

**CLIENT ADVICE RECORD**

Client/Business Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Id Number/Company Registration : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE CLIENT ADVISE RECORD HAS BEARING ON WHICH NEED :**

NEW BUSINESS ( ) RENEWAL ( ) REPLACEMENT ( )

**DECLARATION BY CLIENT**

I confirm that the Advising Broker *Liezel Otto* has made recommendations available to me and my Financial Position as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that the following points are my main concerns (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and that the Financial Service Provider (FDV) has paid close attention to this as well as well as other related divisions. The following products, (names of different insurers and premiums): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

was considered and I accepted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as the product that meets my Financial Needs/Risk. I understand that the accuracy and efficiency of the Needs Analysis depends on the Information I have provided to the FDV. I confirm that the FDV has inquired to determine whether recommended or replaced products I have in question. The advice Subsequent Product recommendation in this record is largely based on Information Related to my Personal/Business circumstances that I provided to my Financial Advisor. **I understand that any material non-disclosure and/or misrepresentation may result in inappropriate products being recommended to me may result in claims not being paid.**

I understand that most of the Disputes in the Insurance Claims can be attributed to the following reasons;

1. Premiums must be paid in order to enjoy cover. Non-payment of premium could lead to no cover.
2. Items not specified on the policy schedule.
3. Damage due to uninsured events.
4. Theft in the open, and / or without visible signs of forcible entry or exit.
5. False or non-disclosure, unpaid premiums, poor maintenance, and insufficient security.
6. Non-compliance with the law.
7. All loss or damage must be reported within 31 days of date of the event.
8. Subrogation is the right of the insurer after a claim has been instituted to transfer some of the rights from the insured
9. Financial interest in an item is a minimum requirement of insurable interest.

I confirm that the FDV has brought to my attention and discussed the following risks (if any): \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm my knowledge regarding Short Term Insurance

* Restrict ( )
* Enough ( )
* Expanded ( )
* Client’s own word choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

is, and acknowledge that I have an obligation to familiarize myself with the exclusions, terms and conditions of the Products and the Coverage I have purchased and to make sure I understand any Terms and/or exclusions. If there are any ambiguities, I will take time to consult my Advisor to disclose the necessary to me.

I accept Co-Payments submitted to me and discussed in my Policy Schedule/Quote. I take note of the waiver of the additional co-payment applicable under the specific divisions as well as the differences of my previous/existing cover with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I declare that my/our main reason for the decision is to take out Short Term Insurance Coverage due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should I choose to add/delete my cover or make any other changes to it, I will need to confirm this by fax, telephone or email with my Advisor.

I confirm that the following has been discussed and where necessary a copy has been handed to me or will be sent to me.

I confirm that the signing of the following documents form part of the Advisory Record:

1. Letter of Introduction.
2. Authorisation to Obtain Information and Brokers Appointment.
3. Signed Quote.
4. Completed Need and Risk Assessment/Renewal.
5. Renewal and Conditions were discussed where applicable.
6. Indemnity Speech/Insured Sections and Amounts have been confirmed and have been amended correctly and where necessary.
7. Statutory Notice / FDV License is available if requested.
8. Claims and Complaints Procedure is available upon request.

***Proportionality/Awery : Proportionality Condition means that if your Insured amount is not based on the total new replacement value, not value added tax as well as all costs included in case of a claim, you will be penalized for the amount you are underinsured.***

Signed by client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT BY THE FDV**

The client voluntarily and voluntarily chose to accept only the Products marked on the Application Form/Needs Analysis and Risk Assessment and/or accepted on the Quotation.

The consequences of the above were made clear to the client and the client showed that he clearly understand these consequences.

If the client needs any changes in his coverage and informs me orally of this, it is my obligation to confirm this endorsement in writing.

I confirm that I comply with the FSCA Legislation and the Internal Procedures required of me and that all required documents have been completed and/or obtained and that relevant copies have been handed over/sent to the client.

Brokers Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FSP : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Broker Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_