

REISSUE OF POLICY REQUEST

Policy Holder Surname, Initial & Title :
ID Number :
Cell Number :
Email Address :
Work number :
Reissue date requested :

Smartsure2020 will only reissue the policy if the Insurer accepts cover. The premium due will only be advised once the reissue request has been accepted by the Insurer. I confirm that no claims or losses have occurred.

Banking Details

Name of Account Holder :
Bank :
Branch :
Branch Code (clearing code) :
Type of Account :
Account Number :
Date of first collection from this account :

I further authorise Smartsure2020 and/or their collection agents to draw against my/our account when due, the premium/s for my/our policy/s and/or any substituted policy/s to which I/we extend this authority. I/We further authorise the Company to vary such premium due from time to time to reflect any change in cover, risk, Sum Insured or policy rates. I/We understand and agree that if any premium/s is/are not met by the financial institution when the debit order is presented, the policy/s may be cancelled automatically by Smartsure2020 from the end of the period of insurance for which premium has been paid. This authority remains in force until cancelled in writing by me/us or the Company.

I further authorise Smartsure2020 and/or their collection agents to deposit directly into the above account any amount, which may be due to me/us either in respect of any refund premiums or in settlement of any claim. I/We understand that the withdrawals from the above account will be processed through a computer system and that the details of each withdrawal will be printed on my bank statement.

Insured Signature _____

Smartsure2020 office use only

Policy Number :
Premium due :
Reissue date authorised :
Authorised by :
Date :