



E-Hailing Insurance Proposal Form

GENERAL INFORMATION

Please Note We Do Not Insure Rebuilt Vehicles

Name of Broker		Postal Address	
Name of Insured		P O Box or Street	
ID Number		Town	
Date of Birth		Postal Code	
Telephone Number		Physical Address	
Cell Phone Number		Street	
Facsimile Number		Town / Postal Code	
Email Address		Date On which Cover is to incept	___ / ___ / 20___








Vehicle Details


(If more than one vehicle please complete the additional vehicles form on the sheet below)

Make			
Model		Model Year	
Engine No		Driver ID No	
Vin / Chassis No		Driver License Date	
Registration No		Driver License Code	
Odometer Reading		NCB Status	Driver Gender
Average KM travelled each month		Is vehicle owner driven?	YES NO
Vehicle Value		Average Driving Hours per week	
Vehicle extras 1	Description		Value
Vehicle extras 2	Description		Value
Vehicle extras 3	Description		Value
Vehicle extras 4	Description		Value

Operators vehicle is registered with			Both	Other (Specify)	
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Micro Dot Included (Tick)	Yes	No	Tracking Device			
Early Warning/ Stolen Vehicle System	Yes	No	Details			
Make/Model of Tracker on each vehicle (Please provide proof of tracker installation)						
Vehicle Financed (institution)	YES	NO	If Yes – Name of institution			
Finance Account No						
Association			Date Insurance Cover to incept			
Overnight Parking	Behind Locked Gates	Carport	In Street	Locked Garage	Security Complex	Unknown

Value Added Product	Description	Tick to Select	Cost
Passenger Liability 	Limit R5,000,000 Per accident (Cover provided Renasa Insurance Company Limited)	<input type="checkbox"/>	R80.50 per month
Loss of Income 	R5000,00 per week, maximum 3 weeks	<input type="checkbox"/>	R191,00 per month
Road Side Assist 	Roadside Assistance (Cover provided by One Loyalty)	<input type="checkbox"/>	R40,00 per month
Pothole Assist 	Cover provider specialises in claiming funds for our beneficiaries from road agencies for damage to their vehicles as a result of 'Potholes'.	<input type="checkbox"/>	R10,00 per month
Legal Ensure 	Legal Protection (telephonic advice, Free consultation, Reduce Legal Fees)	<input type="checkbox"/>	R28,75 per month
Fines Assist 	FineExpert™ provides a quick, easy and painless channel to get these fines paid, with the added benefit of negotiated fine reductions for beneficiaries.	<input type="checkbox"/>	R10,00 per month
License/PrDP Renewal 	We will work with members to firstly notify them of license renewals, and then provide a convenient, quick, easy and painless channel to get these licenses renewed.	<input type="checkbox"/>	R15,00 per month


<p>Bail Assist</p> 	<p>The Bail Protect membership provides assistance in posting bail following arrest for a minor crime. This service assists in exercising your legal right to bail. In addition, Bail Protect undertakes to do all administrative management of the bail from start to finish.</p>	<input type="checkbox"/>	<p>R10,00 per month</p>
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Standard Excess's

Basic Excess R15,000.00
Theft/Hijacking 5% of Claim minimum R15,000
Windscreen R750.00

Penalty Excess's

Where driver is less than 23 years of age - An additional 10% of claim minimum R10,000 (per claim)
License less than two years - An additional 5% of claim minimum R5,000 (per claim)
Excess if the driver has a C1 Driver's License, or a Driver's License not issued in South Africa, and is driving a Sedan or Metered Taxi - An additional 5% of claim minimum R5,000
Where driver is not the owner of the vehicle R1,000 (per claim)
Multi Claimants (More than one claim in any twelve-month cycle – excludes windscreen claims) - An additional 10% of claim minimum R0 maximum R10,000 (per claim)
Theft/Hijack: (applicable to all vehicles with value over R50000) - An additional 5% of claim minimum R10,000 (per claim)
Write Off within 1st 12 months of policy inception - An additional 5% of sum insured minimum R2,500 (per claim)
Theft of Tyres - An additional 10% of claim minimum R0 maximum R2,000 (per claim)
After Hours Excess: (11pm - 5am) An additional R5,000 (per claim)
Single Vehicle accident - An additional R5,000 (per claim)
Accident in which no passenger is on-board - An additional 5% of claim minimum R5,000 (per claim)
Liability to Third Parties - Excess – R2,500

Optional Excess Reducer Cover		Tick to Select	Cost
 <p>POLICY PROVIDER (PTY) LTD NICHE PRODUCTS ARE OUR BUSINESS</p>	<p>Basic Excess up to a max R10 000 per claim Additional/penalty excess we cover up to a max of R5000 per additional listed Max R30 000 per annum per vehicle</p>	<input type="checkbox"/>	<p>R250.00 pm</p>

DEBIT ORDER MANDATE

This signed mandate and authority relates to the insurance contract (referred to as “the Agreement”) signed by you and described in detail in this proposal form.

This mandate shall remain in force until cancelled by giving 30 (thirty) days’ notice in writing to RTUSA (Pty) Ltd and/or its authorised agents and/or cessionary. Cancellation of this mandate does not cancel the Agreement.

AUTHORITY

- I hereby authorise Renasa Insurance Company Limited and/or its authorised agents and/or cessionary to draw against my account detailed above (or any other Bank to which I may transfer my account) the amount necessary for payment of the amount payable by myself in terms of the Agreement. I acknowledge that a third party may facilitate the payment process and debit my account on behalf of Renasa Insurance Company Limited. I confirm that the amount debited from my account may be paid to an insurer/s (by the beneficiary) for insurance cover.
- I acknowledge that all payment instructions issued by Renasa Insurance Company Limited and/or its authorised agents and/or cessionary shall be treated by my above-mentioned Bank as if the instruction has been issued by me.
- I agree that the first payment instruction will be issued and delivered on or around the Payment Date and regularly thereafter, until the termination date, and according to the Agreement. Each individual payment instruction may not differ other than as agreed to in terms of the Agreement. If the payment day falls on a weekend, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.
- I consent to the use of the tracking facility as provided for in the Electronic Debit Order system, where this is used, at no additional cost to me.
- I consent to the tracking of credit in my account and I consent to the debiting of my account on any day within 10 (ten) days of the Payment Date selected in this mandate.
- I acknowledge and consent that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party and I am notified accordingly.

TITLE		FIRST NAMES												
SURNAME														
ADDRESS: (if different from proposal)														
Broker Fee														
AMOUNT (Normal Premium) Amount This amount may vary each month due to; a) Annual increase b) Costs incurred where debit orders are returned unpaid c) Changes that you make to the Agreement, or other additional amounts due on an ad hoc basis, allowed and specified in the Agreement.	R	DEBIT DAY (1 – 15) ONLY (your account can be debited on any day within a 10 day range after this date)												
TERMINATION DATE	Upon cancellation or lapse of the Agreement.													
Name Of Bank					Branch Name									
6-Figure Bank Clearing Code					Account No									
Type of Bank Account	Current				Saving				Transmission					
DULY AUTHORISED BENEFICIARY	Renasa Insurance Company Limited													

The Beneficiary may be any insurance party which is mandated or authorised to handle short term insurance premium collection.	
BENEFICIARY's ADDRESS	170 Oxford Road, Melrose, Johannesburg, Gauteng, 2196
BANK ACCOUNT REFERENCE The bank account reference will reflect on your monthly bank statement to enable you to identify the Debit Order and will be added to this form before the issuing of any payment instruction. This reference may only be changed upon 30 days written notice.	RENASA
SIGNATURE OF BANK ACCOUNT HOLDER	
DATE	/ / 20

PREVIOUS CLAIMS EXPERIENCE

*During the past 3 (three) years have you, or any person. Who will be driving for you;
(If "YES" to any of the following questions please provide details)*

Been involved in a motor accident?	YES	NO	If Yes please complete the details below
Had a vehicle stolen or damaged by fire?	YES	NO	If Yes please complete the details below
Is any prosecution pending against you or such person?	YES	NO	If Yes please complete the details below
Owned or leased a vehicle which was involved in a motor accident	YES	NO	If Yes please complete the details below
Been convicted with a road traffic Offence?	YES	NO	If Yes please complete the details below

SHARING OF INFORMATION

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidence of fraud and assessing risks fairly, future premium increases may be limited. This is done in the public interest and in the interest of all current and potential 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 regarding 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 regard to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your 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.



DECLARATION

I declare that this proposal is true in every respect. I agree that this proposal, the policy schedule and the policy wording shall form the basis of the contact between the company and I, and I agree to accept insurance on the terms and conditions as set out in the Company's policy. No vehicle will be driven by any person, who, to my knowledge, has been refused motor insurance, who is unlicensed or whose license has been endorsed or who is suffering a physical defect or infirmity which would adversely affect driving ability.

DATE SIGNED	/ / 20	AT:
BROKERS SIGNATURE		
INSURED SIGNATURE		

Documents Required
Copy of ID Document of Owner and Driver
Copy Driver's License of Owner and Driver
Copy Vehicle Registration Document / Disc
Copy of Certificate of Fitness (COF)
Vehicle Inspection Form

ADDITIONAL VEHICLES FORM

Vehicle Details						
Make						
Model				Model Year		
Engine No				Driver ID No		
Vin / Chassis No				Driver License Date		
Registration No				Driver License Code		
Odometer Reading				NCB Status		Driver Gender
Average KM travelled each month				Is vehicle owner driven?	YES	NO
Vehicle Value				Average Driving Hours per week		
Vehicle extras 1	Description			Value		
Vehicle extras 2	Description			Value		
Vehicle extras 3	Description			Value		
Vehicle extras 4	Description			Value		
Operators vehicle is registered with			Both	Other (Specify)		

Micro Dot Included (Tick)	Yes	No	Tracking Device			
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Association			Date Insurance Cover to incept			
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DISCLOSURE NOTICE

Whilst we make every effort to ensure you fully understand the insurance product we have supplied, there are certain facts we are obliged in terms of legislation to ensure that you not only know about but understand. The most notable of these is the Financial Advisory and Intermediaries services Act (FAIS) and in case of clients purchasing policies in their personal capacity the Policy Holder Protection Rules. The most important objective of these obligations is to ensure you, our client, has full knowledge about the organizations involved in delivering the service to you as well as full understanding of the product you have purchased. Whilst every effort has been made to ensure we have achieved this objective if at any time you feel we have not provided you with information required or you do not understand the information we have given you, please ask us do not assume! Whilst this information is important it does not form part of your actual policy wording. So what is it that we need to tell you? Let us start by explaining some of the terminology you may have heard about or may encounter in your dealings with us:

FINANCIAL SERVICES PROVIDER	This is your insurance broker, sometimes referred to as an intermediary.
PRODUCT PROVIDER	This is your Insurer. In respect of Motor Insurance Business this is The Renasa Insurance Company Limited.
UNDERWRITING MANAGER	RTUSA (Pty) Ltd
FAIS	<p>This piece of legislation was introduced to ensure there are minimum standard set within the financial services sector, to ensure you the client receive the highest possible level of service and protection. It governs, amongst other things, the following:</p> <ul style="list-style-type: none">- The financial stability of the Financial Services Provider (FSP)- The methods and technical content of the advice given to you- The honesty and integrity of the FSP- The ability of the FSP to look after the client- The formal qualifications required by the key staff of any FSP who gives you advice,- The need of each FSP to be licensed before they can give you advice,- Standards for dealing with any complaint that you may have,- Penalties for breaches of any of the regulations required in terms of the act; these include fines, imprisonment and- loss of the ability to carry on business
POLICY HOLDER PROTECTION RULES	These require some additional duties to be adhered to by Insurers in respect of clients purchasing personal insurances. Where applicable to you these will be pointed out in this document
OMBUDSMAN	The independent body created to further protect the client and deal with any disputes between insurers and Clients.
FINANCIAL SERVICES BOARD	The body that administers the FAIS Act and other legislation relevant to insurance.
REGISTRAR	The body that ultimately deals with all regulations with a specific category of insurance.
WE UNDERTAKE	<ul style="list-style-type: none">- To keep all information, you tell us about yourself confidential- Not to alter any documents you provide us with when submitting to an insurer- To never ask you to sign a blank document- To be the one who provides the reason for any claim that is repudiated- To ensure that we write to you should the Insurer wish to cancel your policy and to give you at least 30 days' notice of their intention to do
INFORMATION	You must notify us immediately – policy cover, premiums and terms are based on what you told the Insurer, we need to advise them of any changes that could affect their view of you and your policy.
PREMIUM PAYMENTS	<ul style="list-style-type: none">- The debit order may only be in favour of one person /entity.- It may not be transferred.- Both parties are entitled to 30 days' notice of cancellation of debit order.- You are entitled to a period of 15 days grace in which to pay the premium (other than the 1st month premium)
CLAIMS	<ul style="list-style-type: none">- You must advise us immediately, preferably in writing.- Your policy will contain conditions that relate to the early reporting of potential Claims and it is important that you do not breach this responsibility.
COMPLAINTS	The client must send as much information on the complaint in writing to the Compliance Officer. This includes all contact Numbers, Postal Address, Policy Number, Claim Number if available All complaints can only be considered with established facts only. No hearsay or unsupported evidence will be accepted. The Managing Director will complete the investigation. The client must be given a clear explanation of the role of the Ombudsman and when he can or cannot act. The client must be given the knowledge that they have the right to seek appropriate redress in law. The client must have access to the procedures for the resolution of their complaint. Once a complaint has been resolved the client must get a full explanation of the outcome of the resolution. In the explanation to the client, the Managing Director must disclose any redress towards the staff that was involved with the complaint.

COMPANY NAME RTUSA (Pty) Ltd

ADDRESS 253 Smit Street,
Fairland
2170

P O Box 144
Randparkridge
Randburg
2154

CONTACT NUMBERS Telephone Number (011) 215 8800; Facsimile Number (086) 4608955

EMAIL ADDRESS nikki@rtusa.co.za

COMPANY REGISTRATION NO 2004/025569/07

FSP NUMBER 39312

CATEGORY OF LICENCE Short Term Personal Lines
Short Term Commercial Lines

DIRECTORS J Marsden (Managing)

P.I. Insurance Yes
Fidelity Guarantee Insurance No
IGF Guarantee Not Required
Authorised Financial Service provider No 39312
Shareholding in Insurer – 0%

COMPLIANCE OFFICER Associated Compliance Craig Omrod 0861 2 COMPLY

MOTOR, PASSENGER LIABILITY AND PERSONAL ACCIDENT INSURER **Renasa Insurance Company Limited**
Telephone (011) 3803080

Physical address
RENASA HOUSE,
170 Oxford Road,
Melrose,
Johannesburg

Postal Address
P O Box 412072,
Craighall, 2024,
Johannesburg,
South Africa

THE SHORT-TERM INSURANCE OMBUDSMAN P.O Box 32334
Braamfontein
2017
Tel: (011) 726- 8900; Fax: (011) 726- 5501

FINANCIAL SECTOR CONDUCT AUTHORITY P.O Box 35655
Menlo Park
0102
Tel: (012) 428- 8000; Fax: (012) 347 - 0221