Dear Mr **XXXXXX**

Keen | Inspire | Excellence

**RENASA DOMESTIC** POLICY REF No

Attached is your copy of the POLICY SCHEDULE together with the following for perusal and safekeeping:

**RENASA DOMESTIC WORDING**

**RENASA ASSIST WORDING**

**IVP WORDING**

Inception date :

Monthly premium :

Pro-rata Debit for **January 2017**  :

Premium to be collected on **03/02/2017 :**

Please advice us regarding any discrepancies, as the attached document is the implementation of our understanding of your instruction.

You should review your insurance on a regular basis.  We need to be informed of all changes i.e. change of address or bank details, the purchase of new items, the increase to current values, to facilitate us in arranging your required cover.

Please take note that, should your debit order – which is collected between the 1st and 5th of the month – not be met by your financial institution, any claim instituted against your policy for that period could be repudiated.

Be assured of or best service at all times.

*Kindly note, the attached is a summary of your insurance schedule, the original signed copy with all terms & conditions as well as the policy wording is available upon request.*

Kind regards