

PRIORITY CARE

WELL DONE!

You're now part of *The Unlimited family*
where **nothing is ever too good to be true.**



*The insurance benefits are underwritten by Santam Structured Life Limited (Reg. No.: 2002/013263/06)

YOUR AGREEMENT AND POLICY

All you need to know

The Unlimited
Shifting Lives

An authorised financial services provider

FSP21473

THE UNLIMITED FAMILY MEMBERSHIP AGREEMENT

PRIORITY CARE

1. WHO IS PART OF THE UNLIMITED FAMILY AGREEMENT?

- 1.1. You and anybody else who is financially dependent on you and whose names and dates of birth you have provided to us and who we have agreed to include as members. This can include your spouse and children who are dependent on you.
AND
- 1.2. Us, The Unlimited Group (Pty) Limited. We bring you the benefits and provide intermediary services in respect of the insurance Cover.
AND
- 1.3. Insofar as the insurance Cover is concerned, the insurer whose details are on the insurance Policy.
AND
- 1.4. The service provider for the 24 Hour Medical Advice and Information Hotline, CIMS South Africa (Pty) Ltd, registration number 1994/000030/07).
- 1.5. By making payment of your monthly fee you:
 - i. agree and want to be a party to this membership agreement;
 - ii. allow us to fulfil on our obligations to you in terms of this agreement. To allow us to do this, you agree that we can share your information with our partners, business associates, agents, representatives and other relevant third parties; and
 - iii. agree that we can market other products and services to you, share market innovations with you and you consent that we can submit your information to credit institutions (including credit bureaus) to update, process and monitor your information to guide us in making decisions about product development and suitability of offering, affordability, market conduct and activities related to our business and providing goods and services to you.
- 1.6. You must be under the age of 65 to enter into this membership agreement. The membership agreement will end when you turn 70.

2. WHAT BENEFITS DO YOU GET AND WHEN CAN YOU USE THEM?

- 2.1. For your monthly membership fee, you get the following benefits:
 - i. the 24 Hour Medical Advice and Information Hotline; and
 - ii. we negotiate rates and terms with service providers on your behalf and arrange insurance cover for you.
- 2.2. Unless we tell you otherwise, as soon as we have received payment of the first monthly fee you can start using your benefits, but the insurance Cover may be subject to waiting periods in the insurance Policy. The fee includes the premium which is payable by us to the Insurer for the Cover.
- 2.3. Your use of the benefits is subject to the terms of this agreement and any insurance Policy, schedules, amendments and endorsements.

3. WHAT SERVICES DO YOU HAVE AND WHEN CAN YOU USE THEM?

- 3.1. Your services are all accessed through calling **087 357 6522** :

3.1.1. 24 Hour Information Hotline – Telephonic Assistance

- a. arranging the transfer of the deceased's ashes to place of residence after cremation;
- b. obtaining the medical certificates, burial orders and death certificate;
- c. referrals for autopsy/pathology;
- d. arranging of accommodation and transport if needed for a close family member to identify body when the deceased is away from place of residence (the person/s using the service will pay the actual cost of the accommodation and transportation);
- e. arranging of overnight accommodation for immediate family to attend funeral (the person/s using the service will pay the actual cost of accommodation);
- f. choice of coffin and delivery to the undertaker;

- g. procedures prior to, during and after the funeral;
- h. booking of the grave or cremation with relevant authority;
- i. arranging of hearse;
- j. preparation of the gravesite, including mats, artificial grass and lowering device;
- k. putting you in contact with florists, caterers and hiring companies for the marquee and other equipment as needed;
- l. consideration of religious customs for correct removal of the body;
- m. Referrals and recommendation of undertakers/mortuaries; and
- n. Referrals to trauma counsellors for bereavement counselling.

4. HOW DO YOU ACCESS YOUR BENEFITS?

- 4.1. You must contact the 24 hour Call Centre ("call centre") on **087 357 6522** to use any of your benefits or services.
- 4.2. If you use the benefits without contacting the call centre for approval first, you must notify us within 72 hours.

5. WHEN CAN YOU NOT USE YOUR BENEFITS AND SERVICES

- 5.1. If you fail to pay any fee on or before the due date for payment.
- 5.2. If you have committed Fraud or have not given us all your correct details (now or when you claim or use a service benefit).
- 5.3. The telephonic assistance service (3.1.1 above) is only to assist with arrangements, the costs of any services provided is for your or the beneficiary/s account.

6. HOW LONG DOES THIS MEMBERSHIP AGREEMENT LAST?

- 6.1. This membership agreement is month to month. It will renew on the same terms each time we successfully collect the monthly fee.
- 6.2. You can cancel at any time – give us a call so we can assist you and help you make the right decision. There is a cooling off period of 30 days (calculated from the start date) in which you can cancel and receive a refund **BUT ONLY IF** you have not used any of the benefits.
- 6.3. We can change this agreement but we will give you 30 days' notice (warning) before we change any of these conditions. We will send you an SMS, email or letter. If you have a preference about how we communicate with you, let us know.

7. FOR COMPLAINTS AND COMPLIANCE

It is important to us that you are happy with your benefits. If you are unhappy for any reason, please call us on **087 357 6522** and give us a chance to see if we can set things right.

INSURANCE POLICY: ACCIDENT CASH AND DEATH BENEFIT

DETAILS OF THE INSURER:

Santam Structured Life Limited, is a registered long-term insurer and an authorised financial services provider (FSP1026) insurer and the entity that will pay the policy benefits subject to the terms and conditions of the policy being met.

TABLE OF POLICY BENEFITS ("Cover")

The premium for the Cover for main member and spouse is R12.76.

The Premium for cover for You and Your Spouse and Children is R22.55.

Subject to the acceptance by you of the terms set out in this policy, the insurer will provide the following Cover:

ACCIDENT CASH BENEFIT		
Who is covered?	What is covered?	Benefit limits?
An insured person (whose names and dates of birth you have given us) and for whom the applicable premium has been paid. You can also choose to cover*: • Your Children, under the age of 21. *the applicable Premium will Apply	An insured person's admission to hospital for a full day (that is 24 hours in a row) as a direct result of an injury caused by an accident (accidental injury).	Up to a maximum of R100,000.00 per insured event, per insured person. An insured person will be covered for R1,000.00 per day for up to 100 days, for each day spent in hospital as a direct result of an accidental injury.
DEATH CASH BENEFIT		
Who is covered?	What is covered?	Benefit limits?
An insured person (whose names and dates of birth you have given us) and for whom the applicable premium has been paid. You can also choose to cover*: • Your Children, under the age of 21. *the applicable Premium will apply	The death of You or your spouse from any cause not excluded in this policy.	R10,000.00 (ten thousand Rand)
	The death of your children from any cause not excluded in this policy.	Up to R4,000.00 (four thousand Rand)
	Child 0 – 11 months	R1,000.00 (one thousand Rand)
	Child 1 – 5 years	R2,000.00 (two thousand Rand)
	Child 6 – 13 years	R3,000.00 (three thousand Rand)
	Child 14 – 21 years	R4,000.00 (four thousand Rand)

IMPORTANT NOTICE

This long-term Insurance Policy is underwritten by Santam Structured Life Limited (Reg. No. 2002/013263/06). Santam Structured Life Limited agrees to provide the Cover under this Policy during any period of insurance for which You have paid a premium and subject to the terms and conditions of this Policy being met. We will accept any proposal or declaration that You have made to Us as true, and Santam Structured Life Limited shall use that information as the basis for the Cover provided under this Policy. If Santam Structured Life Limited makes any changes to Your Policy those changes will then form part of the Policy. Any reference in this Policy to 'You' shall be deemed to include a reference to Your Children and/or Spouse unless the context indicates a different intention. **PLEASE NOTE THAT THIS IS NOT A MEDICAL SCHEME AND THE COVER IS NOT THE SAME AS THAT OF A MEDICAL SCHEME. THIS POLICY IS NOT A SUBSTITUTE FOR MEDICAL SCHEME MEMBERSHIP. THIS POLICY IS NOT A FUNERAL POLICY.**

1. WHEN CAN YOU CLAIM?

- 1.1. Unless there is a waiting period (see 1.2), as soon as we have received your first premium, you can start using your insurance benefits (the "Start Date").
- 1.2. Claims for natural death have the following waiting periods for the event giving rise to a claim:
 - i. 6 (Six) months from the Start Date in the event of natural death – 6 consecutive premium payments; and
 - ii. 12 (twelve) months from the Start Date in the event that natural death is directly or indirectly caused by venereal disease, acquired immune deficiency syndrome ("AIDS"), HIV or AIDS-related complications, irrespective of how the disease is contracted or whether it has led and/or contributed to further complications/illness including, but not limited to, tuberculosis, gastroenteritis, multiple organ failure, hepatitis or pneumonia – 12 consecutive premium payments.
- 1.3. If this policy lapses, the policy and waiting periods will start again on your next successful payment.
- 1.4. Claims for the accident cash benefit; if an insured person is admitted into a hospital for 3 (three) days or longer, you must provide us with a letter from the doctor who is treating the insured person. That letter must contain at least the following information: the date and time of the insured person's admission into, and discharge from, the hospital; contact details of the hospital; the final diagnosis of the accidental injury and the reason for the time spent in hospital; all medication and treatment administered to the insured person; details of any procedures the insured person underwent; the long-term prognosis for the insured person's injuries.
- 1.5. The insured event must have happened in South Africa and after the Start Date.
- 1.6. From time to time we may in our sole and absolute discretion offer to increase your Cover at no additional cost to you. We will notify you of any increases by SMS to the number you have on record with us. Any increase in Cover is dependent on your monthly fee being paid.

2. HOW DO YOU CLAIM YOUR INSURANCE BENEFITS?

- 2.1. It's simple, **CALL US on 087 357 6522**. Our agents will guide you through the process if you want to claim or you just have a query.
- 2.2. We will need certain documents from you which help us decide your claim or to provide the service, for example a hospital admission form, death certificate or a police report. We may also need you to give us other documents. **If you don't give us the documents within 30 days of the insured event, we cannot properly assess or pay your claim or provide the service.**
- 2.3. If the person we have to pay ("the beneficiary") does not live in South Africa, the insurer may make payment into a foreign bank account and:
 - i. the beneficiary will need to meet any requirements of the insurer; and
 - ii. the claim will be paid to the value of the Rand amount and subject to any requirements made on the insurer both by South African law and the laws of the country where the bank account is held.
- 2.4. Neither we nor the insurer will be responsible for meeting any legal requirements the beneficiary must meet to receive payment of a claim in South Africa or another country.

- 2.5. The maximum daily payment per insured person for hospitalisation for an accidental injury cannot exceed R3,000.00 (even if the insured person has similar Cover on more than one policy).
- 2.6. If we decline your claim, we will give you 90 days from the date of our decision to challenge our/the insurer's decision on a claim by writing to us with reasons. If we still decline your claim and you want to start a legal process, you have an additional 180 days to do so or your claim will lapse.
- 2.7. Failure to submit a fully completed Claim Form and all requested documentation may result in Your claim being regarded as rejected.
- 2.8. All costs incurred in submitting a claim are for Your account.
- 2.9. **There are some more important details on how to claim in the FAIS DISCLOSURE NOTICE attached to this policy.**

3. WHO WILL WE PAY?

- 3.1. You, into your South African Bank Account. If you have died, we can pay your spouse or the executor of your estate or Beneficiary **BUT** they will need to give us proof of their status (for example, identity details or letters of executorship).

4. WHEN WILL WE NOT PAY A CLAIM (Exclusions)

We will NOT pay a claim:

- 4.1. For the death benefit, if you or an insured person has a pre-existing health condition that relates to a claim. This is a condition you had or have before the Start Date and includes any pre-existing illness, injury, infirmity or congenital disorder (whether mental or physical).
- 4.2. For the accident cash benefit:
 - 4.2.1. if your illness or injuries are treated in a 'casualty unit', or if you are or should be an outpatient or a day case at a hospital;
 - 4.2.2. if additional treatment and/or where treatment of another medical condition/medical complication caused and/or prolonged your admission to hospital; and
 - 4.2.3. if your treatment was for pain relief, physiotherapy and/or traction, soft tissue injuries including all admissions for the treatment of sprain and strain injuries and/or for any planned procedure (as examples, pregnancy related treatment or operations).
- 4.3. We will not pay if your claim is because of you willingly involving yourself in an unlawful act, dangerous conduct, self-inflicted harm, riot, civil unrest, terrorist attack and/or substance abuse (for example, drugs and alcohol).
- 4.4. We will only provide Cover for people whose names and birth dates you have given us. They must be South African citizens or have residential rights in South Africa.
- 4.5. If we can't deduct the premium from your bank account (for example, if you don't have funds) you will not be covered. To allow us to restore your Cover, you agree that if we cannot collect the premium from your bank account in any given month, we can try and collect from your account for the next three months. If we successfully debit your bank account again, the date of that collection will be the new policy Start Date. Any bank charges incurred as a result of the above will be for your own account.
- 4.6. There is a 15-day grace period from the date your premium was due within which you can make payment to ensure you have Cover. Please note that the 15 days' grace period is only effective from your second month of insurance following your initial Start Date.
- 4.7. If you have committed fraud, or you have not told us the truth or you have not given us all your correct details including about your health (now or when you claim).

5. FOR COMPLAINTS AND COMPLIANCE

- 5.1. It is important to us that you are happy with your Cover. If you are unhappy with us or your policy, please contact us and give us a chance to see if we can set things right - **087 357 6522**.
- 5.2. If you are still not happy and it is about your **COVER**, then:
 - i. the insurer would like to hear from you. Their details are in the attached **FAIS DISCLOSURE NOTICE**; and
 - ii. and if this still hasn't helped, this policy is regulated by the **FAIS OMBUD** and the **INSURANCE OMBUD**. Their details are also in the **FAIS DISCLOSURE NOTICE**.

6. WHAT DO THESE WORDS MEAN?

- 6.1. "**accident**" means an unexpected but insured event caused only by violent and/or accidental, external, physical and visible means, which occurs at a time and place that can be identified. For example, a motor vehicle accident, an assault or burns.
- 6.2. "**accident cash benefit**" means the Cover payable by the insurer in the event of your or any insured person covered under the policy being admitted to hospital as a direct result of an accidental injury.
- 6.3. "**accidental death**" means the death of an insured person as a direct result of an accident. In cases of accidental death, a post mortem and an inquest are held.
- 6.4. "**accidental injury**" means an injury sustained as a direct result of an accident which causes you or any other insured person to be admitted by a doctor to a hospital for a period of 24 hours (or more) in a row and which injury could not have been attended to as an out/day patient or at home.
- 6.5. "**acquired immune deficiency syndrome/AIDS**" has the meanings assigned to them by the World Health Organisation and includes, without limitation, Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus ("**HIV**"), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or illness in the presence of a sero-positive test for HIV.
- 6.6. "**additional treatment**" means any and all treatment you or any other insured person receives for conditions other than the treatment received or required to be received directly related to the insured event for which you or any other insured person are covered.
- 6.7. "**children/child**" means your biological children, stepchildren and/or adopted children normally living with you in South Africa, who are financially dependent upon you and who are under the age of 21.
- 6.8. "**death benefit**" means the Cover payable by the insurer in the event of your or any other insured person's death (natural or accidental) from any cause not excluded in the policy.
- 6.9. "**hospital**" means a place that holds a license to provide treatment for sick or injured persons as inpatients, with organised facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.
- 6.10. "**insured event**" means an insured person's admission to hospital because of an accidental injury or death from any cause not excluded in this policy.
- 6.11. "**insured person**" means you, your spouse and/or your children who are covered under the insurance policy.
- 6.12. "**natural death**" means the death, from any cause not excluded, of an insured person as a direct result of a medical condition/illness (e.g. cancer, stroke or heart attack). In cases of natural death an inquest is not held.
- 6.13. "**premium**" means the monthly amount payable to the insurer for the cover.
- 6.14. "**spouse**" means a person to whom you are married by civil law, tribal custom or in terms of any religion. A spouse also includes your life partner who normally lives with you in South Africa.
- 6.15. "**waiting period**" means the period specified in this policy during which we need to collect a specified number of successful fees from you before you are entitled to claim under the policy, calculated from the Start Date.
- 6.16. "**we**" means The Unlimited Group (Pty) Limited. We provide intermediary services in respect of this policy.
- 6.17. "**you**" means the policyholder under this policy.

DISCLOSURE NOTICE FOR THE PURPOSES OF THE POLICY PROTECTION RULES (LONG-TERM INSURANCE ACT) & THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT ("FAIS")

1. DETAILS OF THE INTERMEDIARY, BINDER HOLDER AND THE INSURER

DETAILS	BINDER HOLDER	INTERMEDIARY and FINANCIAL SERVICES PROVIDER (FSP)	INSURER
Name & Company reg. no.	The Unlimited Group (Pty) Ltd (The Unlimited) Reg. Nr. 2002/002773/07	The Unlimited Group (Pty) Ltd (The Unlimited) Reg. Nr 2002/002773/07 VAT nr 4360161139	Santam Structured Life Limited Reg. Nr. 2002/013263/06
Legal Status	The Unlimited Group (Pty) Limited is an authorised financial services provider (FSP21473). There are no limitations, restrictions or endorsements on the FSP's licence.	The Unlimited is an authorised financial services provider (FSP21473). We are licensed to provide intermediary services in respect of category 1.1, 1.2, 1.3, 1.6 and 1.20. We accept responsibility for all intermediary services provided by our agents and representatives and confirm that some services are rendered under supervision.	Santam Structured Life Limited is a registered long-term insurer and an authorised financial services provider (FSP1026) licensed to provide your insurance cover.
Compliance Department	031 716 9600	031 716 9600	0860 762 745 or 011 685 7600
FAIS Compliance Officer	Moonstone Compliance: Cathy Ingle, Tel: 021 883 8000, Fax: 021 883 8005, Postal Address: PO Box 12662, Die Boord, Stellenbosch, 7613.	Moonstone Compliance: Cathy Ingle, Tel: 021 883 8000, Fax: 021 883 8005, Postal Address: PO Box 12662, Die Boord, Stellenbosch, 7613.	Compliance: Lisa Teixeira 0860 762 745 or 011 685 7600
Physical address	1 Lucas Drive, Hillcrest, 3650	1 Lucas Drive, Hillcrest, 3650	7th Floor, Alice Lane Building 3, Cnr Alice Lane and 5th Street, Sandton, 2196
Postal address	Private Bag X7028, Hillcrest, 3650	Private Bag X7028, Hillcrest, 3650	PO Box 652659, Benmore, 2010
Telephone No.	0861 990 000	0861 990 000	0860 762 745 or 011 685 7600
Facsimile	021 883 8005	0865 009 307	011 784 9858
Email address	cingle@moonstonecompliance.co.za	info@theunlimited.co.za	SSL.Compliance@Santam.co.za
Website	www.theunlimited.co.za	www.theunlimited.co.za	www.santam.co.za

2. The Intermediary and Binder Holder

a.	Legal status and any interest in the insurer.	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.
b.	Conflicts of Interest	We have not identified any conflicts of interest as defined in the FAIS act. Our conflict of interest policy is available on our website at www.theunlimited.co.za .
c.	Insurance cover	The Unlimited holds Professional Indemnity Insurance and Fidelity cover.
d.	Rand amount of commission payable	The Unlimited acts as a non-mandated intermediary in terms of a Binder Agreement with the insurer. The Unlimited earns binder fees in respect of the binder functions and incidental activities undertaken on behalf of the insurer. The Unlimited can also earn commission up to, but not exceeding, the regulated commission in terms of the Long-Term Insurance Act.
e.	Written mandate to act on behalf of insurer	Yes. Please refer to (d) above.
f.	Consequences of non-payment of premium	You are required to pay the premium as agreed and in accordance with the payment terms reflected in your policy schedule. The consequences of non-payment of the Premium will be that cover will lapse (i.e. you will not be covered).
g.	Whether more than 10% of the insurer's shares are held or whether more than 30% of the of the total remuneration was received from the insurer	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 in not an associate company of the insurer.
h.	Rand amount of monthly premium, of binder fees and of commissions earned	Please refer to the Insurance Policy for the monthly premium amount. The Financial Services Provider earns the statutory regulated commission. The Financial Services Provider earns a maximum of 50% of the gross written premium payable monthly as a Binder fee.
i.	Extent of premium obligations you assume as policyholder.	The premium payable to the insurer in respect of the policy: Main Member and Spouse is R12.76. Main Member, Spouse and Children is R22.55.
j.	Manner of payment and due date of premiums	See Insurance Policy. Due Date is as agreed by customer at time of acceptance (on your call log or Application form)

3. Claims Procedures

Should you wish to claim, please call us on 087 357 6522. You must notify us within 30 days of your claim arising and provide us with all the documentation and information we ask for so that we can accurately assess your claim. If your claim is not approved you need to make representation to the Insurer within 90 days or lodge a legal process within 180 days. In the event that you are dissatisfied with all these mechanisms, please contact the Long-term Insurance Ombud on the details provided below.

4. Complaints Procedures

If you have a complaint about this Policy, you can write to us at info@theunlimited.co.za or call our Customer Care line on 087 357 6522, or fax us on 0865 009 307.

If the matter is not resolved to your satisfaction, you may make representations to the Insurer. Please email SSL.Complaints@Santam.co.za or contact their Market Conduct Department on the details and contact numbers provided.

Should you still not be satisfied, please submit your complaint in writing to the **Ombudsman for Long-term Insurance at:**

Private Bag X45	Telephone: 021 657 5000
Claremont	Fax: 021 674 0951
7735	Email: info@ombud.co.za
	Website: www.ombud.co.za

5. FAIS Ombud

If you have a problem with the way the product was sold to you or the disclosures that were made to you, please contact The Unlimited for assistance. If you are not satisfied with the reply, you may submit your complaint in writing to the FAIS Ombud at:

PO Box 74571	Telephone: 0860 324 766 or
Lynwood Ridge	012 470 9080
0040	Fax: 012 348 3447
	Email: info@faisombud.co.za
	Website: www.faisombud.co.za

6. In addition to the FAIS Ombud, you may also contact the **Registrar of Long-term Insurance:**

PO Box 35655	Telephone: 012 428 8000
Menlo Park	Fax: 012 422 2979
0102	Website: www.fsb.co.za

7. Important Matters

- You must be informed of any material changes to the information referred to herein. If the information was given orally, it must be confirmed in writing within 30 days.
- If any complaint to the Financial Services Provider or the insurer is not resolved to your satisfaction, you may submit the complaint to the Long-term insurance Ombudsman or the FAIS Ombud.
- If your premium is paid by means of debit order:
 - o It may only be in favour of one legal entity or person and may not be transferred without your approval; and
 - o The insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel cover.
- Your insurer must give reasons for the rejection of your claim.
- Your insurer may not cancel your insurance merely by informing your Financial Services Provider. There is an obligation to make sure that the notice has been sent to you. You are entitled to a copy of the Policy free of charge.
- You are entitled to a copy of the voice log of the sale.
- Polygraphs or similar tests are not obligatory and claims may not be rejected solely on the basis of a failure of such test.
- Should you have any complaints about the availability or adequacy of information required to be provided herein, please bring this to our attention on 0861 990 000.
- Your Policy document contains the name, class and type of 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.

8. Warning

- Do not sign any blank or partially completed application form.
- 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 arising from your contract of insurance.

9. Waiver of Rights

The General Code of Conduct stipulates that no financial services 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 the said Code, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

10. Sharing of Information

Insurers share information with each other regarding policies and claims. This is done in the public interest and in the interest of all current and potential policyholders. The sharing of information includes, but is not limited to information sharing via the Information Data Sharing System operated by TransUnion 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 regards to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised 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 regards 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 application 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.

