QUICK TRAVEL INSURANCE



Policy Terms & Conditions

GENRIC PW_QT_2504.2024

LINKHAM SERVICES

quick travel insurance

GENRIC Insurance

LINKHAM TRAVEL INSURANCE POLICY WORDING

GENRIC Insurance

This policy is administered by Linkham Services, an Authorised Financial Services Provider (FSP 45396). Underwritten by GENRIC Insurance Company Limited (FSP43638), an Authorised Financial Services Provider and licensed non-life Insurer.

LINKHAM SERVICES

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Please note that this policy wording replaces any previous policy wording regarding this product.
As such, claim events occurring as of 1st February 2022 will be assessed strictly in accordance with these terms.

WELCOME TO LINKHAM TRAVEL INSURANCE

A warm welcome, and thank **You** for choosing to insure **Your** travel insurance through **Us**. Linkham Travel Insurance aims to combine value for money with peace of mind, making travel insurance as straightforward as possible.

OUR PLEDGE TO YOU

We aim to give a high standard of service and to meet any claims covered by these policies honestly, fairly and promptly. Any complaint will be investigated at once, and the matter resolved as quickly as possible. Please view the statutory notice of the Policy for information on **Our** complaints procedure.

If **You** have any queries under this policy or would like more information, please contact **Our** Customer Services Department by phone at: **+27 (10) 211 6981** or by emailing travelinsurance@linkham.com.

Should You wish to submit a claim Email: assist24@africa-assist.co.za or Phone: +27 (10) 211 6981.

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UNDERSTANDING YOUR POLICY

TO UNDERSTAND YOUR POLICY BENEFITS, TERMS AND CONDITIONS, YOU NEED TO READ THE POLICY WORDING AND SCHEDULE OF BENEFITS CAREFULLY:

1) This policy is not a **private Medical Aid**. It is designed to cover **You** for **Emergency Medical Treatment**.
   a) **Emergency Medical Treatment** covers unforeseen and unexpected illness or accidental injuries.
   b) **Pre-existing Medical** covers the sudden onset of an acute condition. **You** must be hospitalised for longer than **48 (forty eight) hours** to qualify for this benefit. **Policy Excess Waiver** purchased, will be reduced to an overnight stay in hospital.
   c) **Important condition of cover: You** must contact Our Emergency Assistance Service to **obtain pre-authorisation** for admittance as an inpatient or any medical-related expenses.
   d) **If You do not obtain pre-authorisation from Our Emergency Assistance Service, We will limit Our liability to R5000 (five thousand rand) in respect of any 1 (one) event.**
2) **Premiums:** This contract is only valid when **You** have a Certificate of Insurance and pay the appropriate premium.
3) Policy Wording, along with **Your Policy Certificate, Schedule of Benefits, and any appropriate Endorsements**, forms the basis of **Your Legal Contract with Us**. **You** must read the policy wording in conjunction with **Your** Policy Certificate, Endorsements, and Schedule of Benefits. Endorsements are changes to the policy wording agreed by **Us** and attached to and form part of **Your** policy.
4) **You** should read the **Policy Certificate and Schedule of Benefits** carefully to ensure that it has been prepared in accordance with **Your** requirements. If there are any queries, contact **Our** Customer Services department. **You** should keep this **policy** in a safe place – **You** may need it to reference in the event of a claim.
5) **Conditions and Exclusions:** Specific conditions and exclusions apply to individual sections of **Your** insurance, whilst general exclusions and general conditions will apply to **Your** whole insurance. The insurance document provides full details of what is covered and what is not covered, claims procedures, and the cover conditions are the basis for settling all claims. If **You** do not meet these conditions, **We** may not be able to pay a claim.
6) **Excess:** The first amount of any claim **You** are responsible for paying or purchasing the optional excess waiver to waive excesses.
7) **Limits:** This insurance has limits on the amount **We** will pay under each section. Some sections also include other specific limits, for example, for any one item or valuables in total.
8) **Sports and Activities: You** may not be insured if **You** participate in sports and activities with a generally recognised risk of injury. Check the approved sports list of activities and refer to the terms and conditions applicable to covered sporting activity.
9) **Your travel agent is appointed on a referral basis and is limited to providing information. You will not receive advice or a recommendation in connection with the purchase of Your insurance, and You will need to make Your own choice about the suitability of Your needs.**
10) Not all plans have all the benefits described in the policy wording; the Schedule of Benefits identifies **Your** chosen benefits. **Your** policy will not cover **You** for every eventuality.
11) **Fraudulent claims:** It is a criminal offence to make a fraudulent claim.
12) **Country of Residence:** The country in which **You** live and regard as **Your** permanent home. If **You** are a temporary resident, have citizenship, a work permit/student visa, or live in the country for more than 12 (twelve) consecutive months, it will be deemed **Your** Country of Residence for this policy. If **You** have a dual citizen and **Your International Journey** is to **Your** country of citizenship, **You** will have no cover. **We** will cover **You** for **International Journeys**, excluding **Your** country of dual citizenship.
13) The **Policy period** cannot be more than **12 (twelve) months** before **Your** departure from your country of residence.
14) **Before the policy issue**, **We** reserve the right to increase the excess, charge an additional amount, or decline cover at **Our** discretion.
15) **In line with the legislation,** GENRIC Insurance Company Limited does not market policies directly to the public but places all business through a line of independent non-mandated intermediary networks with their FSP Licenses.
16) **Our provision of insurance** under this policy is conditional upon **You** observing and fulfilling this policy's terms, provisions, conditions, and clauses.
17) **Statutory notice** is the information at the end of the policy, providing contact details about **Us** and the regulator in the event of claims and disputes.

PLEASE READ THIS POLICY WORDING TO ENSURE THAT THE COVER MEETS YOUR NEEDS. CHECK THE DETAILS OUTLINED WITHIN YOUR POLICY SCHEDULE AND ANY APPLICABLE ENDORSEMENTS TO ENSURE THAT THE INFORMATION SHOWN IS CORRECT.

IMPORTANT INFORMATION

WHAT TO DO IN AN EMERGENCY OR WHEN YOU NEED TO CLAIM:

The 24-hour 365 days Worldwide Medical Emergency Assistance Service will provide immediate help if You are ill, injured, or die outside South Africa or Your Country of Residence.

THE CONTACT DETAILS ARE AS FOLLOWS: Phone: +27 (10) 211 6981 / **Email:** assist24@ africa-assist.co.za.

Please have the following information available when You (or someone on Your behalf) contact the Medical Emergency Assistance so that Your case can be dealt with swiftly and efficiently.

- Your name
- Your policy number as shown on Your policy schedule
- Your contact phone number and address abroad
- The name, address, and contact phone number of Your General Practitioner

PLEASE NOTE

If **You** are admitted to a hospital abroad as an inpatient for more than 24 (twenty-four) hours or if **Your** outpatient treatment is likely to cost more than R5000 (five thousand rand), **You** must contact the Medical Emergency Assistance as soon as reasonably possible. **We** will only pay medical expenses deemed to be **usual, customary and reasonable**.

If **You** do not contact **Us**, **We** may not provide cover or reduce the amount **We** pay for **Your** inpatient or outpatient treatment. Be aware that where an excess applies, **You** will need to pay the amount shown on **Your** policy schedule towards the first part of any claim unless **You** have purchased the **Excess Waiver** option.

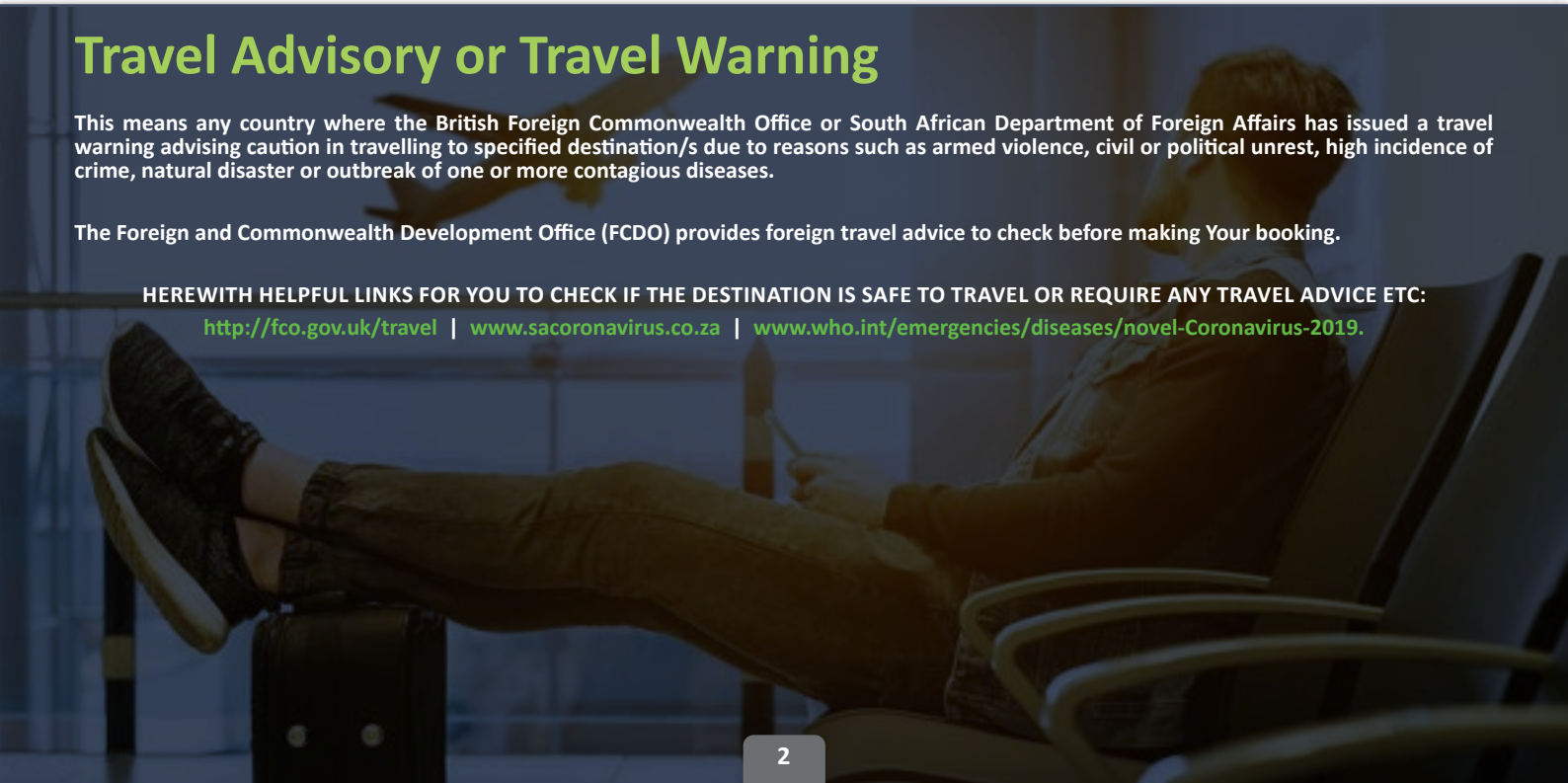
MEDICAL CONDITIONS:

Note that this cover is not a Medical Aid; it will cover **You** only if **You** have a sudden and unexpected accident or become ill and does not provide any cover for procedures that can be carried out in **Your Country of Residence**.

NON-MEDICAL CLAIMS:

Our travel claims Department is open Monday to Friday from 8.30am to 5pm and the **CLAIMS CONTACT NUMBER:** +27 (10) 211 6981 **EMAIL ADDRESS:** assist24@africa-assist.co.za

1) **You** must not send in any documentation until **You** have completed a claim form. Claims must be notified and submitted by no later than 31 (thirty-one) days together with supporting documentation after return to **Your Country of Residence**:
2) Always make sure that any loss, damage, or theft of valuables or any items is reported to the local police or appropriate authority within 48 (forty-eight) hours of discovering the loss at **Your** destination. **You** must obtain a written report containing a police case number, an outline of the event, and a description of the items.
3) If **Your** checked-in baggage is lost, items stolen or damaged in transit or delayed, **You** must report to the airline, railway company, shipping line, or their handling agent and obtain a written Property Irregularity Report (PIR) before leaving the baggage reclaim area.
4) Public Transport Carrier delays, theft, or losses You must provide written confirmation from the Public Transport Carrier or their handling agents as to the reason the service is not running to its published timetable, advising the number of hours for the delay, the scheduled actual departure times, and confirmation of check-in.
5) All claims must be supported by documentary evidence, a letter from the airline, accommodation provider confirming the amount paid, travel itinerary, refunds, police reports, and cancellation terms and conditions.



Travel Advisory or Travel Warning

This means any country where the British Foreign Commonwealth Office or South African Department of Foreign Affairs has issued a travel warning advising caution in travelling to specified destination/s due to reasons such as armed violence, civil or political unrest, high incidence of crime, natural disaster or outbreak of one or more contagious diseases.

The Foreign and Commonwealth Development Office (FCDO) provides foreign travel advice to check before making Your booking.

HEREWITH HELPFUL LINKS FOR YOU TO CHECK IF THE DESTINATION IS SAFE TO TRAVEL OR REQUIRE ANY TRAVEL ADVICE ETC:

http://fco.gov.uk/travel | www.sacoronavirus.co.za | www.who.int/emergencies/diseases/novel-Coronavirus-2019.

GENERAL DEFINITIONS

When the following words and phrases appear in the policy document or insurance confirmation email, they have the meanings given below:

Abandon/Abandonment
Returning to **Your** Residence before **Your** scheduled return date.

Accident/al
It is a sudden, unexpected, and specific event that occurs at an identifiable time and place, resulting in injury or damage.

Accidental Bodily Injury
Injury is caused by a sudden, unexpected, violent, external specific event at an identifiable time and place.

Accidental Loss to baggage
When the Insured person mislays or misplaces their **baggage** resulting in a loss of possession of such **baggage**.

Adverse Weather Conditions
Naturally occurring physical phenomena causing events that can be geophysical, hydrological, climatological, or meteorological, including but not limited to earthquakes, tsunamis, volcanic activity, floods, avalanches, hurricanes, tornados, blizzards, and cyclones.

Acquired Immune Deficiency Syndrome or Human Immunodeficiency Virus (HIV)
Shall have the meanings assigned to it by the World Health Organisation including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or Illness in the presence of a zero-positive test for HIV.

Baggage
Luggage, Personal Belongings, and Valuables were taken by **You** on **Your** International **Journey** or purchased and brought back with **You** during **Your** International **Journey**.

Bankruptcy
The filing of a petition for voluntary or involuntary bankruptcy in a court of competent jurisdiction.

Business Associate
Means **Your** business partner, director, an employee in the same employment as **You** in **Your Country of Residence**, whose absence from work or place of employment for one or more complete days at the same time as **You**, prevents the effective continuation of that business.

Business Journey (excluding manual labour)
A **Journey** undertaken on behalf of and paid for by the organisation **You** are employed in, or **You** are the company's owner travelling for business purposes involving administrative duties (excluding manual labour).

Cancellation
Means **You** are forced to cancel **Your** International travel arrangements before departure for reasons beyond **Your** control and which **You** were unaware of when **You** booked **Your** International travel arrangements.

Civil Commotion
An uprising amongst a mass of people whose irregular action leads to a severe and prolonged disturbance to civil order while not attaining the status given to war or armed insurrection.

Country of Residence
The country in which **You** live and regard as **Your** permanent home. If **You** are a temporary resident, have citizenship, a work permit/student visa, or live in the country for more than 12 (twelve) consecutive months, it will be deemed **Your Country of Residence** for this policy.

Curtailment
Means cutting short **Your International Journey** by direct early return to **Your Country of Residence** due to circumstances beyond **Your** control and which **You** were unaware of when **You** began **Your International Journey**.

Day
Is 24 (twenty-four) consecutive hours.

Dependent Children Sharing Cover / Accompanied Children
Your natural or adopted Children (maximum 5 (five)) travelling with **You**, who are under the age of 21 (twenty-one) years, unmarried, not pregnant, primarily dependent on **Your** maintenance and support, not in full-time employment, accompanying **You** on an identical travel itinerary share cover with **You** at no additional cost. Shared cover means each parent will have the full limit of liability as defined in **Your** Schedule of Benefits.

Documents
Passport, visa, travel tickets and identity document.

Emergency Assistance Services
The Company, whom **We** have authorised to assist, coordinate, and negotiate claims administration and settlement.

Epidemic
A disease, illness, or virus spreading in a certain region or country and which is defined as such by the World Health Organization.

Financial Default
The complete suspension of the **Travel Supplier** operations due to Financial Insolvency, whether a Bankruptcy petition is filed or not.

Financial Insolvency
The total cessation or complete suspension of all operations of the **Travel Supplier** due to insolvency, in terms of the Insolvency Act No. 24 of 1936, with or without the filing of a Bankruptcy petition, or the total cessation or complete suspension of operations following the filing of a Bankruptcy petition, whether voluntary or involuntary, of a **Travel Supplier** which is not extended to the total cessation or complete suspension of operators for losses caused by fraud or negligent misrepresentation by the **Travel Supplier**.

Hijack(ed)
Use of force and violence to seize control of a vehicle, aircraft, or sea vessel in transit to commit theft and/or divert it to an alternative destination.

Illness
An unexpected sickness that **You** contracted during the Insured **Journey** and required a consultation with a medical practitioner.

Immediate Family Member/ Close Relative
Spouse, fiancé, parent, legal guardian, children under the care of a legal guardian, stepparent, grandparent, grandchild, in-law (son, daughter, or parent), natural or adopted child, brother, sister, stepbrother or stepsister, half-brother, or half-sister.

Inbound Journey
An insured **Journey** to South Africa. **Your Journey** starts in **Your Country of Residence** outside the borders of South Africa. **Your** insurance starts and ends when **You** pass through passport control in South Africa.

Incidental Damage/Loss
Refers to the damages/losses that are reasonably associated with or related to an actual damage/loss claim and will only be payable subject to the limits of liability for Incidental loss and Provided the Specific Conditions under the policy are met.

Indemnity
Amount paid, or promise made for payment as compensation for a loss/damage suffered by a third party.

Injury
Bodily Injury or physical trauma resulting from an **Accidental Bodily Injury**.

Inpatient
You are admitted to a hospital or medical facility for emergency medical treatment that requires at least one overnight stay.

Insured Event/s
An Event stated on the Schedule of Benefits may lead to a claim under the policy if it occurs.

International Journey
When travelling directly and uninterruptedly on an international **Journey** to a destination outside of the borders of **Your Country of Residence,** commencing when **You** depart from **Your Place of Residence**, passing through passport control from **Your Country of Residence,** and ending when **You** arrive at **Your** final airport destination in **Your Country of Residence** (including local connecting flights).

Leisure and Sporting Activities
Any pursuit or activity where it is recognised there is an increased risk of serious injury/damage.

Limit/s of Liability
The maximum amount **We** will pay **You** in respect of a benefit as stated on the Schedule of Benefits.

Loss of Hearing
The total and irreversible loss of hearing of all sound confirmed by medical evidence relying on audiometric and sound-threshold tests.

Loss of Limb (arm)
The permanent physical severance of the four fingers at the metacarpal phalangeal joints or the permanent total loss of use of an entire hand or arm.

Loss of Limb (leg)
The permanent physical severance or total loss of use above the level of the ankle, or the permanent total loss of use of an entire foot or leg.

Loss of Sight
The total and irreversible loss of sight confirmed by the medical evidence of qualified ophthalmic specialists, and where **We** are satisfied that the condition is permanent and without expectation of recovery.

Loss of Speech
The total and permanent loss of the ability to make a comprehensive word or an understandable verbal language.

Manual labour (Business Cover only)
Unskilled, semi-skilled, and/or skilled physical labour involving working with the hands and/or operation of mechanical and/or non-mechanical and/or electrical machinery and/or equipment and/or tools, applicable to Business plan only provided **You** purchased the manual labour benefit.

Medical Practitioner
A person registered with a current legal license to practice medicine, optometry, or dentistry excludes **You** and any member of **Your** Immediate Family.

Medical Emergency Service
We appoint the 24-hour emergency medical service.

Motor Cycling
The mounting and riding battery-operated cycle or motorised cycle and which includes a scooter.

Natural Disaster
The event caused by the force of nature includes Adverse Weather Conditions and events such as a hurricane, tornado, tsunami, volcanic eruption, ash clouds, avalanche, earthquake, flood, forest fire that could have catastrophic consequences.

Negligent misrepresentation
When an Insured Person, supplier/agent/adviser carelessly makes statements, whether in writing or orally, while having no reasonable basis to believe it to be true.

Non-Refundable Portion
The costs including deposits and charges **You** paid for Airline Tickets, Car Rentals, Hotel Accommodation, Cruise Lines, Rail and Coach Operators that **You** are unable to recover from any other source, including but not limited to other insurance policies, financial bonds, and guarantees provided by the **Travel Supplier** and/or government agency and/or travel agencies and/or a credit card companies.

One-way Journey (one-way airline ticket or emigration)
Individual **Journey** policyholders, a **Journey** that occurs during the period of insurance, begins when **You** leave South Africa and end up to 31 (thirty-one) days after **You** arrive at **Your** destination. All cover under this policy ceases, and **We** will not be liable for any expenses, fees, or charges incurred after this date. **You** must purchase a travel plan covering 31 (thirty-one) days, and coverage applies if **You** are travelling from South Africa to an international destination. The cover excludes Repatriation to South Africa and will be limited to:

- Emergency Medical Expenses.
- Emergency Medical Evacuation/Transportation.
- Emergency dental treatment.
- Repatriation of Mortal Remains.
- Hospital Daily cash benefit.
- Medical Quarantine

Additional Top-Up can be purchased for additional benefits.

Other Insurance
Any event or claim initiated, paid, or payable for the whole or any part under any other policy, including any statutory insurance, additional insurance, medical aid cover, or other travel insurance policies.

Pair or set of items
Means several Items associated as being similar or complementary or used together.

Pandemic
A disease, illness, or virus is simultaneously transmitted globally and declared by the World Health Organization or official government authority in **Your Country of Residence** or **Your Journey** destination.

Passport Control
Area **You** pass through **Your Country of Residence** where **Your** Passport is checked and stamped before commencing or arriving from **Your International Journey**.

Permanent Total Disablement
Disablement which entirely prevents **You** from following **Your** usual occupation or any other occupation for which **You** are fitted by knowledge and training, which persists for 12 (twelve) consecutive months from cause and at the end of that period is beyond hope of improvement and/or **You** are being permanently bedridden as a direct result thereof.

Personal Belongings
Means baggage, clothing, personal effects, and other articles, which belong to **You**, worn, used, or carried by **You** during the **Journey**.

Period of insurance
The period is shown on **Your** policy Certificate, subject to the issue date, departure date and return date as indicated.

Policy
The document embodies the contract of Insurance, Benefits, and Premium and shall include any subsequent Terms, Conditions, Exclusions, Terminations, and Endorsements.

Policy Certificate
The Certificate of Insurance that **We** issue to **You** contains the relevant details of **Your International, Inbound or Local Journey** Insurance and the benefits payable to **You** in the event of a valid claim.

Prebooked
Travel arrangements booked and paid before **You** departed from **Your Country of Residence**.

Pre-Existing Medical Conditions
Means any past or current **medical condition** that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation, or follow-up/check-up has been required or received during the 12 (twelve) months before the commencement of cover under this policy and/or before any **Journey**: and any cardiovascular or circulatory condition (e.g., a heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time before the commencement of cover under this policy and/or before any **Journey**.

Premium
The amount paid by **You** to receive coverage under this policy is reflected in the Policy Certificate.

Public Transport Carrier
Any scheduled or chartered land, water, or air conveyance that **You** are travelling in as a fare-paying passenger and meets the following criteria:

- It is legally licensed to carry fare-paying passengers.
- Operates commercially and complies with the laws and regulations that apply in the country of operation.
- Public Transport Carrier excludes minibuses, non-standard motor vehicles, and non-pressurised single-engine piston aircraft.

Reasonable and Customary Charges
Means expenses which:

a) are charged for treatment, supplies, or medical services to treat the Insured's condition.
b) Do not exceed the usual level of charges for similar treatment, supplies, or medical services in the locality where the expenses are incurred and
c) do not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

South Africa - Local Journey
A **Journey** within the borders of South Africa having at least one (1) overnight booked accommodation at **Your** destination which is more than 100 (one hundred) kilometers starting from **Your** home or **Your** business.

Strike or Industrial Action
Any form of industrial action, whether organised by a trade union or not, which is carried out with the intention of preventing, restricting or otherwise interfering with the provision of services from the Public Transport Carrier.

Traumatic Event
Serious personal trauma experienced by **You** or a member of **Your** Immediate Family involving kidnap, Hijack, rape, armed robbery or violent assault, verified by a police report.

Travel Companion
A person **You** travel with, without whom **You** cannot make or continue **Your Journey**. Sharing the same itinerary with **You** and has a travel insurance policy with **US**.

Travel Arrangements
Airline tickets, Bus Tickets, Train Tickets, Car rentals, accommodation, Rail, Cruise Lines, and Coach operators.

Travel Supplier
Includes one or more of the following providers booked before **You** departed from **Your Country of Residence**: Scheduled airline, exiting South Africa including all connecting and onward flights forming part of the insured **Journey**, cruise line, rail or coach operator, car rental company, hotel accommodation. The **Travel Supplier** must be registered in South Africa.

Valuables
Cameras; photographic, video, and associated equipment of any kind; games consoles (PlayStation, Gameboy, Nintendo, etc.), accessories and games; personal organisers; mobile telephones; portable audio equipment (DVD, CD, mini-disc, MP3 players, i-pods, etc.) and all associated discs and accessories; spectacles; sunglasses; telescopes; binoculars; jewellery; watches; furs; leather articles; perfumes; precious stones and articles made of or containing gold, silver, or other precious metals.

We/Us/Our
Means GENRIC Insurance Company Limited, Irene Link Precinct, 7 Impala Avenue, Centurion, 0157.

You/Your/Insured Person
This means a person travelling on a **Journey** whose name appears on a policy schedule.

TRAVEL PLANS, NAMES AND AGE LIMITS

ON YOUR POLICY SCHEDULE YOU WILL SEE YOUR SELECTED PLAN, POLICY TYPE AND COVERED REGION.

AREA OF COVER

You will not be covered if **You** travel outside **Your** chosen area, as shown on **Your** Schedule of Benefits.

- If **You** have selected 'Worldwide (excluding the USA and the Caribbean)', the cover area is anywhere in the world except the USA and the Caribbean.
- If **You** have selected 'Worldwide (including the USA and the Caribbean)', the cover area is any country.

INTERNATIONAL JOURNEYS

Outside the borders of South Africa, except for the Local and Inbound plan, which is within the borders of South Africa.

PLAN NAME	INDIVIDUAL	COUPLE	SINGLE PARENT	FAMILY
AAIM (AFRICA ASIA INDIAN OCEAN MIDDLE EAST) 3 months - 70 years : Up to 185 days	✓	✓	✓	✓
ECONOMY PLAN (Including and excluding the USA) 3 months - 70 years : Up to 185 days	✓	✓	✓	✓
LUXURY PLAN (Excluding the USA) 3 months - 70 years : Up to 185 days	✓	✓	✓	✓
CREDIT CARD OR MEDICAL AID TOP-UP 3 months - 70 years : Up to 90 days Provided **You** qualify for automatic travel insurance on **Your** Credit Card and Medical Aid policy. In respect of Section 1 – Emergency Medical and Related Expenses, **We** will only be liable to pay any claim submitted in terms of this Policy after the full benefit limit of the cover has been exhausted on the automatic cover that **You** qualify for on **Your** South African issued credit card and South African medical aid.	✓			
YOUTH PLAN (Excluding USA) 16 years to 30 years : Up to 365 days Covers 1 (one) **Journey** up to 12 (twelve) months. The policy ends when **You** return to South Africa. The home leave allows 60 (sixty) consecutives days after that, the policy will end if **You** do not continue **Your** international **Journey**.	✓			
SENIOR PLAN (Including and excluding the USA) 71 years to 80 years : Up to 92 days	✓	✓		
SENIOR EXTENDED PLAN (Including and excluding the USA) 81 years to 85 years : Up to 92 days	✓			
SUPER SENIOR PLAN (Including and excluding the USA) 86 years to 90 years : Up to 31 days **You** are required to complete a medical declaration form. Cover is subject to approval by **Us**.	✓			
BUSINESS (Excluding Manual Labour) 18 - 75 years : Up to 365 days The **Journey** is primarily for business travel: (attend meetings, conferences, courses, visiting suppliers, administrative capacity, sales, purely managerial and supervisory).	✓			
BUSINESS (Including Manual labour) 18 - 75 years : Up to 365 days The **Journey** is primarily for employment involving manual work up to 365 (three hundred and sixty-five) days cover (including Expatriates).	✓			
GROUP PLAN 3 months - 70 years : Up to 31 days Minimum 10 (ten) travellers are required. Children do not share the cover, pay the set rates.	✓			
SCHENGEN PLAN (Travelling to Schengen countries) 3 months - 70 years : Up to 185 days	✓	✓	✓	✓
INBOUND PLAN 3 months - 75 years : Up to 365 days Inbound cover is only available to non-residents of South Africa travelling as a visitor or tourist within South Africa, departing from any part of the world. Your **Journey** will only start once You pass through passport control in South Africa.	✓	✓	✓	✓
SOUTH AFRICA - LOCAL JOURNEY 3 months - 80 years : Up to 30 days A **Journey** within the borders of South Africa having at least one (1) overnight booked accommodation at Your destination which is more than 100 (one hundred) kilometers starting from Your Home or Your business.	✓			
PILGRIMAGE PLAN 3 months- 70 Years: Up to 31 days Africa, Asia, and Indian Ocean and Middle East	✓			
ONE-WAY JOURNEY (one-way airline ticket or emigration) 3 months - 70 years : Up to 31 days One-way **Journey** (one-way airline ticket or emigration), a **Journey** that occurs during the insurance period, begins when You leave South Africa and end up to 31 (thirty-one) days after You arrive at Your destination.	✓			

AGE LIMITS

The person purchasing this insurance must be 3 (three) months- 90 (ninety) years of age at the date of purchasing this policy. Adults are entitled to travel independently. Children who are 16 (sixteen) years of age or under are only allowed to travel separately to the main insured person if they are travelling with a relative, guardian, or person with a duty of care, such as a schoolteacher if on a school **Journey** to an overseas destination.

POLICY OPTIONS

INDIVIDUAL	One person travelling.
COUPLE/FRIENDS/ FAMILY	An individual his or her friend or a family member travelling together on an identical itinerary (maximum two people)
SINGLE PARENT	Dependent Children up to 5 (five) share in the Limit of Liability of their parent; however, the maximum liability per Insured Person shall not exceed the limit stated on the Schedule of Benefits.
FAMILY	Dependent Children up to 5 (five) share in the Limit of Liability of their parents; however, the maximum liability per Insured Person shall not exceed the limit stated on the Schedule of Benefits.
GROUP	A group of individuals who are named on 1 (one) policy schedule under a single Journey policy. All group members must travel together with the exact departure, return date, and destination (break-away included). Minimum 10 (ten) travellers required. Children do not share the cover; they pay the set rates for group cover.

ANNUAL MULTI-TRIP (AMT)

a) Annual Multi-Trip Policy lasts for 12 (twelve) months, after which it automatically expires.

b) There is no limit on the number of trips You take during the period of cover.

c) Any travel booked to last longer than 90 (ninety) days is not covered.

d) Cancellation cover starts when You book Your Journey.

GENERAL CONDITIONS

THE FOLLOWING GENERAL CONDITIONS APPLY TO ALL SECTIONS OF YOUR POLICY.

CANCELLATION OF YOUR POLICY

You can request to cancel **Your** Policy at any time by contacting **Us** on **+27 (10) 211 6981** or **Email:** travelinsurance@linkham.com.

Cancelling Your Policy within Cooling Off Period

You have up to 14 (fourteen) days from when **You** are issued **Your** Certificate of Insurance (the Issue Date) to decide whether this Policy and cover are suitable for **You**. If **You** decide that **You** don't want this Policy, **You** may cancel it within the 14 (fourteen) days cooling-off period. In addition, **You** will receive a full refund of the premium **You** paid, provided:

a) **You have not started Your Journey.**
b) **No claim or incident is likely to give rise to a claim.**
c) **No Visa was obtained using Your Policy.**

Cancelling Your Policy Outside the Cooling-off period

You may cancel this policy at any time after the cancellation period by emailing **Us** at travelinsurance@linkham.com. If **You** cancel after the cancellation period, no premium will be refunded.

Our right to cancel policy

a) **We** may cancel this policy at any time if **You** have not paid **Your** premium or if there is evidence that **You** misled **Us** or attempted to do so.
b) By this, **We** mean if **You** are dishonest or use fraudulent means to benefit under this policy or if **You** give any false declaration or make a deliberate misstatement when applying for this cover or when making or supporting **Your** claim.
c) **We** will notify **You** by **Your** email or postal address if **We** cancel **Your** policy.

Changes in health, new medical conditions, or pregnancy before You travel

If **Your** health or the health of anyone listed on the certificate of insurance changes before **You** depart on **Your Journey**, **You** must contact **Your** medical practitioner and get written confirmation that **You** are fit to travel.

Claims procedure

Our Travel Claims Department is open Monday to Friday from 8.30 am to 5pm and the **CLAIMS CONTACT NUMBER: +27 (10) 211 6981 EMAIL ADDRESS:** assist24@africa-assist.co.za

1) All claims other than Emergency Medical and Related Expenses (Section 1) are only payable in the Republic of South Africa in South African Rand upon **returning** to **Your Country of Residence**.
2) Claims must be notified and submitted by no later than 31 (thirty-one) days together with supporting documentation after return to **Your Country of Residence**.
3) **You** will have **NO CLAIM** if the supporting claim documentation required is not submitted to **Us** within 60 (sixty) days from the date of claim registration.
4) **Our** liability is limited to 365 (three hundred sixty-five) days from the date of a valid claim within the **Period of Insurance**.
5) If **You** make a medical claim, **You** will be asked to supply **Your** doctor's name to enable **Us** to access **Your** medical records. It will help the treating doctors and **Us** to provide **You** with the most appropriate treatment and assess whether cover applies. If **You** do not agree to give **Us** the information, **We** may not deal with **Your** claim.
6) **We** have the option to either arrange a direct settlement with the service provider or reimburse **You** when settling **Your** claim.
7) If **We** make a payment before the cover is confirmed and **Our** claims investigation reveals that no cover exists under the policy terms, **You** must pay **Us** back any amount **We** have paid within 30 (thirty) days, for which **You** are not covered.
8) **You** must produce the original policy documentation before **We** can process a claim.
9) The maximum **We** pay for any insured event is the benefit limit shown on the Schedule of Benefits.
10) **You** must provide all the evidence **We** ask for to assess any claim at **Your** own cost.
11) **You** must inform **Us** of any other insurance that may cover the claim **You** are making.
12) **You** must protect **Yourself** and **Your** property against accident, injury, loss, and damage, act as if **You** are not insured, and reduce the risk and cost of any claim.
13) **We** reserve the right to require **You** to undergo an independent medical examination at **Our** expense.
14) **We** may also request and will pay for a postmortem examination.
15) **You** must retain any damaged property, and if requested, send it to **Us** at **Your** own expense. If **We** pay a claim for the total value of the property and it is recovered, it will become **Our** property.
16) **We** may refuse to reimburse **You** for any property **You** cannot provide proof of ownership, such as an original receipt, a valuation, or credit card statements.

Cover Ends

Coverage is effective for the stated term shown on **Your Certificate of Insurance**. In addition, **Your** coverage will end at 11:59 p.m South African Local time on the earliest of the following dates:

1) The date **Your** policy is cancelled by **Us**.
2) The date that **You** reach the maximum age for the plan selected.
3) The date **You** return to **Your Country of Residence**.
4) The return date stated on the Travel Insurance Certificate unless there is an automatic extension due to a valid Medical claim applying to this policy.
5) **Automatic Extension due to a Valid Claim**
   If **You** cannot return to **Your Country of Residence** on the return date stated on **Your** travel insurance certificate because of an insured event under **Section 1: Emergency Medical and Related Expenses**, and **Your** policy ends:
   a) **We** will automatically extend the cover up to 365 (three hundred and sixty-five) days from the first incident date.
   b) **We** will extend the period of insurance until **You** are medically fit to return to **Your Country of Residence**.
   c) A medical practitioner **We** appoint will decide when **You** are medically fit to return. Under no circumstances will **We** extend beyond 365 (three hundred and sixty-five) days from a first claims incident date.

Co-operate
Provide **Us** with any information or documentation **We** may reasonably require enabling **Us** to verify and process **Your** claim.

Covered Territory
Worldwide, including all Schengen States.

Credit Card and Medical Aid Top Up
You can purchase a Credit Card or Medical Aid Top Up Cover if **You** qualify for Automatic Travel Insurance on **Your** South African issued bank credit card and Medical Aid. **You** must first lodge any claim against **Your** Bank Credit Card or Medical Aid travel insurance policy, and **Our** liability will become the excess of the Insurance.

Currency
If expenses are incurred in a foreign currency, then the exchange rate used to calculate the amount payable will be the rate at the date the expense or loss was incurred. In all cases, the monetary limits shown on the policy are in South African Rand.

Inbound Journey – already in South Africa waiting period
The policy purchased after **You** arrived in South Africa, a 48 (forty-eight) hour **No Cover** period applies to all benefits. There is **No Cover** under any section of the policy for any event that arises within the first **48 (forty-eight) hours** of purchasing Your policy.

Interest
No sum payable by **Us** under this Policy shall carry interest.

Liability
We shall not be liable for the negligence, wrongful acts, and/or omissions of any legal and/or health care professional or any other person/s or legal entity that has provided direct or indirect service to **You**.

Marketing material
Should any discrepancies arise between the policy and any marketing material or information received by the insured person, the terms, conditions, endorsements, and exclusions will take precedence in all cases.

More than one policy underwritten by Us
If **You** have more than one policy underwritten by **Us,** the maximum **We** will pay is the limit with the highest sum insured.

Other Insurance
1) **Section 1 Emergency Medical and Related Expenses:** Suppose any claim under this policy is already covered by any other Insurance Policies, including statutory insurance, medical aid scheme, medical insurance, and credit card insurance; in that case, **We** will not pay more than **Our** rateable proportion.
2) If an airline or service provider is responsible for all or some of **Your** claims, **You** must claim against the airline first. Airline claims relating to **Travel Delay, Missed Connection, Baggage Delay, Loss, or Damage to Baggage**. **Our** liability will be in excess of the airline or service provider's payment.
3) During a Medical Emergency, the Emergency Assistance Services will assist the Insured Person, but any losses incurred will be recovered from any Other Insurance Policy or scheme **You** might have in place. Therefore, the onus is on **You** to advise the Emergency Assistance Services of the Other Insurance Policies. Failure to do so may lead to a total rejection of **Your** claim.
4) At **Our** expense and in **Your** name, **We** may pursue any actions available to obtain a claim recovery, and **You** must provide **Us** with all relevant details of any other applicable insurance, scheme, or cover. Time is of the essence in this process and is dependent on **Your** co-operation.
5) This condition does not apply to Personal Accident claims.

Period of Cover
1) **Cancellation coverage starts** in **Your Country of Residence** on the date **You** purchased **Your** policy. **Cancellation cover ends** when **You** board **Your Public Transport Carrier** for **Your** international departure.
2) **Travel Delay** coverage will start when **You** leave **Your home** and travel directly uninterrupted to board **Your Public Transport Carrier** for **Your** international departure. The coverage will end from the terminal building when returning from **Your** International **Journey**.
3) **Baggage Coverage** will end when **You** collect **Your** Baggage from the Terminal Building and have all Personal Belongings in **Your** custody and care.
4) For all other sections, the cover will commence when travelling on an International **Journey** outside **Your Country of Residence**, starting when **You** pass through passport control from **Your Country of Residence.**
5) Each **Journey** must take place within the area of travel, and the length of the **Journey** cannot exceed the maximum duration as stated in the Certificate of Insurance.
6) If **You** return to **Your Country of Residence** before **Your** cover end date, all cover will also end.
7) **Your** international **Journey** must start and end in South Africa unless **You** have purchased a policy for a one-way airline ticket or Inbound, in which case **Your Journey** must begin in South Africa.
8) **You** must ensure **Your** international **Journey** duration shown on **Your Certificate of Insurance** is covered from the day You start, and the day You arrive in Your Country of Residence. This policy intends to cover the entire **Journey**.
9) Any **Journey** that had already begun when **You** purchased this insurance will not be covered.

Policy Excess
1) An excess is applied for each insured person for each event.
2) If a claim is covered, the excess is first deducted from the amount **We** will pay and before any relevant depreciation and limits have been applied to the claim amount.
3) The excess amount is specified on **Your** Schedule of Benefits.
4) An excess may also be a waiting period, which is the amount of time **You** have to wait until the benefit may become payable.

Policy Excess Waiver: Only applicable if purchased as an optional cover.
1) This benefit is only applicable if **You** have paid the additional premium, noted in **Your Certificate of Insurance**.
2) **We** will waive the monetary excess and waiting period as shown on the Schedule of Benefits.
3) **Pre-Existing Medical Conditions** for hospitalisation waived to an overnight stay in the hospital.
4) **We** will waive the following **specific conditions** under these sections:
   a) **Cancellation for Any Reason: You** must cancel **Your Journey** within 48 (forty-eight) hours or more before **Your** scheduled **Journey** departure.
   b) **Missed Connection Condition: You** must allow 3 (three) hours or more between **Your** original scheduled arrival time and the scheduled departure

time of **Your** connecting **Public Transport Carrier**.

5) All other conditions remain unchanged under these sections.
6) The **policy excess waiver** does not waive this policy's specific terms and conditions unless stated in points 3 and 4 above.

Policy Extension

If **You** have left South Africa, and before the end of the cover period, **You** decide to extend **Your** policy, contact **Our** Customer Services department on **+27(10) 2116981** or email travelinsurance@linkham.com. The extension is at **Our** discretion.

a) Extensions can be considered if there was no change in **Your** health and no claim has been made or is intended to be made, the policy has not expired, and no incident is likely to give rise to a claim that has occurred.
b) **We** may consider **Your** extension provided full details are disclosed to the Customer Services Department.
c) **We** can amend any terms, conditions, benefits, exclusions, and including premiums of this policy at the time of an extension.
d) If **We** accept the extension, **You** will need to pay the additional premium, and **We** will issue an updated Certificate of Insurance.

Note that it is not possible to extend **Your** Period of Insurance beyond 365 (three hundred and sixty- five) days from the start date.

Policy limits

Each section of **Your** policy has a limit on the amount **We** will pay under that section. Some sections also include other specific limits, for example, for any one item or limits for valuables in total. Check that **Your** policy cover is adequate if **You** want to take expensive items away with **You**.

Premiums

1) The policy cost is based on several factors, including **Your** travel destinations, the length of **Your Journey**, the level of cover and excess **You** choose, the number of people covered, **Your** age, and any optional extra cover **You** select. It will also include government charges (VAT) for Local and Inbound Cover.
2) The premium **You** pay is shown on the Certificate of Insurance and is based on the information **You** provide at the time of purchase.
3) This contract is only valid when **You** have a Certificate of Insurance, and paid the appropriate premium.
4) **We** will provide the insurance described in this policy in return for payment of premium and **Your** compliance with all provisions of this policy.

Public Transport Carrier tickets

We have the right to use **Your** Public Transport Carrier ticket to limit **Our** expenses.

Reasonable care

You must take the same care level as **You** would take if **You** did not have this insurance. **You** must take all reasonable precautions to protect Yourself and prevent accidents, theft, loss, or damage.

Rejection of Claim and Time Bar

1) **You** must provide proof of any loss that **You** claim.
2) If **Your** claim has been rejected or disputed, **You** have 90 days after receiving **Our** rejection letter to make representations of **Our** decision.
3) **You** have a further six months to institute legal action against **Us** after the expiry of the 90 days referred to above.
4) If **You** do not serve a summons on **Us** within this period, **You** will forfeit the right to challenge **Our** rejection.

Returning home early

If **You** choose to end **Your Journey** early for any reason, **We** will not reimburse any premium for the unused portion of **Your** policy.

Sanctions and Exclusion Clause

We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim, or provision of such benefit would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union as well as the United Kingdom or United States of America insofar as they are not in contradiction to the legislative provisions applicable to **Us**.

Subrogation

We reserve the right to commence or take over legal proceedings in **Your** name to defend or settle any claim or to sue any party to recover monies payable by them.

Summons

Any summons notice or process to be served upon GENRIC Insurance Company Limited, Address: Irene Link Precinct, 7 Impala Avenue, Centurion, 0157, to institute any legal proceedings against **Us** in connection with this Policy of Insurance must be served upon GENRIC Insurance.

This contract is made in the Republic of South Africa (RSA)

The Republic of South Africa (RSA) laws govern this policy, and any dispute or action in connection therewith will be conducted and determined in RSA.

Use of Language

Unless otherwise agreed, the contractual terms and conditions and other information relating to this contract will be English.

Youth Plan (excluding USA) home leave – No cover in South Africa

1) The policy ends when **You** return to South Africa. The home leave allows 60 (sixty) consecutive days; after that, the policy will end if **You** do not continue **Your** international **Journey**.
2) A home visit entitles **You** to a maximum of one return visit to **Your** home before **Your** intended return date up to a maximum duration of 60 (sixty) days.
3) The cover is suspended from the time **You** arrive at **Your** departure point to **Your** home and starts again when **You** exit the airport at **Your** overseas destination. During this period, No Cover is provided by the policy.

GENERAL EXCLUSIONS

THE FOLLOWING EXCLUSIONS APPLY TO ALL SECTIONS OF YOUR POLICY.

(excluding Section 3.5 Cancellation for Any Reason and Section 3.6 Curtailment for Any Reason).

We will not cover You for any claim arising from, or relating to, the following.

1) Circumstances that **You** knew about before **You** purchased this insurance or at the time of booking **Your Journey** could result in a claim (whichever is the earlier).

2) **You** travelling to obtain medical treatment abroad or if **You** are on a waiting list for medical treatment or if **You** travelling against medical advice;

3) Under all sections, any claim arising from a reason not listed under What you are covered for.

4) **You** climbing on or jumping from a vehicle, building, bridge, scaffolding, balcony or climbing or moving from any part of any building to another (apart from stairs, ramps, or walkways) and falling, regardless of the height, unless **Your** life is in danger or **You** are attempting to save human life;

5) **You** being unable to provide receipts or other reasonable proof of ownership wherever possible for the items being claimed;

6) Any child born during an international **Journey**.

7) **You** requiring search and rescue;

8) Prior to the purchase of the Policy, **You** receiving a terminal prognosis or being recommended to continue or to commence any medical treatment or medication after the effective date of cover;

9) Any other loss, damage, or additional expense from the event **You** are claiming unless **We** provide cover under this insurance. This includes any claim for loss of enjoyment for any **Journey**.

10) **You** travelling by air except where **You** are travelling as a fare-paying passenger on an aircraft that belongs to an airline company duly registered for the transport of fare-paying passengers on regular and published scheduled routes;

11) **You** travelling by sea vessel except where **You** are travelling as a fare-paying passenger on a sea vessel;

12) **You** undertaking employment on a permanent or contract basis unless **You** have purchased the Business Cover Including and Excluding Manual Labour, Inbound Cover (excludes manual labour) or Youth Cover will include work on a casual basis only;

13) **You** engaging in occupational activities underground or requiring the use of explosives and on any oil rig stations at sea;

14) **You** engaging in or taking part in armed forces services, armed security services, or similar operations;

15) **You** wilfully exposing Yourself to or actively participate in war, invasion, an act of a foreign enemy, hostilities (whether war be declared or not), Riot, Civil Commotion, civil war, rebellion, revolution, insurrection, military or usurped power or any foreseeable act of any person acting on behalf of or in connection with any organisation with activities towards the overthrow by force of any Government (whether with legal authority or not) or any foreseeable act of Terrorism or violence, except for Terrorism cover provided under Emergency Medical and Related Expense Section 1 and Personal Accident Section 10.

16) **Your** deliberate exposure to exceptional danger (except to save human life).

17) **You** not being admitted to any country by the authorities.

18) Accrued interest on any indemnity payable under this policy. **We** reserve the right to commence or take legal proceedings in **Your** name for the settlement or defence of any claim or to prosecute any other party to recover compensation (including legal costs) in respect of any cover provided by this Policy of Insurance. Any amount recovered shall belong to **Us**.

19) **Your** claims being based on fraud or dishonesty. This includes any claims for events that **You**, or any person colluding with **You**, bring about deliberately so that **You** can benefit from a claim.

20) Loss or destruction of, or damage to, any property whatsoever or any loss or expense whatsoever resulting from or arising therefrom, or any consequential loss or other loss directly or indirectly caused by or contributed to or arising from ionising radiation or contamination by radioactivity from nuclear fuel or any nuclear waste from the combustion of nuclear fuel. For this exclusion only, combustion shall include any self-sustaining process of nuclear fission or in any way caused or contributed to by an act of war or Terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.

21) **You** participating in Leisure or Sporting Activities not mentioned in the Leisure and Sporting section or if **You** are over the age of 65 (sixty-five) years.

22) **You** participating in motorcycling except as a driver or passenger of a motorcycle with an engine capacity of 250 (two hundred and fifty) cc or less, provided that **You** or the driver hold a current legal motorcycle driver's license a driving permit to drive in the country visited. **You** must use the appropriate safety equipment (Crash Helmet) and adhere to the speed limit. Note that NO Personal Accident Cover, Permanent Disablement Cover, and Personal Liability Cover is available when participating in motorcycling activities.

23) **You** drinking too much alcohol or alcohol abuse where it is reasonably foreseeable that such consumption could result in an impairment of **Your** faculties and/or judgement, resulting in a claim. **Your** blood or breath alcohol level is higher than the legal limit in the country where the claim originated.

24) **You** under the influence of drugs or narcotics, accidental or otherwise, unless a medical practitioner administered such drugs or narcotics or unless prescribed by and taken following the directions of a medical practitioner.

25) Claims resulting from any tour operator, travel agent, airline, or other service provider becoming insolvent and not being able or willing to carry out any part of their duty to **You**, except for cover provided under **Travel Supplier Insolvency Section 6**.

26) **You** are not covered for claims relating to government travel bans, government-directed border closure, or mandatory quarantine or self-isolation requirements related to border, region, or territory travel.

27) Claims resulting from a one-way ticket or for emigration except for cover provided under **Emergency Medical Expenses section 1**.

28) Inpatient medical costs **You** have paid without authorisation or approval from **Us**.

29) **Communicable Disease(s)**
This policy excludes any loss, damage, liability, claim, cost, or expense of any nature, directly or indirectly caused by, contributed to by, resulting from, arising out of, or in connection with a Communicable Disease or the fear/threat (whether actual or perceived) of a Communicable Disease regardless of any other cause or event contributing concurrently or in any other sequence thereto.

30) **Communicable Disease**

Means any disease which can be transmitted through any substance or agent from any organism to another organism which includes, but is not limited to, any form of Coronaviruses or Influenza viruses where:

i) the substance or agent includes, but not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not; and
ii) the method of transmission, whether direct or indirect, includes, but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas or between organisms; and
iii) the disease, substance, or agent can cause or threaten damage to human health or human welfare or can cause or threaten damage to, deterioration of, loss of value of, marketability of, or loss of use of property, including but not limited to any tangible goods, livestock, bloodstock, or other.

SECTION 1
EMERGENCY MEDICAL AND RELATED EXPENSES FOR INTERNATIONAL JOURNEY

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

The purpose of this section is to help **You** if **You** require unforeseen emergency medical treatment whilst on an international **Journey**. Cover provided outside **Your Country of Residence**. The local plan excludes cover for Emergency Medical Expenses.

WHAT YOU ARE COVERED FOR

1.1 EMERGENCY MEDICAL EXPENSES

We will pay reasonable and customary expenses for hospitalisation, out-patient treatment, and prescription medication up to the amount shown on the Schedule of Benefits for necessary and unforeseen **Emergency Medical Expenses** during an international **Journey** as a result of:

a) Illness, Injury, disease, or death.
b) **You** are diagnosed with an Epidemic, **Pandemic** relating to COVID-19, and costs incurred when tested positive.

1.2 PRE-EXISTING MEDICAL CONDITIONS EXPENSES

(This section only applies if shown on Your Schedule of Benefits)

We will pay **You** reasonable and customary expenses as an inpatient while in a hospital up to the amount shown on the Schedule of Benefits if **You** become ill during **Your** international **Journey** due to the sudden and unexpected acute onset of a **Pre-Existing Medical Condition**.

PLEASE NOTE:
Optional Excess waiver purchased, reduced to an overnight stay in hospital.

Specific condition related to Pre-Existing Medical Conditions

1) **Your** hospital admission must be longer than 48 (forty-eight) hours.

1.3 EMERGENCY AND RELATED EXPENSES WE PAY FOR:

(Prior authorisation from Our Emergency Assistance Services required for the benefits listed below)

1) Emergency Medical, surgical, hospital, ambulance, prescription medication and nursing charges incurred outside **Your Country of Residence**.
2) Reasonable additional accommodation expenses (three-star room only) to extend **Your** stay until **You** are medically fit to return to **Your Country of Residence**.
3) **Burial, Cremation, or return of Your mortal remains:**
   a) Burial or Cremation where **Your** death occurred (including Epidemic, Pandemic relating to COVID-19).
   b) Return **Your** mortal remains or ashes to **Your Country of Residence**.
   c) Embalming.
   d) Transportation of the remains, by the most direct and economical conveyance and route possible to **Your Country of Residence**.
   e) Coffin expenses up to R10 000 (ten thousand rand) when **Your** body is returned to **Your** place of permanent residence in **Your Country of Residence**.
4) Medical transportation to the nearest most appropriate medical facility to obtain necessary treatment and/or repatriation to **Your Country of Residence**.
5) Additional costs incurred in using air transport or other suitable means, including qualified attendants, to repatriate **You** to **Your Country of Residence if medically necessary,** provided **Our** Emergency Assistance Service manages the process.
6) **You** are covered for Medical and Repatriation costs if **You** are diagnosed with an Epidemic, **Pandemic** relating to COVID-19.
7) **You** are travelling alone and are hospitalised as an inpatient for more than 5 (five) consecutive days. **We** will pay for an air ticket (economy class) plus accommodation (three-star) up to the amount shown on **Your** Schedule of Benefits for a family member or a friend from **Your Country of Residence** to visit **You** or escort **You** to **Your Country of Residence**. The medical practitioner and Our Medical practitioner attending to **You** must advise if **Your** family member or a friend should be with **You**.
8) **Your** Accompanied Children or **Travel Companion** (provided **We** insure them) are left stranded in the event of **Your** hospitalisation, repatriation, or death. **We** will arrange and pay for transportation (economy class air ticket) to **Your Country of Residence** or children with a qualified escort, if necessary, up to the amount shown on **Your** Schedule of Benefits.
9) **Emergency Medical Expenses related to Terrorism: We** will pay up to the maximum limit of R5 000 000 (five million rand). If the plan you purchased is lower than R5 000 000, the lower limitations will apply.
10) **Emergency dental treatment** is required for immediate pain relief solely to relieve distress in eating and/or emergency repair to restore dental function up to a limit of R5000 (five thousand rand).
11) **Emergency optical treatment** that a medical practitioner considers necessary to treat a sudden optical illness or injury **You** suffer outside **Your Country of Residence**.
12) **Costs of telephone call up to R1000** (one thousand rand) to and from the Emergency Medical Assistance Service notifying and dealing with the problem of, which **You** are able to provide evidence in the form of a statement or bill.
13) **Costs of taxi fare up to R2000** (two thousand rand) for **Your** travel to or from hospital relating to **Your** admission, discharge, or attendance for outpatient treatment or appointments and/or for collection of medication prescribed for **You** by the hospital. **You** must keep receipts or bills for taxi fares to or from the hospital claimed for, stating details of the date, name, and location of the hospital concerned.
14) **Hospital Cash Benefit**, If **You** are hospitalised, **We** will pay up to the amount shown on the Schedule of Benefits every 24 (twenty-four) hours **You** stay as an inpatient in hospital.
15) **Outpatient Physiotherapy** or manipulative treatment costs are limited to a maximum of R2000 (two thousand rand). A referral from a medical practitioner is required.
16) **You** are Human Immunodeficiency Virus (HIV) positive or have Acquired Immune Deficiency Syndrome (A.I.D.S). In that case, **Your** medical-related expenses are restricted to an overall indemnity limit of R500,000 (five hundred thousand rand).
17) **Medical Quarantine Accommodation Expenses:** If **You** test positive for an **Epidemic**, **Pandemic** relating to **COVID-19** on **Your** insured journey, **You** are required to be Medically Quarantined (not hospitalised as an inpatient). **We** will pay up to the amount shown on the Schedule of Benefits for the additional accommodation expenses limited to a three-star room only and flight penalties to change **Your** carrier ticket to return **You** to **Your** country of residence. Prepaid accommodation expenses used for quarantine purposes are not covered (only pay for additional costs in excess of the Prepaid Accommodation). **Condition of Cover:** The attending medical practitioner must confirm in writing that it was medically necessary to be quarantined. **You** must submit a positive **COVID-19** PCR test result and written documentary proof of the place and length of time spent in quarantine.
    Please note: You must contact our Emergency Assistance help desk at +27 010 211 6981 or email assist24@africa-assist.co.za to arrange the bookings for the accommodation or flight.
18) **Emergency Medical Expenses relating to COVID-19: We** will pay up to the maximum limit of R7 500 000 (seven million five hundred thousand rand) depending on the plan type purchased. Refer to the schedule of benefits for the limitations.
19) All receipts must be retained and produced in the event of a claim.
   a) **Your** claim may be rejected if **You** cannot provide receipts.
   b) If **You** become ill or injured, **We** have the right to bring **You home** if **Your** medical practitioner and **Our** Emergency Assistance Service medical advisor agree that **You** can safely travel **home**.
   c) If **You** choose not to return home, **You** must pay all further medical and related expenses **You** incur from that date onwards.
   d) **We** have the right to use **Your** original travel tickets. Any refund **You** would get from unused tickets belongs to **Us**.

WHAT YOU ARE NOT COVERED FOR

1) Expenses of over R5000 (five thousand rand) if **You** did not contact the Emergency Assistance Services for their authorisation.
2) Expenses for Medical evacuation, repatriation, burial, flights, and accommodation not arranged by **Our** Emergency Assistance Service.
3) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option.
4) Claims arising if **You** had symptoms associated with any **Epidemic**, **Pandemic**, **Coronavirus** at the time of purchasing this insurance policy or booking **Your Journey**.
5) Any expenses incurred after the date **We** exercise **Our** rights under this section to move **You** from one hospital to another and/or arrange for **Your** repatriation, but **You** decide not to be moved or repatriated.
6) If **You** do not observe all the policy terms and conditions insofar as they relate to anything to be done by **You**.
7) Treatment that **You** or **Your** medical practitioner are aware of will arise during the International **Journey** or where a medical advisor has advised against travel.
8) Vascular, cardiovascular, or cerebrovascular conditions if **You** are 86 (eighty six) years and over.
9) Investigatory treatment that is not specified by a medical practitioner appointed by **Us** as being immediately necessary.
10) Contraceptive devices, prosthetic devices, and or artificial aids.
11) Treatment or services provided by a health spa, convalescent or nursing home, or any rehabilitation centre unless agreed by the Emergency Assistance Service.
12) Cosmetic Surgery.
13) **Pre-Existing Medical Condition** for inpatient treatment when **You** have been admitted to hospital for less than 48 (forty eight) hours. (unless the optional excess waiver was purchased, in that case overnight stay in hospital will apply).
14) Psychiatric, psychological, or emotional illness of any kind, suicide, attempted suicide, deliberate self-injury, insanity, depression, stress.
15) Any event where **You** being under the influence of alcohol to such an extent that it impairs **Your** physical ability and/or judgement; or **You** being under the influence of drugs (unless prescribed by a doctor); alcoholism, any other alcohol-related illness or drug addiction.
16) Any event where **You** are under the influence of drugs or narcotics, accidental or otherwise, unless a medical practitioner administered such drugs or narcotics or unless prescribed by and taken following the directions of a medical practitioner.
17) Any claim arising or resulting directly or indirectly from sexually transmitted diseases.
18) Pregnancy or childbirth from the 1st day of the 26th week of pregnancy onward as determined by a Medical Practitioner.
19) Any claim related to manual labour unless **You** purchased the Business Manual Labour Cover.
20) Out-patient treatment under **Pre-Existing Medical Conditions**.
21) Preventive treatment, including any vaccinations or immunisations.
22) Any claims for an **Epidemic**, **Pandemic** relating to COVID-19:
    a) When **You** do not test positive while on **Your international journey**.
    b) Mandatory testing or medical quarantine accommodation at **Your** destination or return to **Your Home**.
    c) Mandatory quarantine requirements by the governments.
    d) **You** fail to submit a positive COVID-19 PCR test result.
23) Anything mentioned in the General Exclusions.

YOU MUST BE AWARE OF THE FOLLOWING IMPORTANT INFORMATION UNDER THIS SECTION:

This Policy is not a private medical aid; cover intends to stabilise and repatriate You to Your Country of Residence.

Medical Treatment:

- No cover for routine, non-emergency, or elective treatment or treatment that can wait until **You** return home.
- If **You** have a medical claim, **You** will be requested to supply **Your** medical practitioner's name to enable **Us** to access **Your** medical records. It will help the treating medical practitioners and **Us** to provide **You** with the most appropriate treatment and assess whether cover applies. If **You** do not agree to provide this, **We** may not deal with **Your** claim;
- In some instances, **You** may need to be moved from 1 (one) local facility to another larger, more specialised facility for treatment.
- Once **You** are discharged from the hospital, this does not always mean **You** are fit to fly home. For example, if **You** were in South Africa and suffered the same injury/illness, **You** would not consider flying out on holiday after surgery/treatment/incident.

Repatriation (bringing You home)

- Coming home straight away is not always an option, even if **You** are considered fit to fly by the treating medical practitioner.
- Most airlines require specific criteria to be met to accept a medical passenger.
- Things change; if **Your** health, stability, or vitals change, then so do the plans.
- Repatriation is to **Your** country of permanent residence.
- Our Emergency Assistance Services have the expertise in facilitating and managing the process of Your evacuation or repatriation. They will advise on the timing and method of repatriation best suited to Your individual needs and recovery.

WHAT YOU MUST DO:

OBTAIN PRE-AUTHORISATION OF MEDICAL AND RELATED EXPENSES:

Before **You** incur any expenses, contact **Our** 24/7 Medical Emergency Assistance Service helpline number: **(+27) 10 211 6981** (claims and assistance) Email: assist24@africa-assist.co.za for pre-authorisation of events below:

- Return home early.
- Medical treatment costs over R5000 (five thousand rand).
- Burial or Cremation.
- Repatriation or Evacuation.
- Flights and Accommodation.

If **You** do not obtain pre-authorisation from **Our** Emergency Assistance Service, **We** will limit **Our** liability to R5 000 (five thousand rand) in respect of any 1 (one) event. If **You** cannot call before **You** are admitted as an inpatient because **Your** condition is too serious, **You** can nominate a person to phone on **Your** behalf.

These words have the following meanings in the above section:

Reasonable and Customary Charges means expenses which:

a) Are charged for the treatment, supplies, or medical services to treat the Insured's condition.
b) Do not exceed the usual charges for similar treatment, supplies, or medical services in the locality where the expenses are incurred.
c) Do not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

SECTION 2
LEISURE AND SPORTING ACTIVITIES

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
We will cover You for Emergency Medical and Related Expenses up to the amounts shown in the Policy Schedule of Benefits if You are under 65 (sixty-five) years and taking part in the Leisure and Sporting Activities listed below, provided You are not: a) taking part as a professional; b) racing; c) taking part in a competition; The cover provided is on a recreational and non-professional basis. Therefore, any participation in sports or activities is subject to **Your** compliance with local laws and regulations and the use of recommended safety equipment not listed (such as helmet, harness, knee, and/or elbow pads). PLEASE NOTE: **We** may cover **You** for other activities not listed at an additional cost. Please email **Your** request to: travelinsurance@linkham.com. **Sports Extensions** **School collision sports:** cover for certain Collision Sports covered for school children, limited to rugby, hockey, netball, and soccer. Players must be under the age of 20 years. The cover is limited to R1,000,000 (one million rand) whilst training for, participating, or engaging in playing the sport. Sprains, strains, and physiotherapy excluded. **Important information:** When **You** are sailing on international waters and are not within reach of land, **Our** Emergency Assistance Service can only provide emergency services from the nearest port or harbour. Likewise, when hiking, **We** can only provide emergency services from the base camp.	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) Participating in a Professional Sport unless authorised by **Us** before travel. 3) Sprains, strains, and physiotherapy treatment. 4) Claims as a result of mountaineering that require the use of ropes, crampons, or ice axes. 5) Participating in a race. 6) Participating in any sport not listed on the Leisure and Sporting Activity schedule. 7) Being over the age of 65 (sixty-five) years inclusive. 8) Participating in any of the following Leisure and Sporting Activities that are entirely excluded - Aerobatic flying, Cape Epic, Parkour, Cave diving, Cliff diving, Freediving, Hang gliding, Horse racing, Hunting, Ice climbing, Microlite flying, Motor vehicle and/or motorbike and/or quad bike racing, Muay Thai, Paragliding, Parachuting, Rock climbing, Running with the bulls, Freestyle skiing, skiing on black slopes, Sky diving, Sky surfing, Street luge, Tow-in surfing, Tour de Afrique, Toboggan racing, White water rafting class 6, Mount Everest past base camp, Heli-skiing, Horse Jumping, Skate Boarding; 9) Anything mentioned in the General Exclusions and General Conditions.

SPORTS & ACTIVITIES WHICH ARE COVERED

- **Clay Pigeon Shooting** – supervised by a qualified person.
- **Cricket.**
- **Croquet.**
- **Curling.**
- **Cycling.**
- **Dancing.**
- **Darts.**
- **Deep-Sea Fishing.**
- **Dinghy Sailing** – Inland & coastal waters provided it is in territorial waters.
- **Dog Skijoring.**
- **Dog Sledding.**
- **Dressage.**
- **Dry Skiing.**
- **Dune Bashing.**
- **Elephant / Camel riding.**
- **Fell Walking.**
- **Fencing** – Supervised by a qualified person.
- **Field Hockey.**
- **Fishing.**
- **Foot Bag** (Hacky Sack).
- **Football.**
- **Go Karting** (leisure only) – Engine capacity of 200cc or less.
- **Golf.**
- **Gym.**
- **Gymnastics.**
- **Handball.**
- **High Diving** – Less than 10 meters indoor only.
- **Hiking** – Under 6,000 metres altitude, no solo treks, no mountaineering using ropes.
- **Hill Walking** – Under 6,000 metres altitude, no solo treks, no mountaineering using ropes.
- **Hockey.**
- **Horse Riding** – Excluding Jumping, Hunting and Polo.
- **Hot Air Ballooning** – organised trips and travel as a passenger only.
- **Husky sledge driving** – excluding endurance.
- **Ice skating** - excluding speed skating.
- **Inline Skating.**
- **Javelin.**
- **Jet Boating.**
- **Jet Skiing** up to a capacity of 500cc.
- **Jogging.**
- **Ju-Jitsu.**
- **Judo.**
- **Karate.**
- **Kick Boxing.**
- **Kite Skiing, Surfing, and Boarding.**
- **Korfball / Basketball / Netball.**
- **Power Lifting.**
- **Racquetball.**
- **Rambling.**
- **Roller Blading.**
- **Roller skating.**
- **Rounders.**
- **Rowing** – Inland and coastal within territorial waters.
- **Rugby.**
- **Running, Sprint, Long Distance.**
- **Safari** – Organised trips only excluding any guns.
- **Sailing & Sailboarding & Sandboarding.**
- **Scooter** – Provided **You** wear a crash helmet, **You** or the driver hold a current legal motorcycle drivers license and a driving permit to drive in the country permitted.
- **Scuba Diving** (not within 24 (twenty-four) hours of a flight) – Max depth 30m, accompanied by a qualified instructor and not diving alone.
- **Segway** - A two-wheeled motorized personal vehicle consisting of a platform for the feet mounted above an axle and an upright post surmounted by handles.
- **Skidoo.**
- **Skiing** on the piste, alpine, green, blue, red slopes.
- **Snorkelling.**
- **Snowboarding** on-piste. green, blue, red slopes.
- **Surfing** – in territorial waters
- **Soccer.**
- **Softball.**
- **Squash.**
- **Streetball.**
- **Surfing** – In territorial waters.
- **Swimming.**
- **Trekking** under 6,000 metres altitude, no solo treks, no mountaineering using ropes.
- **Triple Jump.**
- **Tug of War.**
- **Twirling.**
- **Volleyball.**
- **Wakeboarding.**
- **Water polo.**
- **Table Tennis.**
- **Tennis.**
- **Tenpin Bowling.**
- **Tobogganing.**
- **Twirling.**
- **Volleyball.**
- **Wakeboarding.**
- **Water polo.**
- **Yoga**

SECTION 3
POSTPONEMENT, CANCELLATION, AND CURTAILMENT FOR NAMED REASON

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR

3.1. POSTPONEMENT - FOR NAMED REASON

BEFORE YOU TRAVEL FROM YOUR COUNTRY OF RESIDENCE

PLEASE NOTE:

- **You** change **Your** scheduled departure date from **Your Country of Residence** to a date later than **Your** booked date due to an insured event listed under the Named reason.
- **We** will pay **You** up to the amount shown on the Schedule of Benefits for any flight penalties (before the journey starts) or economy class travel cost or three-star accommodation if **You** need to postpone the return flight after departure due to an insured event listed below under Cancellation or Curtailment for Named Reason.
- The limits of 3.1 Postponement for Named Reason also apply to section 3.3 Postponement for Epidemic, Pandemic relating to **COVID-19**. **Refer to the Schedule of Benefits for the limitations on your purchased plan types.**

Specific condition

You must provide **Us** with a letter from the Public Transport Carrier and accommodation provider confirming their penalties relating to **Your** claim.

3.2 CANCELLATION - FOR NAMED REASON

BEFORE YOU TRAVEL FROM YOUR COUNTRY OF RESIDENCE

We will pay a benefit, up to the amount shown on the Schedule of Benefits for the travel arrangements, which **You** have paid or contracted to pay, and suffer a financial loss for:

- **Your** visa costs not exceeding R2000 (two thousand rand).
- **Your** unused, non-refundable **Prebooked** travel arrangement less any refunds **You** may obtain.
- **Your** unused, non-refundable **Prebooked** conference or sporting event (this benefit applicable to Luxury and Business plan)

We will provide cover if the insured **Journey** is Postponed or Cancelled in **Your Country of Residence** before the scheduled departure date due to one of the following necessary and unavoidable insured events listed under the named reason below.

3.1 & 3.2 : NAMED REASON FOR POSTPONEMENT AND CANCELLATION

BEFORE YOU TRAVEL FROM YOUR COUNTRY OF RESIDENCE

1) The unexpected death, unforeseen illness, or injury as certified by a Medical Practitioner, of **You**, **Your Travel Companion**, **Your** Immediate Family or **Business Associate**, or the person **You** intended to stay with abroad. **Pre-Existing Medical Conditions** excluded.
2) Accidental material damage to immovable property or Burglary to **Your** principal place of residence within 30 (thirty) days before the scheduled departure date, the loss must exceed R75,000 (seventy-five thousand rand). A police report is required.
3) A terrorist attack within 14 (fourteen) days of **Your** scheduled departure date, in the same city listed on **Your Prebooked** itinerary.
4) A traumatic event occurs within 14 (fourteen) days before the scheduled departure date. A medical report is required from the treating doctor.
5) **You** are aged 18 (eighteen) to 65 (sixty-five), after 2 (two) years of full-time employment by the same company. **You** are made redundant or retrenched 14 (fourteen) days before **Your** scheduled departure date.
6) The cancellation and/or delayed departure of **Your** Carrier is due to an unexpected Hijack, Strike, Riot, or Civil Commotion.
7) Theft of travel documents (travel tickets, visas, and passport) causing unavoidable Cancellation before the scheduled departure date. A police report is required.
8) A natural disaster in a country listed on **Your Prebooked** itinerary, **Your** accommodation is made uninhabitable due to a natural disaster.

3.3 POSTPONEMENT OR CANCELLATION FOR EPIDEMIC, PANDEMIC RELATING TO COVID-19

(This coverage only applies if You purchased Your policy within 48 (Forty-eight) hours of making part or full payment of Your travel arrangements).

BEFORE YOU TRAVEL FROM YOUR COUNTRY OF RESIDENCE.

Postponement

We will pay **You** for flight penalties (before the journey start) up to the limit stated on the schedule of benefits under Section 3.1 Postponement for Named Reason.

Cancellation

We will pay **You** up to the amount shown on the Schedule of Benefits for the travel arrangements, which **You** have paid or contracted to pay, and suffer a financial loss for:

- **Your** visa costs not exceeding R2000 (two thousand rand).
- **Your** unused, non-refundable Prebooked travel arrangement less any refunds **You** may obtain.
- **Your** unused, non-refundable Prebooked conference or sporting event (this benefit applies to the Luxury and Business plan).

Postponement and Cancellation for Epidemic, Pandemic relating to COVID-19

We will provide cover if the insured Journey is Postponed or Cancelled in **Your Country of Residence** before the scheduled departure date due to one of the following insured events listed below:

1) **You**, **Your** Immediate family, are tested positive for an **Epidemic**, **Pandemic** relating to **COVID-19** before the scheduled departure date. The attending medical practitioner must certify that **You** are medically unfit to continue with **Your** original travel plans due to the diagnosis.
2) The airline denies **You**, **Your Travel Companion** boarding due to displaying symptoms of an **Epidemic**, **Pandemic** relating to **COVID-19** (either a positive **COVID-19** diagnosis or receiving a temperature) that falls outside the airline's travel terms. This coverage only applies if **You** purchased **Your** policy within 48 (Forty-eight) hours of making part or full payment of Your travel arrangements. In addition, **You** must have documented proof from the airline.

PLEASE NOTE:

The maximum cancellation limit We will pay for COVID-19 under the Luxury and Business plan is up to R40 000 (forty thousand rands). Refer to the Schedule of Benefits for the limitations on your purchased plan types.

PLEASE NOTE

You can only claim from one of these Sections below before Your Journey starts:

1) **Section 3.1 - Postponement for Named Reason**
2) **Section 3.2 - Cancellation for Named Reason**
3) **Section 3.3 - Postponement or Cancellation relating to COVID-19**
4) **Section 3.5 - Cancellation for Any reason**
5) **Section 4 - Denied Visa Application**
6) **Section 6 - Travel supplier Insolvency**

WHAT YOU ARE NOT COVERED FOR

1) The excess shown on the Schedule of Benefits, except where **You** have paid the excess waiver cover option.
2) Any consequential loss.
3) Any claim not authorised by **Our** Emergency Assistance Service before **You** return to **Your Country of Residence**.
4) Any claim arising from a named reason not listed in the "What **You** are Covered for" section.
5) Cancellation, Postponement, or Curtailment relating to **Pre-Existing Medical Conditions**, including **You** or the person who is the cause of the claim.
6) **Your** inability to travel due to **Your** failure to hold, obtain or produce a valid passport or any required visa in time for the booked **Journey**.
7) Vascular, cardiovascular, or cerebrovascular conditions if **You** or the person who is the cause of the claim are 70 (seventy) years and over.
8) **You** cannot provide evidence from a medical practitioner confirming **Your** illness for any claims arising from a medical condition.
9) **You** or a **Travel Companion** are travelling against the advice of a Medical Practitioner.
10) Claims due to an **Epidemic, Pandemic** relating to COVID-19 where **You** fail to submit a positive COVID-19 PCR test result.
11) Travel tickets are paid using airline mileage reward schemes, such as Air Miles or card bonus point schemes.
12) Accommodation costs paid for using any Timeshare, Holiday Property Bond, or other holiday points scheme.
13) Failure to check-in with **Your** Carrier according to the scheduled times.
14) **Your** travel agent fails to pass on monies to the Carrier or Accommodation Provider or deliver promised services.
15) The same city has experienced a terrorist attack within 90 (ninety) days.
16) Claims arising from Hijack, Riot, Strike, or Civil Commotion: There were a public warning 14 (fourteen) days or more before purchasing **Your** policy.
17) Delay, detention, destruction, or confiscation by customs officials or other authorities.
18) Any claim resulting from **You** not wanting to travel or due to **Your** personal or financial circumstances or **Your** loss of enjoyment.
19) Cancellation is due to a lack of persons required to commence any tour, conference, or accommodation.
20) The claims related to pregnancy or childbirth from the 1st day of the 26th week of pregnancy.
21) The **Travel Supplier** provided **You** with a refund, voucher for future travel, credit note, or where the **Travel Supplier** offers **You** reasonable alternative arrangements.
22) Any claim related to Psychiatric, psychological, or emotional illness of any kind, suicide, attempted suicide, deliberate self-injury, insanity, depression, stress.
23) Any claim arising from redundancy caused by or resulting from misconduct leading to dismissal or from resignation or voluntary redundancy.
24) Non-admittance into any country by the authorities or the Carrier refuses **You** entry to board unless this policy explicitly covers the event.
25) Any Claim arising in connection with or during **Your Journey** to a specific country or area for which an official government agency has mandated a border closure or issued a travel prohibition or ban.
26) **You** cannot prove **Your** financial loss and do not cooperate with **Us** to provide any information or documentation **We** may reasonably require to enable **Us** to verify and process **Your** claim.
27) Anything mentioned in General Exclusions and General Conditions.

SECTION 3 - Continued
POSTPONEMENT, CANCELLATION, AND CURTAILMENT FOR NAMED REASON

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR

3.4 CURTAILMENT (CUTTING YOUR JOURNEY SHORT RETURNING TO YOUR COUNTRY OF RESIDENCE)

We will pay a benefit, up to the amount shown on the Schedule of Benefits, for the travel arrangement that **You** have paid or contracted to pay, which **You** cannot get back and suffer a financial loss for:

- **Your** unused, non-refundable **Prebooked** travel arrangement less any refunds **You** may obtain.
- **You** incur reasonable additional travel costs to cut short **Your Journey** and return to **Your Country of Residence** if necessary and unavoidable (three-star accommodation room only or economy fare travel).
- **Your** unused, non-refundable **Prebooked** conference or sporting event (this benefit only applies to Luxury and Business plan).

We will provide cover if the Curtailment of **Your Journey** is necessary and unavoidable to return directly to **Your Country of Residence** from an international Journey due to one insured event listed below:

NAMED REASON FOR CURTAILMENT (CUTTING YOUR JOURNEY SHORT RETURNING TO YOUR COUNTRY OF RESIDENCE)

1) The unexpected death, unforeseen illness, or injury as certified by a Medical Practitioner of **You**, **Your Travel Companion**, **Your** Immediate Family or **Business Associate**, or the person **You** intended to stay at abroad. A medical report is required from the treating Medical Practitioner. **Pre-Existing Medical Conditions** excluded.
2) Accidental material damage to immovable property or burglary to **Your** principal place of residence, the loss must exceed R75,000 (seventy-five thousand rand). A police report is required.
3) A terrorist attack in a City is listed on **Your Prebooked** itinerary whilst on an international **Journey**.
4) A traumatic event occurs whilst on **Your** international Journey. A medical report is required from the medical practitioner.
5) **You** are aged 18 (eighteen) to 65 (sixty-five), after 2 (two) years of full-time employment by the same company, notified whilst on an international Journey.
6) The cancellation and/or delayed departure of **Your** Carrier is due to an unexpected Hijack, Strike, Riot, or Civil Commotion.
7) Theft of travel documents (travel tickets, visas, and passport) causing unavoidable Curtailment of **Your** international **Journey**. A police report is required from the country in which the incident happened.

PLEASE NOTE:
You can only claim from one of these Sections below after You have travelled:

1) **Section 3.4 - Curtailment for Named Reason**
2) **Section 3.6 - Curtailment for Any Reason**

IMPORTANT INFORMATION

CURTAILMENT (CUTTING YOUR JOURNEY SHORT RETURNING TO YOUR COUNTRY OF RESIDENCE)

You are injured or ill and are in hospital for the rest of Your Journey.

1) If **You** need repatriation, **We** will not refund the cost of **Your** unused return travel tickets. Instead, **We** will place the value of these tickets towards the extra transport costs **We** have to pay.
2) **You** must re-validate **Your** original ticket for **Your** early return. If this is not possible, **You** must provide evidence that additional costs were necessary. Any refunds due on unused **Prebooked** tickets will be deducted from **Your** claim, if **You** do not have an original return ticket, **We** will not reimburse **You** for costs incurred for **Your** early return.
3) **We** will calculate claims for cutting short **Your Journey** from the date of **Your** return to **Your Country of Residence**. **Your** claim will be based on the number of complete days **You** have not used.

WHAT YOU ARE NOT COVERED FOR

1) The excess shown on the Schedule of Benefits, except where **You** have paid the excess waiver cover option.
2) Any consequential loss.
3) Any claim not authorised by **Our** Emergency Assistance provider before **You** return to **Your Country of Residence**.
4) Any claim arising from a named reason not listed in the "What **You** are Covered for" section.
5) Cancellation, postponing, or Curtailment relating to **Pre-Existing Medical Conditions**, including **You** or the person who is the cause of the claim.
6) **Your** inability to travel due to **Your** failure to hold, obtain or produce a valid passport or any required visa in time for the booked **Journey**.
7) Vascular, cardiovascular, or cerebrovascular conditions if **You** or the person who is the cause of the claim are 70 (Seventy) years and over.
8) **You** cannot provide evidence from a medical practitioner confirming **Your** illness for any claims arising from a medical condition.
9) **You** or a **Travel Companion** are travelling against the advice of a Medical Practitioner.
10) Claims due to an **Epidemic**, **Pandemic** relating to COVID-19 where **You** fail to submit a positive COVID-19 PCR test result.
11) Travel tickets are paid using airline mileage reward schemes, such as Air Miles or card bonus point schemes.
12) Accommodation costs paid for using any Timeshare, Holiday Property Bond, or other holiday points scheme.
13) Failure to check-in with **Your** Carrier according to the scheduled times.
14) **Your** travel agent fails to pass on monies to the Carrier or Accommodation Provider or deliver promised services.
15) The same city has experienced a terrorist attack within 90 (ninety) days.
16) Claims arising from Hijack, Riot, Strike, or Civil Commotion: There were a public warning 14 (fourteen) days or more before purchasing **Your** policy.
17) Delay, detention, destruction, or confiscation by customs officials or other authorities.
18) Any claim resulting from **You** not wanting to travel or due to **Your** personal or financial circumstances or **Your** loss of enjoyment.
19) Cancellation is due to a lack of persons required to commence any tour, conference, or accommodation.
20) The claims related to pregnancy or childbirth from the 1st day of the 26th week of pregnancy.
21) The **Travel Supplier** provided **You** with a refund, voucher for future travel, credit note, or where the **Travel Supplier** offers **You** reasonable alternative arrangements.
22) Any claim related to Psychiatric, psychological, or emotional illness of any kind, suicide, attempted suicide, deliberate self-injury, insanity, depression, stress.
23) Any claim arising from redundancy caused by or resulting from misconduct leading to dismissal or from resignation or voluntary redundancy.
24) Non-admittance into any country by the authorities or the Carrier refuses **You** entry to board unless this policy explicitly covers the event.
25) Any Claim arising in connection with or during **Your Journey** to a specific country or area for which an official government agency has mandated a border closure or issued a travel prohibition or ban.
26) **You** cannot prove **Your** financial loss and do not cooperate with **Us** to provide any information or documentation **We** may reasonably require to enable **Us** to verify and process **Your** claim.
27) Anything mentioned in General Exclusions and General Conditions.

SECTION 3.5: CANCELLATION FOR ANY REASON BEFORE YOU TRAVEL

This section only applies to Luxury, Economy or Business Plan.

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

PLEASE NOTE: THIS SECTION IS ONLY APPLICABLE IF YOU PURCHASED YOUR TRAVEL INSURANCE WITHIN 48 (FORTY EIGHT) HOURS OF MAKING PART OR FULL PAYMENT OF YOUR TRAVEL ARRANGEMENTS.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
We will pay a benefit, up to the amount shown on the Schedule of Benefits, for the **Prebooked** travel arrangement that **You** have paid or contracted to pay, which **You** cannot get back and suffer a financial loss for: • Visa costs not exceeding R2000 (two thousand rand). • Unused, non-refundable **Prebooked** travel arrangements less any refunds **You** may obtain. • **Your** unused, non-refundable **Prebooked** conference or sporting event. **We** will provide cover if the insured **Journey** is Cancelled in **Your Country of Residence** before the scheduled date of departure due to any other reason not specified under Cancellation Section 3.2 (Named reason), provided the following conditions are met: • **You** purchased **Your** travel insurance within 48 (forty-eight) hours of making part or full payment of **Your** travel arrangements. • **You** cancel **Your** insured **Journey** within 48 (forty-eight) hours or more before the scheduled departure date from **Your Country of Residence**. **PLEASE NOTE** **You can only claim from one of these Sections below before Your Journey starts:** 1) **Section 3.1 - Postponement for Named Reason** 2) **Section 3.2 - Cancellation for Named Reason** 3) **Section 3.3 - Postponement or Cancellation relating to COVID-19** 4) **Section 3.5 - Cancellation for Any reason** 5) **Section 4 - Denied Visa Application** 6) **Section 6 - Travel supplier Insolvency**	1) The excess shown on the Schedule of Benefits, except where **You** have paid the excess waiver cover option. 2) Any Expenses if **Your** travel insurance was purchased after 48 (forty-eight) hours of **Your** part or full payment of **Your** travel arrangements. 3) Any Expenses if **You** cancel **Your Journey** less than 48 (forty-eight) hours before **Your** scheduled **Journey** departure. 4) Any claim where **You** used vouchers, credit, or coupons as the payment method for the part or full payment.

SECTION 3.6 CURTAILMENT FOR ANY REASON AFTER YOU HAVE TRAVELLED

This section applies to the Luxury or Business plan only.

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

PLEASE NOTE: THIS SECTION IS ONLY APPLICABLE IF YOU PURCHASED YOUR TRAVEL INSURANCE WITHIN 48 (FORTY EIGHT) HOURS OF MAKING PART OR FULL PAYMENT OF YOUR TRAVEL ARRANGEMENTS.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
We will pay a benefit, up to the amount shown on the Schedule of Benefits, for the travel arrangement that **You** have paid or contracted to pay, which **You** cannot get back and suffer a financial loss for: • **Your** unused, non-refundable **Prebooked** travel arrangements less any refunds **You** may obtain. • **You** incur reasonable additional travel costs to cut short **Your Journey** and return to **Your Country of Residence** if necessary and unavoidable (three-star accommodation room only or economy fare travel). **We** will provide cover if the cutting short of **Your Journey** is necessary and unavoidable to return directly from overseas to **Your Country of Residence** for any other reason not specified under Curtailment section 3.4 (Named Reason), provided the following condition are met: • **You** purchased **Your** travel insurance within 48 (forty-eight) hours of making part or full payment of **Your** travel arrangements. **PLEASE NOTE:** **You can only claim from one of these Sections below after You have travelled:** 1) **Section 3.4 - Curtailment for Named Reason** 2) **Section 3.6 - Curtailment for Any Reason**	1) The excess shown on the Schedule of Benefits, except where **You** have paid the excess waiver cover option. 2) Any Expenses if **Your** travel insurance was purchased after 48 (forty-eight) hours of **Your** part or full payment of **Your** travel arrangements. 3) Any claim where **You** used vouchers, credit, or coupons as the payment method for the part or full payment.

COVID-19 – The maximum limit **We** will pay for COVID-19 under curtailment for named reason, additional top-up, or any reason cover is up to R40 000 (forty thousand).

IMPORTANT NOTES UNDER SECTION 3

1. **We** will not pay any claim for Postponement, Cancellation, or Curtailment relating to **Pre-Existing Medical Conditions**, including **You** or the person who is the cause of the claim. This exclusion will not apply if **You** have cover under Cancellation or Curtailment for any reason.
2. Cover under Cancellation or Curtailment for Any reason; provided the following conditions are met:
   a) **You** purchased **Your** travel insurance within 48 (forty-eight) hours of the date of **Your** part or full payment for **Your Journey**.
   b) **You** cancel **Your** insured **Journey** within 48 (forty-eight) hours or more before **Your** scheduled departure date (not applicable to Curtailment).
3. If an insured event is not listed under Named reason, there is no cover unless **You** have any reason coverage.
4. Claims resulting from injury, illness, quarantine, trauma, or death must be supported by a medical report or a death certificate (or both) indicating the necessity for Postponement, Cancellation, or Curtailment of **Your Journey**.
5. All claims must be supported by documentary evidence, a letter from the airline, accommodation provider confirming the amount paid, travel itinerary, refunds, police reports, and cancellation terms and conditions. Refer to Claims evidence on page 31 for documents required when submitting a claim.
6. The maximum limit **We** will pay under section 3.3 for COVID-19 is R40 000 (forty thousand).
7. **You** can purchase optional additional cover for Cancellation for Named Reason, Cancellation for Any Reason, Curtailment for Any Reason. This benefit is only applicable if you have paid the additional premium noted in **Your Certificate of Insurance**.

SECTION 4
DENIED VISA APPLICATION - BEFORE YOU TRAVEL

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
PLEASE NOTE: **Your travel insurance policy must be purchased before Your application to the Embassy.** **4.1 DENIED VISA** **We** will pay up to the amount shown on the Schedule of Benefits if **Your** international **Journey** is cancelled due to **Your** visa application being denied. **We** refund the following cost: 1) The unused, non-refundable portion of **Your** airfare. 2) **Prebooked** accommodation penalties. **4.2 VISA APPLICATION DELAYED** **We** will pay a benefit, up to the amount shown on the Schedule of Benefits, for the cost that **You** have paid or contracted to pay, which **You** cannot get back and suffer a financial loss for: 1) Flight penalties 2) Accommodation penalties **We** will refund costs if the insured **Journey** needs to be postponed due to a delay in processing **Your** visa application. **Provided the below conditions are met for Section 4.1 and 4.2:** 1) **Your** travel insurance policy must be purchased before **Your** application to the Embassy. 2) **You** are a South African passport holder. 3) **Your** passport is valid for 6 (six) months after the last day of **Your** International **Journey**. 4) **Your** passport has at least 2 (two) blank adjacent pages for visa stamps. 5) **You** are applying for tourist or business visas only. 6) All **Your** documents are in order as per the Embassy specific requirements. 7) **You** do not have a criminal record. 8) **Your** application is made timeously within the minimum number of days as stipulated by the Embassy. 9) **You** must have a return airline ticket. **4.3 REFUND OF VISA APPLICATION COSTS** **Optional cover available:** If **Your** application is denied for any reason, **We** will pay up to the amount shown on the Schedule of Benefits for the visa application costs **You** paid to the Embassy, provided **You** purchased the optional additional cover. No excess will apply. **You** must provide written proof from the embassy or consulate confirming the visa application was denied. General exclusions and "What You are not covered for" are excluded under Section 4.3. **PLEASE NOTE** **You can only claim from one of these Sections below before Your Journey starts:** 1) **Section 3.1 - Postponement for Named Reason** 2) **Section 3.2 - Cancellation for Named Reason** 3) **Section 3.3 - Postponement or Cancellation relating to COVID-19** 4) **Section 3.5 - Cancellation for Any reason** 5) **Section 4 - Denied Visa Application** 6) **Section 6 - Travel supplier Insolvency**	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) Working visa or Emigration applications. 3) If **Your** travel insurance policy was purchased after **Your** visa application to the Embassy. 4) If the Embassy rejects **Your** application due to one of the following reasons: a) Incorrect or missing documentation. b) Insufficient funds. c) Existence of a criminal record. d) No blank pages are available in the passport. 5) If **You** do not provide written proof from the embassy or consulate confirming the visa application was denied. 6) Anything mentioned in General Exclusions and General Conditions.

SECTION 5
RESUMPTION OF JOURNEY - REPLACEMENT OF AIRFARE

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
If **You** must return to South Africa during the international Journey due to **Your** hospitalisation of illness, disease, accidental bodily injury or immediate family death, **We** will pay for the cost of an economy class airfare (not exceeding the value of **Your** original tickets) to return overseas up to the amount shown on the Schedule of Benefits provided: 1) **You** are having more than 50% (fifty percent) outstanding of **Your** international **Journey** or 2) **You** were hospitalised for more than 5 (five) consecutive days of **Your** international **Journey**. **Specific Conditions:** 1) **You** resume **Your** Journey within 6 (six) months from the date **You** return to **Your** home in South Africa. 2) **You** had a valid approved claim under Medical and Related Expenses, and **Our** Emergency Assistance Service authorised the repatriation or immediate family death of **Your** early return to South Africa. 3) **You** held a return airline ticket to South Africa. 4) **Your** new International Journey is booked with the same Travel Agency with which **You** booked and paid for **Your** original International Journey.	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) If the benefit is not used within 6 (six) months of repatriation to **Your Country of Residence**. 3) Any claim if the repatriation or early return was not authorised and managed by **Our** Emergency Assistance Services. 4) Anything mentioned in General Exclusions and General Conditions.

SECTION 6
TRAVEL SUPPLIER INSOLVENCY

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

PLEASE NOTE: THIS SECTION IS ONLY APPLICABLE IF YOU PURCHASED YOUR TRAVEL INSURANCE WITHIN 48 (FORTY EIGHT) HOURS OF MAKING PART OR FULL PAYMENT OF YOUR TRAVEL ARRANGEMENTS.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
These words have the following meanings in this section: **Travel Suppliers** of **Your** travel arrangements include the scheduled airline, cruise line, railway line, coach transportation, car hire, hotel accommodation (Travel agents are not **Travel Suppliers**). **We** will pay **You** up to the amount shown on the Schedule of Benefits for: 1) The cancellation of **Your International Journey** before departure from **Your country of Residence** for the Irrecoverable loss of unused prepaid expenses due to Financial Insolvency of the **Travel Supplier**. 2) The extra cost of a one-way economy class airline ticket (of the same or similar class booked originally) for **You** to return to **Your Country of Residence** in the event of Financial Insolvency of the Travel Supplier after **Your** departure. If the airline **You** booked to return to **Your Country of Residence** is discontinued, **You** are not offered alternative transportation or refund **Your** prepaid costs. **Specific conditions:** 1) **Your** travel arrangements were booked in South Africa before the scheduled departure date. 2) The **Travel Supplier** must be registered in South Africa. 3) **Provided You purchased Your travel insurance within 48 (forty-eight) hours of making part or full payment of Your travel arrangements.** 4) If **Your** travel arrangements were paid to an agent and not directly to the **Travel Supplier** in financial insolvency, the agent must prove that the total costs were paid on **Your** behalf to the **Travel Supplier**. 5) If **You** claim under another insurance or credit card company policy and are not paid the full amount of **Your** claim, **We** will pay the difference to the amount stated on the Schedule of Benefits. 6) There was no public warning 14 (fourteen) days before the purchase of this policy that Financial Insolvency was likely to occur. **PLEASE NOTE** **You can only claim from one of these Sections below before Your Journey starts:** 1) **Section 3.1 - Postponement for Named Reason** 2) **Section 3.2 - Cancellation for Named Reason** 3) **Section 3.3 - Postponement or Cancellation relating to COVID-19** 4) **Section 3.5 - Cancellation for Any reason** 5) **Section 4 - Denied Visa Application** 6) **Section 6 - Travel supplier Insolvency**	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) Cancellation or Curtailment of **Your** International **Journey** arising directly or indirectly from circumstances known to **You** or **Your** agent before the booking of **Your International Journey** or purchasing **Your** travel insurance Policy. 3) **Your** travel agent fails to pass on monies to the Travel Supplier. 4) Additional costs incurred if **You** fail to notify **Us** immediately of the cancellation or curtailment of **Your** International **Journey** due to Insolvency. 5) Any claims if **You** did not book **Your** travel arrangements in South Africa before the departure of **Your International Journey**. 6) Any **Travel Arrangements** forming part of **Your International Journey** booked after **Your** departure date indicated on **Your** Policy Certificate. 7) Any losses that are not directly associated with the insolvency of the **Travel Supplier**. 8) Anything mentioned in General Exclusions and General Conditions.

SECTION 7
ALTERNATIVE EMPLOYEE AND RESUMPTION OF ASSIGNMENT - BUSINESS PLAN ONLY

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
If an insured person suffers an **unexpected death, injury, sickness, or return to South Africa for a family member who has died or is dying** whilst on an international **Journey** during the insurance period resulting in repatriation to South Africa. **We** will pay the necessary and reasonable costs up to the amount shown on the Schedule of Benefits for either: 1) **Alternative Employee:** Sending a replacement employee to complete the assignment or business activities of the insured person; or 2) **Resumption of Assignment:** The necessary and reasonable costs for returning the insured person to recommence their business activities or assignment within 90 (ninety) days of returning to South Africa. **Specific Conditions** 1) **We** will only pay for either Alternative Employee or Resumption of Assignment. 2) **We** reserve Our right to use the original ticket as part of the payment. 3) **You** had a valid approved claim under Medical and Related Expenses, and Our Emergency Assistance Service authorised the repatriation or immediate family death of **Your** early return to South Africa.	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) A **Journey** was undertaken against the advice of a medical practitioner or to seek medical treatment overseas, or where the insured person is not fit to travel; 3) Costs that had been necessarily paid, budgeted for, or incurred by the insured or insured person before commencement of a **Journey** as part of the original travel budget for that **Journey**. 4) Any claim if the repatriation or early return was not authorised and managed by **Our** Emergency Assistance Services. 5) Anything mentioned in General Exclusions and General Conditions.

SECTION 8
TRAVEL DELAY AND MISSED CONNECTION

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

PLEASE NOTE:
The primary purpose of this section is to cover additional costs. For example, You pay for transport or accommodation to reach Your destination. Therefore, the cover only applies if You miss Your Prebooked Public Transport Carrier or experience travel delays.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
8.1 TRAVEL DELAY **We** will pay up to the amount shown on **Your** schedule of benefits if **Your** scheduled Public Transport Carrier is delayed for more than 6 (six) hours. **We** will refund **You** for the reasonable essential expenses **You** incur for meals, refreshments (excluding alcohol), transportation, and accommodation if the Public Transport Carrier does not compensate **You** for the following unforeseen travel delays: 1) Delay of a scheduled departure of a Public Conveyance due to: • Strike • Industrial action. • Adverse weather • Mechanical/electrical breakdown • Public Transport Carrier services failure. • Any event is leading to airspace restriction or airport closure 2) An accident or mechanical/electrical breakdown involving the private vehicle **You** use to reach the point from where **Your** Public Transport Carrier would depart.	1) The excess shown on the policy schedule of benefits, except where **You** have paid the excess waiver. 2) Any claim **You** do not check-in for the flights, sea crossing, coach, or train according to the scheduled departure times. 3) Claim under missed connection and travel delay where the Public Transport Carrier or their handling agents provide alternative transport which departs within 6 (six) hours of **Your** arrival. 4) Any claim due to strike or industrial action was common knowledge when **You** either booked the **Journey** or purchased this policy, whichever is the latest. 5) **You** are being delayed or detained by customs officials or other authorities. 6) Any claim **You** cannot provide written confirmation from the Public Transport Carrier or their handling agents detailing the reason for the service not running to its published timetable, advising the number of hours for the delay, the scheduled actual departure times, and confirmation of check-in. 7) Claims relating to missed connection if **You** have not allowed a minimum of 3 (three) hours or more between **Your** original scheduled arrival time and the scheduled departure time of **Your** connecting Public Transport Carrier as per **Your** original travel itinerary. 8) The delay is due to the withdrawal from service, temporarily or permanently, of any Public Transport Carrier. 9) Any consequential loss. 10) Non-adherence to health requirements of any country **You** are visiting. 11) **You** are not claiming flight arrangements where the airline concerned has provided alternative flights and accommodation or a financial contribution towards these costs. 12) Anything mentioned in the General Exclusions and General Conditions.
8.2 ADDITIONAL TRAVEL AND ACCOMMODATION: (APPLICABLE TO LUXURY AND BUSINESS PLAN) When **Your** public transport is cancelled, diverted, re-directed after its departure, or delayed by more than 24 (twenty four) consecutive hours. **We** will pay **You** up to the amount shown on the Schedule of Benefits (less any refunds or compensation due to You by the carrier) towards the costs of reasonable additional accommodation (room only) and transport expenses (economy class) that **You** incurred in reaching **Your** overseas destination or returning to **Your Country of Residence**, provided the carrier offered no other reasonable alternative. **Specific conditions** 1) **You** must provide written confirmation from the public transport company or their handling agents as to the reason the service is not running to its published timetable, advising the number of hours for the delay and the scheduled actual departure times, and confirmation of check-in. 2) If **You** claim the private vehicle was involved in an accident or breakdown, **You** must provide a police or roadside assistance report. **You** must provide **Us** with receipts for all purchases when claiming under this section, as this is not a cash benefit.	

SECTION 8 - Continued
TRAVEL DELAY AND MISSED CONNECTION

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
8.3 MISSED CONNECTION **We** will pay up to the amount shown on the Schedule of Benefits for the extra cost of economy transportation by the most direct route to continue with **Your Prebooked** original itinerary if **You** miss **Your** connecting scheduled transportation. **Specific conditions** 1) **You** must allow 3 (three) hours or more between **Your** original scheduled arrival time and the scheduled departure time of **Your** connecting Public Transport Carrier. 2) Provided there is no alternative onward transportation to **Your** destination available for **You** to use within 6 hours of **Your** arrival; 3) **You** must provide written confirmation from the Public Transport Carrier or their handling agents as to the reason the service is not running to its published timetable, advising the number of hours for the delay, the scheduled actual departure times, and confirmation of check-in. **8.4 LOUNGE ACCESS** **We** will reimburse **You** for the **flight delay or missed connection** expenses incurred to access the Airport Lounge provided **You** have a valid claim, and the delay is longer than 6 (six) hours (international journey), or South Africa local plan, the delay must be longer than 2 (hours). **You** are allowed a maximum of 2 (two) access to the Airport lounge during an insured **Journey** and applicable to the insured listed on the policy certificate. **You** must provide **Us** with receipts for all purchases when claiming under this section, as this is not a cash benefit. **PLEASE NOTE** **You can only claim from one of these Sections below:** 1) **Section 8.1 - Travel delay** 2) **Section 8.2 - Additional travel and accommodation**	1) The excess shown on the policy schedule of benefits, except where **You** have paid the excess waiver. 2) Any claim **You** do not check-in for the flights, sea crossing, coach, or train according to the scheduled departure times. 3) Claim under missed connection and travel delay where the Public Transport Carrier or their handling agents provide alternative transport which departs within 6 (six) hours of **Your** arrival. 4) Any claim due to strike or industrial action was common knowledge when **You** either booked the **Journey** or purchased this policy, whichever is the latest. 5) **You** are being delayed or detained by customs officials or other authorities. 6) Any claim **You** cannot provide written confirmation from the Public Transport Carrier or their handling agents detailing the reason for the service not running to its published timetable, advising the number of hours for the delay, the scheduled actual departure times, and confirmation of check-in. 7) Claims relating to missed connection if **You** have not allowed a minimum of 3 (three) hours or more between **Your** original scheduled arrival time and the scheduled departure time of **Your** connecting Public Transport Carrier as per **Your** original travel itinerary. 8) The delay is due to the withdrawal from service, temporarily or permanently, of any Public Transport Carrier. 9) Any consequential loss. 10) Non-adherence to health requirements of any country **You** are visiting. 11) **You** are not claiming flight arrangements where the airline concerned has provided alternative flights and accommodation or a financial contribution towards these costs. 12) Anything mentioned in the General Exclusions and General Conditions.

SECTION 9
BAGGAGE & RELATED EXPENSES

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

PLEASE NOTE: VALUABLES
This cover has limits that may not be enough for expensive items such as jewellery, laptop, photographic or video equipment, and other valuables. **You** can usually insure these items separately under **Your** All Risk home contents insurance.

WHAT YOU ARE COVERED FOR

SECTION 9.1 : BAGGAGE AND PERSONAL BELONGINGS

We may choose to reimburse **You**, repair, or replace at **Our discretion** for accidental loss, theft, or damage subject to the limits, sub-limits, and individual item limits up to the amount shown on the Schedule of Benefits provided:

1) The Baggage and Personal Belongings were owned and accompanied by You during the insured **Journey** (not hired, loaned, or entrusted to You), and You must provide **proof of purchase or ownership for all items claimed.**

THERE ARE ADDITIONAL SUB-LIMITS FOR BAGGAGE AND PERSONAL BELONGINGS:

We will only pay **You** for accidental loss, theft, or damage up to the single item limit or total valuable limit stated on **Your** Schedule of Benefits for any one item, pair, or set of items per the list below. There is a separate limit for Accidental baggage loss as indicated on **Your** Schedule of Benefits.

1) The repair and replacement costs of a camera or video camera, lenses, accessories, and the camera case are all deemed a single item.
2) Prescription spectacles, sunglasses, and contact lenses are limited to R1500 (one thousand five hundred rand) per pair.
3) The repair or replacement costs of a mobile phone/satellite phone and any fittings and accessories (including photographic fittings) are all deemed a single item and are limited to R2000 (two thousand rand).
4) The repair or replacement costs of a laptop, tablet, palmtop, notebook, or similar electronic equipment, and any fittings and accessories, including but not limited to a battery charger, adapter, external keyboard, and carry cases, are all deemed a single item.
5) Jewellery and attachments are all deemed a single item and are limited to R2000 (two thousand hundred rand). This condition applies to all jewellery, including gifts and inherited items.

SPECIFIC CONDITIONS RELATING TO CLAIMS FOR SECTION 9

(if these conditions are not met, the insurer is entitled to repudiate liability/reject Your claim outright):

1) The maximum amount We will pay **You** for any one article, pair, or set of articles is the amount stated on the Schedule of Benefits unless otherwise specified in the **Specific Conditions** relating to this Section.
2) If You purchased the additional baggage cover, a single item limit would apply to the original benefit.
3) **What You must do in the event of loss, theft, or damage to Your Baggage and Personal Belongings:**
   a) **If Your checked-in baggage** is lost, items stolen or damaged in transit or delayed, report to the airline, railway company, shipping line, or their handling agent and obtain a written **Property Irregularity Report (PIR)** before leaving the baggage reclaim area.
   b) **You must report all theft or losses** (except when the Public Transport Carrier loses checked-in baggage) to the local police or appropriate authority within 48 (forty-eight) hours of discovery and obtain a written Police report. The report must contain a police case number, an outline of the event, and a description of the items.
4) **You** must carry Your cash, travel documents, and jewellery on **You** or with **You** at all times when **You** are travelling. When **You** are not travelling, keep **Your** money, passport, valuables, and electronics/other equipment with **You** at all times or leave them in a locked safety deposit box.
5) **You** must comply with any conditions of the issuing body of the travel documents, traveller's cheques, and passport.
6) Mobile/ smart phone or tablet, **You** must provide written confirmation from **Your** service provider confirming the time and date **You** contacted them to discontinue the service for **Your** device.
7) For the accidental loss, theft, or damage of each item, **You** must provide proof of purchase, e.g., receipts or credit card statements. If no proof of purchase is provided, **We** may decline the claim.
8) **You** must seek compensation from a transport /service provider first if **Your** baggage and/or personal belongings were lost or damaged when held by them. **We** will pay claims in excess of any compensation **You** have received. Any claim must be accompanied by written proof of settlement or denial from the relevant transport/ service provider.
9) Keep all travel tickets and tags for submission if **You** claim under this Section.
10) **You** must always exercise reasonable care for the safety, security, and supervision of baggage at all times and must not leave baggage in an unattended public place.
11) **You** must take all reasonable precautions to minimise any loss and **not abandon any damaged baggage**.
12) **You** must only claim for the amounts not already reimbursed by the transport provider/carrier or insurance.
13) **Valuables:** Cameras; photographic, video, and associated equipment of any kind; games consoles (PlayStation, Gameboy, Nintendo, etc.), accessories and games; personal organisers; mobile telephones; portable audio equipment (DVD, CD, mini-disc, MP3 players, i-pods, etc.) and all associated discs and accessories; spectacles; sunglasses; telescopes; binoculars; jewellery; watches; furs; leather articles; perfumes; precious stones and articles made of or containing gold, silver, or other precious metals **must accompany You as hand/cabin baggage**.
14) To account for **wear and tear**, **We** will pay a maximum of 75% (seventy-five percent) of the replacement value for items purchased **more than 12 (twelve) months** before the Insured Journey and 50% (fifty percent) for more than 3 (three) years and over.

SECTION 9 - Continued
BAGGAGE & RELATED EXPENSES

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR

SECTION 9.2 : BAGGAGE DELAY

We will reimburse **You** for reasonable expenses up to the amount shown on the Schedule of Benefits for the emergency replacement of essential clothing and toiletries if Your checked-in Baggage is delayed, misdirected, or temporarily misplaced by a carrier airline for more than 6 (six) hours.

Specific condition

1) **We** will **not pay** for any baggage delay expenses incurred to replace essential clothing and toiletries when **You** arrive in **Your Country of Residence**.
2) **You** must be a ticketed passenger on a carrier. Additionally, the carrier must verify all claims, certify the delay or misdirection, and original receipts for the purchases must accompany any claim.
3) **You** must purchase **Your** essential emergency items within 4 (four) days of Your arrival at the intended destination.

SECTION 9.3 : CASH AND TRAVEL DOCUMENTS

CASH

We will pay up to the amount shown on the Schedule of Benefits for the theft of the following if **You** can provide evidence, **You** owned them and provide proof of their value (this would include receipts, bank statements, or cash-withdrawal slips):

1) Cash (bank or currency notes).
2) Traveller's cheques (if the provider cannot refund).

PLEASE NOTE:

The maximum amount We will pay for cash or bank currency notes carried by one person, whether jointly owned or not, is the cash limit as shown on the Schedule of Benefits for each insured traveller.

TRAVEL DOCUMENTS

We will pay up to the amount shown on the Schedule of Benefits for the cost of replacing the following items belonging to **You** if they are lost or stolen during an international Journey:

1) Passport.
2) Visas.
3) Travel tickets (the re-issuing cost of existing travel tickets), **Prebooked** non-refundable accommodation vouchers or coupons that have a monetary value, **Prebooked** non-refundable entertainment tickets, **Prebooked** passes (e.g., for ski lifts)) while on **Your** international Journey.

SPECIFIC CONDITIONS FOR SECTION 9.3 CASH AND TRAVEL DOCUMENTS

1) You must report the accidental loss or theft to the police within 48 (forty-eight) hours at the destination country where the incident occurred and provide a written report.
2) You must keep original receipts for claimable expenses.

WHAT YOU ARE NOT COVERED FOR SECTION 9

1) The excess shown on the Policy Schedule of Benefits, except where **You** have paid the excess waiver option.
2) Any loss, delay, detention, destruction, or confiscation by customs officials or other authorities.
3) Loss, theft, or damage to baggage and personal belongings not accompanying You.
4) Loss, theft, or damage to Your baggage, personal belongings, or valuables **not reported** within **48 (forty-eight) hours** to the relevant police authority in the country where the incident occurred, and **You** did not obtain a written report.
5) Loss, theft, or damage incurred by a Public Transport Carrier where **You** did not immediately report the loss to the carrier before leaving the baggage reclaim area and a written Property Irregularity Report PIR) obtained.
6) Any claim submitted where **You** could not provide original receipts, valuation certificates, or other acceptable proof of ownership to substantiate **Your** loss.
7) Any loss **You** cannot provide written confirmation from the Public Transport Carrier advising the hours and reason for the delay.
8) Any contractual obligations You have with a cell phone, computer, or similar electronic equipment provider.
9) Loss or damage to a mobile or satellite phone and its fittings unless personally carried with **You**.
10) Normal wear and tear, mildew, rust or corrosion, the action of insects, moth or vermin, or clothing, Personal Belongings being cleaned, dry cleaned, dyed, altered, or repaired;
11) Loss, theft, or damage to:
    a) bicycles and bicycle accessories; dinghies, boats and/or ancillary equipment; vehicles or vehicle accessories.
    b) tools of the trade.
    c) whilst being shipped as freight or under a bill of lading.
    d) perishable items such as food.
    e) valuables not carried in Your hand luggage or on **Your** person whilst travelling on public transport or an aircraft.
    f) scratching or breaking of fragile or brittle articles unless caused by fire or accident to the transport in which they are being carried.
12) Theft from an unattended vehicle unless such property is securely contained in a locked compartment of the vehicle that is not visible to passers-by and entry to the vehicle is gained by visible, forcible, and violent means;
13) Damage or loss arising from electrical or mechanical breakdown or manufacturing fault.
14) Damage and loss to bonds, stamps, negotiable instruments, manuscripts, deeds, securities of any kind or bullion;
15) Damage or loss to sporting equipment while in use and the loss, damage, or theft of any sporting equipment left unattended.
16) Loss, theft of, or damage to valuables and personal money left unattended at any time (including in a vehicle, checked-in baggage, or while in the custody of a carrier, tour operator, or public transport operator) unless they are with **You** or locked in safe or safety deposit box.
17) Loss, theft of, or damage to:
    a) unset precious stones,
    b) corneal lenses,
    c) hearing aids,
    d) dental or medical fittings,
    e) antiques,
    f) musical instruments,
    g) documents of any kind,
18) Damage to suitcases (unless the suitcases are entirely unusable due to one single incidence of damage).
19) Any goods intended for sale or trade.
20) If We pay a claim for loss and **Your** baggage was recovered and returned, **You** must repay **Us** the compensation within 14 (fourteen) days of recovery.
21) Anything mentioned in General Exclusions and General Conditions.

SECTION 10
PERSONAL ACCIDENT AND PERMANENT TOTAL DISABLEMENT

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

PERSONAL ACCIDENT AND PERMANENT TOTAL DISABLEMENT

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
We will pay up to the amounts shown on the Schedule of Benefits the appropriate compensation to **You**, **Your** estate, or nominated beneficiary in accordance with the percentages indicated in the table of benefits. 1. **Death** If **You** suffer an accidental bodily injury during the insured **Journey**, which causes **Your** death. 2. **Permanent Total Disablement** If **You** suffer an accidental bodily injury during the insured **Journey**, which causes permanent disablement within 12 (twelve) months of the accident. 3. If **Your** whereabouts are unknown and after 12 (twelve) consecutive calendar months, it is reasonable to believe that **You** may have died due to an Injury. **The death and permanent total disablement benefits are per insured person per the percentage of the benefit limit set out in the table.**	**If You are 70 (seventy) years and over :** 1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) **Your** disablement caused by mental or psychological trauma not involving **Your Bodily Injury.** 3) Any Physical defect, illness, or infirmity which existed before the start of **Your International Journey.** 4) Any benefit for occupational disability under permanent total disablement (applicable to children). 5) Travel in any single-engine aircraft; Travel in any helicopter unless utilised as a connecting flight by a scheduled airline. 6) Injuries related to any Psychiatric, psychological, or emotional illness of any kind, suicide, attempted suicide, deliberate self-injury, insanity, depression, stress. 7) Any event where the Insured Person is reported to be under the influence of alcohol with more than the legal limit of alcohol in his blood or breath as per legislation in the applicable country/region. 8) Any event where the Insured Person is under the influence of drugs or narcotics unless a medical practitioner administered such drugs or narcotics or unless prescribed by and taken according to a medical practitioner's directions. 9) Any reported alcohol abuse, alcoholism, substance abuse, solvent abuse, drug abuse, or addictive conditions of any kind. 10) Anything mentioned in the General Exclusions and General Conditions.

Death	**100%**
Loss by physical separation or permanent total loss at or above the wrist or ankle of one or more limbs.	**100%**
Total and irrecoverable loss of hearing in one ear	**50%**
Total and irrecoverable loss of hearing in both ears	**100%**
Total and irrecoverable loss of sight in one eye	**50%**
Total and irrecoverable loss of sight in both eyes	**100%**

Specific conditions:

1) The diagnosis and determination of permanent total disablement must be made and documented by a **Medical practitioner** and must be continuous and permanent for at least 12 (twelve) consecutive months from the onset of the disablement.
2) Notice of Death to be reported to **Us** as soon as possible, and **We** will have the right to have a postmortem examination of the body if necessary.
3) In the death of Children, the benefit payable will be subject to the amount legislated by law at the time of death.
4) Permanent total loss of use of Limb/s will be deemed as Permanent Total Loss of Limb/s.
5) If the compensation becomes payable under more than one benefit as a result of one incident, the total amount shall not exceed 100 % (one hundred percent) of the Limit of Liability.
6) If **You** die of natural causes before the final disablement assessment relating to an Insured Event, **We** will pay what reasonably would have had to be paid for such permanent disability in accordance with the Table of Benefits;
7) If **You** are travelling in any chartered aircraft with more than 20 (twenty) seats, the Limit of Liability is restricted to 25% (twenty-five percent) in respect of each insured person.
8) If **Your** whereabouts are unknown for more than 12 (twelve) months, **Your** Spouse, immediate family, etc., must have reported **You** as a missing person to local police authorities.

SECTION 11
LEGAL LIABILITY AND RELATED EXPENSES

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
11.1 PERSONAL LIABILITY **We** cover up to the amount shown in the Policy Schedule of Benefits for **Your** legal expenses and legal liability for damages caused by an accident that happened during **Your Journey**, which leads to a claim made against **You** for: • Accidental bodily injury to a person who is not a member of **Your** family, household, employed by **You** or **Your Travel Companion**; or • Loss of, or damage to, any property which does not belong to, is not in charge or control of **You** or any member of **Your** family, household, employee, or travelling companion. **Specific conditions:** 1) **You** may not admit fault, liability, offer payment, or promise without **Our** confirmation/Consent. 2) **You** must give **Us** written notice with all required documentation of an event that may give rise to a claim within 30 (thirty) days after **You** return from **Your** International **Journey**. 3) All correspondence must be forwarded to **Us** as soon as possible. 4) **We** shall be entitled, if **We** so desire, to take over and conduct in **Your** name, the defence and/or settlement of any claim, or to persecute in **Your** name, for **Our** benefit, any claim for indemnity or damages or otherwise against any person and shall have full discretion in conducting such proceedings or in settling any claim. 5) **You** accept that **We** may at any stage of the proceedings pay **You** the total amount of **Our** liability under this Policy in respect of any claim and shall thereupon not be responsible for any loss alleged to have been sustained in consequence or connection with the persecution of such claims or proceedings and shall have no further liability to **You** or any 3rd (third) party claimant under this section. 6) That there is no other insurance in force covering the same event.	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) Any liability or material damage provided under any other insurance coverage. 3) The claim arises from **Your** wilful, malicious, or criminal activity. 4) Racing of any kind. 5) The damage related to the property, which is in **Your** care, custody, or control. 6) The claim related to death, bodily injury, or illness of any member of **Your Immediate Family**, **Travelling Companion, Business Associate,** or an employee (or deemed by law to be an employee) of **You** or **Your** business. 7) Claims that arise from the conduct by **You** of any profession, trade, or business or the use or ownership by **You** of any mechanically propelled vehicle, aircraft, or waterborne craft. 8) Claims that arise under a contract or agreement entered by **You**, but not excluding liability which would have attached in the absence of such an agreement. 9) Claims in respect of fines, penalties, punitive, exemplary, aggravated, or vindictive damages. 10) Any injury, damage, or loss not caused through **Your** negligence. 11) Anything mentioned in the General Exclusions and General Conditions.
WHAT YOU ARE COVERED FOR	**WHAT YOU ARE NOT COVERED FOR**
11.2 MOTORING BAIL **We** will assist and advance the bail money on **Your** behalf up to the amount shown in **Your** Schedule of Benefits if **You** are imprisoned following a traffic accident. **SPECIFIC CONDITIONS** 1) **You** must refund **Us** the bail money **We** paid within 3 (three) months from the payment dates. 2) If **You** are summoned to appear in court and do not appear, **We** may immediately demand **You** refund **Us** the bail money. 3) If the bail money is not immediately refunded, **We** will institute pro-legal proceedings against **You** for recovery.	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) Any claim where the level of alcohol, drugs, or other illegal substances is in excess of the country's legal limit where the traffic accident occurred. 3) Any claim where **You** are charged with a criminal offence in the country where the traffic accident occurred. 4) Anything mentioned in the General Exclusions and General Conditions.
WHAT YOU ARE COVERED FOR	**WHAT YOU ARE NOT COVERED FOR**
11.3 LEGAL EXPENSES **We** will assist **You** in locating, appointing legal counsel, and paying for legal expenses incurred by **You** while travelling on an **international Journey** if **You** are imprisoned or threatened with imprisonment.	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) Claims where the legal practitioners are not licensed or authorised to provide counsel. 3) The pursuit of a claim against a tour operator, travel agent, Transport carrier, **Us**, or any agent of Ours or **Our** Emergency Assistance Services. 4) Any claims caused by any member of **Your** immediate family, business associate, or employees. 5) If **You** have intentionally committed any criminal or illegal activity. 6) Anything mentioned in the General Exclusions.

SECTION 12
HIJACK, KIDNAP, OR WRONGFUL DETENTION

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
12.1 HIJACK OUTSIDE YOUR COUNTRY OF RESIDENCE If the public transport in which **You** are travelling is hijacked and **Your** insured **Journey** is interrupted for at least 24 (twenty-four) hours, **We** will pay **You** up to R5,000 (five thousand rand) if **You** are hijacked and are held, hostage. **12.2 KIDNAP AND WRONGFUL DETENTION OUTSIDE OF YOUR COUNTRY OF RESIDENCE** This benefit applies in the event of **Your** kidnapping or wrongful detention and covers reasonable fees and expenses incurred up to the limit shown on the Schedule of Benefits. **We** pay the reasonable and necessary expenses under this section for: 1) Travel costs of an employee to replace **You**. 2) Reasonable and necessary fees and expenses of a qualified interpreter. 3) Fees and expenses incurred while attempting to negotiate **Your** release. 4) Travel costs to join **Your** family upon **Your** release. 5) Rest and rehabilitation expenses up to R20,000 (twenty thousand rand), including accommodation and travel expenses of the insured person and insured person's spouse and/or children.	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) **You** are being held hostage or wrongfully detained by any member of **Your** Immediate Family, Relative, Travelling Companion, **Business Associate**, employer, or employee. 3) A travel warning to a country issued by the British Foreign and Commonwealth Office or South African Department of Foreign Affairs has issued a travel warning. 4) Any country where the United Armed Forces are present and active in any country. 5) When a kidnapping or wrongful detention has occurred in Angola, Brazil, Colombia, Mexico, Nigeria, Philippines, Somalia, and Venezuela. 6) **Your** failure to evacuate from the country **You** are travelling to within 10 (ten) days after the advisory against travel to that country has been issued. 7) Any demand for ransom money. 8) If **You** engage in any political or criminal activity. 9) Any loss from kidnap if **Your** intended stay exceeds 90 (ninety) consecutive days in the country where the event occurs. 10) Loss of or damage to property of any description, including intellectual property, resulting from an insured event. 11) Failure to maintain and possess authorised required visas and documents. 12) **You** are taking part in any governmental organisation, official law enforcement, or military force. 13) Anything mentioned in the General Exclusions and General Conditions.

SECTION 13
INCIDENTAL DAMAGE/LOSS

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
In the event of a valid claim lodged under Section 1 Emergency and Medical Related expenses, Section 3, Postponement, Cancellation and Curtailment, Section 8 Travel Delay, and Section 9 Baggage, where there are further reasonable costs incurred to mitigate the losses/damages and which may be excluded under these sections. **We** will pay reasonable costs incurred up to the amount on the Schedule of Benefits per Insured International Journey. The Insurer will decide on the reasonable cost of the loss/damage being claimed and whether such loss/damage is directly related to such claim. **Specific Conditions** 1) The loss is only covered if **You** have a valid claim under Section 1, 3, 8 or 9, and the loss is directly related to **Your** claim. 2) **You** must provide receipts for the expenses incurred. 3) Should **You** submit a claim under more than one Section, the maximum **We** will pay is the Limit of Liability shown on the Schedule of Benefits per Policy/person/section.	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) Accommodation costs other than the cost of the room. 3) Inconvenience, alcoholic beverages, distress, loss of earnings, loss of enjoyment of a holiday, timeshare fees, and holiday points. 4) Any claim where no receipt has been provided as proof of the expense incurred. 5) Any expense which the Insurer deemed that the Insured could have mitigated. 6) Anything mentioned in the General Exclusions and General Conditions.

SECTION 14
NATURAL DISASTER

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
If **You** require alternative accommodation following a **Natural Disaster** during an insured international **Journey**, **We** will pay up to the amount shown on the Schedule of Benefits for the cost of travel and alternative accommodation (room only) that is to the same standard as those on **Your** original booking. **Specific condition** **You** must provide written confirmation from the accommodation provider and/or the local or national authorities that **You** were forced to leave **Your** independently booked and prepaid accommodation.	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) **You** are unable to provide **Us** with evidence of the necessity to make alternative travel arrangements. 3) Any expenses **You** would normally have to pay during **Your** insured **Journey**. 4) Any claim if **You** are travelling against the advice of an appropriate national or local authority. 5) Any expense **You** can recover from any tour operator, airline, hotel or other service provider. 6) If written confirmation from the accommodation provider and/or the local or national authorities, **You** were forced to leave **Your** booked accommodation. 7) Anything mentioned in the General Exclusions and General Conditions.

SECTION 15
CREDIT CARD, MEDICAL AID TOP-UP, AND EXCESS WAIVER

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
This section applies if **You** have purchased **Your** flight tickets with a South African Bank Credit Card and qualify for the automatic travel insurance or have automatic international travel insurance with **Your** South African Medical Aid. **15.1 CREDIT CARD EXCESS WAIVER:** **We** will pay **You** up to the amount shown on the Schedule of Benefits for the excess **You** paid for a valid claim against the credit card automatic travel insurance, provided **You** have purchased the Linkham Credit Card Top Up cover. **15.2 CREDIT CARD AND MEDICAL AID TOP UP** **Age limit from 3 (three) months up to 70 (seventy) years:** **You** can only purchase the Credit Card or Medical Aid Top Up cover if **You** qualify for the automatic travel insurance on **Your** South African bank-issued credit card or South African Medical Aid. The Emergency Medical Expenses offered on the automatic Credit Card and Medical Aid cover will serve as the excess deductible on **Your** Credit Card and Medical Aid Top Up cover. **Specific conditions:** 1) In respect of Section 1 – Emergency Medical and Related Expenses, **We** will only be liable to pay any claim submitted in terms of this Policy after the full benefit limit of the cover has been exhausted on the automatic cover that **You** qualify for on **Your** South African issued credit card and South African medical aid. 2) In the event of a claim, You must first contact Your Credit Card or Medical Aid company to lodge a claim. Any claim we pay will be in excess of other insurance.	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) The Excess if **You** did not purchase the Linkham Credit card top-up Cover. 3) Emergency Medical Expenses where **You** did not contact **Your** credit card company or **Your** Medical Aid to authorise expenses. 4) Anything mentioned in the General Exclusions and General Conditions.

SECTION 16
TICKET UPGRADE (Applicable to Business and Luxury Plan)

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
We will reimburse **You** for the essential upgrade of **Your** existing air ticket whilst on **Your International Journey**, if: 1) **Your** confirmed scheduled **Carrier** is delayed, and no onward transportation is available to **You** within 6 (six) hours after the scheduled departure time. 2) **You** are not admitted onto a confirmed schedule conveyance due to overbooking and if no other means of transport is made available to **You** within 6 (six) hours after the scheduled time of departure. 3) **You** missed an onward travel connection at the transfer point during **Your International Journey** due to the late arrival of **Your** Incoming confirmed connecting scheduled flight and where no onward transportation is available to **You** within 6 (six) hours of **Your** arrival. **You must provide written proof of the delay from the Carrier and original receipts for expenses claimed.**	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) If **You** arrive after the time required by the carrier for check-in. 3) Any loss already covered by any other existing insurance scheme in place or which will be refunded by a **Travel Supplier** (airline, hotel, tour operator, or any other provider). 4) The delay due to strike, action, or industrial dispute which existed before departure and which was known to **You** prior to departure. 5) Anything mentioned in the General Exclusions and General Conditions.

SECTION 17
CAR RENTAL EXCESS WAIVER, CAR HIRE AND CAR HIRE KEY

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
17.1 CAR RENTAL EXCESS WAIVER **We** will refund You the excess of a rented car up to the amount stated on the Schedule of Benefits for International or Local journeys. **You** become legally liable to pay Your Rental excess due to accidental damage or theft of a rented vehicle. **PLEASE NOTE:** This section provides reimbursement of the excess that **You** are responsible for under the terms of **Your** car rental agreement (within the limits of this policy). It does not cover the total value of the insured vehicle or the actual cost of the damage to the insured vehicle. **17.2 CAR HIRE** **Local Journey (South Africans travelling within the borders of South Africa)** **We** will reimburse **You** up to the amount shown on the Schedule of Benefits for expenses to hire a car due to an accident, theft, or mechanical breakdown to **Your** car to continue with **Your** local **Journey** or return home. **17.3 CAR HIRE KEY COVER** **We** will reimburse the amount shown on the Schedule of Benefits to replace the hire car keys if lost, stolen, or damaged during the hire period. This will also include, where necessary, the costs to replace locks or for a locksmith to break into the rental vehicle. **Specific Conditions for Section 17:** 1) **You** have complied with the terms and conditions of the car rental agreement. 2) **You** have rented a car hired from a Licensed Rental Company. 3) **You** are the named driver or the named co-driver of the car on the Rental Agreement. 4) **Your** car must not be older than 5 (five) years from the date of manufacture due to mechanical breakdown. 5) **You** must report any accident or theft within 48 (forty-eight) hours and obtain a police report.	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) If there is any violation of the terms and conditions stated in the Car Rental Agreement. 3) If there is damage to the rented vehicle while being used for off-road purposes. 4) If **You** are claiming in respect of a commercial vehicle and/or motorcycle. 5) If there is any violation of legislation in the country where the vehicle is being used. 6) Any loss or damage while the rented vehicle is not in **Your** custody and control. 7) Anything mentioned in the General Exclusions and General Conditions.

SECTION 18
CATTERY AND KENNEL FEES

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
We will reimburse **You** for the additional kennel or cattery fees for domestic dogs and cats owned by **You** when **You** are delayed overseas beyond **Your** original return date due to a valid claim under the Emergency Medical or Travel Delay Section of the policy. **Special Conditions:** 1) A written confirmation from the pet boarding house stating: a) the period of stay of **Your** Domestic Pet; b) the collection date arranged before **Your Journey**, and c) the period of an extended stay in the pet boarding house. 4) A medical report from **Your** treating Doctor overseas justifying the need to delay **Your** return; or 5) Written confirmation from the carrier, or its handling agents, on the actual date and time of departure and the reason for the delay.	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) Any claim where **Your** pet's stay does not exceed the **Prebooked** period of accommodation. 3) Anything mentioned in the General Exclusions and General Conditions.

SECTION 19
HOTEL WITHDRAWAL OF SERVICES

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
We will reimburse **You** up to the amounts shown on the Schedule of Benefits for every complete period of 24 (twenty-four) hours **Your Prebooked** hotel completely withdraws the following services due to strike or industrial action: 1) water or electrical facilities; or 2) swimming pool facilities; or 3) kitchen services to the extent that no food is available; or 4) chambermaid facilities.	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) Any claim not substantiated by a written report from the hotel management confirming the exact length, nature, and cause of the disruption. 3) Claims arising directly or indirectly from strike or industrial action which was advised or known to **You** by the date **You** purchased this insurance or at the time of booking any Journey, whichever is the latter. 4) Claims for services that were not available before any strike or industrial action. 5) Anything mentioned in the General Exclusions and General Conditions.

SECTION 20
HOME ASSISTANCE - DOMESTIC HELP

NOT ALL BENEFITS LISTED WITHIN THIS COVER SECTION ARE AVAILABLE FOR ALL PLANS. REFER TO THE SCHEDULE OF BENEFITS TO CONFIRM THE COVER AND LIMITS FOR THE PLAN YOU HAVE CHOSEN.

WHAT YOU ARE COVERED FOR	WHAT YOU ARE NOT COVERED FOR
We will pay up to the amount shown on the Schedule of Benefits for costs of domestic help services in **Your Country of Residence** if **You** have written advice from the medical practitioner that **You** have to stay in bed immediately after being repatriated during **Your International Journey**.	1) The excess shown in the Policy Schedule of Benefits, except where **You** have paid the excess waiver option. 2) Any claim that Our Emergency Assistance Services have not authorised. 3) Any claim where **You** required home help before **You** began **Your Journey**. 4) Anything mentioned in the General Exclusions and General Conditions.

HOW TO MAKE A CLAIM

The Linkham Travel Claims Department is open Monday to Friday from 8.30 am to 5 pm. A claim form will be provided when We are notified of the claim. We will ask the claimant to complete a claim form and to provide at their own expense all reasonable and necessary evidence required by Us to support a claim. If the information supplied is insufficient, We will identify the further information which is needed. If We do not receive the information We need, We may reject the claim.

CLAIMS CONTACT NUMBER : +27 (10) 211 6981 / **EMAIL ADDRESS :** assist24@africa-assist.co.za

CLAIM FORM AND NOTIFICATION

IF YOU NEED TO CLAIM : EMAIL: assist24@africa-assist.co.za

CLAIMS EVIDENCE: THIS WILL BE FOR YOUR OWN ACCOUNT.

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ALL CLAIMS:

- Completed claim form **You** have signed.
- Copies of the relevant International Flight Ticket.
- Copy of **Your** Travel Insurance Certificate.
- Documentation to confirm **Your** travel itinerary, vouchers or e-tickets.
- Proof of other insurance in place.
- Copies of all original receipt and invoices from the airline, tour operator and travel agents, doctors, hospitals.
- Copies of passport, including stamped departure, arrival, and Identity documents.
- A letter from **Your** bank confirming **Your** banking details.
- Any other documentation **We** may require finalising the assessment of **Your** claim.
- A medical report from **Your** attending/treating Doctor, describing **Your** injury or illness and treatment.

MEDICAL CLAIMS:

- Regarding illness, **We** require a 12 (twelve) month medical history report from **Your** usual medical practitioner.
- A detailed medical report including diagnosis from the treating Medical Practitioner abroad regarding any illness or injury.
- Incident report/police report for any accident or injury.
- Daily Hospital Cash Benefit: Hospital admission form to prove every 24 (twenty- four) hours completed in the hospital.
- Mortal Remains Death Certificate which details the cause of death.
- Details of Medical Aid if applicable or proof of other Covid-19 PCR positive test report.

CANCELLATION, CURTAILMENT, POSTPONEMENT, AND ANY REASON:

- The original flight invoice (original amount paid and any refund amount due).
- The provider's letter confirms their cancellation/refund policy and whether any amount was refunded to **You**.
- A medical certificate states that **You** are not medically fit to travel.
- The medical practitioner must complete a certified copy of the death certificate and medical history due to death.
- If this claim is being submitted due to an injury, please provide a complete description of the incident leading to the damage. If a third party was involved, please provide their details.
- Proof of Traumatic Event that occurred.
- Proof of accidental property damage.
- Proof of deposits that is not recoverable.
- Proof of transport carrier schedule change and ticket change fees.
- If **You**'re made redundant or retrenched, **You** will have to provide written confirmation from **Your** company's senior partner, human resources, or director.

VISA DENIED:

- Proof of flight and accommodation penalties.
- Proof of deposits and payments that **You** cannot recover.
- Written proof from the embassy or consulate confirming the visa application was denied.
- Copy of **Your** visa application and supporting documentation.

TRAVEL SUPPLIER INSOLVENCY:

- Proof of payment for costs paid directly to the **Travel Supplier** by the agent or Yourself.
- Unused **Travel Supplier** tickets, vouchers.
- Evidence of the **Travel Supplier** being insolvent.
- **Travel Supplier** Insolvency: Proof that costs were paid directly to the **Travel Supplier** by the agent or Yourself.

JOURNEY REPLACEMENT:

- Copy of **Your** International Flight tickets purchased for **Your** booked itinerary.
- The original flight invoice (original amount paid and any refund amount due).
- The provider's letter confirming their cancellation/refund policy and whether any amount was refunded to **You**.

TRAVEL DELAY, MISSED CONNECTION:

- A letter from the carrier with whom You travelled when the missed connections occurred at a transfer point detailing the delay's cause and length.
- Original receipts for essential expenses incurred.
- Original receipts for the extra accommodation and travel costs incurred.
- Any written settlement offers or compensation from the Public Transport Carrier.
- Provide written confirmation from the Public Transport Carrier or their handling agents because the service is not running to its published timetable, advising the number of hours for the delay and the scheduled actual departure times, and confirming check-in (Property Irregularity Report (PIR).

ALTERNATIVE EMPLOYEE AND RESUMPTION OF ASSIGNMENT:

- Copy of **Your** International Flight tickets purchased for **Your** booked itinerary.
- The original flight invoice (original amount paid and any refund amount due).
- The provider's letter confirming their cancellation/refund policy and whether any amount was refunded to **You**.

BAGGAGE AND RELATED EXPENSES:

- Any other items that might be necessary to successfully assess **Your** claim, together with the following documents for the different types of accidental loss or theft, or damage.
- Submit a police report **You** obtained in the country visited when **Your** property was lost, damaged, or stolen other than while in the custody of a Carrier.
- If the claim is for property lost, stolen, or damaged while in the custody of a Carrier, please forward the Property Irregularity Report (PIR) issued by the carrier or their agent, written legal responsibilities by an airline confirmation from the carrier stating no payment has been made to **You**.
- **Baggage** delay claims, receipts for necessary purchases of essential clothing and toiletries, and the Carriers confirmation of the incident and the date and time **Your** luggage arrived.
- Damage claims: Please provide an estimate for repair. If the damage is beyond repair, **We** require written confirmation from a relevant tradesman. Please retain all damaged items as **We** may need them to be forwarded to **Our** offices.
- Written proof of the transport provider/carrier delay must be submitted with any claim and receipts supporting the purchase of emergency, essential clothing items, and Personal Belongings.
- In respect of jewellery claims, original or certified copies of evaluation certificates issued before the Commencement of the Insured **Journey** are required.
- Proof of ownership for electronic items.
- Proof from the cell phone provider to confirm **Your** phone was blacklisted.

PERSONAL ACCIDENT:

- Medical reports.
- Death Certificate detailing the cause of death.
- Postmortem and toxicology report.
- Police report required for a motor accident.
- Blood alcohol results if the insured traveller was the driver in a motor accident.

PERSONAL LIABILITY:

- Copies of Legal documents received.
- A written description of the events.
- Death Certificate detailing the cause of death.
- Inquest and Postmortem Reports.
- Police Report.
- All correspondence received from a 3rd (third) party.

HIJACK, HOSTAGE OR KIDNAP AND WRONGFUL DETENTION:

- Police Report and the Police reference number.
- Description of the events.

LEGAL EXPENSES:

- Copies of legal documentation received from lawyers or summons.
- A death certificate if death is the subject of a criminal investigation.
- All correspondence received from a 3rd (third) party.

INCIDENTAL LOSS:

- Proof of all expenses incurred with regards to the valid claim submitted.
- Proof of additional car parking fees at the airport.

NATURAL DISASTER:

- Copy of statement from a public authority confirming the nature of the disaster.
- Original receipts for expenses.

TICKET UPGRADE:

- Letter from the carrier providing a reason for delay and compensation or settlement.

CAR RENTAL EXCESS:

- Proof of excess payment.
- Copy of car rental agreement.
- Copy of Police Report stating the date and time of damage or theft.

CATTERY AND KENNEL FEES:

Travel delay

- You must obtain written confirmation from the Public Transport Carrier stating the reason for the delay and how long the delay last.
- Original receipts for expenses.

HOTEL WITHDRAWAL OF SERVICES:

- Written report from the hotel management confirming the exact length, nature, and cause of the disruption.
- Original receipts.

STATUTORY NOTICE TO SHORT-TERM INSURANCE POLICYHOLDERS

IMPORTANT – PLEASE READ CAREFULLY – DISCLOSURE AND OTHER LEGAL REQUIREMENTS

THIS NOTICE DOES NOT FORM PART OF THE INSURANCE CONTRACT OR ANY OTHER DOCUMENT

As a short-term insurance policyholder, or prospective policyholder, You have the right to the following information:

1. YOUR BROKER

The broker is **Your** agent in placing the insurance business. **Your** broker must be registered as a Financial Services Provider (FSP) and in terms of the FAIS Act must make certain disclosures to **You** about their business. **Your** broker should timeously provide the information listed below to **You** and in writing within 31 (thirty one) days from the time **You** are provided with a quotation, take out a policy or amend **Your** policy.

a) The name, address, contact details and FSP Number (included below)
b) Details of the legal / contractual status of **Your** broker, to make it clear to **You** whom accepts the responsibility for the actions of **Your** broker in the rendering of financial services.
c) Confirmation that **Your** broker has a standard agency contract with the Product Supplier free from any imposed restrictions, and confirmation of whether **Your** broker has such contract with other product suppliers.
d) Confirmation of whether **Your** broker is permitted to receive/handle premiums on behalf of the product supplier.
e) Where applicable whether **Your** broker holds more than 10% of the Product Suppliers shares or equivalent financial interest in the Product Supplier, or more than 30% of **Your** broker's total remuneration was received from the Product Supplier over the previous twelve months.
f) Details of **Your** broker's compliance department.
g) Details of the financial services which **Your** broker is authorized to provide in terms of their FSP License.
h) Whether **Your** broker had professional indemnity insurance.
i) Whether a representative of **Your** broker is rendering financial services under supervision as defined in the Determination of Fit and Proper Requirements.
j) Whether **Your** broker is exempt from any matter covered by the act.

2. ABOUT THE ADMINISTRATOR (Underwriting Manager)

Company Name:	Linkham Services SA (Pty) Ltd
Company Registration Number:	Reg No.: 2013/162675/07
Physical Address:	52B St Johns Wood, 2nd Street, Killarney, 2193.
Postal Address:	Private Bag X10016, Suite 18, Edenvale, 1610
Telephone Number:	+ 27 (10) 211 6981
Facsimile Number:	086 519 2198
Website:	
Financial Services Provider License Number:	45396
License Categories:	Short Term Insurance - Personal and Commercial Lines
Details of the complaints procedure:	Should **You** have a complaint about any matter, please submit **Your** complaint to the Underwriting manager in writing to the complaints department. Should the matter not be resolved to **Your** satisfaction, **You** may then refer **Your** complaint to the Insurer. **COMPLAINTS / COMPLAINTS DEPARTMENT:** Diana Sharp / **Tel:** + 27 (10) 211 6981 - **Fax:** 086 519 2198 - **Email:** diana@africa-assist.co.za
Details of the compliance department:	**You may refer any compliance matters to the Underwriting Managers Compliance Officer:**

a) The Underwriting Manager is the agent of the Insurer and is mandated in writing to administrate the Insurer's Policy and claims and issue SASRIA coupons on behalf of the Insurer.
b) The Underwriting Manager earns a fee from the Insurer.
c) The Underwriting Manager has Professional Indemnity Insurance of R10,000,000.
d) The Underwriting Manager has Fidelity Insurance of R1,000,000.
e) The Underwriting Manager facilitates the collection of, but does not hold, retain, or control, premiums on behalf of the insurer.

3. ABOUT THE ASSISTANCE SERVICE PROVIDER (OUTSOURCED)

Company Name:	Africa and Worldwide Medical Assistance Services (Pty) Ltd
Company Registration Number:	1997/013679/07
Physical Address:	110 Conrad drive, Craighall Corporate Office Park, Craighall, 2196
Postal Address:	110 Conrad drive, Craighall Corporate Office Park, Craighall, 2196
Telephone Number:	010 211 6981/ 4822
Facsimile Number:	
Website:	www.africa-assist.co.za
Financial Services Provider License Number:	FSP44376
License Categories:	Short Term Insurance - Personal and Commercial Lines
Details of the complaint's procedure:	Should **You** have a complaint about any matter, please submit **Your** complaint to the Underwriting Manager in writing to the complaints department. Should the issue not be resolved to **Your** satisfaction, **You** may refer **Your** complaint to the Insurer. **COMPLAINTS / COMPLAINTS DEPARTMENT:** **Tel:** + 27 (10) 211 6981 - **Fax:** 086 519 2198 - **Email:** complaints.southafrica@linkham.com
Details of the compliance department:	

4. ABOUT THE INSURER (Product Supplier)	
Company Name:	GENRIC Insurance Company Limited
Company Registration Number:	2005/037828/06
Physical Address:	Irene Link Precinct, 7 Impala Avenue, Centurion, 0157
Postal Address:	PO Box 1115, Bromhof, 2154
Telephone Number:	086 144 4462
Facsimile Number:	086 685 0357
Email Address:	info@genric.co.za
Website:	www.genric.co.za
Financial Services Provider License Number:	43638
License Categories:	Short Term Insurance Personal and Commercial Lines
Details of the complaints procedure:	**Department:** Complaints Department / **Tel:** 086 144 4462 Fax: 086 685 0357 **Email:** complaints@genric.co.za / Please visit **Our** website or contact **Our** offices for **Our** Complaints Resolution Policy.
Details of the compliance department:	**Department:** Moonstone Compliance – Natassja Jooste / **Tel:** 021 8838000 / **Fax:** 021 8838005

5. **HOW TO INSTITUTE A CLAIM**

In the event of a claim, **You** must notify **Your** broker as soon as possible, but within the time limitation stated in the policy wording. **You** will be required to complete the claim form which will be emailed or faxed to **You** and any information and proof in support of the claim as specified on the claim form.

6. **PREMIUM AND YOUR MONETARY OBLIGATIONS**

The amount of premium due is contained on the Schedule of Insurance. In all instances, premium must be paid before cover is affected.

7. **WARNING**

- Do not sign any blank or partially completed application form.
- Complete all forms in ink.
- Keep all documents handed to **You**.
- Make a note as to what is said to **You**.
- Don't be pressurised to purchase the product.
- Incorrect or non-disclosure by **You** of relevant facts may influence the Insurer on any claims arising from **Your** contract of insurance.

8. **PARTICULARS OF THE SHORT-TERM INSURANCE OMBUDSMAN**

PO Box 32334, Braamfontein, 2017
Tel: + 27 11 726 8900 / **Fax:** + 27 11 726 5501
Email: info@osti.co.za / **Web:** www.osti.co.za

9. **PARTICULARS OF FINANCIAL SECTOR CONDUCT AUTHORITY**

Financial Sector Conduct Authority, PO Box 35655, Menlo Park, 0102 **Tel:** 012 428 8000 / **Fax:** 012 346 6941

10. **PARTICULARS OF SASRIA LIMITED**

SASRIA SOC Limited (1997/00287/06)
Financial Services Provider License Number: 33117 PO Box 653367, Benmore, 2010
Tel: 011 214 0800 / 086 172 7742 / **Fax:** 011 447 8630 / 086 172 7329
Email: info@sasria.co.za, **Website:** www.sasria.co.za

11. **PARTICULARS OF THE PRUDENTIAL AUTHORITY**

Po Box 8432, Pretoria, 0001
Tel: + 27 12 313 3911
Email: PA-info@resbank.co.za
Website: http://wwwrs.resbank.co.za/ContactUsQueryCapture/ Contactus.aspx

12. **PARTICULARS OF FINANCIAL ADVISORY AND INTERMEDIARY SERVICES (FAIS) OMBUDSMAN**

PO Box 74571, Lynwood Ridge, 0040
Tel: + 27 12 470 9080 / **Fax:** + 27 12 348 3447
Website: www.faisombud.co.za

13. **NAME, CLASS OR TYPE OF POLICY**

Full details about the name, class and type of policy involved are reflected on **Your** schedule of insurance and are also contained in the policy wording. Should **You** require any explanation about the terms, conditions, exclusions, provisions, premiums, excesses (or deductibles) or any other information, please contact **Your** Financial Services Provider for assistance.

14. **EXTENT AND NATURE OF PREMIUM OBLIGATIONS**

Your policy documents reflect the premiums payable, the due date of payment and the frequency of payment (e.g. monthly or annually). All premiums are inclusive of Value Added Tax at the prescribed rate.

Financial Services Providers are authorised to accept premium payment on behalf of Product Suppliers and should **Your** Financial Services Provider be authorised to do so, then **You** may make payment to such Financial Services Provider. Where a Financial Services Provider is not authorised to receive payment on behalf of the Product Supplier, **Your** payment should be made in favour of the Product Supplier. Should **You** not operate through a Financial Service Provider, then **Your** payment should be made directly to **Your** Product Supplier or Underwriting Management Agent (if applicable). In the case of monthly premiums by debit order, payment is usually made to the Product Supplier directly, unless **You** have authorised such payment via **Your** Financial Services Provider or other third party, who has authority to collect premium on behalf of the Product Supplier.

15. **OTHER MATTERS OF IMPORTANCE.**

a) **You** must be informed of any material changes to the information referred to in paragraphs 1, 2 and 3.
b) If any complaint to the intermediary or insurer is not resolved to **Your** satisfaction, **You** may submit **Your** complaint to the FAIS Ombud.
c) Polygraph or similar tests are not obligatory and claims may not be rejected solely on the basis of a failure of such a test.
d) If **Your** premium is paid by debit order, the debit order must be in favour of either the intermediary of the Product Supplier (insurer) and may not be transferred without **Your** approval.
e) The Product Supplier (insurer) must give **You** 31 (thirty one) days' notice in writing of its intention to cancel **Your** debit order.
f) The Product Supplier (insurer) and not the intermediary must give reasons in writing for the rejection of any claim submitted by **You**.
g) The Product Supplier (insurer) must give **You** at least 31 days' written notice of the intended termination.
h) **You** are entitled to a copy of **Your** policy free of charge.

16. **PROCESSING AND PROTECTION OF PERSONAL INFORMATION**

Your privacy is of the utmost importance to **Us**. **We** will take the necessary measures to ensure that all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by **You** or which is collected from **You** is processed following the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored safely and securely.

You hereby agree to give honest, accurate, and up-to-date Personal Information and to maintain and update such information when necessary. **You** accept that **Your** Personal Information collected by **Us** may be used for the following reasons:

- to establish and verify **Your** identity in terms of the Applicable Laws;
- to enable **Us** to fulfil **Our** obligations in terms of this Policy;
- to enable **Us** to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share **Your** information for further processing with the following third parties, which third parties must keep **Your** Personal Information secure and confidential:

- Payment processing service providers, merchants, banks and other persons that assist with the processing of **Your** payment instructions;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that **We**, following the Applicable Laws, are required to share **Your** Personal Information with;
- Credit Bureau's;
- **Our** service providers, agents, and sub-contractors that **We** have contracted with to offer and provide products and services to any Policyholder in respect of this Policy; and
- Persons to whom **We** cede **Our** rights or delegate **Our** authority to in terms of this Policy.

You acknowledge that any Personal Information supplied to **Us** in terms of this Policy is provided according to the Applicable Laws. Unless consented to by Yourself, **We** will not sell, exchange, transfer, rent or otherwise make available **Your** Personal Information (such as name, address, email address, telephone or fax number) to any other parties and **You** indemnify **Us** from any claims resulting from disclosures made with **Your** consent.

You understand that if **We** have utilised **Your** Personal Information contrary to the Applicable Laws, **You** have the right to lodge a complaint with **Us** within 10 (ten) days. Should **We** not resolve the complaint to **Your** satisfaction, **You** have the right to escalate the complaint to the Information Regulator.

You also similarly give consent to the sharing of information in regards to past insurance policies and claims that **You** have made. **You** also acknowledge that information provided by Yourself or **Your** representative may be verified against any legally recognised sources or databases.

By insuring or renewing **Your** insurance **You** not only consent to such information sharing, but also relinquish any rights of confidentiality with regards to underwriting or claims information that **You** have provided or that has been provided by another person on **Your** behalf.

In the event of a claim, the information **You** have supplied with **Your** application together with the information **You** supply in relation to the claim, will be included on the system and made available to other insurers participating in the prevention of fraudulent and any criminal behaviour or activity.

17. **WAIVER OF RIGHTS**

The General Code of Conduct stipulates that no financial services provider may request or induce in any manner a client to waiver any right or benefit conferred on the client by/or in terms of any provisions of the said Code, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

18. **CONFLICT OF INTEREST**

In terms of the FAIS Act 37 of 2002 GENRIC Insurance Company Limited maintains a conflict of interest policy.

A conflict of interest management policy is available to clients upon request or on **Our** website.