

**Advising Broker**

Nico Kruger

Under supervision of

Koos Smit

FSP: 11184

**Needs Analysis and Renewal Form**



**Administrative Broker**

Smit & Kie Brokers(PTY)Ltd

FSP: 11184

**Personal Lines**

***All questions to be answered in full***

***The documents must be read with your Policy Schedule and Policy Wording, which indicates***

***your cover and insured amounts***

**BROKER’S CHECKLIST:**

|  |  |
| --- | --- |
| **YES** | **NO** |
| **YES** | **NO** |
| **YES** | **NO** |
| **YES** | **NO** |
| **YES** | **NO** |
| **YES** | **NO** |
| **YES** | **NO** |

1. Letter of Introduction
2. Completed Full Record of Advice
3. Letter of Appointment
4. FICA-document if needed
5. Claims Review Documents
6. Renewal Policy Schedule

7. Telephonic renewal (Date .................. .. Time .................. ..)

If no, please stipulate why:

…………………………………………………………………………………………………………………..

***PLEASE ENSURE*** *any markings or notes on the Renewal Policy Schedule are signed for by the client.*

**CLIENT CONTACT DETAILS:**

Policy Numbers / References: ....................................................................................................................................................

Full names: ………………………………………………………………………………………………………

Registered Address: ………………………………………………… code: …………………………………

Postal address: ………………………………………………………. code: …………………………………

**Contact person:**

Name & surname: ....................................................................................................................................

Contact numbers: .........................................................................................

Email address: ..............................................................................................

Can we communicate with you electronically (email and text)?

|  |  |
| --- | --- |
| **YES** | **NO** |

|  |  |
| --- | --- |
|  |  |

Has any of your information changed in the past 12 months?

If yes, kindly advise: …………………...........................................

**HOUSEHOLD INSURANCE**

*Defined events: Loss of, or damage to buildings and outbuildings on the premises and the contents as per schedule – due to fire, lightning, explosion, earth quake, burst or overflowing water apparatus/pipes, malicious damage, storm and water damage, impact, theft or attempt thereto following forcible or violent entry, or exit from the premises.*

1. *All items must be insured for replacement value.*
2. *Claims settlement is subject to Average/Under-insurance, except All Risk.*
3. *Wear and tear and gradual deterioration are not covered.*
4. *Valuation certificates on jewellery must be submitted every 2 years, and jewellery not*

*worn must be kept in a locked safe.*

1. *Retaining walls are not covered.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ADD** | **Household Insurance** | **Yes** | **No** | **Remarks** |
|  | **Homeowners (BUILDING)** CONSTRUCTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Realistic replacement value Accidental damage / Swimming pool House unoccupied YES / NO Grounding and shifting |  |  |  |
|  | **HOME RESIDENTS (CONTENTS)**  Confirm replacement value Burglar bars all windows: YES / NO Safety gates at all external doors: YES / NO Occupied: YES / NO Alarm System: YES / NO Linked Alarm System: YES / NO Someone during the day: YES / NO \_\_\_\_\_\_\_\_\_\_\_\_ Accidental damage Unoccupied time Alarm guarantee Forsable/Violent entry or exit for claim. |  |  | Unspecified jewelry that forms part of the house content? |
|  | HOLIDAY HOUSE / STUDENTS |  |  |  |
|  | **ALL RISK** Specify: Cellphones / Jewels / GPS / Laptops / Cameras / Weapons / Bicycles / Glasses / Ipods / Sports equipment-valuable items. Valuations are valid for 2 years only. |  |  |  |
|  | **MOTOR / BOAT / CARAVAN / TRAILERS** Calculation of replacement value / client responsible Type of cover: Comprehensive / Limited Valid driver's license / Pdp Regular drivers / age / license Excesses Additional Excesses Excess Waiver/Excess Buy Back Security Measurement Assistance Car rental **Boat:**  Hull and engine separately Specified Accessories **Caravan:**  Value of caravan Content of caravan and trailer separately insured |  |  |  |
|  | IVP – “TOP-UP” |  |  |  |
|  | PERSONAL ACCIDENT |  |  |  |
|  | FUNERAL COVER |  |  |  |
|  | PERSONAL LIABILITY |  |  |  |
|  | EXTENDED LEGAL LIABILATY |  |  |  |
|  | SASRIA |  |  |  |

# NOTES:

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

**DISCLAIMER:**

The broker / financial advisor has discussed the coverage in terms of each section of the personal policy and explained to me only the sections marked "YES".

**STATEMENT:**

I guarantee that the answers I have given are true and I do not know about any material facts that should be disclosed to the insurer, even though no specific questions have been asked about it. I understand that my personal information is required to ensure that proper financial advice is given, and I consent to the collection and use thereof, except as otherwise stipulated.

I have never refused insurance for the risk I want to insure, nor is any policy in which I have or had an interest canceled or restricted. The person who quits this request and completes my application will act as my agent. If I have been refused insurance cover, I have specified details below.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...

Details of any / all terms / guarantees and / or endorsements applied to any previous insurers.

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Are there any other material facts that could affect the insurer's decision to take the risk or any factors that could risk the risk more risky than usual?

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

I AGREE THAT this request for quotation and the application form the basis of the contract between me and the insurer.

I UNDERSTAND that this insurance will not begin until the insurers have accepted the application.

I AM AFFIRMED OF the Customer Service Fee charged by Smit & Kie Brokers(PTY)Ltd in terms of section 8 (5) of the Short-term Insurance Act and confirm that such fee has been explained to me and that the exact amount and the exact customer service from which the said fee is compiled will be disclosed in my insurance policy. All your rights under this fee remain reserved and are in accordance with legislation.

I UNDERSTAND that certain personal information may be required to provide proper financial advice and give me permission for the collection of such information or otherwise processing thereof as necessary. If there are any personal information about which I do not feel like my broker / Smit & Kie Brokers(PTY)Ltd collects and / or otherwise I will notify them in writing. I agree that such personal information is used by any third party, such as the insurer. I accept that such personal information will be handled in accordance with the Personal Information Protection (POPI) and Smit & Kie Brokers(PTY)Ltd POPI policies, as available on their website.

If you cannot sign this statement without reservation, please provide your reasons below:

**NOTES:**

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

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial advisory broker name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial advisory broker signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_