1-A, B2-A and Short-Term Insurance Personal Lines (A1), Short-Term Personal Lines A1 and Short-Term Insurance Commercial Lines.</li> </ul>
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## DETAILS OF THE NON-MANDATED INTERMEDIARY AND BINDER HOLDER WHO ADMINISTERS CLAIMS

Company Name:	Legal and Tax Services (Pty) Ltd
Physical Address:	3 <sup>rd</sup> Floor, Acacia Grove, Houghton Estate Office Park, 2 Osborn Road, Houghton, 2196
Postal Address:	PO Box 95275, Grant Park, 2051
Telephone Number:	0860 587 587 or 011 242 5000
Fax Number:	011 728 0910
Email Address:	<a href="mailto:info@legalandtax.co.za">info@legalandtax.co.za</a>
Website:	<a href="http://www.legalandtax.co.za">www.legalandtax.co.za</a>
Company Registration Number:	2001/011518/07
FSP License Number:	28566
VAT Number:	4360161139
Details of Compliance Practice:	ISS Compliance (Pty) Ltd (Practice Number CO28)
Details of Key Individual:	Benjy Porter
Physical Address:	140A Kelvin Drive, Morningside, Sandton
Telephone Number:	0860 587 587
Email Address:	<a href="mailto:compliance@legalandtax.co.za">compliance@legalandtax.co.za</a>

PLEASE NOTE: The insurance cover of this policy has no surrender/cancellation/maturity values.

PLEASE NOTE: This policy, shall not be invalidated if any incorrect statement is made in good faith, unless the error of such a statement is likely to have materially affected the assessment of the risk under the policy at the time the policy was issued.

a.	<b>Conflict of interest</b>	Legal and Tax Services (Pty) Ltd have considered the conflict-of-interest provisions in terms of the FAIS Act 37 of 2002 and the Policyholder Protection Rules 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. They have adopted a values-based approach where the spirit of the legislation is embraced. This is reviewed at least annually and reported on to the Financial Sector Conduct Authority. A Conflict-of-Interest Policy is available to customers on their website and upon request.
c.	<b>Insurance cover</b>	Legal and Tax Services (Pty) Ltd hold professional indemnity insurance and fidelity guarantees.
d.	<b>Intermediary Services</b>	Legal and Tax Services (Pty) Ltd are an authorised Financial Services Provider in terms of the FAIS Act and may render advice and intermediary services in respect of short-term insurance personal lines. They accept liability for all advice and/or intermediary services provided by their authorised and supervised representatives.

e.	<b>Written mandate to act on behalf of the insurer</b>	Yes, Legal and Tax Services (Pty) Ltd acts as a non-mandated Intermediary. They further have a binder holder agreement with the insurer in terms of which they receive a binder fee of 4% of the gross written insurance premium for performing certain binder functions which include claims administration.
f.	<b>Whether more than 10% of insurer's shares are held and whether more than 30% of total remuneration, including commission was received from the insurer in the preceding year/last 12 months</b>	Legal and Tax Services (Pty) Ltd does not hold more than 10% of the insurer's shares and they have received more than 30% of their remuneration from the insurer in the last 12 months. Legal and Tax Services (Pty) Ltd hold preference shares in Centriq and may receive a dividend.
g.	<b>Waiver of rights</b>	The law does not allow a financial services provider to request or induce in any manner a customer to waive any right or benefit conferred on them in terms of legislation, nor allow a financial services provider to act on any such waiver. Any such waiver is null and void.

## DETAILS OF THE INSURER

That underwrites the insurance benefits, and which is a licensed non-life insurer and an authorised financial services provider.

Company Name:	Centriq Insurance Company Limited
Physical Address:	The Oval, Second Floor, West Wing, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196
Postal Address:	PO Box 55674, Northlands, 2116
Telephone Number:	011 268 6490
Fax Number:	011 268 6495
Website:	<a href="http://www.centriq.co.za">www.centriq.co.za</a>
Company Registration Number:	1998/007558/06
FSP License Number:	3417

Details of internal Compliance Department:	
Telephone number:	011 268 6490
Email address:	<a href="mailto:compliance@centriq.co.za">compliance@centriq.co.za</a>

## HOW TO SUBMIT A COMPLAINT

### Step 1: Initial Complaints Process

If you have a complaint about this insurance policy or our service in general, you can write to us at [info@theunlimited.co.za](mailto:info@theunlimited.co.za) or call our Customer Care line on 0861 990 000/031 716 9600 or fax us on 0865 009 307. Please view our full Complaint Process on [www.theunlimited.co.za](http://www.theunlimited.co.za).

### Step 2: Dispute Resolution Process

Should the outcome of your complaint not be in your favour, then you have the right to request The Unlimited to have the matter reviewed.

We will notify you of the name and contact details of The Unlimited representative that will be tasked to facilitate the dispute resolution process; and  
When a decision has been reached you will be provided with the outcome of such decision together with reasons.

### **Step 3: Representation to the Insurer**

Should you not be satisfied with the outcome of your dispute resolution by The Unlimited, and feedback is provided that is not in your favour, you may make representation to Centriq Insurance Company Limited by addressing your concerns to:

The Complaints Specialist:

Telephone: 011 268 6490  
Email: [complaints@centriq.co.za](mailto:complaints@centriq.co.za)

### **Step 4: External Dispute Resolution**

**We encourage clients to endeavour to resolve a complaint with us and/or the insurer first, before submitting a complaint to the relevant Ombudsman. However, you may use any of the channels provided as you see appropriate.**

If you remain unsatisfied or if our feedback provided to you is not in your favour, then you have the right to have the decision/process reviewed by an authorised external party being:

#### **Ombudsman for Short-Term Insurance**

Postal Address: P. O. Box 32334, Braamfontein 2017  
Physical Address: 110 Oxford Road, Houghton Estate, Johannesburg, 2198  
Fax number: 011 726 5501  
Telephone number: 011 726 8900  
Share call number: 0860 726 890  
Email: [info@osti.co.za](mailto:info@osti.co.za)  
Website: [www.osti.co.za](http://www.osti.co.za)

#### **The Financial Advisory and Intermediary Services (FAIS) Ombudsman**

If you are not satisfied with the way the product was sold to you or the disclosures that were made to you, you may submit your complaint in writing to the FAIS Ombud at:

Postal Address: P. O. Box 41, Menlyn Park, 0063  
Physical Address: Menlyn Central Office Building, 125 Dallas Avenue, Waterkloof Glen, Pretoria, 0010  
Telephone number: 012 762 5000  
Sharecall: 086 066 3274  
Email: [info@faisombud.co.za](mailto:info@faisombud.co.za)  
Website: [www.faisombud.co.za](http://www.faisombud.co.za)

#### **The Financial Sector Conduct Authority (FSCA)**

Postal Address: P.O. Box 35655, Menlo Park, 0102  
Physical Address: Riverwalk Office Park, Block B; 41 Matroosberg Road (Corner of Garsfontein and Matroosberg Roads), Ashlea Gardens, Extension 6, Menlo Park, Pretoria, 0081  
Telephone: 012 428 8000 or 0800 20 37 22  
Website: [www.fsca.co.za](http://www.fsca.co.za)

## OTHER IMPORTANT MATTERS

- You must be informed of any material changes to the information in this notice. If the information was given orally, it must be confirmed in writing within 31 days.
- If any complaint to The Unlimited or the insurer is not resolved to your satisfaction, you may submit the complaint to the Short-Term Insurance Ombudsman or the FAIS Ombud.
- If your insurance premium is paid by means of debit order, it may only be in favour of one legal entity or person and may not be transferred without your approval.
- Unless you commit fraud, the insurer must give you at least 31 days' notice in writing of its intention to cancel cover.
- The insurer must give reasons for repudiation of your claim.
- The insurer may not cancel your insurance policy merely by informing The Unlimited. There is an obligation to make sure that the notice has been sent to you.
- You are entitled to a copy of the insurance policy documents and copy of the voice log of the sale free of charge.
- Polygraphs or similar tests are not obligatory, and claims may not be rejected solely based on a failure of such test.
- Should you have any complaints about the availability or adequacy of the information we have given you, please let us know on 0861 990 000.
- Your insurance policy documents contain the name, class and type of insurance policy, special terms and conditions, exclusions, waiting periods, as well as details of procedures to follow in the event of a claim. Should anything not be clear, please contact The Unlimited on the numbers provided above.

## WARNING

- Do not sign any blank or partially completed application forms.
- Complete all forms in ink.
- Keep all documents you receive.
- Make a note of what was said to you.
- Don't be pressurised to buy the product.
- Incorrect or non-disclosure by you of material facts may have a negative impact on the assessment of a claim under your insurance policy.

## HOW WE USE YOUR PERSONAL INFORMATION

Please read this section carefully as it contains important information about the personal details that you have given to us. Please make sure that you provide this section of the Statutory Notice of Disclosures to any other party related to this insurance as it contains information about the protection of your and their personal information. Information about the parties to this policy (agreement) or persons whose interests are protected by this agreement may be processed for the various legal reasons outlined below.

This section of the Statutory Notice of Disclosures is intended to summarise key privacy disclosures. We handle the personal information you provide to us in accordance with this section, read with the Privacy Policy available at: [www.theunlimited.co.za](http://www.theunlimited.co.za).

The main member ("**you**") hereby warrants and understands that we, including our authorised agents, partners and service provider/contractors may:

1. **Collect information:**
  - 1.1. From you directly; from your use of our products and services; from your engagements and interactions with us; from public sources, shared databases and from third parties.
  - 1.2. That you provide to us and store it in a shared database, verify it against legally recognised sources and use it, for example, for any decision concerning the continuance of your agreement/insurance policy or the

meeting of any claim you submit. Such information may be given to any insurer or its agent and authorised agents, partners and service provider/contractors.

- 1.3 including (amongst others), information about your criminal or credit history, insurance history, marital status, national origin, age, sex, sex life, language, birth, education, financial history, identifying number, email address, physical address, telephone number, online identifiers, social media profile, health, disability, pregnancy, biometric information (like fingerprints, your signature or voice), race or ethnic origin, trade union membership, political persuasion, financial history, criminal history and your name.
  - 1.4. That you warrant that are authorised to provide to us in respect of personal information of third parties. In doing so you indemnify us, including our authorised agents, partners and service provider/contractors, against any and all losses by or claims made against them and us as a result of you not having the required authorisation.
2. **Process your information for the following reasons (amongst others):**
- 2.1. To enable us to underwrite policies and assess risks fairly, for the performance of your insurance agreement and the enforcement of our contractual rights and obligations:

**Note:** Any personal information provided to us, including sensitive health information and that of minor children, will be collected and used to allow us to fulfil our obligations to you in terms of this agreement and to assess risks fairly. In addition, the Personal Information may be shared internally or externally with our departments (who strictly need this information), and with other related third parties to comply with insurance obligations or legal requirements. Please contact us should you have any objections.

- 2.2. To comply with legislative, regulatory, risk and compliance requirements, codes of conduct and industry agreements or to fulfil reporting requirements and information requests.
- 2.3. To process payment instruments and payment instructions (like a debit order).
- 2.4. To do affordability assessments, credit assessments and credit scoring.
- 2.5. To manage and maintain your agreement/policy or relationship with us.
- 2.6. To disclose and obtain information about you from credit bureau regarding your credit history.
- 2.7. To enable you to participate in the debt review process under the National Credit Act 34 of 2005.
- 2.8. For security, identity verification and to check the accuracy of your information.
- 2.9. Where required, we may transfer your personal information outside of South Africa in compliance with the law.
- 2.10. For customer satisfaction surveys, promotional and other competitions.
- 2.11. Using automated means (without human intervention in the decision-making process) to make decisions about you or your application for any product or service. You may query the decision made about you.
- 2.12. To conduct market and behavioural research, including scoring and analysis to determine if you qualify for products and services; and to market to you or provide you with products, goods and services. If you purchase products or services from us, we can market other similar products and services to you even after this agreement ends and share market innovations with you.
- 2.13. Payment of the premium also entitles you to be notified of further product offerings as well as preferential pricing if you buy additional benefits from us.



3. Share your information with the below persons (amongst others) who are bound to keep it secure and confidential:

<ul style="list-style-type: none"><li>• Attorneys, tracing agents, &amp; debt collectors when enforcing agreements.</li></ul>	<ul style="list-style-type: none"><li>• Debt counsellors &amp; payment distribution agents during any debt review process.</li></ul>
<ul style="list-style-type: none"><li>• Payment processing service providers, merchants, banks to process payment instructions.</li></ul>	<ul style="list-style-type: none"><li>• Insurers and other financial institutions when providing insurance or assurance.</li></ul>
<ul style="list-style-type: none"><li>• Our partners, service providers, agents, sub-contractors to offer and provide products and services to you.</li></ul>	<ul style="list-style-type: none"><li>• Regulatory authorities, ombudsman, governments, local and international tax authorities &amp; credit bureaus when we must share it with them.</li></ul>

4. The Unlimited automatically updates and keeps your information accurate  
We may submit your information to, and receive information about you from, credit institutions (such as credit bureaus) to update, process and monitor your information to guide us in making decisions about product development and suitability of offerings, affordability, market conduct and activities related to our business. We may also do this to ensure the quality and accuracy of your identity and contact information to ensure we can make positive contact with you; and your status as a home loan holder, vehicle owner or credit card holder to offer suitable goods and services to you that are affordable and that you may be interested in.

5. Your rights:  
You have data protection rights which are described in detail on [www.theunlimited.co.za](http://www.theunlimited.co.za). To request access to your information, contact us at the contact details provided above.