

## Application Form

# Road Accident Family Protection Plan

### SECTION A: PRODUCT SELECTION

**Underwritten by Guardrisk Life Limited, (registration number 1999/013922/06 and FSP number 76), an authorised financial services provider and an insurer licensed to conduct life insurance business in terms of the Insurance Act 18 of 2017.**

The premiums listed below are for 2023.

The premiums and benefits are renewed annually on 1 February. This means that your premium will change on 1 February each year and not 12 months after your commencement date. This increase will automatically occur on 1 February irrespective of your actual commencement date. You will receive written notification of any change to the premium with the reasons for the change 31 (thirty-one) days before such change will take effect.

R178 000 Road accident injury benefit (5 consecutive nights in-hospital) - R161 pm

Policy start date (must be on the 1st day of a future month)

DD/MM/YYYY

### SECTION B: INTERMEDIARY DETAILS

Brokerage name	<input type="text"/>
Consultant full names and surname	<input type="text"/>
Zestlife intermediary code	<input type="text"/>

### SECTION C: PRINCIPAL INSURED DETAILS

Identity Number	<input type="text"/>	Date of birth	<input type="text"/>	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Title	<input type="text"/>	Full names	<input type="text"/>		
Surname	<input type="text"/>				
Postal or physical address	<input type="text"/>			Postal code	<input type="text"/>
Cell phone number	<input type="text"/>	E-mail address	<input type="text"/>		
Business telephone number	<input type="text"/>				

#### Replacement policy

Will the following application replace an existing policy?

**Road Accident Protection** Yes  No  Name of current insurer

If yes, the consultant will contact you to complete a replacement policy advice record which will give you comprehensive information about the consequences of the replacement as it could potentially be prejudicial (to your disadvantage). A copy of the current policy contract must be provided.

#### IMPORTANT INFORMATION

To take out this cover you must be a resident of South Africa and not older than 70 years of age. There is no expiry age for cover under this policy. Immediate family covered in this policy includes your spouse and any children under the age of 21 years. This policy only provides cover for personal injury caused by the driving of a vehicle on a public road in South Africa. This policy is not a medical aid and does not cover any medical expenses associated with any admission into hospital.

If you miss a premium you have 31 days to pay the outstanding premium. If you pay by debit order and we are unable to collect your premium by the due date, we will try to deduct 1.5 times your monthly premium during the next monthly debit order run.

If the outstanding premium is not paid within 31 days or we are again unable to collect your outstanding premium, we will cancel your policy and your cover will end as at midnight on the day before your outstanding premium was due.

## SECTION D: DEBIT ORDER AUTHORISATION

I authorise Zestlife to issue payment instructions to its bank to collect the monthly premium due by debit order from my bank account on condition that the sum of such payment instruction will never be more than my obligation in terms of this application. I acknowledge that all payment instructions issued by Zestlife shall be treated by my bank as if the instructions have been issued by me. The debit order will be collected every month on the debit order collection date selected below.

If this collection day falls on a Sunday or recognised South African public holiday, the collection day will automatically be the following business day. I acknowledge that this debit order authority may be assigned to a third party only if the policy is transferred to another insurer or administrator. I understand that the payment instruction will be processed through a computerised system provided by the South African Banks.

I will not have the right to any refund of amounts which Zestlife has collected while this debit order authority was in force, if such amounts were legally owed to Zestlife. This debit order authority may be cancelled by giving Zestlife notice of not less than 31 days and the cancellation will not necessarily cancel my policy. Zestlife followed by a unique reference number will be reflected on my bank statement as the payment reference.

Premiums are payable monthly and if the premium is not received for two consecutive months the policy shall be cancelled.

Full first names of account holder	<input type="text"/>		
Surname of account holder	<input type="text"/>		
Identity number of account holder	<input type="text"/>		
Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>	Account type	<input type="text"/>
Debit order collection day (for every month)			<input type="text" value="DD"/>

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of account holder \_\_\_\_\_

## SECTION E: NEEDS ANALYSIS

The RAF policy meets my needs because I have inadequate insurance in place to cover me and my family for personal injury in the event of a motor accident on a public road in South Africa. The policy was recommended as a solution because it will cover me and my family for the financial hardship that may be experienced as a result of being injured in a motor accident. The policy is a unique product on the market, but the consultant does not represent any other suppliers. The monthly premium is affordable taking into account my other financial commitments.

## SECTION F: DISCLOSURES

1. Zestlife Road Accident Family Protection Plan (RAF) is underwritten by Guardrisk Life.
2. Guardrisk can be contacted at: Tel: 011 669 1000, Email: info@guardrisk.co.za.
3. The product is administered by Zest Life Investments (Pty) Ltd, which is an authorised financial services provider (FSP number 37485).
4. Zestlife does not have any circumstances that could give rise to an actual or potential conflict of interest in dealing with the policyholder. Zestlife's Conflict of Interest Policy is available at [www.zestlife.co.za](http://www.zestlife.co.za).
5. Zestlife has Professional Indemnity Cover and Fidelity Guarantee Cover in place.
6. You can lodge a complaint with Chris McCallum at Zestlife, at email: [chrism@zestlife.co.za](mailto:chrism@zestlife.co.za), telephone 021 180 4203.
7. If you are dissatisfied with the feedback received from your Intermediary and/or Zestlife, or your complaint remains unresolved, feel free to contact the Guardrisk Complaints Department at email: [complaints@guardrisk.co.za](mailto:complaints@guardrisk.co.za), telephone 0860 333 361.
8. If you are dissatisfied with the feedback you receive from your Intermediary, Zestlife or Guardrisk you can lodge a complaint with the Long Term Insurance Ombudsman at Private Box x45, Claremont, Cape Town, 7700, telephone 021 657 5000 / 0860 103 236, email: [info@ombud.co.za](mailto:info@ombud.co.za).
9. Moonstone is Zestlife's appointed compliance officer and can be contacted at: Tel: 021 883 8000.
10. Intermediaries earn a statutory commission on the RAF premium of 3.25% (including VAT).
11. Zest Life Investments (Pty) Ltd earns 9% (excluding VAT) for performing binder functions.
12. If you change your mind about taking up the policy, you may let us know in writing within 31 days of the start date of the policy and we will cancel the policy and refund you your first (and only) premium paid.
13. You will not be requested to waive any of your rights under the Code of Conduct.

### PRE-EXISTING CONDITION EXCLUSIONS

You will not be entitled to claim for a pre-existing bodily Injury, meaning a bodily Injury sustained by you or a member of your immediate family for which he or she has or should reasonably have received relevant medical treatment or advice by a Physician, prior to the commencement date of the policy. This includes any physical disease, defect, infirmity or condition which existed prior to the policy commencing.

## Policy exclusions

No benefits will be paid for claims arising from:

- Driving any vehicle under the influence of alcohol or a narcotic drug or where the concentration of alcohol in you or your immediate family's blood, exceeds the statutory limit in force, whether such action causes an accident or not.
- Suicide, self-inflicted injury or self-inflicted illness, or voluntary exposure to danger or risk of injury.
- Illegal behaviour or as a result of breaking the law of the Republic of South Africa.
- The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered Medical Practitioner (other than the insured person).
- Involvement or participation in any war, invasion or acts of foreign enemy.
- Participation in any hazardous activities including but not limited to racing driving.
- Driving a motor vehicle without a valid drivers license or being a passenger in a motor vehicle when the driver does not hold a valid drivers license.
- Admission into hospital where the cause of admission does not warrant a stay in excess of the MDG guidelines and where such treatment can be administered on an out-patient basis.
- Admission into hospital where there is no objective indications or impairment in normal health.
- Admission into an establishment which is not a hospital.
- Admission into hospital for the investigation of pain, pain management or for pain-related conditions. Treatment in this context shall include bed rest, traction, physiotherapy, spinal blocks, analgesics or intravenous pain medication.
- Admission for a pre-existing bodily injury.

## SECTION E: PROCESSING AND PROTECTION OF PERSONAL INFORMATION

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Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including personal information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

You hereby agree to give honest, accurate and up-to-date personal information and to maintain and update such information when necessary.

You accept that your personal information collected by us may be used for the following reasons:

- to establish and verify your identity in terms of the applicable laws;
- to enable us to fulfil our obligations in terms of this policy;
- to enable us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the applicable laws; and
- reporting to the relevant regulatory authority/body, in terms of the applicable laws.

We may share your information for further processing, with the following third parties, which third parties have an obligation to keep your personal information secure and confidential:

- payment processing service providers, merchants, banks and other persons that assist with the processing of your payment instructions;
- law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the applicable laws, are required to share your personal information with;
- credit bureaus;
- our service providers, agents and sub-contractors that we have contracted with, to offer and provide products and services to any policyholder in respect of this policy; and
- persons to whom we cede our rights or delegate our authority to, in terms of this policy.

You acknowledge that any personal information supplied to us in terms of this policy is provided according to the applicable laws.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify us from any claims resulting from disclosures made with your consent.

You understand that if we have utilised your personal information contrary to the applicable laws, you have the right to lodge a complaint with Guardrisk. Should the Insurer not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the information regulator.

## SECTION G: DECLARATIONS BY APPLICANT

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I, the undersigned, hereby declare:

1. To the best of my knowledge and belief, the information given on this application form whether in my own handwriting or not, is true. I have not withheld any material facts which are known to me. A material fact is likely to influence the assessment of this application by Guardrisk. (If you are in any doubt as to whether a fact is material, you should disclose it.)
2. I understand that any relevant material fact not given on this application form may lead to Guardrisk not meeting claims, if the fact left out is of such importance that the risk, in terms of the policy may not have been accepted. This may lead to cancellation of this policy or rejection of claims, without a refund of premiums if applicable.

3. I understand that Guardrisk and Zestlife are committed to the transparency and confidentiality of my personal information. To offer your services and products to me, you may need to share, collect and process my personal information. For this purpose, my personal information is collected and processed internally by your staff, representatives or sub-contractors, and you will make every effort to protect and secure my personal information. I understand that I have a right at any time to ask for access to the information you have collected, processed and shared. I also acknowledge that the sharing of claims information and underwriting (including credit information) by insurers is essential to enable the insurance industry to underwrite policies and assess risk fairly and reduce the incidence of fraudulent claims, with a view to limiting premiums. I consent to this information being disclosed to any other insurance company or its agent and consent to the disclosure of any information relevant to claims concerning me or any person I represent. I also acknowledge that information given by me may be checked against other legitimate sources or databases.
4. I consent that Zestlife may obtain from any doctor, registered healthcare practitioner, hospital, medical institution, police station, insurance company or any other person or entity, whom I hereby authorise to give and to disclose, any information which the Insurer requires or deems necessary to facilitate the assessment of the risks and the consideration of this application and any future claim(s) for benefits under this policy arising from this application.
5. I confirm that by signing this application form I agree that Zestlife will hold and use the details that I have given them to enable them to give me excellent service. Zestlife will also hold my information so that they are able to look after my needs by offering me appropriate insurance products in the future via electronic communication.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature \_\_\_\_\_

*You should not sign a blank or incomplete application form. Should you do this the information on this application form will be taken as having been provided by you.*

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