



This Policy is a formal agreement between You and Phishield UMA (PTY) Ltd (hereinafter referred to as 'We/Us') who have a written mandate to act on behalf of Bryte Insurance Company Limited, the underwriter.

All documentation associated with regards to this Policy shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of the Policy or the cover explanation shall bear specific meaning wherever it may appear.

1 DESCRIPTION AND SCOPE OF COVER

We will indemnify You against a Loss of Funds Event from Your Account that occurs during the Period of Cover. The maximum We will pay is up to the Cover Limit stated in the Policy Schedule.

2 DEFINITIONS

In this Agreement the following expressions bear the meanings assigned to them below and cognate expressions bear corresponding meanings. Words in singular include the plural and words in plural include the singular.

- 2.1 By "Access Device" We mean:**
Any device used to control and/or restrict access to Your Account to initiate a Funds Transfer for personal purposes.
- 2.2 By "Account" We mean:**
An account held with a Financial Institution, in Your name and established for personal use only, which You transact with electronically via an Access Device.
- 2.3 By "Cover Limit" We mean:**
The maximum amount payable per Event as reflected on the Policy Schedule.
- 2.4 By "Cyber Extortion Event" We mean:**
The unlawful monetary demand made by an individual or organisation threatening to disrupt computer systems belonging to You; corrupt, damage, destroy, disclose or withhold data stored by You, compromise Your social media accounts; or hinder access to Your computer systems by electronic means.
Cover is limited to 10 (ten) percent of the Cover Limit reflected on the Policy Schedule.
- 2.5 By "Event" We mean:**
The period from the initial Funds Transfer until the date that Event is reported to the Financial Institution. All Funds Transfers attributable to one originating source or cause are considered to be one Event.
- 2.6 By "Financial Institution" We mean:**
A legally recognised and regulated juristic entity which provides Funds Transfer services to You.
- 2.7 By "Fund Transfer" We mean:**
A debit from Your Account as a direct result of an electronic transfer of funds for a personal transaction. A Funds Transfer excludes payments made in cash and payments made by any person who You know or are familiar with and who You have authorised to make use of the Access Device. For goods and/or services advertised via classified advertisements, cover is limited to 30 (thirty) percent of the cover limit reflected on the Policy Schedule.
- 2.8 By "Inception Date" We mean:**
The date, as reflected on the Policy Schedule, on which the Policy is effective.
- 2.9 By "Insurer" We mean:**
Bryte Insurance Company Limited, the underwriter.
- 2.10 By "Loss of Funds" We mean:**
The actual monetary amount of the Funds Transfer from Your Account as a result of the fraudulent conduct of a third party, without collaboration from You or any person You are familiar with and/or authorised to make use of the Access Device, which is irrecoverable from a Financial Institution or Your Payee. This includes a Loss of Funds as a result of a Cyber Extortion Event. The Funds Transfer must have occurred during the Period of Cover and You must first have sought reimbursement from the Financial Institution that holds the Account from which the funds were transferred.
- 2.11 By "Period of Cover" We mean:**
The period of time between the inception date reflected in the Policy Schedule and the effective date of termination, expiration or cancellation of this Policy.
- 2.12 By "Policy" We mean:**
This document, accompanying Policy Schedule, proposal form and any other information You have provided to Us.
- 2.13 By "Policy Schedule" We mean:**
The document which specifies Your name, identity number, the Cover Limit, Premium payable and the Period of Cover.
- 2.14 By "Premium" We mean:**
The amount payable by You on a monthly or annual basis in consideration of the insurance coverage.
- 2.15 By "We /Us/Our" We mean:**
Phishield UMA (Pty) Ltd, the administrator.
- 2.16 By "You" We mean:**
The name of the person specified as the policyholder in the Policy Schedule.
- 2.17 By "Your Payee" We mean:**
The third party to whom the Funds Transfer has been effected to.

3 SPECIFIC EXCLUSIONS

This Policy shall not apply to any losses arising directly or indirectly in the event of the following:

- 3.1 Fraudulent and/or dishonoured cheques deposited into Your Account;
- 3.2 Funds Transfers as a result of errors, omissions and/or negligence by You and/or a Financial Institution;
- 3.3 Non-delivery of goods and/or services by a third party;
- 3.4 Any dishonest, criminal, malicious or fraudulent acts by any person acting in concert with You or acts You participated in, directed, or had prior knowledge of;
- 3.5 Any direct or indirect consequential loss or damage suffered by You or a third party;
- 3.6 Any Funds Transfer deducted and/or reversed from Your Account by a Financial Institution;
- 3.7 Any Loss of Funds from cryptocurrency accounts and/or any unregulated investment funds/schemes;
- 3.8 Any Loss of Funds due to unlicensed software use, computer viruses or similar destructive media;
- 3.9 Any Loss of Funds in which a member of Your immediate family living in the same household or joint account holder participated in, directly and/or indirectly, and/or had prior knowledge of.

4 GENERAL EXCLUSION: FRAUD

- 4.1 We do not pay for fraud, dishonesty, misrepresentation, or wilful acts.
- 4.2 We do not pay for claims that are based on or are a result of fraud. This means if any part of Your claim is fraudulent the entire claim will not be paid.
- 4.3 Fraud means giving misleading or incorrect facts. For example:
 - 4.3.1 If you or anyone acting on your behalf deliberately exaggerates the amount or size of a claim; or
 - 4.3.2 If documents and information to support a claim, whether created by You or on your behalf, are not true or are fraudulent.
 - 4.3.3 We do not pay for any claims for events that You, or any person colluding with it, bring about deliberately so that You can make a claim. Colluding means to act together to achieve a dishonest or fraudulent outcome.

5 GENERAL CONDITIONS AND PROVISIONS

- 5.1 Misrepresentation or non-disclosure of any material information on any documentation associated to this Policy shall render the Policy voidable.
- 5.2 Where You have concurrent cover for an Event as defined in this Policy, We will only be liable for the rateable portion of the amount payable in respect of a claim event.
- 5.3 Unless otherwise agreed to in writing, only one person per Policy will be covered and all Accounts must be held in Your name.
- 5.4 Multiple Funds Transfers shall be deemed to be one Event if they are as a result of a common cause of loss and the Cover Limit will not apply to each individual Funds Transfer.
- 5.5 All claims will be paid in South African Rands only into the nominated bank account of an Account held in Your name.
- 5.6 Any costs to report or investigate any Event will be for Your account.
- 5.7 Nothing in this Policy shall give any rights to any persons or parties and any indemnity provided shall not give any rights of claim to any persons or parties.
- 5.8 This Policy is subject to the laws of the Republic of South Africa whose courts shall have exclusive jurisdiction.
- 5.9 If the Cover Limit is increased at any time, the new Cover Limit will only be applied to Funds Transfers that are effected after the date of the increase request.
- 5.10 This Policy is not transferable to another person or party.

6 CLAIMS

On the occurrence of an Event, You shall, at Your own expense:

- 6.1 Immediately (within 24 hours of becoming aware of the Loss of Funds) notify the Financial Institution from which the Funds Transfer was effected, or transferred to, to avoid a further Loss of Funds occurring;
- 6.2 Within 90 days of the Event, lodge an intent to claim via the Intermediary or directly with Us at claims@phishield.com;
- 6.3 Take all reasonable and practical steps to discover the guilty party and to recover the Loss of Funds;
- 6.4 Where statutorily required, report the fraudulent activity to the police and/or authorities;
- 6.5 In order for Us to assess and process the claim, We require the following:
 - 6.5.1 Fully completed Phishield Claim Form which includes a detailed description of the Event;
 - 6.5.2 A statement of Account from the Financial Institution reflecting the Funds Transfer;
 - 6.5.3 A letter from the Financial Institution stating that they will not reimburse the Loss of Funds incurred;
 - 6.5.4 Identity document and proof of residence;
 - 6.5.5 Any other documentation We may require in order to process the claim such as, but not limited to, sworn declarations in connection with the Event, communications between You and relevant third parties, case numbers etc.;
 - 6.5.6 Copy of the Policy Schedule;
- 6.6 Any claim submitted will expire after 24 months from the Event unless the claim is the subject of pending legal action.
- 6.7 Following a claim event, We reserve the right to take over and conduct any legal proceedings in Your name against any third party responsible for the Loss of Funds, including prosecution of any guilty party. We shall have full discretion in the conduct of proceedings and in the settlement of any claim. You may be called upon to render all assistance with regards to any legal proceedings. Should You fail to render assistance when called upon to do so, You shall immediately become liable to repay Us all amounts paid in respect of the claim;
- 6.8 You may not make any admission, statement, offer, promise, payment or indemnity in connection with a claim without Our written consent;
- 6.9 You shall do and permit to be done all such things as may be necessary or reasonably required by Us for the purpose of enforcing any rights to which We shall be, or would become subrogated upon Your indemnification whether such things will be required before or after such indemnification;
- 6.10 If any claim under this Policy is in any respect fraudulent, dishonest, inflated or if any fraudulent means or devices are used by You or anyone acting on Your behalf, knowledge or consent to obtain any benefit from this Policy, the benefit afforded in respect of any such claim shall be forfeited;

- 6.11 You will need to let us know if You have insurance cover with another provider that covers the same Event. We will not cover any Loss of Funds covered by a third party;
- 6.12 You must inform Us of any possible prosecution, legal proceedings or claim that could be lodged against You as a result of the incident for which You have already claimed for.

7 GENERAL EXCEPTIONS

Notwithstanding any provision of this Policy which would otherwise override a general exception, We do not pay for any direct or indirect losses as a result of the following:

- 7.1 Civil commotion, labour disturbances, riot, strike, lockout or public disorder or any related activity;
- 7.2 War, invasion, act of a foreign enemy, hostilities, civil war or warlike operations. This includes losses related to war, whether or not a fund has been established under the War Damage Insurance and Compensation Act No 85 of 1976 or any similar law in any country to which this Policy applies;
- 7.3 Any loss of whatsoever nature directly or indirectly caused by, arising out of or in connection with any act of terrorism which includes, without limitation, the use of violence or force or the threat to bring about political aim, social change, economic change as well as any protest against any state or government, provincial, local or tribal authority. Acts of terrorism include acts committed for political, religious, personal or ideological reasons.

8 CANCELLATION OF THE POLICY

- 8.1 You may cancel the Policy at any time by giving 30 days' written notice.
- 8.2 We may cancel the Policy at any time by giving 30 days' written notice.
- 8.3 The cancellation period may be varied by mutual agreement.
- 8.4 No refund of premiums will be payable in the event that the Policy is cancelled and there has been no claims paid.
- 8.5 Should the premium not be received for two consecutive months, the Policy will automatically be cancelled.
- 8.6 Should the premium not be received due to the debit authorisation being cancelled by You the Policy will be automatically cancelled.

9 AMENDMENT OF POLICY TERMS AND CONDITIONS

We may make changes to the terms and conditions of this Policy as and when We deem it necessary to do so. When We do, We will give You 31 days' written notice to Your nominated email address.

10 TERRITORIAL LIMITS

There are no territorial limits for this Policy i.e. You are covered anywhere in the world, subject to relevant local legislation and regulatory requirements. Your domicilium address must be within the borders of the Republic of South Africa.

UPDATE OF PERSONAL INFORMATION OR PERSONAL CIRCUMSTANCES

It is very important that You keep Us updated with Your contact information and details, especially Your nominated email address, as all communication from Us will occur via electronic means only. The onus is on You to ensure that We have the correct and active email address and contact details and We will accept no liability for any errors in this regard. Your personal details include, but are not limited to:

- Email address/contact details;
- Any refusal for cover or claims due to fraud or dishonesty;
- Potential risk which may affect the terms and conditions of this Policy.

Inform Us immediately of any changes to Your circumstances that may influence the terms and conditions of this Policy.

HONESTY IS ALWAYS THE BEST POLICY

Always provide Us and the authorities with true and complete information. This applies to any other party that may act on Your behalf. We act on the information provided by You, therefore any information which is misleading, incorrect or false will prejudice the validity of all claims or may make this Policy null and void (You will no longer be entitled to any benefit and any premiums paid will be forfeited).

SHARING OF INFORMATION

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and to obtain material information regarding assessment of risks proposed for insurance. By reducing the incidents of fraud and assessing risks fairly, future premium increases may be limited. This is done in the public interest of all current and potential policyholders. The sharing of information includes, but is not limited to information sharing via the information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By the Insurer accepting or renewing this insurance, you or any other person that is represented herein, gives consent to the said information being disclosed to any other insurance company or its agents.

You also similarly give consent to the sharing of information in regard to past insurance policies and claims that you have made. You also acknowledge that information by yourself or your representative may be verified against any legally recognised sources or databases.

By insuring or renewing your insurance, you hereby not only consent to such information sharing but also waive any rights of confidentiality with regard to underwriting or claim information that you have provided or that has been provided by another person on your behalf.

In the event of a claim, the information you have supplied with your application together with the information you supply in relation to the claim, will be included on the system and made available to other insurer's participating in the Data Sharing System.

PROTECTION OF PERSONAL INFORMATION

We at Phishield UMA (PTY) Ltd, respect Your constitutional right to privacy. We are committed to and bound by the terms and provisions of the Protection of Personal Information Act 4 of 2013 ("POPIA") regarding the acquisition, usage, retention, transmission and deletion of Your personal information. We will check and validate the information You provide through legal means. We have high level security measures in place to protect Your personal information.

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Your information shall be kept confidential, however, We shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity. Sharing of information includes, but is not limited to, information sharing as arranged via the South Africa Insurance Association.

You hereby give consent and fully understand the reason for Phishield UMA to process, use, share and retain Your personal information for its designated purpose and You confirm the accuracy of the information. You may request Phishield to amend, update, change or correct Your personal information processed by Us by sending a request to Our offices via lilian@phishield.com. The consent will remain effective until cancelled in writing.

For a full version of the Consent to process Personal Information is available on this link www.phishield.com for download.

Should You decide to cancel this insurance contract You further consent to Phishield UMA retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only.

Should You decide not to accept the proposal, the information collected, will be de-identified and only used for statistical research purposes.

COMPLAINTS AND DISPUTED / REJECTED CLAIMS

Should Your claim be rejected, You will be notified in writing and will be provided with the reasons for rejection. If You disagree with the outcome (Our final decision) of Your claim with Us, You may object in writing within 90 days from the date of rejection. You will need to make written representation to Us with valid reasons as to why You disagree with Our decision. The claim may be reconsidered and You will receive further written notification of the outcome of Your dispute. Following directly on the first day after the 90 day period mentioned above, You will have a further 6 months to serve a formal summons on Us. If You have not formally (in writing) raised Your objection within any of these reasonable time frames, You will then no longer have the right to dispute the outcome.

Please send any formal notification of disputes to complaints@phishield.com.

HELP US STOP FRAUD

Fraud increases claim costs for all of us, and could in turn lead to increased fees. It is also a criminal offence that is punishable by law. We support the prevention of fraud. If You know of any fraud or suspect that someone is involved in fraudulent activities, please contact one of the following agencies:

Southern African Fraud Prevention Services

Help-Line: 0860 101 248
Telephone: +27(0)11 867 2234
Fax: +27(0)11 867 2315
Website: www.safps.org.za

South African Insurance Crime Bureau

Telephone: +27 021 1432/3/4/5
After hours: +27 72 313 6224
Fraudline: 0860 002 526 (anonymous)
Website: www.saicb.co.za

Report a Crime

Website www.reportacrime.co.za

STATUTORY NOTICE TO SHORT-TERM INSURANCE POLICYHOLDERS SECTION 13 CERTIFICATION AND OTHER LEGAL REQUIREMENTS

In terms of the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS Act), you have the right to the following information as a short-term insurance policyholder or prospective policyholder: This notice does not form part of the insurance contract or any other document. Please read the contents of this document carefully.

STATUS OF THE FINANCIAL SERVICES PROVIDER IN TERMS OF THE FAIS ACT

Phishield UMA (PTY) Ltd is an authorised Financial Services Provider (FSP 46418) and the company registration is 2012/1130796/07.

Key Individuals: Sarel Marais Lamprecht (ID 8302175344086)
Trevor Case (ID number 7409165439080)

The name, address and contact details of the product suppliers are provided in the documentation covering each of the products purchased and provided. All conditions or restrictions imposed by the product supplier are set out in the applicable policy documentation.

Phishield UMA (PTY) Ltd is the underwriting manager and administrator and has a written mandate to act on behalf of Bryte Insurance Company Limited. There is no shareholding between the Insurer and the FSP. The FSP has been authorised since 2015 with the FSCA.

FINANCIAL PRODUCTS PROVIDED AND AUTHORISATION

The name, class or type of product and the nature and extent of the benefits provided are set out in the accompanying policy documentation provided by the product suppliers and include information about the nature and extent of their obligations to you and your obligations to them.

SERVICES THE FSP IS PERMITTED TO PROVIDE:

Short-term Insurance Personal Lines (Advice Non-Automated and Intermediary Other)
Short-term Insurance Personal Lines A1 (Advice Non-Automated and Intermediary Other)
Short-term Insurance Commercial Lines (Advice Non-Automated and Intermediary Other)

The FSP accepts responsibility for the actions of the Representatives acting in the scope and course of their employment and regularly monitors the Fit and Proper Status of its representatives. The FSP confirms that according to their knowledge their representatives are Fit and Proper. The FSP will not be held liable in terms of prejudice in respect of services or advice provided by a Representative which falls outside the scope of authorisation, and any complaint in respect of any product which falls outside the definition of financial product of the FAIS Act, cannot be forwarded to the FAIS Ombud or Short-Term Insurance Ombudsman.

INDEPENDENT STATUS OF THE FSP AND PROFESSIONAL INDEMNITY INSURANCE

In the past 12 months the FSP has earned more than 30% of its income from the Insurer. The FSP and Representatives have no financial interest in any other Insurer or product supplier. The Representatives and FSP carry professional Indemnity Insurance as required.

The FSP does not hold guarantees as contemplated in Part 4 of the Regulations promulgated under the Short Term Insurance Act 1998. The FSP does not hold fidelity insurance cover.

CONFLICT OF INTEREST POLICY

A copy of the FSP's Conflict of Interest is available on request or may be viewed online at www.phishield.com. All potential conflicts or conflicts which may unfairly prejudice a policyholder are carefully monitored and avoided where possible.

CLAIMS

Should you have a claim against your policy, please refer to your policy document for the detailed procedure of how to submit a claim. Please note the following:

- You may notify the Administrator in writing or telephonically of your claim.
- A claim form will be handed, emailed or posted to you according to your instruction. The form must be completed and returned to the address contained in this document.
- The Claims Department will then attend to your claim.
- In the event of a criminal act is suspected with regards to your claim, you are required to notify the police.
- Should you experience any difficulties, please contact the claims department for assistance.

For assistance with claims, please utilise the following details:

Telephone:	+27 10 312 5257
Email:	claims@phishield.com
Complaints:	complaints@phishield.com

COMPLAINTS

If you have a complaint, please contact the FSP Key Individual or the Complaints Officer. He/She will assist you to address the concerns you have. Please note that in terms of the FAIS Act, all complaints must be addressed to us in writing. Should we not be able to address the concerns to your satisfaction, you may wish to lodge a complaint with any of the Ombud and/or Ombudsman whose details appear below. If you wish to learn more about our complaints policy and procedure, please contact our complaints officer via email (complaints@phishield.com) or consult our websites for a copy of the complaints policy. We subscribe to the highest ethical code and we require all our representatives to adopt this in their dealings.

IMPORTANT – FAIS GENERAL CODE OF CONDUCT

Section 21 of the General Code of Conduct states that no provider may request or induce in any manner a client waive any right or benefit conferred on the client by, or in terms of, any provisions of this code, or recognise, accept or act on any such waiver by the client and such waiver is null of void. A copy of the General Code of Conduct is available on request.

Please also take note of the following:

- You must be informed of any material changes to the information provided to the Intermediary, Insurer or Administrator in this document.
- If the information above was given to you verbally, it must be confirmed to you in writing within 30 days.
- If any complaint of the broker or Insurer is not resolved to your satisfaction, you may submit a complaint to the Registrar of Short-term Insurance or to the FAIS Ombudsman. (Details below)
- Polygraph or similar tests may be conducted at the discretion of the Insurer in the event of a claim and the failure thereof may not be the sole reason for repudiating.
- If the premium is paid by debit order:
 - It may only be in favour of one person and may not be transferred without your approval;
 - The Insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel such debit order.
- The Insurer and not the Intermediary or Administrator must give reasons for repudiating your claim.
- Your Insurer may not cancel your insurance merely by informing your Intermediary or Administrator. There is an obligation to make sure the notice has been sent to you.
- You are entitled to a copy of the policy at no extra charge.

CUSTOMER RESPONSIBILITY

It is important that all of the information provided by you or on your behalf is complete and accurate. Should this not be so, the possible consequences of incomplete, misrepresented or non-disclosed information associated with your application include the cancellation of the products applied for and the forfeiture of any monies paid to date, the repudiation of all claims irrespective of their cause or nature, and the possible institution of criminal action against you. Whilst reasonable steps have been taken to ensure that the products applied for by yourself are suitable for providing cover appropriate to the purchase you have made, no analysis of your financial needs or risk profile has or will be made by the FSP or those associated with it. It is therefore vital that you take particular care to ensure that the product or products you have purchased are appropriate and adequate for your needs.

Do not sign any blank or partially completed application forms and complete all forms in ink. Keep all documents handed to you and make notes as to what is said to you. Do not be pressured into buying a product not suitable to your needs.

REMUNERATION, FEES AND COMMISSION

The FSP collects an underwriting and administration fee for each policy sold on behalf of the Insurer. A breakdown of the premium can be found on the policy schedule. Included in the breakdown of the fees are the commission amounts, administration fees and any other additional fees applicable to the policyholder.

PREMIUM: PAYMENT, DUE DATE, GRACE PERIOD AND CONSEQUENCE OF NON-PAYMENT

Annual Premium Payment

For cover to start, we must receive your premium within 30 days of the start date. If we do not receive your premium, your policy will not start.

If you want to renew your policy, we must receive your premium within 30 days of the anniversary date. If your payment is not received, the policy will not renew. You will only have cover up to midnight on the last day of the year that we have received a premium for.

Monthly Premium Payment

If you pay monthly in advance and we cannot collect the premium on the debit order date, we will try to debit your bank account on the following debit order date with the outstanding premium and the new premium due for the current month.

In the event that only one premium is received this premium will be utilised for the first monthly unpaid premium and the current month's premium will remain unpaid and will be re-debited at the next debit date.

If we still cannot collect this premium, the policy will end on the last day of the month that we received a premium for.

If you have a claim during a period when a debit order has not been paid, (depending on the reason for being unpaid) at the company's discretion, we will consider the claim only when we have received the outstanding premium.

BINDER /OUTSOURCE FEE

The binder/outsourcing fee is paid to the Administrator in accordance with the binder/outsourcing agreement with Bryte Insurance Company Limited. The fee is included in the premium reflected on the policy schedule

CONTACT DETAILS

UMA DETAILS (ADMINISTRATOR):

Phishield UMA (PTY) Ltd

Registration number: 2012/1301796/07;

FSP number: 46418
Physical address: Fourways View Office Park,
Block C, 1210 Sunset Avenue,
Fourways

Telephone: +27 10 312 5257
Email: info@phishield.com

Complaints resolution: complaints@phishield.com

Compliance Officer: Compliance Trust represented by
Mr JD Wessels
1st Floor, Parkview House, Constantia
Park Office Complex,
Cnr 14th Ave & Hendrik Potgieter 011
794 1189
Tel:

INSURER DETAILS:

Bryte Insurance Company Limited

Registration number: 1965/006764/06
FSP number: 17703
VAT number: 4530103581
Physical address: 15 Marshall Street, Ferreirasdorp,
Johannesburg, 2001
Postal address: P.O. Box 61489, Marshalltown, 2107
Telephone: +27 11 370 9111
Website: www.brytesa.com
Email address: corporate.communications@brytesa.com
Services: Advice and Intermediary
Categories: Short Term Insurance
(Personal Lines and Commercial Lines)

Bryte Compliance Department:
The Compliance Officer
Postal Address: P.O. Box 61489,
Marshalltown, 2107
+27 (0) 11 370 9111
Tel: wynand.louw@brytesa.com
Email: Wynand Louw
Contact person:

Bryte Complaints Services

1 Non Claims Complaints

In the event of you being dissatisfied with any services/ disclosure aspects or you have any queries, please contact Bryte Insurance Company Limited on:

Telephone: 0860 20 20 08 | **Email address:** nonclaimscomplaints@brytesa.com

2 Claims Complaints

In the event of you being dissatisfied with the way in which your claim is being handled, please contact Bryte Insurance Company Limited on:

Telephone: 0860 12 11 74 | **Email address:** claims.complaints@brytesa.com

In the event that you want to escalate your claim after discussing the claim with our claims manager you can refer it to the Ombudsman for Short Term Insurance.

ESCALATION OF COMPLAINTS:

REGULATORY BODIES

Short-term Insurance Ombudsman

P.O. Box 32334, BRAAMFONTEIN, 2017
Sunnyside Office Park, 32 Princess of Wales Terrace,
5th Floor, Building D, Parktown, 2193
Tel: (011) 726-8900, Fax: (011) 726-5501
info@osti.co.za / www.osti.co.za

FAIS Ombudsman

P.O. Box 74571, LYNWOODRIF, 0040
Tel: (012) 470-9080 / 0860 432 766
Fax: (012) 348 3447
E-mail: info@faisombud.co.za,
Website: www.faisombud.co.za

FSCA

PO Box 35655, MENLO PARK, 0102
41 Matroosberg Rd, Ashlea Gardens, Pretoria, 0002
Tel: (012) 428 0000/ 0800 20 37 22
Fax: (012) 346 6941

Website: www.fsca.co.za

FRAUD REPORTING

If you become aware of irregularities on any policy, you can contact your Insurer. Your call will be treated in confidence:

Free Call Phone : 0800 16 74 64
Free Call Fax: 0800 00 77 88
Unique email: brytesa@tip-offs.com
Freepost address: Tip-offs Anonymous, Free Post KZN 138,
Umhlanga Rocks, 4320