

VUM TAXI POLICY – SCHEDULE OF INSURANCE

Underwritten by Santam Limited



Policy Number :VT/KLF/VUM/00090	Policy Inception Date :	01/03/2007
	Anniversary Date :	01/03/2008

The Insured	Hlela P.S.	Cell Number : 0833034596
Postal Address :	PO Box 1326, Durban, 4000	
Residential Address :	12 Big Street, Berea, Durban, 4000	

The following Policy Premium will be collected on the Debit Day

Item	Nett	Tax	Total
Policy Premium on Active Sections	R 1,654.20	R 231.60	R 1,885.80
Broker Policy Fee	R 30.70	R 4.30	R 35.00
VUM Underwriting Fee	R 33.08	R 4.63	R 37.72
Total	R 1,717.98	R 240.53	R 1,958.52

Policy Broker	Thandiwe Gwina	Fax	0866 930 034
Telephone	031 – 764 5384	E-mail	Thandiwe@vum.co.za

Payment of Premium by Debit Order

Note : The following is a simplified explanation and does not replace Specific Condition 3. in the Policy Wording There will be **no cover under any circumstances if the premium is not paid.** The method of payment for monthly paid policies is as follows:

- The monthly premium will be collected on the Debit Day listed below.
- If it is returned unpaid by your bank, **another collection will be attempted within 14 days.**
- If this second debit is also returned, there will be **no cover for that month.**
- Should this happen for two months in a row, **the policy will be cancelled.**

Ukukhokhwa kwe-Premium nge-Debit Order

Qaphela : lokhu okulandelayo kuyincazelo eyenziwe lula okungasusi u-Specific Condition 3. ku Policy Wording

Ayikubakhona i-cover kunoma ngabe yisiphi isimo **uma i-premium ingakhokhiwe.** Uhlelo lokukhokhwa kwe-premium kwipholisi yanyanga zonke lumi kanje:

- I Premium yenyanga iyodonswa osukwini olubalulwe lapha ngezansi.
- Uma imali ingatholakali ngalolusuku, **siyozama futhi zingakapheli izinsuku eziyishumi nane.**
- Uma imali ingatholakali nangalomzamo wesibili, **Ayikubakhona i – cover kuleyo nyanga.**
- Uma lokhu kwenzeka izinyanga zize ziba mbili zilandelana, **ipholisi iyokwesulwa.**

Bank Details – the bank account listed below will be debited on the Debit Day :

Payment frequency	Monthly	Debit Day	
Bank Name	Standard	Branch Code	057627
Account Number	052812073	Account Type	Cheque

Signed by David Gould on behalf of Vulindlela Underwriting Managers (Pty) Ltd		Dated	2007/10/03
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COVER SUMMARY

Description	Cover	Effective	Sum Insured	Premium
ND 2566-2006-IVECO-50 C13V 15M P/V	Comprehensive Cover	01/03/2007	R 302,400.00	R 1,885.80

RISK DETAILS

ND 2566

Midi Bus Taxi

ND 2566 2006 IVECO 50 C13V 15M P/V	Description
Registration Number	ND 2566
Midi Bus Make	IVECO
Midi Bus Model	50 C13V 15M P/V
Midi Bus Year of Manufacture	2006
Taxi Conversion Cost	30,000.00
Vehicle Extras Value	134,000.00
Operator Trading Name	Hlela PS
Province	Eastern Cape
Taxi Association	- PLEASE ADVISE -
Vehicle VIN Number	1
Vehicle Engine Number	1
Interest of Bank Noted	Wesbank
Finance Agreement Number	SCT088298X
MicroDot Identification	Data Dot Fitted
Tracking Device	Bandit
Additional Voluntary Excess	Not applicable
_____ Cover Extensions _____	_____ Cover Applicable _____
Sound Equipment Cover	NOT Insured
Midi Bus Passenger Liability	Limit of R75 000 per Seat, R2 000 000 per Event
Midi Bus Personal Accident	Cover for Passengers Only
Midi Bus Fixed Expenses	NOT Insured

Cover (Extension)	Cover	Cover Limit	Premium
Comprehensive Cover	Included	R 302,400.00	R 1,595.07
Passenger Liability	Included	R 2,000,000.00	R 130.01
Personal Accident - Death Benefit per Passenger	Included	R 10,000.00	R 70.00
SASRIA - Motor	Included	R 302,400.00	R 90.72

Personal Accident Cover Limits

Personal Accident - The limits for Passenger Death Benefit Payments are :
21 years and older - 100 % of Cover Limit , From 14 to 20 years old - 75 % , Under 14 years old - 50 %

ZUZIMALI Benefit

Should you, the Insured, make **no claim of any nature** on any Taxi covered under this policy for a **continuous period of cover of 24 months**, commencing from the Inception date of cover, **you will receive a premium refund** in the form of either a **Value Voucher**, or **Cash** paid into your Premium paying account, the following conditions to apply :

- The value of the Voucher or cash will be 10 % of all comprehensive cover premiums paid during this period relating to this specific Taxi, less the applicable commission paid to your broker.
- The Policy must be in force at the end of the 24 month period, and there must be no break in cover during this period.
- The Voucher will be valid for the replacing of tyres, shocks and/or brakes on this Taxi and will be redeemable at a national fitment centre.
- Should you make any claim, the period of continuous cover used to calculate this benefit will commence from the next policy Anniversary Date for a period of 24 months.
- Your first Motor Glass claim during the 24 month period will not be taken into account for this benefit.

Imihlomulo ye – ZUZIMALI

Uma wena, mnikazi wepholisi, ungafaki sicelo sokukhokhelwa (claim) sanoma yiluphi uhlobo kwipholisi yakho, **esikhathini se-cover eqhubekayo kuze kufinyelele ezinyangeni ezingama-24**, ukusukela osukwini lokuqala lwe-cover, **siyokubuyisela i-premium yakho ngohlelo lwe Value Voucher**, noma imali engu cash kwi account yakho okudonswa kuyo i Premium, ngokwalemibandela elandelayo:

- Isamba semali eku Voucher siyoba ngu – 10% wayo yonke i-Comprehensive cover premium oyikhokhile kuleso sikhathi, lokhu akuhlanganisi i-commission ekhokhelwa i Broker yakho.
- Kufanele i Policy yakho ibe isekhona emva kwalesi sikhathi esiyizinyanga ezingama -24 kungabangabikho kunqamuka kwe cover kuleso sikhathi.
- I – Voucher iyokusiza ekushintsheni amaThaya, ama – shocks kanye/noma amabhuleki.
- Uma-ke ufaka isicelo sokukhokhelwa (claim) kulepholisi, isikhathi sekhava eqhubekayo esisetshenziselwa ukwakha lomhlomulo, siyophinde siqale ngosuku lokuqala lokuvuselelwa kwepholisi yakho, kuze kuphele izinyanga ezingama-24.
- Isicelo sakho sokuqala sokukhokhelwa i Motor Glass Claim (amawindi) esikhathini esiyizinyanga ezingama – 24 angeke siphazamise ukuzuza kwakho kulomhlomulo.

IMPORTANT INFORMATION

Please make sure that the information contained in this Schedule of Insurance is correct as it influences your cover and premium. **You must inform your Insurance Broker immediately if this information changes in any way.**

Cover under this policy is subject to the VUM Taxi Policy Wording. This Schedule forms an integral part of the Policy Wording and should be read in conjunction therewith.

This policy may be cancelled at any time by the Insured or by the Insurance Company giving 30 days notice thereof in writing.

IMININGWANE ESEMQOKA

Siyacela ukuthi ubhekisise ukuthi lemininingwane equkethwe kule Shedule yomshwalense wakho ingefanelekile neyi yona yona, njengoba i-cover yakho ne-premium incike kuyona. **Kufanele usazise ngokukhulu ukushesha uma lemininingwane ishintsha noma ngayiphi indlela.**

I – cover ngaphansi kwale pholisi incike kwi VUM Taxi Policy Wording. Le Sheduli iyingxenye esemqoka ye Policy Wording, futhi kufanele uzifunde ngokuzihlanganisa lezi zincwadi.

Le pholisi ingesulwa nguMnikazi wayo noma inkampani yomshwalense ngokunikezela kuqala ngesaziso esibhalwe phansi(notice), sezinsuku ezingamashumi amathathu (30).

First Amount Payable (Excesses) – Applicable to Sections A & B	MiniBus Excess	MidiBus Excess	4Plus1 Excess
Basic Excess	R5 000	R7 500	5 % of claim, min R3 000
Excess if the driver is less than 23 years of age, or has held a licence for less than 2 years (Additional)	R2 000	R2 000	R2 000
Excess where the driver has been involved in more than one accident in the last 24 months (Additional)	R1 000	R1 000	R1 000
Motor Glass Excess	R 400	R 750	R 400
Theft / Hijack Excess	R5 000	R7 500	10 % of claim, min R5 000
Sound Equipment Excess (if cover is included in above schedule)	R 500	R 500	R 500
Plus any additional Voluntary or Compulsory Excess listed in the above Schedule will apply to the Basic Excess as well as Theft / Hijack Excess.			

Imali yesicelo sokukhokhelwa (Excesses)	MiniBus Excess	MidiBus Excess	4Plus1 Excess
I - excess engaguquki	R5 000	R7 500	5 % of claim, min R3 000
I - excess uma umshyeli eneminyaka engaphansi kwengama-23 yobudala noma esenesikhathi esingaphansi kweminyaka emibili enezincwadi zokushayela. (eyengezwa ngaphezulu)	R2 000	R2 000	R2 000
I - excess uma umshayeli esebandakanyeka ezingozini ezingaphezulu kweyodwa esikhathini esingaphansi kwezinyanga ezingama-24. (eyengezwa ngaphezulu)	R1 000	R1 000	R1 000
I - excess yamawindi emoto	R 400	R 750	R 400
I - excess uma itekisi yebiwa noma idunwa	R5 000	R7 500	10 % of claim, min R5 000
I – excess yezidlali msindo (uma zivikelwe ngaphansi kwalepholisi)	R 500	R 500	R 500
Kanye ne – excess eyengezelwe ngokuzikhethela kwakho noma leyo ephoqelekile, kwi – excess engaguquki nakweyo Kwebiwa okanye ukuDunwa kwemoto abalulwe kwiSheduli engenhla.			

Professional Driving Permit (Pr.DP) and Certificate of Fitness (C.O.F)

- The driver of the vehicle **must be in possession of a valid up to date PrDP** at all times, and the vehicle must have a **valid C.O.F.**
- It is the Taxi owner's responsibility to make sure that the driver renews the PrDP on time, as well as to renew the C.O.F.
- There will be **no cover under this Policy** if the driver, at the time of an accident, does not hold a valid PrDP, or if the vehicle does not have a valid C.O.F. , whether there are passengers in the vehicle or not.

I - Professional Driving Permit (Pr.DP) kanye nesitifiketi sokufaneleka (C.O.F)

- Umshayeli wemoto/itekisi **kufanele abe ne – PrDP esemthethweni** ngaso sonke isikhathi, futhi nemoto/itekisi ibe **nesitifiketi sokufaneleka (C.O.F) esisemthethweni.**
- Kungumsebenzi womnikazi wemoto/itekisi ukuqinisekisa ukuthi i-PrDP yomshayeli iyavuselelwa ngaso sonke isikhathi, ne-C.O.F. ngokunjalo.
- **Ngeke ibe khona i-cover** uma kutholakala ukuthi ngesikhathi sengozi umshayeli **ubungenayo i-PrDP** noma imoto/itekisi ibingenaso isitifiketi sokufaneleka (C.O.F) esingakaphelelwa yisikhathi , inabagibeli noma ngabe ibingenabo.

Tracking Device Warranty

It is a condition of this policy that all Vehicles insured under this Policy with a Sum Insured of **more than R100 000**, must be fitted with an **approved vehicle Tracking Device**, and that the insured must:

- a) Provide the fitment certificate as proof of the device having been fitted
- b) Pay the fees required by the Tracking Device company and keep these payments up to date at all times;
- c) Test the device at least twice per year to ensure the device is working as it should;
- d) Ensure that the device is repaired immediately if it is found to be not working correctly.

Security Warranty

It is a condition of this policy that all Vehicles insured under this Policy with a Sum Insured of **less than R100 000**, must be fitted with an Alarm and Immobilizer, **or** an approved vehicle Tracking Device, **or** Microdot vehicle identification.

If the Insured fails to comply with any of the conditions of the above warranties there will be no Theft/Hijack cover in terms of the policy.

Ukuqinisekisa nge-Tracking Device

Kungumgomo walepholisi ukuthi zonke izithuthi ezivikeleke ngaphansi kwalepholisi ezine Sum Insured **engaphezulu kuka – R100 000** zifakelwe i Tracking Device esemthethweni, nanokuthi umnikazi wepholisi kufanele:

- a) Anikezele ngesitifiketi esifakazela ukufakwa kwayo;
- b) Akhokhele inkampani efakele i – Tracking Device leyo zonke izindleko ezifanele ukuyigcina isesimeni sokusebenza zikhathi zonke ;
- c) Ayihlole okungenani kabili ngonyaka ukuqinisekisa ukuthi isasebenza ngendlela efanelekile yini;
- d) Aqinisekise ukuthi iyalungiswa ngokushesha uma itholakala ingasasebenzi kahle.

I warranty yezokuphepha

Kuwumgomo wale pholisi ukuthi zonke izithuthi ezivikeleke ngaphansi kwalepholisi ezine Sum Insured **engaphansi kuka R100 000** zifakelwe i - Alarm kanye ne immobilizer, **noma** i Tracking Device, **noma** i Microdot esemthethweni.

Uma-ke umnikazi wepholisi ehluleka ukugcina noma yimuphi walemigomo, ayikubakhona i-cover ngaphansi kokwebiwa noma ukudunwa kwemoto leyo ngokwale-pholisi.

INFORMATION DISCLOSURE – Please read carefully

As a short term insurance policyholder, or prospective policyholder, you have the right to the following information :

ABOUT THE INTERMEDIARY (INSURANCE BROKER)

Name : **VUM_RepBroker**
FSB License Number : **12345678**
Physical address : Suite 1 Village Park, 19B Village Road, Kloof
Postal address : PO Box 1, Kloof, 3640
Telephone : 031-7645384 **Fax** : 031-7645383

The above Intermediary is authorised to represent and accept business on behalf of the Insurer. The Intermediary has no direct financial interest in the Insurer, and is in possession of Professional Indemnity cover. The intermediary receives less than 30% of its total commission from the Insurer and earns the amount listed below.

Representative	Nett	Tax	Total
VUM_RepBroker	R 238.10	R 33.33	R 271.44

Should you have a claim against your policy, please do the following:

Notify our claims department at the above address or by telephone on the above number. A claim form will be handed to you, faxed to you, or posted to you according to your instruction. Complete this form and return it to us at the above address, or fax it to us at the above fax number. Our claims department will then attend to your claim.

Details of how to institute a complaint :

Complaints should be referred to management at the above broker's address by post, email, phone or fax.

ABOUT THE UNDERWRITING MANAGER

Name : Vulindlela Underwriting Managers (Pty) Ltd
Physical address : Suite 1 Village Park, 19B Village Road, Kloof, 3610
Postal address : Postnet Suite 505, P/Bag X4, Kloof, 3640
Telephone : 031 – 764 5384 **Fax** : 086 693 0192

ABOUT THE INSURER

Name : Santam Limited
Physical address : 1 Sportica Crescent, Tyger Valley, Bellville, 7530
Postal address : P O Box 3881, Tyger Valley , 7536
Telephone : 021 – 915 7000

Contact details of the Ombudsman for Short Term Insurance

Postal Address : P O Box 32334, Braamfontein, 2017
Telephone : 011 – 726 8900 **Fax** : 011 – 726 5501

Contact details of the FAIS Ombudsman

Postal Address : PO Box 74571, Lynnwood Ridge, 0040
Telephone : 0860 324 766 **Fax** : 012 – 348 3447

Contact Details of the Registrar of Short-term Insurance

Postal Address : Financial Services Board, P.O. Box 35655, Menlopark, 0102
Telephone : 012 - 428 8000 **Fax** : 012 - 347 0221

SASRIA COVER (Riot including political riot cover): In the event that this policy extends to include SASRIA cover, the details of the Insurer providing this cover is SASRIA Ltd.

Postal Address : P O Box 7380 , Johannesburg , 2000 **Telephone** : 011 – 783 0171