22 Stiglingh Road
Rivonia
2128
P O Box 324
Rivonia
2128
Tel: (011) 2347333

PAIA MANUAL

Health & Accident Underwriting Managers (Pty) Ltd

Prepared in terms of section 51 of the Promotion of Access to Information Act 2 of 2000 (as amended)

Health & Accident Underwriting Managers (Pty) Ltd (H&A) is committed to transparency and compliance with the Promotion of Access to Information Act (PAIA)

Date of Compilation: 14 August 2025

Version: 2.0

1. COMPANY DETAILS

Registered Name: Health & Accident Underwriting Managers (Pty) Ltd

Trading Name: H&A

Registration Number: 1994/002308/07

Physical Address: 22 Stiglingh Road, Rivonia, 2128

Postal Address: POB 324, Rivonia 2128

Telephone: +27 11 234 7333

Email: email@healthacc.co.za

Website:www.healthacc.co.za

2. INFORMATION OFFICER

Name: Darlene Hofman

Position: Executive Director

Email: dhofman@healthacc.co.za

Telephone: +27 11 234 7333

Responsibilities:

- Ensure PAIA and POPIA compliance
- Manage access to records
- Handle data subject requests
- Liaise with the Information Regulator

3. GUIDE TO PAIA

Available from the Information Regulator:

Website: https://inforegulator.org.za

Email: PAIAComplaints@inforegulator.org.za

Tel: +27 (0)10 023 5200

4. CATEGORIES OF RECORDS

- Company Records
- Financial Records
- Personnel Records
- Client Records
- Legal Records
- Operational Records
- IT Records

5. RECORDS AVAILABLE WITHOUT REQUEST

- Marketing materials
- Public financials
- Website content

6. REQUESTING ACCESS

Submit Form C (Annexure A) to the Information Officer.

Include:

- Written request
- Record details
- Preferred format
- Proof of identity
- Prescribed fee (Annexure B)

7. GROUNDS FOR REFUSAL

Access may be denied if:

- Third-party confidentiality
- Legal privilege
- Commercial sensitivity
- Safety concerns
- Personal information of others

8. FEES

- Request Fee: Payable with Form C
- Access Fee: Based on reproduction/time

9. RECORD RETENTION & SECURITY

Records stored securely using:

- Access controls
- Encryption
- Backups

10. POPIA COMPLIANCE

Data subjects may:

- Access personal info
- Request corrections
- Object to processing

11. COMPLAINTS & APPEALS

Complaints can be lodged with the Information Regulator.

ANNEXURES

Annexure A: Form C – Request for Access

Annexure B: Fee Schedule

Annexure A: Form C – Request for Access to Record of Private Body

FORM C

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY
(Section 53(1) of the Promotion of Access to Information Act, 2000)

TO: Health & Accident Underwriting Managers (Pty) Ltd (H&A)
Information Officer: Darlene Hofman
Email: dhofman@healthacc.co.za
Telephone: +27 11 234 7333

A. PARTICULARS OF THE PERSON REQUESTING ACCESS
Full Name: _____

Identity Number: _____

Postal Address: _____

Telephone Number: _____

Email Address: _____

Capacity in which request is made (if applicable): _____

B. PARTICULARS OF PERSON ON WHOSE BEHALF THE REQUEST IS MADE
(If different from above)
Full Name: _____

Identity Number: _____

C. PARTICULARS OF RECORD REQUESTED
Description of Record: _____

Reference Number (if known): _____

Any additional information to identify the record: _____

D. FORM OF ACCESS
Preferred method of access:

☐ Inspection of record
☐ Copy of record
☐ Transcription of audio
☐ Electronic format (USB/CD/email)

If you are requesting access in a specific format due to a disability, please specify:

_____

E. FEES
☐ I attach proof of payment of the request fee

☐ I request exemption from the fee (motivate below):
_____

F. REASON FOR REQUEST (if access is requested for protection of rights):

_____

G. SIGNATURE
Signature of Requester: _____

Date: _____

Annexure B: PAIA Fee Schedule

ANNEXURE B
FEES IN TERMS OF THE PROMOTION OF ACCESS TO INFORMATION ACT, 2000

1. REQUEST FEE
    - R100.00 (payable when submitting Form C for non-personal records)

2. ACCESS FEES (if access is granted)
- Copy of A4 page: R1.50 per page
- CD copy: R40.00
- Transcription of audio (per A4 page): R24.00
- Search and preparation (per hour or part thereof): R30.00
- Postage: Actual cost

3. EXEMPTIONS
- No request fee is payable for access to personal records of the requester.
- Requesters may apply for exemption from fees based on financial hardship.

4. PAYMENT DETAILS
Bank Name: [Insert]

Account Name: Health & Accident Underwriting Managers (Pty) Ltd

Account Number: [Insert]

Reference: PAIA Request – [Your Name]

Proof of payment must be submitted with Form C.