



Sasria SOC Limited  
 P.O. Box 653367, BENMORE, 2010  
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 Fax: +27 11 447 8630  
 Reg. No. 1979/000287/06  
 VAT Reg. 4140119340  
 FSP Licence No.: 39117

**P O L I C Y  
 (CONTRACT WORKS)**

COUPON POLICY NO.	<b>CW</b>	/
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Replacing Coupon Policy No (where Applicable).....

Non-Mandated Intermediary:.....

Underlying Policy Number: .....

Broker: .....

**The Insured**

Name: .....  
 (and/ or others provided for in the Agents Insurer’s Policy)

Company Registration Number: .....

Holding Company Name: .....

Insured VAT Reg No:.....

**Legal Address :**

Street name and number: .....

Risk City: .....

Postal Code: .....

Sasria strives for excellence, should we fail to deliver on our service promises, please email your complaint to [contactus@sasria.co.za](mailto:contactus@sasria.co.za)



**Risk Address 1:**

Street name and number .....  
Risk City .....  
Postal Code.....

**Risk Address 2:**

Street name and number.....  
Risk City.....  
Postal Code.....

**Risk Address 3:**

Street name and number.....  
Risk City.....  
Postal Code.....

**Risk Address 4:**

Street name and number.....  
Risk City.....  
Postal Code.....

**Risk Address 5**

Street name and number.....  
Risk City.....  
Postal Code.....

**Period of Insurance**

From ..... to 24h00 on.....  
and any subsequent period required to complete the Insured Contract.

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- Item 1: Contract Works and Materials Sum Insured R.....  
(Subject to escalation as provided for in the Nominated Insurers Policy)
  - Item 2: Construction Plant Sum Insured R .....  
(Subject to the Limit of Indemnity stated in this Coupon Policy)
  - Item 3: Mobile Plant Sum Insured R .....  
(Subject to the Limit of Indemnity stated in this Coupon Policy)
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**Premiums**

Item 1: (Provisional only)            R.....  
 Item 2:                                    R.....  
 Item 3:                                    R.....  
 TOTAL                                    R.....

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Signed on behalf of **Sasria SOC Limited**

Countersigned at .....

On the ..... day of ..... Year.....

.....  
 Executive Manager

.....  
 For: Non Mandated Intermediary/UMA

**Important Note:**

- 1) All claim notifications reports or any other communication whatsoever in connection with this Coupon Policy shall be made to the Non Mandated Intermeidary/ UMA.
- 2) Top five (per sum insured) risk addresses must be listed above.
- 3) In terms of a rulling by SARS, this document together with proof of payment of premium constitutes an alternative to a tax invoice, debit note or credit note as contemplated in section 20(7) and 21(5) of the VAT Act respectively
- 4) In order to be eligible for a VAT input deduction, the insured must be in possession of this policy document together with proof of payment of the premium ( e.g bank statement)