

National Credit Regulator



FORM 45 In terms of Section 16 and 106 of the National Credit Act

To be completed quarterly for the quarters ending March, June, September and December and submitted within 30 days of quarter end.

Periodic Synoptic Report by Insurer

Name of Insurance Company	
FSB Registration number	
Start of reporting period	
End of reporting period	
Name of contact	
Telephone and e-mail contact	

1. Credit insurance information per class of business

	R'000	R'000	R'000	R'000
	Premiums	Claims	Commission	Other Expenses
1.1 Credit Life ¹				
1.2 Cover for immovable property				
1.3 Cover for movable property				
1.4 Cover for cards, pins and similar ²				
1.5 Optional ³				
1.6 Combined Cover ⁴				

2. Analysis of NCA related claims

2.1 Claims settled and rejected

	A (A= B+C)		B		C	
	Claims finalised in quarter		Claims Rejected and withdrawn		Claims Paid/ Settled	
	Number	R Value	Number	R Value	Number	R Value
2.1.1 Credit Life ¹						
2.1.2 Cover for immovable property						
2.1.3 Cover for movable property						
2.1.4 Cover for cards, pins and similar ²						
2.1.5 Optional ³						
2.1.6 Combined Cover ⁴						

2.2 Primary reasons for claims - Indicate percentage distribution

	Death	Unemployment	Disability & Other	Total
Credit Life				100%

	Damage	Theft/Loss	Other	Total
Cover for immovable property				100%
Cover for movable property				100%
Cover for cards, pins and similar ²				100%
Optional ³				100%



2.3 Primary reasons for rejecting claims

Please indicate the primary reasons for rejecting claims.

Notes

- 1 As defined in the National Credit Act
- 2 Insurance cover for loss or theft of an access card, personal information number, or similar device ; or any loss or theft of credit consequential to a loss or theft of card, personal information or similar device.
- 3 Optional Insurance related to Section 106 (3) of the Act.
- 4 Combined cover: Where premiums are in respect of cover for a combination of 1.1,1.2 and 1.3 it should be shown under 1.6.
A brief description must also be provided of the combined product

Declaration

I / We, the undersigned, am/are duly authorised to sign this report.

I / We declare that this report is a fair and accurate representation of our insurance portfolio.

Name:

Designation

Signature

Date:

dd/mm/yyyy

Name:

Designation

Signature

Date:

dd/mm/yyyy