



**pandemicshield™**

## Application Form 2020

(SUBJECT TO TERMS AND CONDITIONS OF THE PANDEMIC SHIELD™ POLICY WORDING) Please complete the Application Form in Block Letters and send completed application form and supporting documents to [applications@sirago.co.za](mailto:applications@sirago.co.za)

### Insured Details

Name Surname  
ID number Title Other  
Date of birth Email address  
Mobile number Work number

**Did someone refer you?** Please allow us to thank them.

Name Contact Info

### Physical Address

Physical Address line 1  
Physical Address line 2  
Town  
Province  
Code

### Postal Address

Physical Address line 1  
Town  
Province  
Postal Code

### Beneficiary Details

Name Surname  
ID number Email address  
Mobile number

### Declaration by Applicant

**I, the undersigned, hereby declare:**

1. That to the best of my knowledge and belief the information provided in connection with this application whether in my own handwriting or not, is true and 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 Sirago Underwriting Managers (Pty) Ltd. If you are in any doubt as to whether a fact is material or not, you should disclose it.)
2. That I understand that any relevant material fact omitted in this proposal form may lead to Sirago Underwriting Managers (Pty) Ltd not meeting claims, should the omitted fact have been of such importance that the risk may not have been accepted in the first instance, in terms of the policy. This may lead to the cancellation of this policy or rejection of claims without refund of premiums.
3. That I understand that this is an Accident and Health policy with stated benefits in terms of the Short-term Insurance Act 53 of 1998 and not a Medical Scheme product.
4. The sharing of claims information and underwriting information by insurers is essential to enable the insurance industry to underwrite policies, assess risks fairly, reduce the incidence of fraudulent claims and protect the public interest in terms of limiting excessive premium increases. I hereby waive any right to privacy of any insurance information provided by me or on my behalf, in respect of any insurance policy or claims I lodge. I also consent to this information being disclosed to any other insurance company and/or verified against other legitimate source or a database.
5. By agreeing to the terms of this consent form, I expressly consent to the processing of my information for marketing purposes and know and understand that by agreeing to same that I may on occasion, receive marketing materials in the form of SMS and/or emails and the like from Pandemic Shield, my broker or Sirago Underwriting Managers.

**I agree to the above sections of the application form**



Pandemic Shield™ is administered by Sirago Underwriting Managers (Pty) Ltd, an Authorised Financial Services Provider (FSP: 4710), underwritten by GENRIC Insurance Company Limited (FSP: 43638). GENRIC is an Authorised Financial Services Provider and registered Short-term insurer.

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## Option Selection

Please select your option. You may only choose one option. If both options are selected, your application will be declined.

The premiums for the above options include statutory broker commission.

Inception Date

## Debit Order Authority and Debit Authority Consent

Name of account holder

Account nr

Bank

Account type

Debit order day each month

I hereby instruct and authorise you to draw against my bank account the amount necessary for payment of my monthly premium due in respect of the above-mentioned insurance, without prejudice to the rights of GENRIC Insurance Company Limited. I further authorise you to increase the amount in terms of the policy from time to time and authorise my bank to effect payment.

I/We hereby confirm acceptance of the below mentioned insurance policy, and authorise Sirago Underwriting Managers (Pty) Ltd to issue and deliver payment instructions to their Banker, to draw on my/our account at the under mentioned institution in any manner agreed on between GENRIC Insurance Company Limited and such institution, the amount of the premium payable on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on on the above- mentioned date and request the aforesaid institution to debit my/our account with all debits drawn against it by GENRIC Insurance Company Limited.

All such withdrawals from my/ our bank account by GENRIC Insurance Company Limited shall be treated as though they had been signed by me/us personally.

This authority may be cancelled by me/us by giving Sirago Underwriting Managers (Pty) Ltd thirty days' notice in writing, however I/ we understand that I/we shall not be entitled to any refund of amounts which GENRIC Insurance Company Limited has with- drawn while this authority was in force, if such amounts were legally owing to Sirago Underwriting Managers (Pty) Ltd.

I/We certify that the above bank details are correct. If these banking details have not been provided accurately, or if the details change at any time in the future and I/we fail to notify such changes, or if payments are not made in accordance with the Debit Order Instruction, the responsibility of payment will rest with me/ us.

Premiums are payable on a monthly basis by debit order. If two or more debit orders are returned, Sirago Underwriting Managers (Pty) Ltd will not be held liable should the policy be automatically terminated or should claims incurred during this period of suspension not be paid. I acknowledge that any fees and charges levied by the bank on account of the debit order or any order payments which may be rejected for any reason whatsoever will be for my account.

If the facility is in the name of a Company, Close Corporation, Trust or Association the full names of such entity and the capacity of the signatory must be reflected. In the event that the payment day falls on a Sunday, or a recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Payment instructions due in December may be debited against my account on the above- mentioned date.

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

**I agree to the above sections of the application form**

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**Important Information**

- Application forms could be underwritten.
- The onus lies on the insured to make sure that premiums are paid on a monthly basis. Reference on bank statements read:MD\_SIRAGO\_MED
- Effective from 1 July 2020.
- In the event of a bereavement-related claim the insurer will pay the benefit into the principal or nominated beneficiaries account. The beneficiary must be noted on the policy prior to any loss. We will require the full name, surname and ID to note the beneficiary. At the time of a claim we will require the beneficiary's ID and proof of bank. Should there be no beneficiary noted on the policy prior to the loss, or should we be unable to confirm the identity of the beneficiary, payment will always be made into the principal policyholder's account.

**Broker Details**

Broker Name

**Statistics (Voluntary Completion)**

Race

Gender

Income bracket

We believe in protecting your privacy and will not share, rent or sell any personal information or any statistical data received to third parties outside of Sirago Underwriting Managers (Pty) Ltd except as described in this policy.

I UNDERSTAND THAT this insurance will not commence before this proposal has been accepted by the insurer.  
I hereby request that the insurers provide insurance cover in terms of this Policy.

Signature

Client

Date

I agree to the above sections of the application form



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GENRIC is an Authorised Financial Services Provider and registered Short-term insurer.



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Compliance Officer: Moonstone Compliance (Pty) Ltd

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