



## INFORMATION DISCLOSURE

**IMPORTANT** - This notice does not form part of the Insurance Policy, but is designed to provide you the (re)insurance policyholder, or prospective policyholder, with the following information:

### 1. PARTICULARS OF YOUR INSURANCE BROKER

Business Name:	Mukoma Financial Services (Pty) Ltd, also known Mukfin
FSP License:	47905
Physical Address:	Block G First Floor, The Palms Office Park, 391 Main Avenue, Ferndale, 2194, South Africa
Postal Address:	PO BOX 1802 Northwold, 2155
Telephone Number:	+27 10 210 7093; +27 (0) 11 886 0667
E-mail Address:	<a href="mailto:admin@mukfin.co.za">admin@mukfin.co.za</a>
Website:	<a href="http://www.mukfin.co.za">www.mukfin.co.za</a>
Name of Compliance Officer:	Mr. Chenjerai Muzorewa Omega Compliance Solutions
Telephone Number:	+27 (0) 11 568 5454
E-mail:	<a href="mailto:chenj@omegacs.co.za">chenj@omegacs.co.za</a>

YOUR INSURANCE BROKER IS AUTHORISED TO PROVIDE FINANCIAL SERVICES IN RESPECT OF SHORT- TERM PERSONAL LINES AND COMMERCIAL LINES PRODUCTS (FSP 47905).

YOUR INSURER HOLDS PROFESSIONAL INDEMNITY INSURANCE.

### 2. CLAIMS

Procedures for the submission of claims are detailed in the policy wording, but you may contact the insurance broker's claims department for assistance with submitting your claim.

### 3. COMPLAINTS

3.1 Mukfin makes every effort to ensure that its systems and policies are as consistent and clear as possible. However, we recognize that disputes can occur and that a client might wish to raise a formal complaint. We undertake to investigate fully any such complaint made against the company or any of its employees.

3.2 In the first instance a client may lodge a complaint through the Contact Us section of our website or telephone and/or email either our Operations Manager to discuss the issue. If, following that action, the matter is not resolved to the client's satisfaction he/she may make a formal written complaint to Managing Director in writing, explaining the full details of your complaint:

## **Mukoma Financial Services (Pty) Ltd**

Postal Address: PO BOX 1802, Northwold, 2155  
Telephone Number: +27 (010) 210 7093; +27 (011) 886 0667  
Email: [admin@mukfin.co.za](mailto:admin@mukfin.co.za)  
Website: [www.mukfin.co.za](http://www.mukfin.co.za)

- 3.3 Alternatively, you can email: [admin@mukfin.co.za](mailto:admin@mukfin.co.za)
- 3.4 The Insurance Broker's Complaints Policy may be requested at [admin@mukfin.co.za](mailto:admin@mukfin.co.za)
- 3.5 When contacting us in writing, please provide us with your full name, email address and physical address along with a daytime telephone number on which we can contact you.

### 3.6 We shall:

- Acknowledge in writing within 1 week that your complaint has been received and may request further information in order to conduct an impartial investigation and review of the issue to determine if Mukfin has acted fairly and observed its contractual obligations.
- Investigate and attempt to resolve the complaint within four weeks and notify you of the same.
- Respond with a final determination within a maximum period of eight weeks.

- 3.7 If you are dissatisfied with the outcome of your complaint, you may approach the FAIS Ombudsman or Short-term Ombudsman, details of which appear below.

### **Summary of Complaints Procedure**

- Send your complaint by email to [admin@mukfin.co.za](mailto:admin@mukfin.co.za)
- We will reply with an acknowledgement of the complaint and provide you the contact details of the person who will deal with the complaint.
- We will investigate the complaint and try to resolve it as quickly as possible and also in a fair manner.
- We will review our internal processes and procedures to make sure that similar incidences do not occur again.
- If our internal findings and resolution are not satisfactory you may send your complaint to the Ombudsman for Short-Term Insurance at [info@osti.co.za](mailto:info@osti.co.za) or 0860 726 890

### 3.8 **OMBUD FOR SHORT TERM INSURANCE**

You may contact the Ombudsman for Short Term Insurance if you have a complaint against your insurer, or if you are dissatisfied with the outcome of your claim.

Postal Address: P O Box 32334, BRAAMFONTEIN, 2017  
Telephone Number: +27 11 726 8900 / 0860 726 890  
Fax Number: + 27 11 726 5501  
Email address: [info@osti.co.za](mailto:info@osti.co.za)  
Website: [www.osti.co.za](http://www.osti.co.za)

### 3.9 **FAIS OMBUD**

You may contact the FAIS Ombudsman if you are dissatisfied with the advice or intermediary service rendered by your Insurance Broker/Intermediary.

Postal Address: P O Box 7457, LYNWOOD RIDGE, 0040  
Telephone Number: +27 11 470 9080 / 0860324766  
Fax Number: +27 12 348 3447  
Email Address: [info@faisombud.co.za](mailto:info@faisombud.co.za)  
Website: [www.faisombud.co.za](http://www.faisombud.co.za)

#### **4. COMMISSION, FEES AND CONFLICT OF INTEREST DISCLOSURE**

Mukoma Financial Services (Pty) Ltd own no shares in insurance and reinsurance companies. We do not have a relationship with any other product supplier or provider that provides an ownership or financial interest.

Your broker receives a commission from your insurer. The levels of commission vary depending upon the product type, but will not exceed the following:

- a) Non-Motor: 20% of premium
- b) Motor: 12.5% of premium
- c) SASRIA: 11% of premium

Your broker does not receive more than 30% of its income from any one insurer in a 12-month period.

#### **5. PREMIUMS AND FEES**

All premium obligations and fees are disclosed in your policy schedule.

Your premiums are collected monthly and are due on the first day of the Period of Insurance. Please refer to your policy wording for Consequences of non-payment of premiums.

#### **6. OTHER MATTERS OF IMPORTANCE**

- 6.1 You must be informed of any material changes to the information provided above.
- 6.2 A polygraph or lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating the claim.
- 6.3 All material facts must be accurately and properly disclosed by you, and the accuracy and completeness of all answers, statements or other information provided by or on your behalf remains your own responsibility.
- 6.4 You must on request be supplied with a copy of your policy free of charge.

#### **7. WARNING**

- 7.1 Do not sign any blank or partially completed application form and complete all forms in ink.
  - 7.2 Keep all documents handed to you and make note as to what is said to you.
  - 7.3 Do not be pressurized to buy the product.
  - 7.4 Incorrect or non-disclosure by you of material facts may influence the outcome of any claims against your insurance policy.
- 7.5 You are entitled a period up to 30 days within which you may cancel your policy in writing at no cost. Cover will cease upon cancellation of the policy. If the insurer wishes to cancel your policy, this will be done in writing, to your last known address.