

 CLIENT ADVICE RECORD

HENDRIK SMIT

MAKELAARS / BROKERS BK

Reg:  2006/205407/23

**Advising Broker**

**Administrative Broker**

Smit & Kie Brokers (PTY)Ltd

FSP: 11184

*Hendrik Smit*

FSP: 29627

**CLIENT DETAILS**

CLIENT NAME OR LEGAL ENTITY:

………………………………………………………………………………………………………………………

POLICY REFERENCE NUMBERS OR POLICY NUMBERS: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

ID NUMBER…………………………………………….. DATE: ………………………………………………

***(PLEASE SELECT THE OPTION RELEVANT TO YOUR NEED)***

**RENEWAL ( ) NEW BUSINESS ( ) REPLACEMENT ( )**

**DECLARATION BY CLIENT**

1. I confirm that the advising Broker ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has made his recommendations available to me and my financial position is as follows:

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1. I confirm that the following points are my main concerns:

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………………………………………………………………………………………………

and that the advising Broker has paid careful attention to the above points as well as other

related sections.

The following products;

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

……………………………………………………………………

were considered and I have accepted ...................................................................... as the product that best meets my financial needs / risk. I understand that the accuracy and effectiveness of the Needs Analysis depends on the information I provided to the advising broker. I confirm that the advising broker has enquire about my needs to recommend any products or policies that I may require based on the information given to him. The subsequent product recommendation in this record is based largely on information related to my personal / business circumstances that I provided to my advisory broker. I understand that any material non-disclosure and / or misrepresentation may result in inappropriate products being recommended to me, which may result in non-payment of claims.

**I note that the following aspects may result in the repudiation of insurance claims.**

1. Items not specified on the policy schedule.

2. Damage due to uninsured events.

3. Theft in the open, and / or without visible signs of forcible entry or exit.

4. False or non-disclosure, unpaid premiums, poor maintenance and insufficient security.

5. Non- compliance with the law.

6. All loss or damage must be reported within 30 days of date of the event.

7. Subrogation is the right of the insurer after a claim has been instituted to obtain some of the rights

from the insured

8. Financial interest in an item: is a minimum requirement of insurable interest.

1. I confirm that the advising broker has discussed the following risks and has brought under my attention (if any):

............................................................................................................................................................

...............................................................................................................................

1. I confirm that my knowledge of short-term Insurance is:

* Limited ( )
* Sufficient ( )
* Vast ( )
* client’s own word choice \_\_\_\_\_\_\_\_\_

and I acknowledge that I have an obligation to familiarise myself with the exclusions, terms and conditions of the product / s and the cover I bought, and to make sure that I understand any terms and / or exclusions. If there are any uncertainties, I will make time to consult my advisor to discuss the necessary information.

1. I accept the excesses that were discussed and presented as in my policy schedule / quote. I take note of the waiver of and additional excesses applicable under the specific section / s, as well as the differences between my previous / existing cover with

...................................................... if applicable.

1. I declare that my main reason for the decision to change Insurer / FSP is due to

.............................................................................................................................

1. If I would like to add / delete my cover or make any changes to it, I need to confirm by fax, phone or email to my advising broker.
2. I confirm that the following has been discussed and, if necessary, a copy will be handed / sent to me: I confirm that the signing of the following documents forms part of this Advisory Record:

***(PLEASE SELECT THE OPTION RELEVANT TO YOUR NEED)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Renewals and conditions are discussed where applicable |  |  | Introduction letter |
|  |  |  |  |  |
|  | Indemnity Limits / Insured Divisions and Amounts are confirmed and correct and, where necessary, amended |  |  | Authorization to obtain information |
|  |  |  |  |  |
|  | Statutory notice / FDV license is available upon request. |  |  | Appointment Letter |
|  |  |  |  |  |
|  | Claim and complaint procedure is available upon request. |  |  | Signed schedule / quote |
|  |  |  |  |  |
|  | Average: Prerequisite condition means that if your insured amount does not meet a new replacement value, you will be penalized for the amount you are underinsured in the event of a claim. |  |  | Completed Application, Needs and Risk Assessment / Renewal |

Signature of Client ..................................... Date: ...................................................

**DECLARATION BY FSP**

The client has the freedom to only accept the products marked on the application, needs and risk analysis and and/or as accepted on the quotation. The consequences of the providing correct and detailed information has been explained to the client and the client has indicated that he understands these consequences.

Any verbal amendments must be confirmed in writing by the advising broker.

I confirm that I have complied with FAIS and the internal procedures that are expected of me and that all required documents have been completed and / or obtained and that relevant copies thereof will be handed / sent to the client.

Broker's name: ...............................

Branch: ...........................................

FSP number: ..................................

Signature: .......................................