

12 Gloucester Road  
Vincent, East London, 5217

+27 (0)43 701 3400  
+27 (0)43 701 3415

Postnet Vincent  
Private Bag X9063  
Suite 302, Vincent, 5247

info@ecsecc.org  
www.ecsecc.org



**ANNEXURE A**

**NAME OF BIDDER:** \_\_\_\_\_

**BID NUMBER:** ECS03/23/24      **CLOSING:** 15 MARCH 2024 at 15H00

**DESCRIPTION:**      COMPREHENSIVE SHORT-TERM INSURANCE AND CYBER  
RISK INSURANCE COVER FOR 3 YEARS

**REFERENCE PERTAINING TO THE LEVEL OF PERFORMANCE STANDARDS OF THE  
ACCONT MANAGER**

**ACCOUNT MANAGER NAME** \_\_\_\_\_

**DURATION OF POLICY/CONTRACT:** \_\_\_\_\_

Please rate the performance of the abovementioned expert in relation to the services comprehensive short-term insurance services.

**Evaluation criteria: E = Excellent; G = Good; F = Fair; P = Poor**

| Please <b>mark with (X)</b> , where applicable to show your response. Ther must be one mark per response  | E | G | F | P |
|---|---|---|---|---|
| 1. Relationship management<br>(how did/does the Account Manager interact with you, including early warnings on the insurance cover)   |   |   |   |   |
| 2. Claim processing assistance<br>(how helpful is the Account Manager with the processing of claims)  |   |   |   |   |
| 3. Value-add information<br>(Account Manager willingly shares important information e.g. updates on industry changes, any changes that relate to the insurance cover, etc.) |   |   |   |   |

**COMMENTS:**

\_\_\_\_\_  
**NAME AND SURNAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**CAPACITY**

\_\_\_\_\_  
**NAME OF INSTITUTION**

\_\_\_\_\_  
**CONTACT DETAILS: TEL:** \_\_\_\_\_ **E:** \_\_\_\_\_

**INSTITUTION'S STAMP**

