

LETTER OF INVESTIGATION

The purpose of this document is to give permission to FIPM to obtain information on my behalf and about our short-term insurance portfolio.

POLICYHOLDER DETAILS					
Name of Policyholder:			ID no:		
Co-insured name:	N/A		ID no:		
Company reg. no:	N/A	VAT reg. no:			
Contact person:					
Physical address:					
Postal address:					
Cell phone no:		Home no:			
Work no:		Other no:			
Email address:					
Account Executive:					

We further authorise FIPM to communicate with our current insurer/s to obtain the following information and documentation on my / our behalf:

- Policy schedule and claims history (loss ratio);
- Including but not limited to, terms, conditions, exclusions, extensions, policy wording, premiums / rates, excesses and any other information requested regarding our current short-term insurance.

We hereby provide give FIPM and the Insurers/Underwriting Managers they approach for quotes on our behalf the right to:

- Obtain information from any credit bureau in respect of your credit score for the duration of your insurance;
- Provide information, based on your payment history with the insurers, to a credit bureau.
- Share claims-related information with other short-term insurers, contracted service providers and industry associations.

Please tick

In terms of the provisions of the Protection of Personal Information Act, we hereby consent for FIPM to:

- ☐ Collect, be in possession of and process my / our Personal Information in order to render financial services to us.
- ☐ Share our Personal Information with various Insurers and/or Underwriting Managers but only insofar as it relates to the fulfilment of their mandate to obtain insurance quotes on our behalf.



PHYSICAL ADDRESS: Lombardy Business Park Unit 25-26, Block 2 Corner of Cole and Graham Road Silver Lakes Pretoria, 0054

POSTAL ADDRESS: Postnet Suitr #L19 Private Bag X37 Lynnwood Ridge 0040

TELEPHONE: 012 809-1062 082 670-7445

REG NUMBER: 1945/019293/07 VAT NUMBER: 4110227818

SERVICES PROVIDER

License number: 16438

AUTHORISED FINANCIAL EXECUTIVE CHAIRMAN: DR. JAJ SCHALCH Email: jura@fipm.co.za EXECUTIVE DIRECTOR: TAE OHLENSCHLÄGER (German)

Email: thomas@fipm.co.za

Ш	Retain our Personal Information for a period no longer than twelve (12) months from date of declining their quotation and contact at such date to enquire whether they may be allowed to re-quote for us; after which should we decline, all Personal Information will be deleted.
	s is not a Brokers Appointment, it is a mandate to obtain our information to research the insurance market an insurance solution, on our behalf.
	e consent, as provided by us in this document, will remain effective until such consent has been expressly hdrawn in writing by us.
W	/e, (full name in print)
ID	number,
in	my capacity as,
*	
Si	gned Date

ASSURING YOU OF OUR BEST SERVICE AT ALL TIMES

