

Bryte Insurance Company Limited

A Fairfax Company

Registration number: 1965/006764/06 VAT number: 4530103581

Authorised Financial Services Provider No. 17703

15 Marshall Street, Ferreirasdorp, Johannesburg, 2001 PO Box 61489, Marshalltown 2107

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Insurance Company Limited.

Gem & Jewel proposal form			
A separate proposal form must be completed for each premises.			
Cover in respect of Stock and Contents is a minimum requirement. Please answer the following questions in full. If the answer to any question is none, state "none". If there is insufficient space for answers, please complete on the last page and/or on a separate company letterhead.			
Details of broker			
Name of broker			
Contact person			
Telephone			
Broker's code			
Details of proposer			
Name of proposer (in full)			
Physical address of the premises			
		Postal code	
Postal address			
		Postal code	
Owner ID			
Telephone number (work)		Telephone number (cell)	
Fax number		Email/website address	
Company registration number		VAT number	
Street facing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Arcade <input type="checkbox"/> Yes <input type="checkbox"/> No
Car park facing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shopping centre (enclosed) <input type="checkbox"/> Yes <input type="checkbox"/> No
On which floor (i.e. ground, first etc)			
Close to	<input type="checkbox"/> Service entrance	<input type="checkbox"/> Fire escape	<input type="checkbox"/> Loading bay <input type="checkbox"/> Stairs <input type="checkbox"/> Escalators <input type="checkbox"/> Highway
Details of other tenants			
Details of business			
Nature of business			
Wholesale	%	Retail	%
Manufacturing	%	Other: specify	%
What are your normal trading hours and do you vary or extend those hours? Kindly state details			
Number of employees			
Retail/sales		Technicians	
Clerical/Administrative			
It is a policy condition that a minimum of two employees are present in the sales area at all times during business hours. A breach of the condition will result in all benefits under the Policy being forfeited.			
Number of years in business?			
These premises		Elsewhere	

Stock definition			
Jewellery, gold, platinum and silver goods, precious metals, pearls, semi-precious and precious stones of any kind whatsoever, watches, clocks, objects d'art, silverware, plateware and all other sale merchandise and materials usual to the Insured's business, being the Insured's own stock, approbation or consignment stock and customers' goods for which they are legally liable, excluding property entrusted solely for the purpose of safekeeping.			
Basis of valuation – stock			
Unless otherwise indicated claims in respect of your own stock (as well as entrusted to you) will be settled on the basis of the cost including VAT, subject to the limits indicated in this proposal form. Values shown in respect of stock must reflect the basis of valuation selected.			
If an alternative basis of claims settlement is required in respect of stock, please stipulate			
Stock section			
Premises			
Total stock value (cost including VAT)* *(This value to include stock/property for which you are responsible i.e. own/appro/consigned/customers')			R
Seasonal increase for the period		to	State the additional limit requested
Maximum value of any one item, pair or set			R
Maximum value of any one item, pair or set left out of the safes/strongrooms outside business hours			R
Trauma – maximum 3 months, in all			R10,000
Armed robbery			R
Seasonal increase for the period		to	State the additional limit requested
Identifiable shoplifting			R20,000
If an increased limit is required please state additional cover required			R
Safe break – in locked safes/strongrooms outside business hours			R
Seasonal increase for the period		to	State the additional limit requested
State the total stock value in the area of the premises described where applicable and the theft cover required			
		Total risk value	Cover required
Burglary – stock not kept in locked safes/strongrooms outside business hours (forcible entry into/exit from the premises or threat of violence outside business hours)		R	R
Smash and grab from display windows during business hours		R	R
Seasonal increase for the period		to	State the additional limit requested
		Total risk value	Cover required
Maximum value any one display window		R	R
Smash and grab from display windows outside business hours		R	R
Maximum value any one display window		R	R
Maximum value any one pad or tray		R	
Snatch and run			R20,000
Other theft loss		% of TSV	10%
Stone breakage			R15,000

Non-premises				
In locked off-site showcases				Cover required
Name of location				
Physical address				R
		Postal code		
Maximum value any one item, pair or set				R
Name of location				
Physical address				R
		Postal code		
Maximum value any one item, pair or set				R
Personal conveyance by named person – SOUTH AFRICA ONLY				
By the owner or a member of staff other than a messenger, representative				Cover required
Name		ID number		
Years' service				R
Home address				
		Postal code		
Name		ID number		
Years' service				R
Home address				
		Postal code		
Name		ID number		
Years' service				R
Home address				
		Postal code		
By a traveller, representative or messenger				
Name		ID number		
Years' service				R
Home address				
		Postal code		
Goods carried	Only own	R	Own and other	R
If cover is required at a private dwelling state details of the person below				
Name				R
Home address				
		Postal code		
Alarm		<input type="checkbox"/> Yes <input type="checkbox"/> No		Armed response <input type="checkbox"/> Yes <input type="checkbox"/> No
Make of safe				
SABS grading		Category		
Other security				
Name				R
Home address				
		Postal code		
Alarm		<input type="checkbox"/> Yes <input type="checkbox"/> No		Armed response <input type="checkbox"/> Yes <input type="checkbox"/> No
Make of safe				
SABS grading		Category		
Other security				

Personal conveyance by named person – OUTSIDE SOUTH AFRICA			Cover required
Name		ID number	
Years' service			R
Home address			
		Postal code	
Estimated number of trips per year			
Cover can be arranged on a once-off basis as and when required			
Entrustments			
Goods given to Trade Contractors, Manufacturers, Watchmakers or similar for the purpose of make-up, repair etc.			
Name			
Years known			R
Address			
		Postal code	
Name			
Years known			R
Address			
		Postal code	
Unnamed			R
Exhibitions shall mean a public or social event held to promote or sell goods away from the insured premises as stated in the Schedule			
Exhibitions/Shows/Photo Shoots – cover for these off-premises risks do not form part of the standard policy but can be quoted for on application			
Sendings			
SOUTH AFRICA (final destination within South Africa)			
	Annual sendings	Parcel limit	Any one event
Postal services	R	R20,000	R40,000
Courier services	R	R	R
Please specify courier(s)			
OUTSIDE SOUTH AFRICA (final destination outside South Africa)			
	Annual sendings	Parcel limit	Any one event
Courier services	R	R	R
Please specify courier(s)			
Important notice			
<p>Courier means door to door collection/delivery. All other sendings are deemed to be postal sendings; box to box being the preferred mode for which higher limits may be allowed. The package shall not detail the contents or value in any way, nor shall the package identify the names of any Business trading in Stock, the intention being that the package shall not be the target of theft, burglary or tampering by any postal authority, courier service or transport organisation due to the identification marks, or otherwise, stated on the package or accompanying documentation. NB: Packages are to be insured for no more than R100 to obtain Track/Trace facilities.</p>			
Contents section			
			Cover required
State the total value of contents other than stock, money, perimeter glass and computer equipment			R
Select the basis of cover required		<input type="checkbox"/> Defined events (including forcible theft)	<input type="checkbox"/> All Risks
Rent	25% of the total value		
Loss or damage to documents	R100,000		
Legal liability for loss of documents	R500,000		

Buildings combined section				
				Cover required
Description of buildings				R
Include escalator extension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% Sum insured	10%
Include 2nd year escalator extension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% Sum insured	10%
Subsidence and landslip				R
Included: Liability	R2,500,000		Public supplies connection	R1,000,000
Rent	25% of Building SI			
Business interruption section – difference basis				
			Annual Gross Profit	Period
Defined events A (fire and allied perils only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R	months
Defined events B (cover following stock section)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R	months
Additional increased cost of working	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R	
List uninsured expenses (kindly use separate sheet of paper if space is insufficient)				
Other premises extensions				
Specific suppliers/Sub-contractors		%	dependency	R
Specific suppliers/Sub-contractors		%	dependency	R
Specific suppliers/Sub-contractors		%	dependency	R
Customers		%	dependency	R
Customers		%	dependency	R
Customers		%	dependency	R
Money section				
Please state major limit required				R
Seasonal increase for the period		to	Additional amount required	R
Receptacles and clothing clause	R5,000 each		Additional amount required	R
Locks and keys clause	R5,000		Additional amount required	R
Crossed cheques				R100,000
Glass section				
Perimeter glass				R
Signwriting and treatment				R
Other				R
Additional costs (per item)				R5,000
The reasonable cost of: (1) boarding up; (2) damage to shop fronts, frames, window displays (including fixtures and fittings), burglar alarm strips, wires and vibrators as a direct result of such loss or damage; (3) the cost of removal and reinstallation of fixtures and fittings necessary for the replacement of the glass; (4) the cost of employment of a watchman service provider prior to replacement of glass or boarding up or the repair of the burglar alarm system, unless payable under any other insurance arranged by the insured.				
Aggregated maximum any one period of insurance				R15,000

Fidelity section							
Blanket basis/Number of employees					R		
Blanket basis/Number of employees					R		
Named or position basis					R		
Business all risks section – replacement condition basis							
Description of items			Serial number				
					R		
					R		
					R		
					R		
					R		
					R		
Increase in cost of working			<input type="checkbox"/> Yes <input type="checkbox"/> No		R		
Liability section – claims made basis							
						Cover required	
Retroactive date							
General and tenants liability						R	
Product liability/defective workmanship						R	
E.U./E.C./E.F.T.A liability						R	
Annual turnover						R	
Legal defence costs, wrongful arrest and defamation, each, per event						R50,000	
Maximum each per annum						R100,000	
Employers' liability						R1,000,000	
If additional employers' liability cover is required, please state amount						R	
Personal accident assault section							
NOTE: A maximum of 10 (ten) modules may be selected for any one person.							
Each module consists of	Death/Permanent total disablement				R10,000		
	Temporary total disablement				R250 per week for up to 52 weeks		
	Medical expenses				R500		
	Including: trauma counselling				R10,000 in total		
Name					Number of modules		
Name					Number of modules		
Blanket/occupation basis			Number of staff			Number of modules	
Blanket/occupation basis			Number of staff			Number of modules	
Personal accident section							
Name/category of staff	Number of staff	Bus limit	Death limit	P.T.D. Limit	T.T.D. Limit	# Wks	Medical limit
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					

Motor section			
Make			
Model			
Year			
Registered owner			
Regular driver and age			
Registration number			
NCB/CFG			
Comp/TPF&T/TP			
Sum insured			
Extensions and clauses included			
Contingent liability	R1,000,000	Passenger liability	R1,000,000
Unauthorised passenger liability	R1,000,000	Parking facilities	R1,000,000
Windscreen*	Yes	Loss of keys extension*	R7,500
Fire extinguishing	R7,500	Wreckage removal	R7,500
Credit shortfall*	Yes	Third party liability	R2,500,000
Vehicle hire (similar type)*	Yes	Maximum 30 days	
Maximum vehicle hire any one period insurance			R15,000
Principles extension			R1,000,000
Cross liabilities			R1,000,000
Radios, tape players, CD shuttles and similar equipment (not supplied with vehicle when new)*			R5,000
Telephones, cellphones and the like (unless otherwise specifically insured)*			R5,000
*= not applicable to TPF&T/TP cover			
Electronic equipment section			
Make	Model	Serial number	Cover required
			R
			R
			R
			R
			R
			R
Make	Portable equipment model	Serial number	Cover required
			R
			R
			R
			R
			R
Reinstatement of data			R
Increased cost of working	Indemnity period	Months	R

Schedule of protections			
Details requested regarded as MATERIAL FACTS			
Entrance door(s)			
Protection	<input type="checkbox"/> Security gate	<input type="checkbox"/> Roller shutter	<input type="checkbox"/> Padlocks <input type="checkbox"/> Access controlled
Glass type	<input type="checkbox"/> High impact	<input type="checkbox"/> Bullet resistant	<input type="checkbox"/> High penetration <input type="checkbox"/> Laminated
	Glass thickness		mm
	Approximate glass size of entrance door(s)		m ²
	Other construction, please state		
	Other comments		
Rear door(s)			
Protection	<input type="checkbox"/> Fixed grille	<input type="checkbox"/> Roller shutter	<input type="checkbox"/> Security gate
	Construction, please state		
Display windows			
Protection	<input type="checkbox"/> Fixed grille	<input type="checkbox"/> Roller shutter	<input type="checkbox"/> Security gate
Glass type	<input type="checkbox"/> High impact	<input type="checkbox"/> Bullet resistant	<input type="checkbox"/> High penetration <input type="checkbox"/> Laminated
	Glass thickness		mm
	Approximate glass size of all display windows		m ²
Other windows			
Protection	<input type="checkbox"/> Fixed grille	<input type="checkbox"/> Roller shutter	
Glass type	<input type="checkbox"/> High impact	<input type="checkbox"/> Bullet resistant	<input type="checkbox"/> High penetration <input type="checkbox"/> Laminated
	Glass thickness		mm
Skylights and roof openings			<input type="checkbox"/> Yes <input type="checkbox"/> No
Ceiling			
Concrete			<input type="checkbox"/> Yes <input type="checkbox"/> No
Void between ceiling and roof			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, means of protection			
Showcases - non-premises			
Free standing/fixed	Please state construction		
By whom, and where are the keys kept			
Safes and strongrooms			
Safe 1			
(i) Maker's name and model	<input type="checkbox"/> Chubb	<input type="checkbox"/> National	<input type="checkbox"/> Mutual <input type="checkbox"/> Austen <input type="checkbox"/> Bishoff <input type="checkbox"/> Chatwood Milner <input type="checkbox"/> Giant
(ii) SABS Category grading	<input type="checkbox"/> Non-Cat.	<input type="checkbox"/> Cat. 1	<input type="checkbox"/> Cat. 2 <input type="checkbox"/> Cat. 2ADM <input type="checkbox"/> Cat. 3 <input type="checkbox"/> Cat. 4 <input type="checkbox"/> Cat. 5
Safe 2			
(i) Maker's name and model	<input type="checkbox"/> Chubb	<input type="checkbox"/> National	<input type="checkbox"/> Mutual <input type="checkbox"/> Austen <input type="checkbox"/> Bishoff <input type="checkbox"/> Chatwood Milner <input type="checkbox"/> Giant
(ii) SABS Category grading	<input type="checkbox"/> Non-Cat.	<input type="checkbox"/> Cat. 1	<input type="checkbox"/> Cat. 2 <input type="checkbox"/> Cat. 2ADM <input type="checkbox"/> Cat. 3 <input type="checkbox"/> Cat. 4 <input type="checkbox"/> Cat. 5
Safe 3			
(i) Maker's name and model	<input type="checkbox"/> Chubb	<input type="checkbox"/> National	<input type="checkbox"/> Mutual <input type="checkbox"/> Austen <input type="checkbox"/> Bishoff <input type="checkbox"/> Chatwood Milner <input type="checkbox"/> Giant
(ii) SABS Category grading	<input type="checkbox"/> Non-Cat.	<input type="checkbox"/> Cat. 1	<input type="checkbox"/> Cat. 2 <input type="checkbox"/> Cat. 2ADM <input type="checkbox"/> Cat. 3 <input type="checkbox"/> Cat. 4 <input type="checkbox"/> Cat. 5
Strongroom 1/Safe 4			
(i) Maker's name and model	<input type="checkbox"/> Chubb	<input type="checkbox"/> National	<input type="checkbox"/> Mutual <input type="checkbox"/> Austen <input type="checkbox"/> Bishoff <input type="checkbox"/> Chatwood Milner <input type="checkbox"/> Giant
(ii) SABS Category grading	<input type="checkbox"/> Non-Cat.	<input type="checkbox"/> Cat. 1	<input type="checkbox"/> Cat. 2 <input type="checkbox"/> Cat. 2ADM <input type="checkbox"/> Cat. 3 <input type="checkbox"/> Cat. 4 <input type="checkbox"/> Cat. 5

Burglar alarm			
Service provider			
Alarm type	<input type="checkbox"/> Radio	<input type="checkbox"/> Siren	<input type="checkbox"/> Telephone <input type="checkbox"/> Other – specify
Panic buttons	Remote	<input type="checkbox"/> Yes <input type="checkbox"/> No	Static <input type="checkbox"/> Yes <input type="checkbox"/> No
Does system have specific protection per/for	Doors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Windows <input type="checkbox"/> Yes <input type="checkbox"/> No
	Internal passives	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof void <input type="checkbox"/> Yes <input type="checkbox"/> No
Is alarm system maintained under contract?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is alarm linked to an armed response company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name			
Other protections			
Own	<input type="checkbox"/> 24-hour guard	<input type="checkbox"/> CCTV cameras	<input type="checkbox"/> Other – specify
Shopping Centre	<input type="checkbox"/> 24-hour guard	<input type="checkbox"/> CCTV cameras	<input type="checkbox"/> Other – specify
Name of security company (Shopping Centre)			
General information			
Keys, combination locks and alarm remotes			
When the business is closed, what do you do with all keys including those to the display windows, showcases, alarms, safe and/or strongroom and alarm remotes or keys?			
During business hours, who has control over the keys and where are they kept?			
Are duplicate keys kept?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please supply details of who controls them and where they are kept during and outside business hours?			
Do any of the safes/strongrooms have combination locks			<input type="checkbox"/> Yes <input type="checkbox"/> No
Who has the access codes?			
Are all safe and strongroom key locks and combinations engaged outside business hours?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Premises – Sales Area			
During business hours, how many staff are on duty in the sales area?			
How many of these staff carry remote panic buttons?			
Stock Records			
Should a loss occur the onus is on the Insured to substantiate the stock lost, therefore proper stock record keeping is essential.			
Are the following kept?			
Sales and purchases, invoices and receipts on all transactions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Appro stock – do you give/receive appro notes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Customer's goods for repair, valuation etc. – do you issue entrustment notes?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you keep a gold register?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are your stock records updated		<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly <input type="checkbox"/> Other
If other, please give full details			
Data backup frequency		<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly <input type="checkbox"/> Other
If other, please give full details			
Do you keep duplicate records or data backups?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If so, are these duplicate records stored at another premises?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

What software system do you use?	<input type="checkbox"/> JSK	<input type="checkbox"/> Goldwatch	<input type="checkbox"/> Ethos	<input type="checkbox"/> Other
If other, please give full details				
In the event of a claim, would you be able to produce a substantiated list of all stock on hand immediately prior to the loss?				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
References				
Please supply two trade references (do not regard other shops you may have as trade references)				
Are you a member of the Jewellery Council of South Africa and/or other associations?				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state with whom				
Losses				
Please detail all losses in the past 5 (five) years, showing the amount of loss, details of full settlement or otherwise				
Has any claim been declined by any previous insurer?				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, full details of reason for declinature are requested				
Other insurance				
Have you been previously insured?				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state with whom				
Has any insurer ever declined to insure you, cancelled or refused to continue insurance?				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state details				
Additional information you may wish to disclose (all material facts not elsewhere requested)				
Are there any undisclosed circumstances within your knowledge or opinion affecting or likely to affect your application?				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state details				
Declaration				
I/we, the proposer(s), have read the proposal form and I/we declare that the answers which have been provided are true and correct. I/we agree that this proposal form shall be the basis of the insurance contract. I/we declare that all material information relevant to a proper assessment of the risk under the insurance contract has been provided and I/we accept that the insurer may void the insurance contract in consequence of any material misrepresentation and/or non-disclosure.				
Signature(s) of proposer(s)			Date	

Debit order authority			
Bryte Insurance Company Limited 15 Marshall Street Ferreirasdorp Johannesburg 2001			
Name of proposer (in full)			
Address			
		Postal code	
Name of payer			
Name and surname			
ID number			
Company registration number		VAT number	
Details of bank account			
Name of bank			
Branch			
Account number			
I, the undersigned, request and authorise:			
<p>(A) Bryte Insurance Company Limited (hereinafter called the company) to draw against my bank account (whichever it may be), in any manner agreed on between the company and my bank (whichever it may be), the amount necessary for payment of premiums or such other amounts which may finally become payable in respect of policies issued in my name or the name of my company</p> <p>(B) my bank (whichever it is or will be) to debit my account with all debits drawn against it by the company in favour of the company and to treat each one as if it had been signed by me personally. I undertake against the said bank that I shall regard receipt by the company of this request as receipt by such bank.</p> <ol style="list-style-type: none"> I understand that either I or the company may at any time cancel these arrangements in writing in respect of any or all of the policies, but that such cancellation will have no effect on any withdrawals already made by the company and my bank in accordance with this request. I understand and agree that: <ol style="list-style-type: none"> the company will receive all payments in terms of this request without prejudice to the company's rights; should any payment in terms of this request not be received by the company the insurance under the policy or policies in force shall be deemed to have been cancelled at midnight on the last day of the preceding period of insurance for which the company has in fact received payment. I undertake that should my bank for any reason reclaim from the company any amounts validly paid to the company in terms of this request and decide to pay such amounts over to me, I shall refund such amounts to the company and that the amounts so paid or so to be paid to me by my bank shall be applied for such refund. 			
Signed at		Date	
*Signature of payer		Capacity	
*If the payer is a company, the full name of the company must be provided and an authorised official (whose status must be quoted) must sign here. The company's stamp (if any) must also appear on this request.			
Company stamp			

First amounts payable	
Stock section	Postal Sendings – 5% of claim, minimum R500 Courier Sendings – 10% of claim, minimum R2,500 All Other – 5% of claim, minimum R2,500
Contents section	Water – 10% of claim, minimum R1,000 Lightning/Power Surges – Additional 10% minimum R1,000 (applied if property insured is not fitted with a SABS approved surge protector) Locks and Keys – R200 Receptacles and Clothing – R200 All Other – R500, plus additional R1,500 for non-forceable theft (All Risks Basis)
Buildings combined section	Subsidence and Landslip – 1% of Sum Insured Accidental Damage to sanitaryware – R250 All Other – R500
Business interruption section	Defined Events A – R1,000 Defined Events B – 5% of claim, minimum R1,000 other than for perils specified in terms of Defined Events A
Money section	Receptacles and Clothing – R200 Locks and Keys – R200 All ther – R500
Glass section	All Claims – R500
Fidelity section	(a) 2% of the aggregate of the limit under this Section and the Declared Insurance or R60,000 whichever is the lesser plus a further amount of (b) 10% of the nett amount payable after deduction of the amount specified in (a) above
Business all risks section	10% of claim, minimum R250
Liability section	Defective Workmanship/Products Liability - 10% of claim, minimum R1,000 All Other – R1,000
Personal accident assault section	Nil
Personal accident section	Nil
Motor section	<ol style="list-style-type: none"> 1. Basic – 5% of claim, with minimum of R2,000 2. (a) If the vehicle is being driven by, or is used by a person who is under the age of 25 – R750 (b) has held a license for less than 2 years – R250 3. Theft – 5% of claim, minimum R1,000 4. Theft – if the vehicle is not fitted with a company approved Immobiliser, Gearlock or an adequate SAIA VSS security system – 5% of claim, minimum R250 5. Theft – for vehicles defined under 2(a) exceeding a vehicle value of R200,000 or 2(b) exceeding a vehicle value of R150,000 and not fitted with a company approved or VESA approved tracking and recovery system which is armed and has a valid monitoring contract at the time of the whole vehicle being stolen: 15% of claim 6. Windscreen replacement – 25% of claim, minimum R250. Windscreen repair – Nil <p>The amounts in terms of 1, 3, 4 and 5 are cumulative for theft claims. If a vehicle is recovered within 14 days of a theft, only 1 above will apply. All other claims – 1 and 2 are cumulative</p>
Electronic equipment section	All claims – 10% of claim, minimum R1,000 Lightning/Power Surges – Additional 10% of claim minimum R1,000 (applied if the property insured is not fitted with a SABS approved surge protector) Increased Cost of Working – 24 hour time excess