



STANDARD BANK OPTIONAL TRAVEL INSURANCE

REFERENCE NUMBER: STBO01012014

AIG South Africa Limited
10 Queens Road
Parktown Johannesburg
PO Box 31983 Braamfontein 2017
Tel: (011) 551-8000
Fax (011) 551-8293

This Policy is a contract made between Standard Bank Card Division and AIG South Africa Limited, the Company. The Company agrees to provide insurance on the basis set out in this Policy provided the premium is paid when due and the Company agrees to accept it. Any endorsement to the Policy or the Schedule shall form part of the Policy.

Signed on behalf of the Company

Richard Lang
VP, Consumer Lines Head
South Africa



SCHEDULE: OPTIONAL COVER (3 months up to and including 75 years)

OPTIONAL COVER	Option 1	Option 2	Option 3
BENEFIT	INTERNATIONAL	INTERNATIONAL	INTERNATIONAL
SECTION 1 – MEDICAL AND RELATED EXPENSES AND ASSISTANCE			
1A – Emergency Medical and Related Expenses and Assistance			
f. Additional Emergency Medical and Related Expenses and Assistance – Injury & Illness	R 5,000,000	R 9,000,000	R 11,000,000
g. Emergency Medical and Related Expenses due to terrorism	R 1,000,000	R 1,000,000	R 2,500,000
Excess – In-patient	Waiver of Excess	Waiver of Excess	Waiver of Excess
Excess – Out-patient	R 500	R 500	R 500
1B – Travel Guard			
h. Legal Assistance Abroad	R 5,000	R 5,000	R 5,000
1D Alternative Employee or Resumption of Assignment Expenses	R 10,000	R 15,000	R 25,000
1E. Hospital Cash (maximum 20 days @ R250 / day)	Nil	R 5,000	R 10,000
1F Follow Up Treatment in South Africa	R 5,000	R 10,000	R 15,000
SECTION 2 – PERSONAL ACCIDENT (Accidental Death and/or Permanent Total Disablement)			
2A. 24 hour cover	R 300,000	R 500,000	R 1,000,000
2B. In-flight/public conveyance	R 600,000	R 1,000,000	R 2,000,000
Terrorism extension	R 250,000	R 250,000	R 750,000
SECTION 3 – CANCELLATION & CURTAILMENT			
3A Cancellation of Journey (R500 Excess)	R 10,000	R 20,000	R 25,000
3B Curtailment of Journey (R500 Excess)	R 10,000	R 20,000	R 25,000
Visa Protection Extension	R 10,000	R 20,000	R 30,000
SECTION 4 – BAGGAGE, MONEY, CREDIT CARDS & TRAVELLERS CHEQUES, FRAUD AND BAGGAGE DELAY			
4A. Theft or Damage of Baggage	R 7,500	R 10,000	R 20,000
Baggage Single Item Limit - Theft or Damage (R500 Excess)	R 1,500	R 2,000	R 2,000
Theft of Money, Credit Cards & Travellers Cheques (R500 Excess)	R 2,000	R 2,000	R 3,000
4B. Baggage Delay (24 hour Excess)	R 2,000	R 3,500	R 3,500



SECTION 5 – TRAVEL DELAY AND TRAVEL MISSED CONNECTION			
5A. Travel Delay – Incurred expenses up to an amount of (24 hour Excess)	R 2,000	R 2,500	R 2,500
5B. Travel Missed Connection – Incurred expenses up to an amount of (R250 excess)	Nil	R 2,500	R 5,000
SECTION 6 – TICKET UPGRADE			
Essential upgrade of a conveyance ticket during an International Journey (6 hour excess)	Nil	R 4,000	R 5,000
SECTION 7 – CATTERY AND KENNELS			
Extra kennel or cattery fees incurred as a result of the unavoidable delay (Excess 24 hours)	Nil	Nil	R 2,500
SECTION 8 – PERSONAL LIABILITY			
Bodily Injury and Material Damage	R 2,000,000	R 2,000,000	R 2,500,000
SECTION 10 – NATURAL DISASTER			
Cost of providing similar accommodation	R 2,500	R 2,500	R 2,500
SECTION 11 – IDENTITY THEFT			
Legal Expenses	Nil	R 1,000	R 1,000
Lost Income	Nil	R 1,000	R 1,000
Legal Obligations	Nil	R 1,000	R 1,000
Miscellaneous Expenses	Nil	R 1,000	R 1,000
SECTION 12 – MOTOR HIJACK EXTENSION			
12A. Personal Accident	Nil	Nil	R 5,000
12B. Post Traumatic Stress Disorder Therapy	Nil	Nil	R 2,500
OPTIONAL COVER	Option 1	Option 2	Option 3
PREMIUM			
Per Trip – 1 to15 days	R 293	R 322	R 361
Per Trip – 16 to 90 days	R 480	R 519	R 564
Per Trip – 91 to 180 days	R 1,021	R 1,129	R 1,242
Mandate – 1 to 90 days	R 288	R 317	R 344



OPTIONAL COVER- PRE-EXISTING MEDICAL CONDITIONS COVER	Option 1	Option 2	Option 3
BENEFIT	INTERNATIONAL	INTERNATIONAL	INTERNATIONAL
Any medical condition for which an Insured Person has received treatment or advice or recommendation for treatment at any time prior to commencement of a journey. The member must be hospitalised as an in-patient, following medical advice, for more than 48 hours.	R 100,000	R 150,000	R 250,000
OPTIONAL COVER- PRE-EXISTING MEDICAL CONDITIONS COVER	Option 1	Option 2	Option 3
PREMIUM			
Per Trip – 1 to 15 days	R 716	R 824	R 1,196
Per Trip – 16 to 90 days	R 1,179	R 1,326	R 1,897
Per Trip – 91 to 180 days	R 2,512	R 2,896	R 4,177



SCHEDULE: LOCAL OPTIONAL COVER - 3 months up to and including 85 years

OPTIONAL COVER	LOCAL
BENEFIT	
SECTION 3 – CANCELLATION & CURTAILMENT	
3A Cancellation of Journey (R500 Excess)	R 10,000
3B Curtailment of Journey (R500 Excess)	R 10,000
SECTION 4 – BAGGAGE, MONEY, CREDIT CARDS & TRAVELLERS CHEQUES, FRAUD AND BAGGAGE DELAY	
4A. Theft or Damage of Baggage	R 5,000
Baggage Single Item Limit - Theft or Damage (R500 Excess)	R 1,500
Theft of Money and Credit Cards (R500 Excess)	R 1,500
4B. Baggage Delay (6 hour Excess)	R 2,000
SECTION 5 – TRAVEL DELAY AND TRAVEL MISSED CONNECTION	
5A. Travel Delay – Incurred expenses up to an amount of (4 hour Excess)	R 2,000
OPTIONAL COVER - PREMIUM	LOCAL
Per Trip – 1 to15 days	R 191
Per Trip – 16 to 90 days	R 297
Mandate – 1 to 90 days	R 186

MANDATE COVER:

This option has been designed for clients who travel regularly. With this option the Company will, with your permission, automatically bill you for travel insurance every time you charge a Public Conveyance ticket to a card issued by the Standard Bank Card Division. On registration, the insured will be provided with the mandate travel insurance documents. Our sales and service travel contact centre will assist with travel insurance documentation should the insured require it for future trips. The mandate option will automatically terminate once the insured person turns 76 years of age.

MANDATE COVER CONDITION:

Voyager miles do not apply to the mandate option.



SCHEDULE: SENIORS OPTIONAL COVER (76 years up to including 85 years)

SENIORS COVER		
BENEFIT	LOCAL	INTERNATIONAL
SECTION 1 – EMERGENCY MEDICAL AND RELATED EXPENSES AND ASSISTANCE		
1A. Emergency Medical and Related Expenses and Assistance		
f. Injury & Illness	R50,000	R5,000,000
g. Emergency medical expenses due to terrorism	Nil	R1,000,000
Excess – In-patient	Nil	R2,000
Excess - Out-patient	Nil	R2,000
1B – Travel Guard		
h. Legal Assistance Abroad	Nil	R 5,000
* The Assistance Services under the Automatic extend to the Senior Package		
SECTION 2 – PERSONAL ACCIDENT		
2C. Senior Personal Accident Scale	Nil	R50,000
SECTION 3 – CANCELLATION & CURTAILMENT		
Cancellation of Journey (R500 Excess)	R10,000	R15,000
Curtailement of Journey (R500 Excess)	R10,000	R15,000
SECTION 4 – BAGGAGE, MONEY, CREDIT CARDS & TRAVELLERS CHEQUES, FRAUD AND BAGGAGE DELAY		
4A.Theft or Damage of Baggage	R5,000	R10,000
Baggage Single Item Limit - Theft or Damage (R500 Excess)	R1,500	R1,500
Theft of Money and Credit Cards & Travellers Cheques(R500 Excess)	R1,500	R2,000
4B. Baggage Delay (24 hour Excess)	R2,000	R3,500
SECTION 5A – TRAVEL DELAY		
Incurred expenses up to an amount of (24 hour Excess)	R2,000	R2,500
SECTION 8 – PERSONAL LIABILITY		
Bodily Injury and Material Damage	R2,000,000	R2,000,000
SECTION 9 – HIJACK		
R750 per day for a maximum of 10 days (Excess 12 Hours)	R7,500	R7,500
SECTION 10 – NATURAL DISASTER		
Cost of providing similar accommodation	Nil	R2,500
PREMIUM		
Per Trip – 1 to 15 days	R 987	R 987
Per Trip – 16 to 90 days	R 1,451	R 1,451



SCHEDULE: CORPORATE OPTIONAL COVER

CORPORATE OPTIONAL COVER	CORPORATE OPTION 1	CORPORATE OPTION 2	CORPORATE OPTION 3
BENEFIT	INTERNATIONAL	INTERNATIONAL	INTERNATIONAL
SECTION 1 – MEDICAL AND RELATED EXPENSES AND ASSISTANCE			
1A. – Emergency Medical and Related Expenses and Assistance			
(i) Additional Emergency Medical and Related Expenses and Assistance – Injury & Illness	R5,000,000	R11,000,000	R20,000,000
(ii) Emergency Medical and Related Expenses due to terrorism	R1,000,000	R2,500,000	R2,500,000
Excess - In-patient	Waiver of Excess	Waiver of Excess	Waiver of Excess
Excess – Out-patient	R500	R500	R500
1B – Travel Guard			
v. Legal Assistance Abroad	R5,000	R5,000	R5,000
1D Alternative Employee or Resumption of Assignment Expenses	R10,000	R25,000	R25,000
1E. Hospital Cash (maximum 20 days @ R500 / day)	Nil	R10,000	R15,000
1F. Follow Up Treatment in South Africa	R5,000	R10,000	R15,000
SECTION 2 – PERSONAL ACCIDENT (Accidental Death and/or Permanent Total Disablement)			
2A. 24 hour cover	R300,000	R1,000,000	R2,000,000
2B. In-flight/public conveyance	R600,000	R1,000,000	R2,000,000
Terrorism extension	R250,000	R750,000	R750,000
SECTION 3 – CANCELLATION & CURTAILMENT			
3A. Cancellation of Journey (R500 Excess)	R10,000	R25,000	R25,000
3B. Curtailment of Journey (R500 Excess)	R10,000	R25,000	R25,000
SECTION 4 – BAGGAGE, MONEY, CREDIT CARDS & TRAVELLERS CHEQUES, FRAUD AND BAGGAGE DELAY			
4A. Theft or Damage of Baggage	R7,500	R20,000	R20,000
Baggage Single Item Limit - Theft or Damage (R500 Excess)	R1,500	R2,000	R5,000
Theft of Money and Credit Cards & Travellers Cheques (R500 Excess)	R2,000	R3,000	R3,000
4B. Baggage Delay (24 hour Excess)	R2,000	R3,500	R3,500
SECTION 5A – TRAVEL DELAY			
5A. Travel Delay – Incurred expenses up to an amount of (24 hour excess)	R2,000	R2,500	R2,500
5B. Travel Missed Connection –Incurred expenses up to an amount of (R250 Excess)	Nil	R5,000	R5,000
SECTION 6 - TICKET UPGRADE			
Essential upgrade of a conveyance ticket during an International Journey (6 hour Excess)	Nil	R5,000	R5,000
SECTION 7 – CATTERY AND KENNELS			
Extra kennel or cattery fees incurred as a result of the unavoidable delay (Excess 24 hours)	Nil	R2,500	R2,500



SECTION 8 – PERSONAL LIABILITY			
Bodily Injury and Material Damage	R2,000,000	R2,500,000	R2,500,000
CORPORATE OPTIONAL COVER	CORPORATE OPTION 1	CORPORATE OPTION 2	CORPORATE OPTION 3
SECTION 10 - NATURAL DISASTER			
Cost of providing similar accommodation	Nil	R2,500	R2,500
SECTION 11 – IDENTITY THEFT			
Legal Expenses	Nil	R1,000	R5,000
Lost Income	Nil	R1,000	R5,000
Legal Obligations	Nil	R1,000	R5,000
Miscellaneous Expenses	Nil	R1,000	R5,000
SECTION 12 – MOTOR HIJACK EXTENSION			
12A. Personal Accident	Nil	R5,000	R5,000
12B. Post Traumatic Stress Disorder Therapy	Nil	R2,500	R2,500
SECTION 13 - GOLF COVER			
13A. Loss, Theft or damage to Golf Equipment (Excess R1,000)	Nil	Nil	R10,000
13B. Golf Equipment hire	Nil	Nil	R2,000
13C. Hole in one	Nil	Nil	R1,000
PREMIUM			
Per Trip – 1 to15 days	R329	R405	R454
Per Trip – 16 to 90 days	R539	R633	R710
Per Trip – 91 to 180 days	R1,146	R1,394	R1,561
Mandate – 1 to 90 days	R324	R386	R433
CORPORATE PRE-EXISTING MEDICAL CONDITIONS COVER	CORPORATE OPTION 1	CORPORATE OPTION 2	CORPORATE OPTION 3
BENEFIT	INTERNATIONAL	INTERNATIONAL	INTERNATIONAL
Any medical condition for which an Insured Person has received treatment or advice or recommendation for treatment at any time prior to commencement of a journey. The member must be hospitalised as an in-patient, following medical advice, for more than 48 hours.	R100,000	R250,000	R250,000
CORPORATE PRE-EXISTING MEDICAL CONDITIONS COVER	CORPORATE OPTION 1	CORPORATE OPTION 2	CORPORATE OPTION 3
PREMIUM			
Per Trip – 1 to15 days	R804	R1,342	R1,504
Per Trip – 16 to 90 days	R1,323	R2,129	R2,385
Per Trip – 91 to 180 days	R2,820	R4,689	R5,251



IMPORTANT CONTACT DETAILS

24 hours Emergency Medical Assistance – Travel Guard

Phone: +44 1273 721415 (UNITED KINGDOM)

Phone lines are open 24 hours a day, 7 days a week

All Medical assistance incidents should be logged with Travel Guard

Claims

AIG South Africa Limited

P.O Box 31983

Braamfontein 2017

SA Share Call Tel: 0860 104 146

Tel: +2711 525 3101

Fax: +2711 551 8290

Email: satravelclaims@aig.com

The claims department is open Monday to Friday between 8:15am and 4:30pm (South African time)

Travel Insurance Sales & Services:

Tel: 0861 114 494

Tel: +2711 525 3115

Fax: 086 625 4818

Email: saclientservices@za.aegisglobal.com

The Sales & Services department is open Monday to Thursday from 8am to 6pm (South African time),

Fridays from 8am to 5pm and Saturdays from 8am to 1pm (South African time), excluding public holidays.

Standard Bank Lost/Stolen Card:

Tel: +27 11 299 4114/5 (International)

Tel: 0800 020 600 (24 hours) (South Africa)

Standard Bank Fraud:

Tel: +27 11 641 6114 (24/7) (International)

Tel: 0800 222 050 (24/7) (South Africa)



POLICY TERMS AND CONDITIONS

PERIOD OF INSURANCE

On the Automatic Cover this Policy will provide cover commencing on the departure date; for Optional Cover it will commence on the Effective Date of Coverage.

The maximum period for any Insured Person is restricted to:

- 90 days on Automatic Cover and Seniors Cover.
- 180 days on Optional cover and Pre-existing.

This Policy does not apply to events that occur after the expiration date shown on the Policy receipt, or if the Insured Person returns to the Point of Departure from his Insured Journey before this date. This Policy cannot be cancelled once an Insured Journey has commenced or after the expiry date of the Insured Journey.

All cover is subject to the full cost of the departure and return Public Conveyance tickets being charged to a Standard Bank Card Division Card and is subject to all the Terms, Conditions, Endorsements, Terminations and Exclusions of the Policy including the Schedule of Benefits.

Insured Persons entering into the Republic of South Africa on an Inbound Journey qualifies for Automatic Cover only, subject to the Public Conveyance ticket being charged to a Standard Bank Card Division Card.

In respect of Public Conveyance tickets purchased with SAA Voyager and BA Executive Club Miles earned against a South African issued Standard Bank Card Division Card the Automatic Cover is provided to the Insured Person, subject to the purchase of the Optional Cover.

PREMIUM PAYMENTS

Standard Bank Card Division is liable for the premium on the Automatic Cover and the Insured Person is liable for the premium on the Optional Cover and the premium is payable in advance and the Company shall not be liable for any claim arising under this Policy in respect of an Accident or Illness that occurs prior to receipt of the premium. The Company shall not be obliged to accept premium tendered to it or to any intermediary after such date, but may do so upon such terms as it in its sole discretion may determine. The Company reserves the right to ask for proof of payment of premium at any time. Such proof must be to the Company's satisfaction.

MAXIMUM AMOUNT PAYABLE

1. No Insured Person shall be entitled to recover a benefit exceeding 100% of the benefit amount reflected in the Schedule of Benefits.
2. If two or more travel policies issued by the Company or any member company of AIG International apply to the same claim, the maximum amount payable by AIG under all such policies shall not exceed the limit of liability of whichever of such policies has the highest applicable limit of liability. Nothing contained herein shall be construed to increase the limit of liability of this Policy.
3. The maximum amount payable in the event of death or Permanent Total Disablement of a child will be 20% of the Benefit, or in respect of death that amount which is legislated at the Date of Loss, whichever is the lesser.



4. Limit Any One Life:

OPTIONAL COVER

Option 1	-	R 5,000,000
Option 2	-	R 9,000,000
Option 3	-	R 11,000,000

CORPORATE OPTIONAL COVER

Option 1	-	R 5,000,000
Option 2	-	R 11,000,000
Option 3	-	R 20,000,000

SENIORS COVER

Optional Cover	-	R 5,000,000
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5. Accumulation Limit: R20,000,000 any one Standard Bank Card Division card.

CANCELLATION/TERMINATION

Cancellation

1. Provided that no claims have been initiated and an Insured Person has not commenced an Insured Journey, the Insured Person may cancel this Policy at any time by giving the Company written notice within 30 days of the Travel Insurance Certificate issue date.
2. This Policy may be cancelled by the Company by sending the Insured Person 15-days written notice to his last known address and in which case the Company will refund a pro-rata premium for the unexpired policy period.

Termination

This Policy will terminate on the earliest of the following dates:

1. on the date the Master Policy is cancelled; or
2. the date of the Insured Person's return to the Point of Departure in South Africa or Country of Residence; or
3. on arrival in the country of emigration; or
4. the date that the Insured Person reaches the maximum age for the cover selected.

This Policy will terminate on the expiry date appearing in the schedule unless there is an automatic extension as described under the general conditions applying to this Policy.

PLAN NAMES

The Policy Schedule refers to the persons insured under this Policy by reference to the cover selected.

The Plan names are as follows:

1. OPTIONAL COVER
2. PRE-EXISTING OPTIONAL COVER
3. LOCAL OPTIONAL COVER
4. SENIORS COVER
5. CORPORATE OPTIONAL COVER



DEFINITIONS

In this Policy the following definitions apply:

24 Hour Cover	Any time during the period of an Insured Journey other than when covered under Public Conveyance benefits.
Accident	A sudden unexpected and specific event which occurs at an identifiable time and place, resulting in Injury.
Accidental Loss	The Insured Person mislaying or misplacing their Baggage resulting in a loss of possession.
Accumulation Limit	The maximum liability of the Company in respect of any one Accident or number of Accidents arising from one source or cause during an Insured Journey.
Acquired Immune Deficiency Syndrome or AIDS	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 sero-positive test for HIV.
Any One Life Limit	The maximum liability of the Company to any one Insured Person in respect of any one Accident or Illness or series of Accidents or Illnesses arising from one source or cause.
Baggage	Luggage, Personal Effects and travel documents (travel tickets, passports and visas) taken by an Insured Person on an Insured Journey
Beneficiary	The person or persons nominated by the Insured Person.
Business	The Insured Person's employment, trade, profession or occupation.
Business Associate	A partner, director or employee of the Insured Person.
Children	The Insured Person's dependent children who are not in full-time employment and who are between the ages of 3 months up to and including 18 years (or under the age of 25 years provided they are in full-time education), unmarried, not pregnant, without children and primarily dependent on the Insured Person for maintenance and support.
Company	AIG South Africa Limited.
Confinement	Confinement to a Hospital as a resident in-patient for a period which is necessary for the diagnosis or treatment of any Injury or Illness.
Country of Residence	The country of which the Insured Person is a citizen or permanent resident.
Damage	Physical damage to Baggage which lowers the value.
Date of Loss	for Illness, the first date of diagnosis or the date the Insured Person first became aware of the Illness – whichever occurs earlier; for Injury, the date of the Accident; For all other Sections, the date of the Insured Event.
Day	A period of 24 consecutive hours including the day of admission but excluding the day of discharge.
Effective Date of Coverage	for cancellation, one day after the date on which optional cover is purchased; For all other sections of cover, the date of departure on an Insured Journey.
Electronic Equipment	Any computer equipment system or software or any product, equipment, system or machinery connected to or operated by means of a micro or data processor chip.
Emergency Medical Expenses	All Reasonable and Customary Charges which at the sole discretion of Travel Guard are deemed medically necessary for Illness or Injury on an International Journey.
Excess	The first amount, or period, of each and every loss payable by the Insured Person.



Follow up Treatment in South Africa	All Reasonable and Customary Charges incurred for Illness or Injury, resulting in hospitalisation, surgical or other diagnostic or remedial treatment given or prescribed by a qualified Medical Practitioner, dentist or optometrist in South Africa. Follow up Treatment in South Africa does not include those expenses the Company is prohibited by law from paying and will only be paid to the extent permissible under the Medical Schemes Act No. 131 of 1998 and any other subsequent legislation which is enacted.
Hazardous Pursuits	Any activity which introduces or increases the possibility of a loss or which may influence the extent of a loss including but not limited to sports activities.
Holder	The Policyholder named in the Policy Schedule who is Standard Bank Card Division.
Hospital	A legally constituted establishment which operates pursuant to the laws of the country in which it is based and which meets the following requirements: it operates primarily for the reception, medical care and treatment of sick, ailing or injured persons on a resident in-patient basis; it admits resident in-patients only under the supervision of a Medical Practitioner; it maintains organised facilities for the medical diagnosis and treatment of such persons and provides (where appropriate) facilities for major surgery within the confines of the establishment or facilities controlled by the establishment; it provides a full-time nursing service by or under the supervision of a staff of nurses; it is not a day clinic, health hydro or nature clinic, a mental institution, an institution confined primarily to the treatment of psychiatric disease, the psychiatric department of a hospital, a place for the treatment of chemical dependency, an establishment or a special unit of a hospital used primarily as a place for treatment of drug addicts or alcoholics, a hospice, a frail care centre, a rest home or nursing, convalescent, rehabilitation, assisted living or extended care facility.
Identity Theft	The unauthorized and/or illegal use of an Insured Persons personal information such as name or identity number to obtain a loan or open credit accounts.
Illness	Any fortuitous sickness or disease contracted, commencing or first manifesting itself during an Insured Journey.
Inbound Journey	An Insured Journey commencing from the Point of Departure outside the territorial limits of the Republic of South Africa to the destination inside the territorial limits of the Republic of South Africa including the return journey to the Point of Departure.
Injury	Physical trauma to an Insured Person caused by an Accident resulting, solely and independently of any other cause or any other physical defect or infirmity existing prior to the Accident, in an Insured Event within 24 months of the date of the Accident. Physical trauma caused by exposure to the elements of nature as a direct result of an Accident will be deemed to be an injury.
Insured Event	An event stated in the Schedule of Benefits.
Insured Journey	A Local Journey, an International Journey or an Inbound Journey.
Insured Person	Any person whose Public Conveyance tickets have been charged to a valid Standard Bank Card Division card.
International Journey	An Insured Journey commencing from the Point of Departure to the destination, outside the territorial limits of the Republic of South Africa, including the return journey to the Point of Departure.
Local Journey	An Insured Journey which commences at the time when the Insured Person departs from the Point of Departure to travel in a direct, timeouts and uninterrupted manner to a destination within the territorial limits of the Republic of South Africa that is more than 100 kilometres away from the Point of Departure and it includes the return journey to the Point of Departure.



Kidnapping	Any event or connected series of events of seizing, detaining or carrying away by force or fraud of the Insured Person by person/s for the purpose of demanding ransom monies.
Malaria	is a vector-borne infectious disease characterized by recurrent attacks of fever, caused by prozotan parasites of the genus Plasmodium transmitted by female Anopheles mosquitoes in tropical and subtropical regions.
Malignant Neoplasm	shall include but not be limited to Kaposi's Sarcoma, central nervous system lymphoma and/or other malignancies now known or which will become known as immediate cause of death, an illness, or disability in the presence of AIDS.
Manual Labour	Physical human labour involving the use of hands where the work may be considered hard or arduous, including skilled labourers who use or operate mechanical or non-mechanical machinery or equipment.
Master Policy	The internal reference for a specific product containing identical benefits and premium rates.
Medical Expenses	All Reasonable and customary charges for Illness or Injury on an International Journey, or Injury on a Local Journey, resulting in hospitalisation, surgical or other diagnostic or remedial treatment given or prescribed by a Medical Practitioner.
Medical Practitioner	A person registered with a current, legal licence to practice medicine, but excludes an Insured Person or a member of any Insured Person's immediate family.
Medical Treatment	A Medical Practitioner's medical advice, treatment, consultations and prescribed or repeat maintenance medication.
Motor Hijack	The unlawful seizing or attempted unlawful seizing of a vehicle by any person using force or threat or violence where such violence is intended, used or made to overpower or subdue the Insured Person whilst driving or as a passenger in a Private Motor Vehicle or whilst such vehicle is stationary.
Opportunistic Infection	Shall include but not be limited to pneumocystis carini pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection.
Payment Card	An automatic teller machine (ATM) card, credit card, or debit card issued by a registered financial institution or qualified retail shop.
Permanent Total Disablement	means total and absolute disablement which entirely prevents the Insured Person from engaging in or giving attention to his usual or any occupation for which he is qualified or has received specialised training and which will in all probability be lasting and continuous for his lifetime.
Personal Effects	Spectacles, dentures, purses, wallets, cosmetics and other personal effects normally worn or carried on the person.
Point of Departure	a. in respect of a Local Journey means the Insured Person's usual place of residence or from which an Insured Person leaves to travel in a direct, timeous and uninterrupted manner;
	b. in respect of an International Journey, the point where the Insured Person passes through passport control from within the Republic of South Africa; with regard to Section 4B-Baggage Delay and Section 5A-Travel Delay cover will commence from the Insured Person's place of residence or employment, whichever occurs latest; or
	c. in respect of an Inbound Journey, the point where an Insured Person passes through passport control in Country of Residence from which the Insured Person intends to travel to the Republic of South Africa in a timeous and uninterrupted manner.
Policy	This document embodying the contract of insurance and shall include any subsequent Terms, Conditions, Exclusions, Terminations and Endorsements.
Postponement	Delaying a travel date stated on the Travel Insurance Certificate.



Pre-Existing Medical Conditions	Any condition giving rise to a claim for which, within the 12 consecutive months prior to the Effective Date of Coverage, the Insured Person:
	a. has consulted a Medical Practitioner or specialist; or
	b. has received Medical Treatment or advice; or
	c. the manifestation of symptoms would have caused a reasonable person to seek advice.
Private Motor Vehicle	Any licensed passenger vehicle other than taxis, buses and any vehicle that is in excess of 2 tons.
Professional Player	An Insured Person who earns in excess of 50% of his income from playing sport or who participates in a sport that remunerates him as a means of livelihood.
Public Conveyance	Any scheduled or chartered land, water or air conveyance legally licensed to carry passengers for hire operating commercially in accordance with all locally applicable laws and regulations and in which the Insured Person is travelling only as a fare-paying passenger, including taxis and hired motor vehicles but excluding minibuses, non-standard motor vehicles and non-pressurised single engine piston aircraft.
Reasonable and Customary Charges	The charges which:
	Are medically required for the treatment, supplies or medical service to treat an Insured Person's condition;
	Do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred, and
	Do not exceed the charges for treatment that would have been made if no insurance existed.
Related Expenses	Additional accommodation and travelling expenses, excluding telephone costs, meals and beverages of necessity incurred by any one person, who on the advice of a Medical Practitioner appointed by the Company remains with or escorts the Insured Person until completion of his journey or until he resumes the Insured Journey or returns to the Point of Departure, whichever occurs first.
Relative	A Spouse, parent, parent-in-law, grandparent, step-parent, Children, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancée, fiancé, half-brother, half-sister, aunt, uncle, niece or nephew of the Insured Person.
Spouse	The husband, wife, partner in a same sex partnership or any de facto partner with whom the Insured Person has permanently and continuously lived in the same household in a relationship which is not casual or impermanent for a period longer than 6 consecutive months. Only one Spouse shall be eligible for cover.
Suit	A civil proceeding seeking monetary damages as a result of Identity Theft or a criminal proceeding in which you are charged with illegal acts committed by any person other than you whilst using your identity.
Territorial Waters	Within a 19 Kilometre radius of the coastline.
Terrorist Act	Any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator/s and victim/s shall not be considered Terrorist Acts. 'Terrorist Act' shall also include any act which is verified or recognised as an act of terrorism by the (relevant) government of the country where the act occurs.
Theft	Wrongfully taking property from an Insured Person without their willful consent.



Travel Insurance Certificate	The certificate which attaches to and forms part of the Policy and contains the relevant details of the Insured Journey.
Traumatic Event	A violent criminal act or attempt where such violence is intended or made to overpower or subdue.
Travel Companion	The person intending to travel or travelling with the Insured Person and who is covered under the Standard Bank Card Division Card travel insurance.
Travel Guard	Travel Guard International Ltd, who provides emergency travel and pre-departure health information and the Travel Guard services as more fully detailed in the body of this Agreement.
Waiver Of Excess	That if the Insured Person has selected Optional Cover, the Excess of R2,000 applicable to any Emergency Medical Assistance and Expenses will be waived, if the Insured Person is hospitalised as an in-patient. An excess of R500 will apply for out-patient treatment.
War	War, whether declared or not, or any warlike activities (including use of military force) by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
Wrongful Detention	The arbitrary or capricious act of involuntary confinement of the Insured Person by person/s acting as agent/s or with the approval of any government of government entity, or acting or purporting to act on behalf of any insurgent party,

GENERAL CONDITIONS

1. Age limits

1.1 This Policy covers any event which happens to an Insured Person who is:

- From the age of 3 months up to and including 75 years of age at the date of such event on the Automatic, Optional and Pre-existing cover;
- From the age of 3 months up to and including 85 years of age at the date of such event on the Local Optional Cover;
- From the age of 76 years up to and including 85 years of age on the Seniors Plan.

1.2 With respect to Insured Event 2 in the Personal Accident Table of Benefits, cover ceases on the Insured Person's 65th birthday unless he is gainfully employed.

1.3 This Policy does not extend to an Insured Person of the age of 70 years and older in the event of a claim as a result of any cardiac or cardio vascular or vascular or cerebro vascular illness or conditions or sequelae thereof or complications that, in the opinion of a Medical Practitioner appointed by the Company, can reasonably be related thereto.

- Airlines** The Company will have no liability to pay any benefit in relation to any Insured Event for which the Insured Person may be able to seek compensation from an airline. If the Insured Person proves that he has taken all reasonable and necessary steps to claim from the airline, the Company will pay a pro-rata portion of the benefits. The Company's liability will be calculated by reducing the benefits by the amount for which the Company considers the airline to be liable.
- Automatic Extension** If an event occurs after commencement of the Insured Journey giving rise to a legitimate claim under Section 1A, the Insured Journey shall automatically be extended. If an event occurs in terms of Section 12A the cover shall be extended and shall continue in force for the duration of the seizure or control of the Public Conveyance or 12 consecutive months from the date of such seizure or control, whichever is the lesser period.
- Currency** All amounts are shown in South African Rand (ZAR). If expenses are incurred in a foreign currency the rate of exchange used will be the rate at the time of incurring the expense or suffering a loss.
- Endorsements** At the discretion of the Company, this Policy may be extended, amended or altered. Provided that application is made in writing to the Company prior to the expiry of the existing Policy and there are neither existing nor initiated claims on the existing Policy. This Policy may be extended,



amended or altered at the discretion of the Company. The Company may choose to charge an additional premium.

6. **Information** By acceptance of this contract of insurance or the benefits under this Policy the Policyholder or Insured Person acknowledges that the sharing of claims and underwriting information by the Company is essential to enable the Company to underwrite policies, assess risks fairly, ensure compliance with all and necessary applicable legislation, regulations and business compliance requirements (including any overseas laws, regulations and compliance requirements binding on the Company) and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting premiums. The Policyholder and or Insured person, on his own behalf and on behalf of any person he represents herein, hereby waives any right to privacy in any insurance information provided by him or on his behalf in respect of any insurance policy or claim made or lodged by him and he consents to such information being disclosed to any other party (including any subsidiary or parent company of the Company as well as any government or regulatory authority) who has a direct interest in the information disclosed by the Policyholder / Insured Person / his agent.
The Policyholder / Insured Person also acknowledges that the information provided by him may be verified against any other legitimate sources or databases and waives any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning him.
7. **Liability**
 - 7.1. The Company shall not be liable or responsible for:
 - a. the negligence, wrongful acts and/or omissions of any legal and/or health care professional or any other person or persons or legal entity that provide direct or indirect service to the Insured Person;
 - b. the failure of any agent or broker to explain adequately the terms, conditions, endorsements, terminations and exclusions of this Policy.
 - 7.2. Should any discrepancies arise between this Policy and any literature received by the Insured Person, the Terms, Conditions, Endorsements, Terminations and Exclusions in this Policy will govern in all cases.
8. **Language** The official version of this Policy is in English. Words in the singular include the plural and vice versa and words in the masculine gender include the feminine gender.
9. **Marketing** Should any discrepancies arise between the Policy and any literature received by the Insured Person, the Terms, Conditions, Endorsements, Terminations and Exclusions in the Master Policy will govern in all cases. Any Insured Person may inspect the Master Policy at any time by arrangement with the policyholder.
10. **Medical and Related Expenses** Except for Follow-up Treatment in South Africa under no circumstances will this policy provide an indemnity for Medical and Related Expenses which are incurred arise from or relate directly or indirectly to any Medical Treatment, advice or any other related medical services provided and or incurred in South Africa.
11. **Misrepresentation** This Policy shall be voidable (at the discretion of the Company) in the event of misrepresentation, misdescription or non-disclosure by or on behalf of the Insured Person of any information material to this Policy.
12. **Other financial products and services** The Company will accept no liability whatsoever for any of the insurance or other financial products or services which are sold in conjunction with this Policy that are provided or underwritten by any other insurance or assurance companies and/or assistance companies and/or financial providers.
13. **Other insurance** Except for Section 2 - Personal Accident, if the Insured Person is able to claim under any other policies (including statutory insurance and/or medical aid and/or automatic credit card travel insurance) to be covered for the whole or any part of an Insured Event ("Other Claims"), the Company will only be liable to pay its pro rata portion of the claim submitted in terms of this Policy.



- 13.1 If in the Company's discretion it decides to pay the claim in full, then it will not be obliged to make payment unless the Insured Person cedes to the Company all of their rights in respect of the Other Claims.
- 13.2 If the Company has already paid benefits in terms of this Policy, all of the Insured Person's rights in respect of the Other Claims will be ceded automatically to the Company.
- 13.3 A cession in terms of 13.1 or 13.2 above will allow the Company to do all things necessary to claim against the other insurer or company and institute legal proceedings against that other insurer or company if the Other Claim is not paid.
- 13.4 Without limiting any provision of this Policy or any legal obligation, the Insured Person must cooperate fully with the Company in relation to the Other Claim or legal proceedings including:
- not doing anything to prejudice or limit the Company's rights;
 - giving the Company whatever information and documents it may require;
 - signing any document or affidavit that the Company may request to enable it to exercise its rights.
 - The Insured Person authorises the Company to contact its household insurers, medical insurers, other insurers or any liable third parties (airlines, cruise companies etc) regarding a contribution to a valid claim.
14. **Payment of benefits** This Policy is between the Company and the Insured Person only and all of its provisions and conditions are for the sole and exclusive benefit of those parties. Nothing in this Policy, express or implied, is intended to confer upon any other person any rights or remedies of any nature whatsoever under this Policy or any of its provisions. Without limitation, no third party shall have any rights under this Policy or any right to receive Policy benefits.
Receipt of Benefits paid as follows will be a valid discharge of the Company's liability under this Policy:
- 14.1 For Emergency Medical and Related Expenses on an International Journey, the benefit will be paid to the provider of such Medical Expenses.
- 14.2 This Policy cannot be ceded, assigned or in any way transferred to a third party. Benefits shall be payable only to the Insured Person or his legal representative.
15. **Public Conveyance tickets** The Company has the right to utilise the Insured Person's Public Conveyance ticket to offset the Company's expenses.
16. **Schedule of Benefits** The Schedule of Benefits referred to in this policy wording is the Schedule of Benefits used in this policy wording and in the marketing material. The policy wording is to be read in conjunction with the Schedule of Benefits and vice versa.
17. **South African Law** This Policy will be governed by the laws of South Africa and its courts shall have exclusive jurisdiction to the exclusion of the courts of any other country.
18. **Subrogation** The Company has the right to commence or take over legal proceedings in the Insured Person's name for the defence or settlement of any claim, or to sue or prosecute any other party to recover monies payable by them at law. The Insured Person must co-operate with the Company and do nothing to hinder the Company's rights.
19. **Tax or imposts** The onus will always be on the Insured Person to ensure, correctly admit and pay any tax liability in consideration of any benefit being paid that may incur tax or imposts of any nature.

CLAIMS CONDITIONS

- Compliance** The Insured Person must follow the Company's advice or instruction otherwise the Company may decline to pay the whole or any part of the claim.
- Notification** If the Insured Person wants the Company to pay for any benefit in excess of R5,000, Travel Guard must be contacted and their prior written agreement must be obtained. If not approved by Travel Guard, the Company's liability could be limited to R5,000 for any one Insured Event.
- Legal action** If the Company denies liability for any claim and the Insured Person does not institute legal action and serve summons on the Company (or initiate arbitration proceedings if the Company has agreed to submit to arbitration) within 12 months after such repudiation, all benefits of such claim shall be forfeited.



4. **Notice of claim and proof of loss**

4.1 The Insured Person must give the Company notice in writing:

- a. within 90 days of an Accident which may give rise to a claim under section 2 of this Policy. Any benefit related to death will only be payable if the Company receives written notification of the death within 30 days. The Company shall have the right to have a post mortem examination of the body conducted.
- b. within 30 days of any other occurrence which may give rise to a claim under this Policy.

4.2 The Insured Person must, at its own cost, provide whatever certificates, information and documented evidence is required by the Company regarding the Insured Event.

5. **Recoveries** All recoveries net of the Company's actual recovery costs will be distributed firstly to the Company for all amounts paid and any remainder will be paid to the Insured Person.

6. **Fraudulent Claims** If the Insured Person or anyone acting on his behalf use any fraudulent means or devices to obtain any benefit, then any amount payable in respect of such claim shall be forfeited.

7. **General**

7.1 The Insured Person shall submit to medical examination at the expense of the Company as often as shall be required in connection with any claim. Any report generated as a result of such examination shall be the property of the Company and shall be deemed to be confidential information of the Company.

7.2 Medical Treatment shall be sought and followed promptly on the occurrence of an Injury or Illness and the Company shall not be liable for that part of any claim which in the opinion of a Medical Practitioner arises from the unreasonable or wilful neglect or failure of any Insured Person to seek and remain under the care of a qualified Medical Practitioner.

7.3 All claims arising from criminal incidents are to be supported and accompanied by a certified police report.

7.4 The due observance and fulfilment of the Policy insofar as it relates to anything being done or complied with by the Insured Person, shall be a condition precedent to liability to make any payment under this Policy.

7.5 The Company shall have the right to access any current or prior medical records of the Insured Person in order to finalise and/or proceed with the assessment of a claim and/or render medical assistance. By virtue of this clause, the Insured Person shall be deemed to have given the Company written consent to access any of the Insured Person's current or prior medical records.

7.6 No amount payable in terms of this Policy shall bear any interest.

CLAIMS PROCEDURES

A completed claim form that has been signed by the Insured Person, copies of the airline ticket, the Policy Receipt or Schedule, and other items that may be necessary, are required on all claims together with the following documents for the different types of losses.

Emergency Medical Expenses

- a. All bills to be submitted with claims.
- b. If Illness is possibly pre-existing then the Insured Person is to supply his normal Medical Practitioner's report stating what treatment was received prior to the commencement of the Insured Journey, unless additional premium has been received to purchase Waiver of Pre-existing Conditions.
- c. Name of the Medical Practitioner as well as his address and telephone number.

Death, Permanent Total Disablement and Injury

- a. Medical Reports.
- b. Death Certificate indicating cause of death.
- c. Inquest and post mortem reports.



- d. Police Report if death is due to a motor accident. The police station and reference number if death is the subject of criminal investigation.
- e. Claim Notification Period for this Section will be 90 days.

Senior Broken Bones

- a. Medical Report.
- b. Police Report in case of an Accident.
- c. Claim Notification for this section will be 90 days.

Cancellation or Curtailment

- a. Relevant Medical certificates or death certificates in the case of death.
- b. Original air-tickets or Travel documents.
- c. Proof of deposits not recoverable.
- d. Police Reports in case of accidents or hijack.
- e. Proof of material loss.
- f. Report from the local medical officer stating what treatment was received 12 months prior to the effective date of the insurance policy for person that is the cause of the claim.

Baggage Loss, Theft or Damage

- a. Copy of the Airline Report / Property Irregularity Report (Written acknowledgment & liability for Airlines).
- b. Copy of the Police/relevant authority report (Where accidental loss/theft/damage is not related to Airline).
- a. Written settlement for Airlines.
- b. Detailed description of missing belongings.
- c. In respect of jewellery claims, original or certified copies of evaluation certificates issued prior to the commencement of the Insured Journey are required.
- d. Receipts for new items where possible and replacement quotes for items claimed..
- e. A copy of the stamped pages of the passport reflecting departure and arrival dates..
- f. A copy of ID..

Baggage Delay

- a. Passenger/Property irregularity report from the transport provider must be submitted with any claim and the Company's liability is subject to it receiving original receipts for the essential expenses incurred.
- b. Receipts for reasonable essential expenses purchased, to be submitted.

Travel Delay

- a. Letter from airline/s detailing reason for the delay.
- b. Receipts for essential expenses to be submitted.

Travel Missed Connection

- a. Written proof of delay from the transport provider must be submitted with any claim.
- b. Receipts for essential expenses to be submitted.

Natural Disaster

- a. The Insured Person must give the Company a written statement from an appropriate public authority confirming the reason and nature of the disaster and how long it lasted and the Company's liability is subject to it receiving original receipts for the essential expenses incurred.



Motor Hijack

- a. Police Report and Case Number.

GENERAL EXCLUSIONS

The Company will not be liable to pay any Benefit or cover any loss, injury, damage or legal liability sustained directly or indirectly by or caused by or arising directly or indirectly from:

1. War, invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or military or usurped power, labour disturbances, riot, strike or lock-out, however, the Insured Person will continue to be entitled to be covered for 7 calendar days from the start of the hostilities in case he is surprised by such events abroad and insofar as he does not actively participate in them ; or
2. the intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act; or
3. any Terrorist Act or bomb incident or threat thereof; or
4. travel in, to, or through Cuba or Iraq, or
5. any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons; or
6. the use, release or escape of nuclear materials that directly or indirectly results in ionising, radiation or contamination by radioactivity from any nuclear fuel or from nuclear weapons materials. For the purpose of this exclusion only combustion shall include any self-sustaining process of nuclear fission; or
7. the dispersal or application of pathogenic or poisonous biological or chemical materials; or
8. being in active service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation; or
9. engaging in occupational activities underground or requiring the use of explosives; or
10. wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self inflicted injury, suicide or attempt thereat; or
11. deliberate violation of criminal law; or
12. travelling by air or acting as part of an aircraft crew, except where the Insured Person is 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; or
13. mental disorders including, but not limited to anxiety disorders, eating disorders, psychotic disorders, affective disorders, personality disorders, substance use disorders, somatoform disorders, dissociate disorders, psychosexual disorders, adjustment disorders, organic mental disorders, mental retardation and autism; or
14. pregnancy or childbirth of the Insured Person (except for an unexpected medical complication or emergency occurring during the first 26 weeks of the pregnancy); or
15. sexually transmitted diseases and the conditions commonly known as AIDS or HIV and/or any related illness or condition including derivatives or variations thereof, howsoever, acquired or caused; or
16. chronic fatigue syndrome or myalgic encephalomyelitis (M.E.) (anticardiolipin antibody positivity) or the illness commonly referred to as yuppie flu; or
17. non-adherence or travelling against medical advice or travelling when unfit to do so; or
18.
 - a. an Insured Person being under the influence of alcohol with more than the legal limit of alcohol in his blood or breath; or
 - b. an Insured Person being under the influence of drugs or narcotics unless such drugs or narcotics were administered by a Medical Practitioner or unless prescribed by and taken in accordance with the directions of a Medical Practitioner; or



- c. an Accident occurring whilst an Insured Person was driving a motor vehicle with more than the legal limit of alcohol in his blood or breath; or
 - d. alcohol abuse, alcoholism, substance abuse, solvent abuse, drug abuse or addictive conditions of any kind; or
- 19.
- a. any Pre-existing Medical Condition unless Pre-existing cover has been purchased; or
 - b. any cardiac or cardio vascular or vascular or cerebro vascular illness or conditions or sequelae thereof or complications that can reasonably be related thereto, if the Insured Person has received medical advice or treatment (including medication) for hypertension 12 months prior to the commencement of the Insured Journey; or
20. any condition known to the Insured Person prior to the Effective Date of Coverage, where the Insured Person:
- a. is on the waiting list for Medical Treatment; or
 - b. is travelling for the purpose of obtaining Medical Treatment (even if this is not the sole reason for the Insured Journey); or
 - c. has received a terminal prognosis; or
 - d. has been recommended to continue or to commence any Medical Treatment or medication after the Effective Date of Coverage; or
21. in respect of an Insured Person on reaching 70 years of age or older, any cardiac or cardio vascular or vascular or cerebro vascular illness or conditions or sequelae thereof or complications that can reasonably be related thereto; or
22. employment involving Manual Labour ; or
23. undertaking employment on a permanent or contract basis which is not casual; or
24. participating in any sport as a Professional Player; or
25. any Hazardous Pursuits not listed in the Sports and Hazardous Pursuits Activities Section; or
26. Any claim arising from using a two-wheeled motor vehicle where the engine capacity exceeds 200cc and/or is under control of an unlicensed driver and/or where a crash helmet is not worn; or
27. Consequential loss of any kind or financial loss and/or expense not otherwise specifically covered; or
28. any claim arising from the tour operator, airline (unless the cover includes Section 11) or any other company, firm or person becoming insolvent, or being unable or unwilling to fulfil any part of their obligation to the Insured Person; or
29. open ended tickets, if purchased for emigration purposes.
30. Any search and rescue costs; or
31. For any expenses that you would normally incur regarding your trip; or
32. Being a crew member on a ship.

If the Company alleges that by reason of any of the above exclusions, loss or damage is not covered by this Policy, the burden of proving the contrary shall rest on the Insured Person.

General Exclusion 22 does not apply if Public Conveyance tickets are purchased with a Standard Bank (Pty) Ltd Corporate Card

General Exclusion 4 does not apply to Automatic Cover.

TERRORISM EXTENSION

General Exclusions 2 and 3 do not apply to Section 1 and 2A to the limits stated in the Schedule of Benefits.

HAZARDOUS PURSUITS (ONLY APPLICABLE TO OPTIONAL COVER)

If the Insured Person intends to take part in a sport or activity during the Insured Trip, please note that cover is available for the activities listed in the two lists below. **Cover is only available on Optional Cover and Pre-existing Optional Cover plans.** Cover is subject to the conditions below:



Hazardous Pursuits conditions:

- 1) You must follow the safety guidelines for the activity concerned and where applicable use the appropriate and recommended safety equipment.
- 2) Professional participation is excluded.
- 3) The Insured Person taking part in a sport or activity must be 69 years or younger.
- 4) Cover under Section 1 will be limited to R500 000 while training for, participating, or engaging in any of the activities listed in the lists below.
- 5) Sprains, strains and physiotherapy claims are excluded.
- 6) Search and rescue operations are excluded.
- 7) The excess for Section 1 will be R500 while training for, participating, or engaging in any of the activities listed below.
- 8) All water sports must be within the Territorial Limits.

COVER IS PROVIDED FOR THE ACTIVITIES LISTED BELOW:	
4x4 Driving on the road	Leisure Cycling (for a distance less than 200KM)
Archery.	Mountaineering up Mount Kilimanjaro with an accredited guide
Badminton	Netball
Ballet	Power lifting
Baseball	Racquetball
Basketball	Rollerblading
Beach Games	Rowing (Open Water)
Biathlon	Sailing (leisure)
Black Water Rafting (Grade 1 to 4)	Scuba diving as a Licensed diver in waters less than 50m deep
Camel Riding	Scuba diving as an unlicensed diver and supervised
Canoeing (Open Water)	Skateboarding
Cricket	Snorkeling
Cross Country	Snowboarding (Blue Green & Red slopes)
Dancing	Snowboarding/Skiing on blue slopes
Fell Walking	Snowboarding/Skiing on red slopes
Fencing Ballet	Softball
Field Athletics	Squash
Fishing (At sea-recreational)	Swimming in a pool
Fishing (from shore)	Swimming in open waters (Within 100m off the shore)
Golf	Tennis
Gymnastics	Tour Operator Safari
Handball	Volleyball
Ice skating	Water polo
Jogging	Wind Surfing
Kayaking (Open Water)	



COVER IS PROVIDED FOR THE ACTIVITIES LISTED BELOW; HOWEVER, NO COVER IS AVAILABLE UNDER SECTION 2 (PERSONAL ACCIDENT).	
Abseiling	Martial Arts (excluding kick boxing)
American Football	Motorcycling as a mode of transport ONLY
Black and Off Piste Skiing	Mountain Biking
BMX extreme	Off Road 4X4 Driving
Bungee Jumping	Orienteering
Canoeing (Less than 100Km/hour)	Paintballing
Canoeing (White water/ Extreme)	Parascending (Over water)
Clay Pigeon Shooting	Pentathlon
Competitive Cycling	Polo
Dinghy Sailing (Within territorial waters)	Quad Biking
Dog Sledding	Rugby
Dune Bashing	Running in a Marathon
Elephant Riding	Show jumping
Go Kart Racing	Snow Sledding
Gorge Swimming	Snowboarding (Black Slopes and Off Piste)
High Diving	Soccer
Hiking/Trekking (Excluding Mountains): <ul style="list-style-type: none"> o on a clearly marked trail with a registered guide o under 2 000 metres altitude 	Speed Boats (less than 100km/h)
Hockey	Supervised Sailing Scuba Diving (As a licensed diver)
Horse Riding	Surf Skiing
Horseback Safari	Surfing
Hurling	Triathlon
Ice Climbing	Wake Boarding
Ice Hockey	War Games
Iron Man	Water Skiing
Jet Skiing/ Boating	White Water Rafting (White waters/extreme)
Kayaking (White waters/extreme)	Wrestling
Kite Surfing	

If you have any questions or if you wish to take part in an activity not shown in the tables in the two lists above, please contact the Sales and Service contact centre on **0861 114 494** or e-mail standardbank.nactravel@za.aegisglobal.com before taking part in the activity. The Company may choose to charge an additional premium, cover will be provided at the discretion of the Company.



PLEASE NOTE THE SECTIONS LISTED BELOW ARE ONLY APPLICABLE IF LISTED IN THE APPLICABLE INSURED'S SCHEDULE OF BENEFITS FOR THE RELEVANT OPTION THAT THE INSURED PERSON IS COVERED FOR.

SECTION 1 – EMERGENCY MEDICAL AND RELATED EXPENSES AND ASSISTANCE

SECTION 1A – EMERGENCY MEDICAL AND RELATED EXPENSES AND ASSISTANCE

1. International Journey and Inbound Journey

If an Insured Person whilst travelling on an International Journey incurs Medical Expenses as a result of Illness or Injury, the Company will pay for those expenses.

2. Local Journey

If an Insured Person whilst travelling on a Local Journey incurs Medical Expenses as a result of Injury, the Company will pay the Insured Person for those expenses.

Visit by a Family Member

If the Insured Person suffers Illness or Injury resulting in him being hospitalised for a period of more than 5 consecutive days, the Company will pay, subject to medical advice and the Company's written agreement, the reasonable expenses including additional accommodation and travelling expenses, telephone costs, meals and beverages of necessity incurred by one Relative to travel to, remain with, or accompany him back to his Point of Departure.

Return of Children

If the Insured Person's accompanying Children are left stranded at the time of him being confined to a Hospital or his repatriation or Death, the Company will amend their existing tickets or if not possible, arrange and pay the reasonable expense, for their transportation back to the Point of Departure, with a qualified escort if necessary, provided they are also insured under this Policy or a Travel Guard Policy.

Return of Travel Companion

In the event of the Insured Person being confined to a Hospital or his repatriation or death, We will amend his Travel Companion's existing tickets or if not possible, arrange and pay the reasonable expense, for their transportation back to the Point of Departure, with a qualified escort if necessary, provided they are also insured under this Policy or a Travel Guard Policy.

Coffin Expenses

If an Insured Person dies, the Company will pay for the coffin expenses when the mortal remains are returned to the Point of Departure.

SECTION 1B - TRAVEL GUARD

An Insured Person is entitled to the worldwide services of Travel Guard. In the event of a medical or other emergency, the Insured Person must call the Travel Guard number shown on the Policy Certificate which has been supplied to the Insured Person and which should be carried by all Insured Persons during an Insured Journey.

Travel Guard has a worldwide team of doctors, medical professionals and insurance specialists who are available 24 hours a day for advice and assistance for medical emergencies that the Insured Person might encounter during an Insured Journey.



Travel Guard arranges access to the following services free of charge, subject to the Policy terms and conditions:

- a. **Cash Assistance** If as a result of Theft, loss, Illness or Injury the Insured Person requires funds to pay for travel or accommodation, Travel Guard will advise him or his representative on how to obtain additional funds. Travel Guard will charge an administration fee for this advice.
- b. **Consular referral** Wherever possible Travel Guard will provide an Insured Person with the details of the representative of the relevant consulate.
- c. **Emergency travel and accommodation arrangements** Wherever possible Travel Guard will provide an Insured Person all reasonable, possible and practical assistance in arranging emergency alternative transportation and accommodation.
- d. **Premature Return in case of Death or imminent death of a Relative or Business Associate** In the event of death or imminent death of an Insured Person's Relative or Business Associate, the Company will provide reasonable and practical assistance in arranging for the conversion or amendment of his travel ticket to return to the Point of Departure as soon as possible.
- e. **Transmission of urgent messages** Travel Guard will transmit urgent (personal) messages on behalf of or to an Insured Person in the event of travel delay, Illness or Injury.
- f. **24 Hour Medical Emergency and Assistance Telephone line** The Travel Guard medical personnel, including, paramedics, nurses and doctors, are available 24 hours per day to provide general medical advice and information. This is an advisory service, as a telephonic conversation does not constitute an accurate diagnosis.
- g. **Replacement of Lost Travel Documents** wherever possible Travel Guard will provide an Insured Person with all reasonable, possible and practical assistance in arranging emergency alternative travel documents.
- h. **Legal Assistance Abroad** If the Insured Person is imprisoned or threatened with imprisonment, the Company will assist him in finding a lawyer.

SPECIFIC CONDITIONS

1. The Company shall have complete control over the legal proceedings.
2. The lawyer nominated by the Company must be qualified to practice in the court of the country where the event, giving rise to the claim, occurred or where the Insured Person is resident. The Insured Person, acting reasonably, does not have to accept the lawyer nominated by the Company. If the Insured Person does not agree with the Company regarding the suitability of the lawyer, the Company will ask the ruling body for lawyers in that country to nominate another lawyer. In the interim the Company may appoint a lawyer to protect the Insured Person's interests.
3. If an award or compensation is made and payment is received by the Insured Person or a lawyer instructed on his behalf, then all sums advanced or paid by the Company shall be refunded to the Company.
4. The Insured Person must notify the Company as soon as possible of any incident which may give rise to a claim but in any event not later than 48 hours after the incident.

SPECIFIC EXCLUSIONS

The Company will not pay for costs or expenses:

1. incurred without prior authorisation by Travel Guard; or
2. in respect of the pursuit of a claim against the Company, Travel Guard, a travel agent, tour operator or conveyance carrier; or
3. incurred as a result of actions between Insured Persons, or actions pursued in order to obtain satisfaction of a judgement or legally binding decision; or
4. in respect of claims caused by any member of the Insured Person's family or household.



SECTION 1C - MEDICAL EVACUATION, REPATRIATION OR TRANSPORT TO MEDICAL CENTRE EXPENSES

If an Insured Person suffers an Illness or Injury covered under Section 1A - Medical Expenses that necessitates emergency transportation, the Company will:

1. transfer the Insured Person to another location to obtain necessary Medical Treatment; and/or
2. repatriate the Insured Person to his Point of Departure; and/or
3. pay for the cost of the required service including the necessary accompanying medical staff; and/or
4. pay for the cost of returning the Insured Person under Section 1D – Alternative Employee or Resumption Expenses.

SECTION 1C – SPECIFIC CONDITIONS

1. If the Insured Person wants the Company to pay for emergency transportation, Travel Guard must be contacted and their prior written agreement obtained. (This requirement does not include in-country emergency ambulance transfers from place of Illness or Injury to a Hospital, which will be paid for by the Company provided that such service was medically necessary or was authorised by a local authority such as the police or a medical officer.)
2. The Company will decide where and how to move the Insured Person depending on the medical advice received.
3. The Company will use the Insured Person's return ticket towards their costs if he is returned to his Point of Departure.

SECTION 1D – BUSINESS TRAVEL–ALTERNATIVE EMPLOYEE OR RESUMPTION OF ASSIGNMENT EXPENSES

The Company will reimburse the Insured Person for reasonable and necessary expenses for either:

1. **Alternative Employee**
Send a substitute person to complete the original Business commitment of an Insured Person who is unable to do so due to his unexpected death, Injury or Illness, or who has to return early to his Point of Departure following the unexpected death or imminent death of a Relative or Business Associate; or
2. **Resumption of Assignment**
Return the original Insured Person whom the Company has repatriated back to the Point of Departure following an event covered under Section 1 or Section 1C, within 90 days of such repatriation, to complete his original Business commitments.

SECTION 1D – SPECIFIC CONDITIONS

The Company will only pay for either (1) Alternative Employee or, (2) Resumption of Assignment.

SECTION 1D – SPECIFIC EXCLUSION

The Company will not pay for any expenses necessarily incurred as part of the original travel budget. The Company reserves the right to use the original ticket as part of full payment.

SECTION 1E – HOSPITAL CASH BENEFIT (CONFINEMENT)

The Company will pay for Confinement as a result of Injury or Illness whilst on an International Journey. The Company will pay for each complete Day of Confinement.

SECTION 1F - FOLLOW UP TREATMENT IN SOUTH AFRICA

If an Insured Person incurs Follow up Treatment in South Africa for an Insured Event covered under Section 1A which was first treated on an Insured Journey, the Company will pay the Insured Person for those expenses provided such Medical Expenses are incurred within 30 days of his return to the Point of Departure and provided such expenses are not recoverable by or on his behalf from any other source.



SECTION 1 – SPECIFIC CONDITIONS

1. If the Insured Person wants the Company to pay for any medical expenses in excess of R2,000, Travel Guard must be contacted and their prior written agreement must be obtained. If not approved by Travel Guard, the Company's liability will be limited to R2,000 for any one Insured Event.
2. Medical Expenses as a result of emergency dental treatment are limited to dentistry received within 30 days of the Accident.
3. Medical and Related Expenses shall only be paid until such time as a Medical Practitioner appointed by the Company decides that an Insured Person is capable of being repatriated. If the Insured Person is capable of being repatriated and elects not to return to the Point of Departure, all expenses incurred in respect of the occurrence will be for the Insured Person's own account.

SECTION 1 – SPECIFIC EXCLUSIONS

The Company will not pay for any medical expenses:

1. incurred for continuing treatment, including any medication commenced prior to the commencement date of the Insured Journey, which the Insured Person has been advised to continue whilst on an Insured Journey; or
2. incurred within South Africa notwithstanding that such expenses may arise from an Injury or Illness suffered by him during the period of an Insured Journey.
3. incurred due to investigatory treatment that is not specified by a Medical Practitioner as immediately necessary; or
4. for fillings or crowns of precious metal; or
5. for any procedures relating to dental or oral hygiene; or
6. for specialist Medical Treatment without referral from a Medical Practitioner; or
7. relating to contraceptive devices, prosthetic devices, medical appliances or artificial aids; or
8. for preventative treatment, including but not limited to any vaccination and/or immunisation; or
9. in excess of R1,000 for either physiotherapy or chiropractic treatment, unless confined to a Hospital; or
10. as a result of any cardiac or cardio vascular or vascular or cerebro vascular illness or conditions or sequelae thereof or complications that, in the opinion of a Medical Practitioner appointed by the Company, can reasonably be related thereto, for persons over the age of 70 years.

PRE-EXISTING MEDICAL CONDITIONS – (ONLY APPLICABLE IF THE RELEVANT OPTION HAS BEEN PURCHASED)

Medical Expenses cover in respect of a Pre-Existing condition shall be limited to Medical Expenses resulting from Illness occurring whilst on an International Journey due to a Pre-Existing condition up to the limit stated in the Schedule of Benefits.

SPECIFIC CONDITIONS

1. Any costs associated with treatment the Insured Person currently receives or that the Insured Person's medical advisors are aware will or may arise during the International Journey as a result of such Insured Person's current state of health.
2. The Insured Person must be hospitalised as an in-patient for more than 48 hours up to the limits as specified in the Schedule of Benefits.

SPECIFIC EXCLUSIONS

1. The Company will not pay for any medical expenses as a result of any cardiac or cardio vascular or vascular or cerebro vascular illness or conditions or sequelae thereof or complications that, in the opinion of a Medical Practitioner appointed by the Company, can reasonably be related thereto, for persons over the age of 70 years.



2. We shall not provide the cover for Pre-Existing Medical condition should a Medical Practitioner have advised the Insured Person not to travel due to medical reasons.

SECTION 2 - PERSONAL ACCIDENT

SECTION 2A – DEATH AND DISABILITY - 24 HOUR COVER

If an Insured Person sustains an Injury resulting in an Insured Event described in the Table of Benefits below, the Company will pay the Insured Person or his legal representative the compensation as stated in the Table of Benefits below to the limits stated in the Schedule of Benefits.

If an Insured Person disappears and after 24 consecutive calendar months it is reasonable for the Company to believe that he may have died due to an Injury, the Company will pay the benefit subject to receipt of a signed undertaking by his Beneficiary that such compensation shall be refunded if it is later demonstrated that he did not die as a result of an Injury. This written undertaking will be required at the point where this benefit becomes payable.

Cover applies any time during the period of an Insured Journey other than when covered under Section 2B.

SECTION 2B – DEATH AND DISABILITY - PUBLIC CONVEYANCE COVER / INFLIGHT

If an Insured Person sustains an Injury resulting in an Insured Event described in the Table of Benefits below, the Company will pay the Insured Person or his legal representative the compensation as stated in the Table of Benefits below to the limits stated in the Schedule of Benefits.

Cover applies if an Insured Person sustains Injury any time during the period of an Insured Journey while riding in or upon, boarding or alighting from any Public Conveyance being used as a means of air transportation.

SECTION 2 - TABLE OF BENEFITS

<u>INSURED EVENT</u>	<u>COMPENSATION EXPRESSED AS A PERCENTAGE OF THE SUM INSURED</u>
1. Death	
a. As a result of an Accident	100%
b. Disappearance	100%
c. Death as a direct result of exposure to the elements of nature as a direct result of an Accident	100%
2. Permanent Total Disablement	
a. As a result of an Accident	100%
b. Permanent Total Disablement as a direct result of exposure to the elements of nature as a direct result of an Accident	100%



SECTION 2A - SPECIFIC CONDITIONS

1. The Company will not pay for any benefit in respect of:
 - a. Permanent Total Disablement except on submission of satisfactory proof to the Company that the disablement will in all probability continue for the remainder of an Insured Person's life;
 - b. more than 100% of the sum insured when more than one Injury arises from the same Accident;
 - c. more than one category for more than 100% of the sum insured. The benefit payable will be the highest in the appropriate category.
2. If the Insured Person sustains Permanent Total Disablement and the claim in relation to that disability is admitted and accepted, the benefit will be paid and all cover under this Section 2A in respect of such Insured Person shall cease.
3. 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 consecutive months from the onset of the disablement.
4. If the Insured Person's existing ailment, infirmity or other abnormal physical or mental condition is aggravated by an Accident, the Benefit amount will be determined by the degree of the deterioration of the existing ailment after the Accident and the Benefit will be paid accordingly. The degree of ailment, infirmity or other abnormal physical or mental condition before the Accident will be determined by medical evidence.
5. If the consequences of an Accident are aggravated owing to an Insured Person's existing ailment, infirmity or other abnormal physical or mental condition, determination of the benefit will be based on the consequences the Accident would have had, had such defects not existed. The foregoing shall not apply, however, if such circumstances are a consequence of an earlier Accident to the Insured Person, for which benefit has been or will be paid under this Policy.
6. If an Insured Person dies of natural causes prior to the final disablement assessment relating to an Insured Event, the Company will pay what reasonably would have had to be paid for such Permanent Disability in accordance with Specific Condition 1(b) above.
7. In the event of death of Children, the benefit payable will be subject to the amount legislated by law at the time of the death.
8. Children are excluded from any benefit for occupational disability under Permanent Total Disablement.

SECTION 2C – SENIOR PERSONAL ACCIDENT

SECTION 2C - TABLE OF BENEFITS

INSURED INJURY	COMPENSATION
Fracture of Hip or Pelvis (excluding Thigh or Coccyx)	
Multiple fractures, at least one compound and one complete	100%
All other compound fractures	40%
Multiple fractures, at least one complete	20%
All other fractures	15%
Fractures of Thigh or Heel	
Multiple fractures, at least one compound and one complete	40%
All other compound fractures	30%
Multiple fracture, at least one complete	20%
All other fractures	15%
Fractures of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm, (including Wrist but excluding Colles-type fractures)	
Multiple fractures, at least one compound and one complete	30%
All other compound fractures	20%



Multiple fracture, at least one complete	15%
All other fractures	10%
Depressed fracture of the Skull	
Needing surgical intervention	10%
Colles-type fractures to the Lower arm	
Compound fractures	8%
All other fractures	3%
Fractures of Shoulder Blade, Knee Cap, Sternum, Hand (excluding Fingers and Wrist), Foot (excluding Toes and Heel)	
All compound fractures	10%
All other fractures	8%
Fractures of Spinal Column (Vertebrae but excluding Coccyx)	
All compression fractures	15%
All spinous, transverse process or pedicle fractures	15%
All other vertebral fractures	8%
Fractures of Lower Jaw	
Multiple fractures, at least one compound and one complete	10%
All other compound fractures	7.5%
Multiple fracture, at least one complete	6%
All other fractures	3%
Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe or Toes, Finger or Fingers	
Multiple fractures, at least one compound and one complete	12%
All other compound fractures	10%
Multiple fracture, at least one complete	6%
All other fractures	3%
Burns	
2 nd or 3 rd degree burns on:	
- at least 27% of body surface	30%
- at least 18% of body surface	25%
- at least 9% of body surface	12%
- at least 4.5% of body surface	4%
Dislocation requiring surgery under anaesthesia*	
a. Spine or Back, diagnosed by X-ray (excluding slipped discs)	60%
b. Hip	40%
c. Knee	30%
d. Wrist or Elbow	15%
e. Ankle, Shoulder Blade or Collarbone	8%
f. Finger or Fingers, Toe or Toes	6%
*Limit of one payment of (a) to (f) during one Insured Journey	



Internal Injuries	
Internal injuries resulting in open abdominal or thoracic surgery (excluding hernia)	20%
Concussion	
Concussion characterised by loss of consciousness and some degree of amnesia	5%
The above benefits are cumulative but subject to the Maximum Amount payable	

SECTION 2C - SPECIFIC DEFINITIONS

Coccyx means the four fused vertebrae at the bottom of the spine.
Colles' Fractures means a break in the radius (one of the lower arm bones just above the wrist).
Complete Fracture means a fracture where the bone is broken completely across.
Compound Fracture means a fracture when the bone breaks the skin.
Compression Fracture means the crushing of the vertebrae, usually after a fall from a height.
Multiple Fracture means more than one fracture of the same bone.
Osteoporosis means a condition of the bone where the bone loses the calcium necessary to protect it against stress and other fractures.
Reduction means the correction of a dislocation.
Rule of Nine means the system used by doctors for assessing the percentage of the body surface affected by burns. In this system, the head and each arm covers 9% of the body surface respectively; the front of the body and the back of the body and each leg covers 18% of the body surface respectively; the groin covers the remaining 1%.
Second Degree Burns means burns, which penetrate beyond the top layer of skin, causing formation of blisters.
Spinous Process, Transverse Process and Pedicle are different parts of the vertebrae.
Third Degree Burns means burns which destroy the full skin thickness.
Thoracic Surgery means operations on organs within the chest cavity. This term normally excludes the heart but for the purpose of this Policy the heart is included.

SECTION 2C – SENIORS SPECIFIC EXCLUSION – In addition to the General Exclusions applying to all Sections

The Company shall not pay any Benefit if Injury is caused solely or jointly with any other cause by: Osteoporosis or other pre-existing disease, which has caused weakening of the bones if the osteoporosis or disease was first diagnosed prior to the Effective Date of Coverage.

SECTION 2 – SPECIFIC EXCLUSION

The Company will not be liable to pay any benefit under this section in respect of any Insured Person for any Insured Event caused by or arising directly or indirectly from any type of Illness, or bacterial infection, except that this exclusion shall not apply to medically acquired infections or blood poisoning, including pyogenic infections, which may result from an accidental cut or wound.



SECTION 3 - CANCELLATION OR CURTAILMENT

SECTION 3A – CANCELLATION

The Company will reimburse the non-refundable unused portion of travel or accommodation costs paid by the Insured Person following necessary cancellation and/or postponement of the Insured Journey prior to departure due to:

1. The Insured Person's unexpected death, Illness or Injury or the unexpected death, Illness or Injury of his Spouse, Business Associate, Children, the person with whom he had intended to stay abroad, a Relative or Travel Companion.
2. Non availability of the person that is in charge of the Insured Person's minor or disabled Children due to such person's unexpected death, Illness or Injury within 30 days prior to the date of the Insured Journey.
3. Cancellation or diversion of scheduled public transport services, including by reason of strikes or other industrial action, unless there was media warning before the date the particular Insured Journey was booked that such events were likely to occur; or
4. Serious or considerable accidental material damage to immovable property owned by the Insured Person caused within 30 days of the intended date of departure. The cause of such damage must be unintentional, not as a direct result of any action of the Insured Person and require him to cancel the Insured Journey for the safeguarding of his interests.
5. Theft or complete immobilisation of the Insured Person's Private Motor Vehicle at the moment of departure or during the trip towards the destination due to a traffic accident, fire or as a result of a hijacking.
6. Delay in reaching the place of embarkation for any Public Conveyance operating on land, air or water as a result of immobilisation of more than one hour due to a traffic accident or circumstances beyond one's control ("Act of God") during the trip towards the place of embarkation.
7. A Traumatic Event occurring within 30 days of the date of departure to the Insured Person, his Spouse, Children or the person abroad with whom he intended to stay, a Relative or Business Associate where medical advice has been sought and he has been advised not to travel.
8. Loss or Theft of travel documents (travel tickets, passports and visas).

SECTION 3B - CURTAILMENT

The Company will reimburse the Insured Person the non-refundable unused portion of travel or accommodation costs or additional accommodation and/or travel expenses (excluding telephone costs, meals and beverages) paid by the Insured Person following necessary Curtailment (shortening and/or alteration) of the Insured Journey due to:

1. His unexpected death, Illness or Injury or the unexpected death, Illness or Injury of his Spouse, Business Associate, Children, the person with whom he had intended to stay abroad, a Relative or Travel Companion.
2. Cancellation or diversion of scheduled public transport services, including by reason of strikes or other industrial action, unless there was media warning before the date the particular Insured Journey was booked that such events were likely to occur; or
3. Loss or Theft of travel documents (travel tickets, passports and visas).

SECTION 3B – SPECIFIC CONDITION

It is a condition that should the Insured Person need to return to the Point of Departure for any reason, Travel Guard must be contacted beforehand to make the travel arrangements.



SECTION 3 – SPECIFIC DEFINITION

Retrenchment means the termination of an employee's services where the specific job no longer exists as a consequence of a variety of possible factors including advances in technology, permanent changes in operation processes or markets, closure of an operation or is an exercise whereby management decides to reduce the number of employees due to a downturn of the economy or poor financial performance but excluding: -

1. Where the Insured Persons are the owners or co-owners of the business exercising the Retrenchment programme or where the Insured Person/s are a director of the company where it is found that the directors were instrumental in the demise of the company; or
2. Due to Illness or Injury; or
3. Resignation from normal occupation or voluntary retrenchment; or
4. Where the Government nationalises or takes over the business; or
5. Prior knowledge that Retrenchment would happen when the Policy was purchased.

SECTION 3 - SPECIFIC EXCLUSIONS

The Company will not pay for any expenses arising directly or indirectly out of:

1. financial circumstances or insolvency; or
2. the Insured Person not being in possession of the required or valid or correct travel documents or visas; or
3. carrier caused delays where the cost of the expenses are recoverable from the carrier; or
4. any Business or employment commitment or financial or contractual obligation of the Insured Person or any other person on whom the Insured Journey depends; or
5. any change of plans or disinclination on the part of the Insured Person or any other person to travel on an Insured Journey; or
6. the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or travel; or
7. defective or bad condition of the Private Motor Vehicle planned to be used for the Insured Journey; or
8. lock-out or prohibitive regulation by the court of any country; or
9. adverse weather conditions including cyclones, tornadoes, floods, typhoons, blizzards or other natural disasters at the destination.

VISA PROTECTION EXTENSION (Optional Cover ONLY)

The Company will reimburse the non-refundable unused portion of travel or accommodation costs paid by the Insured Person following necessary cancellation or postponement of an Insured Journey as a result of an Insured Person not being in possession of the required visa.

VISA PROTECTION SPECIFIC CONDITIONS:

- 1 The Insured Person must hold a valid South African passport.
- 2 The passport must remain valid for a period of 6 months after returning from the Insured Journey.
- 3 The passport must have a minimum of 2 adjacent pages for Visa stamps.
- 4 Failure to apply for a Visa in time will not be covered.
- 5 It is the Insured Persons responsibility to submit all relevant documentation as per the Embassy/Consulate when applying for a Visa.
- 6 The Visa Protection Top Up must be purchased at the time of booking/payment and can only be purchased up to 14 days prior to departure.
- 7 A return ticket must be purchased in order to qualify for cover.
- 8 The policy is paid out upon submission of a Visa Denied notification from the Embassy – this notification must be sent to AIG within 7 working days of receipt of denied notification.



VISA PROTECTION SPECIFIC EXCLUSIONS

The Company will not pay for any expenses arising directly or indirectly from:

1. The Insured Person wilfully misrepresenting material facts or committing fraud; or
2. Insured Persons who have been denied entrance into a country before; or
3. Failure of the Insured Person to submit information or supporting documents; or
4. Insured Person with a criminal record.

SECTION 4 – BAGGAGE, MONEY, CREDIT CARDS & TRAVELLERS CHEQUES, FRAUD AND BAGGAGE DELAY

SECTION 4A - BAGGAGE, MONEY, CREDIT CARDS & TRAVELLERS CHEQUES AND FRAUD

1. **Baggage** The Company may choose to replace, repair or pay for the loss, in cash, as a result of the Theft or Damage to the Insured Person's accompanying Baggage, including suitcases, trunks, hand baggage as well as their contents, portable Business equipment (including computers, cellular phones), Business property (including trade samples, Business papers, specifications, manuscripts and stationery for the cost of reproducing such documents but not for the research and development costs) that occurred during the Insured Journey. The Baggage, Personal Effects and Business property must be owned by and accompany the Insured Person.
2. **Money** The Company will pay for the Insured Person's loss of cash, bank or currency notes, cheques, postal or money orders or other negotiable instruments as a result of Theft during an Insured Journey. In respect of money secured for the purpose of the Insured Journey, cover shall commence at the time of collection from the bank or 72 hours prior to the start of the Insured Journey, whichever occurs first, and shall continue for 72 hours after termination of the Insured Journey or until deposited at the bank, whichever occurs first.
3. **Credit Card & Travellers Cheques Replacement** The Company will pay the non-recoverable cost of replacing the Insured Person's credit cards or travellers cheques as a result of Theft.
4. **Fraud** The Company will pay the Insured Person's legal liability for payment arising out of the unauthorised use of the Insured Person's Travel documents, credit cards or Insured travellers cheques following Theft during an Insured Journey by any person other than the Insured Person's Relative or Insured Person's Travel Companion, up to the amount stated in the Schedule of Benefits.

SECTION 4B - BAGGAGE DELAY

The Company will reimburse the Insured Person for reasonable essential expenses incurred, for the emergency replacement of essential items if his baggage is delayed, misdirected or temporarily misplaced by a carrier. The baggage delay must exceed the Excess.

SECTION 4 – SPECIFIC CONDITIONS

1. The maximum amount the Company will pay is the amount stated in the Schedule of Benefits, unless otherwise specified in the Specific Conditions relating to this section.
2. To account for wear and tear the Company will pay a maximum of 75% of the replacement value for items purchased more than 12 months prior to the Insured Journey, decreasing thereafter at 10% per year from date of purchase.
3. The basis of settlement for items purchased within the 12 months prior to the Insured Journey or whilst on the Insured Journey will be the replacement value of items determined at the Company's discretion.



4. The Insured Person shall, in respect of Baggage, Travel Documents, Money and Credit Cards which may become the subject of a claim:
 - a. exercise all reasonable care for the safety, security and supervision thereof at all times and must not leave property unattended in a public place or in any unlocked vehicle, room or building;
 - b. endeavour to minimise any loss;
 - c. not abandon any Baggage, Travel Documents, Money and Credit Cards.
 5. It is a condition of payment that loss or damage attributable to Theft or Damage by carriers be reported to the local police or appropriate authority as soon as possible after discovery of the loss and that a written acknowledgement of the report be obtained.
 6. A camera and/or video camera, its lenses and accessories shall be regarded as one item.
 7. Sports equipment sets shall be deemed to be one item.
 8. The repair or replacement cost of a cellular phone and any fittings or accessories (all deemed to be a single item) shall be limited to R500 per Insured Person over and above any applicable Excess.
 9. In respect of jewellery claims, original or certified copies of valuation certificates issued prior to the commencement of the Insured Journey are required. This condition is applicable to all jewellery including gifts and inherited items.
 10. Contact lenses, prescription spectacles or sunglasses are limited to a maximum of R500 per pair over and above any applicable Excess.
 11. Any loss of credit cards, travellers cheques or travel documents must be reported within 24 hours to the issuing authority and the appropriate cancellation measures taken. The onus will be on the Insured Person to prove that the Company was not prejudiced in any way by late reporting.
 12. Cash, documents and/or jewellery must be carried on the Insured Person or lodged in safety deposit at the time of loss.
 13. Reasonable measures to save and recover baggage must have been taken by any Insured Person.
- In respect of Baggage Delay:**
14. Confiscation or requisition by customs or other government authority cannot form the basis of a claim for loss or expenses.
 15. Claims in respect of essential clothing or requisites purchased as a result of delayed baggage will only be considered if items have been purchased within 4 days after the actual arrival time at the intended destination.
 16. If baggage appears to be delayed or lost at the destination airport, the Insured Person must formally notify the relevant carrier airline immediately.

SECTION 4 – SPECIFIC EXCLUSIONS

The Company will not be liable for:

1. damage or loss arising from electrical or mechanical breakdown of any item; or
2. damage to or replacement of any electronic data or software; or
3. scratching or breakage of fragile or brittle items; or
4. damage or loss arising from normal wear and tear, decay, gradually deteriorating cause, atmospheric or climate conditions or a defective feature of the object itself, destruction by moth or vermin, mould or fungus, insects, rodents, any process of cleaning, ironing, pressing, repairing, restoring or alteration; or
5. Baggage, Personal Effects, Business property, travel documents or money shipped under any freight agreement, unaccompanied Baggage or items sent by postal or courier services or given to someone else other than a Travel Companion; or
6. loss, destruction or damage arising from confiscation or detention by customs or other officials or authorities or shortages due to errors, omissions or depreciation value; or
7. loss of or damage to bonds, stamps, negotiable instruments, deeds, securities or any kind of bullion; or



8. personal computers, cellular phones, camera, video camera or any other electronic equipment:
 - a. where Theft or attempted Theft occurs while such equipment is unattended.
 - b. unless carried by an Insured Person as personal cabin luggage; or
9. contractual obligations in relation to a cellular phone purchase; or
10. any goods intended for sale or trade; or
11. household furniture and household appliances, non-portable property, computer or electronic equipment unless acquired during the Insured Journey for personal use; or
12. Accidental Loss of sports equipment and tools and/or Damage to sports equipment and tools whilst in use.

SECTION 5 - TRAVEL DELAY AND TRAVEL MISSED CONNECTION

SECTION 5A - TRAVEL DELAY

The Company will reimburse the Insured Person for reasonable essential expenses incurred, and for such amount incurred above the Excess, following unforeseen travel delay resulting from:

1. Accidental Loss or Theft of travel documents (travel tickets, passports and visas).
2. An accident or mechanical/electrical breakdown involving the transport in which he arranged to travel or was travelling for the purpose of reaching the Point of Departure and/or departure point from which he had intended commencing an onward journey.
3. Delay of a scheduled departure of a Public Conveyance due to:
 - a. industrial dispute, strike or action; or
 - b. adverse weather conditions including cyclones, tornados, floods, typhoons, blizzards, or natural disasters in the country to or through which he is travelling; or
 - c. mechanical/electrical breakdown; or
 - d. public transports services failure.

SECTION 5A – SPECIFIC CONDITION

The travel delay must exceed the Excess.

SECTION 5A – SPECIFIC EXCLUSIONS

The Company will not pay for expenses incurred:

1. where comparable alternative onward transportation has been made available to the Insured Person within the Excess after the scheduled departure time of a booked flight or within the Excess after an actual flight arrival (in the case of a connecting flight); or
2. where the Insured Person fails to check in according to the itinerary supplied, unless such failure was due to a strike or industrial action; or
3. where the delay is due to industrial dispute, strike or action which existed or for which advance notice had been given on or before the date on which the Insured Journey commenced; or
4. where the delay is due to the withdrawal from service temporarily or permanently of any Public Conveyance on the orders or recommendation of any Port Authority or the Civil Aviation Authority or any similar body in any country in which advance notice had been given on or before the date on which the Insured Journey commenced; or
5. for carrier caused delays where the cost of expenses is recoverable from the carrier.

SECTION 5B – TRAVEL MISSED CONNECTION

The Company will reimburse the Insured Person for reasonable essential expenses incurred if he misses an onward travel connection at the transfer point during an International Journey due to the late arrival of his incoming confirmed connecting scheduled conveyance and no onward transportation is available to him within 6 consecutive hours of his arrival or any circumstances beyond his control. The Company will indemnify the Insured Person for reasonable essential expenses incurred.



SECTION 5B – SPECIFIC EXCLUSIONS

The Company shall not be liable:

1. for any loss arising from failure of the Insured Person to check in according to the itinerary supplied to him, and he must obtain written confirmation from the common carrier or their handling agents of the number of hours delayed and the reasons for the delay.
2. for any loss that is covered by any other existing insurance scheme, government programme or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel or accommodation.
3. where the delay is due to industrial dispute, strike or action which existed, or for which advance notice had been given, on or before the date on which the Insured Journey commenced.

SECTION 5B – SPECIFIC CONDITION

The delay as a result of the missed connection must exceed the Excess.

SECTION 6 - TICKET UPGRADE

The Company will reimburse the Insured Person for the essential upgrade of a conveyance ticket during an International Journey due to:

1. the delay of his confirmed scheduled conveyance and if no onward transportation is available to him within 6 consecutive hours of the scheduled departure time; or
2. the Insured Person not being admitted to a confirmed scheduled conveyance due to overbooking and if no other means of transport is made available to him within 6 hours after the scheduled time of departure of the scheduled conveyance; or
3. the Insured Person missing an onward travel connection at the transfer point during an International Journey due to the late arrival of his incoming confirmed connecting scheduled conveyance and no onward transportation is available to him within 6 consecutive hours of his arrival.

SECTION 6 - SPECIFIC CONDITION

Written proof of delay from the transport provider must be submitted with any claim and the Company's liability is subject to it receiving original receipts for the expenses incurred.

SECTION 6 - SPECIFIC EXCLUSIONS

The Company shall not be liable:

1. for any loss arising from failure of the Insured Person to check in according to the itinerary supplied to him, and he must obtain written confirmation from the common carrier or their handling agents of the number of hours delayed and the reasons for the delay.
2. for any loss that is covered by any other existing insurance scheme, government programme or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel or accommodation.
3. where the delay is due to industrial dispute, strike or action which existed, or for which advance notice had been given, on or before the date on which the Insured Journey commenced.

SECTION 7 - CATTERY AND KENNELS

The Company will reimburse the Insured Person for extra kennel or cattery fees incurred as a result of the unavoidable delay of more than 24 hours at the end of his International Journey due to circumstances beyond his control.

SECTION 7 - SPECIFIC CONDITIONS

1. The travel delay must exceed the Excess.
2. Written proof of delay from the transport provider must be submitted with any claim and the Company's liability is subject to it receiving original receipts for the expenses incurred.



SECTION 8 - PERSONAL LIABILITY

The Company will pay all damages, compensation and legal expenses for which the Insured Person becomes legally liable as a result of his actions causing:

1. Injury, including resultant death, of another person;
2. loss of or damage to property.

SECTION 8 – SPECIFIC CONDITIONS

1. It is a condition of payment that the Insured Person not admit fault or liability to any other person without the Company's prior written consent.
2. No offer, promise, payment or indemnity may be made by the Insured Person without the Company's prior written consent.
3. The Insured Person must give the Company written notice with full particulars of an event that may give rise to a claim within 30 days of the conclusion of an Insured Journey.
4. Every letter, writ, summons and process must be forwarded to the Company as soon as possible.
5. The Company is entitled to take over the defence and settlement of claim in the name of the Insured Person for the Company's benefit. The Company shall have full discretion in the conduct of any proceedings and settlement of the claim.
6. The Company may at any time pay the Insured Person the amount for which a claim can be settled less any damages already paid. The Company will then be under no further liability other than for costs and expenses incurred prior to making such payment.
7. No indemnity will be provided for legal liability arising from Injury or loss as a result of any wilful or malicious act of the Insured Person.

SECTION 8 – SPECIFIC EXCLUSIONS

The Company will not pay damages, compensation or legal expenses in respect of any liability directly or indirectly arising out of or in connection with:

1. Injury to the Insured Person or to any member of his family ordinarily residing with him; or
2. injury to the Insured Person or his employees arising out of or in the course of employment; or
3. loss of or damage to property owned by or in control of the Insured Person or any member of his family ordinarily residing with him; or
4. the ownership, possession or use by or on behalf of the Insured Person of any caravan, mechanically propelled vehicle (other than golf carts and motorised wheelchairs), aircraft or other aerial device, hovercraft (other than hand-propelled or sailing craft in territorial waters) or animals; or
5. loss of or damage to property or Injury arising out of the Insured Person's profession, Business or trade, or out of professional advice given by him; or
6. any contract unless such liability would have arisen in the absence of that contract; or
7. judgements which are not in the first instance either delivered by or obtained from a court of competent jurisdiction within South Africa or the country in which the event occurred giving rise to the Insured Person's liability; or
8. any claim for fines, penalties, punitive, exemplary, aggravated or vindictive damages.

SECTION 9 - HIJACK - PUBLIC CONVEYANCE

The Company will pay the benefit in the Schedule of Benefits in the event of the unlawful seizure or wrongful exercise of control of a Public Conveyance in which the Insured Person is travelling (including the crew thereof) provided that such seizure or wrongful control continues for a period of time greater than 12 hours.



SECTION 10 – NATURAL DISASTER

The Company will reimburse the Insured Person for the cost of providing other similar accommodation if his booked accommodation cannot be lived in because of a fire, flood, earthquake or storm and/or the additional costs for changing his means of public transport used.

SECTION 10 – SPECIFIC CONDITIONS

1. the Insured person must give the Company a written statement from an appropriate public authority confirming the reason and nature of the disaster and how long it lasted and the Company's liability is subject to it receiving original receipts for the essential expenses incurred.
2. any event that results in a claim under this section must not have been known about before the Insured Person left from his Point of Departure.

SECTION 10 – SPECIFIC EXCLUSIONS

The Company shall not be liable for:

1. any expense the Insured Person can recover from any tour operator, airline, hotel or other service provider.
2. any expenses the Insured Person would normally have to pay during the period.
3. any claim directly resulting from the Insured Person travelling against the advice of the appropriate national or local authority.

SECTION 11 – IDENTITY THEFT

In the event of Identity Theft which takes place on an International Journey we will pay for:

1. Reasonable legal expenses incurred by an Insured Person as a direct result of Identity Theft in:
 - a. defending any Suit brought against an Insured Person by a creditor or collection agency or someone acting on their behalf;
 - b. removing any civil or criminal judgment wrongfully entered against an Insured Person; and
 - c. challenging the accuracy or completeness of any information in a consumer credit report, provided this information is inaccurate and falsely provided to the credit agency or financial institution.
2. Income lost by an Insured Person due solely to time taken from an Insured Person's Business, other than if an Insured Person is self employed, but not including compensation for whole or partial unpaid workdays, but not for vacation days or sick days provided that these unpaid workdays are taken whilst on an International Journey or within 3 months of return to the Point of Departure.
3. An Insured Person's actual loss for the legal obligation to pay a creditor if, as part of your Identity Theft, any Payment Cards, bank accounts, and other credit accounts were opened in your name without your authorization.
4. The following miscellaneous expenses:
 - a. costs incurred for re-filing applications for loans or other credit or debit accounts that are rejected solely because the lender received incorrect information;
 - b. costs for notarizing documents related to Identity Theft, long distance telephone calls, and certified mail reasonably incurred as a result of efforts to report an Identity Theft or to correct financial and credit records that have been altered;
 - c. costs incurred to contest the accuracy or completeness of any credit history information;
 - d. costs incurred by an Insured Person for a maximum of 4 (four) credit reports from an entity approved by us. The credit reports shall be requested during the Insured Journey or within 3 months of return to the Point of Departure. The first credit report may not be requested until after the discovery of the Identity Theft.



SECTION 11 - SPECIFIC EXCLUSIONS

The Company will not be liable for loss caused by or resulting either directly or indirectly from or involving:

1. Any dishonest, criminal, malicious or fraudulent acts committed by an Insured Person or a Relative, or that an Insured Person or a Relative had knowledge of or planned, or if an Insured Person withholds information or conceal material facts related to an Identity Theft.
2. Losses that result from Business pursuits.
3. Fraudulent Payment Card charges and bank transfer charges if they are not related to Identity Theft.
4. Identity Theft that occurred or commenced whilst an Insured Person is not on an International Journey.
5. The reimbursement of fees for stolen Payment Cards if an Insured Person has not complied with all terms and conditions under which the cards were issued.
6. Monetary losses other than the out-of-pocket expenses related to resolving the Identity Theft as contemplated by this policy including fraudulent Payment Card charges.

SECTION 11 - SPECIFIC CONDITIONS

1. An Insured Person is responsible for paying the Excess shown on the Schedule of Benefits for each and every claim.
2. The account must have been opened in an Insured Person's name without the authorization of the Insured Person.
3. The Insured Person must notify relevant law enforcement agencies and file a police report within 24-hours of discovering the Identity Theft.
4. Any false charge or withdrawal must be verified by the Insured Person's financial institution. Cover for false charges is limited to the amount for which an Insured Person is held liable by the financial institution subject to the maximum amount shown in the Schedule of Benefits.
5. We shall be permitted to inspect relevant books and financial records.
6. You will cooperate with us and help us to enforce any legal rights an Insured Person or the Company may have in relation to Identity Theft including attendance at depositions, hearings and trials, and giving evidence as necessary to resolve the Identity Theft.
7. An Insured Person must:
 - a. Notify relevant bank(s), Payment Card company(s), financial institution(s) and other accounts of the Identity Theft within 24 hours of discovering the Identity Theft;
 - b. If an Insured Person makes a claim for lost wages, proof of unpaid days off must be provided by the employer and you must have this information notarized and provide proof that it was necessary to take time away from work;
 - c. Send us copies of any demands, notices, summonses, complaints, or legal papers received in connection with a covered loss; and
 - d. Take all reasonable and prudent action to prevent further identity damage.

SECTION 12 – MOTOR HIJACK EXTENSION

SECTION 12A – PERSONAL ACCIDENT

The Period of Insurance for Section 2 is extended to 8 hours before the scheduled departure time of a Public Conveyance and 8 hours after the scheduled time of arrival back in South Africa specifically for Motor Hijack with benefits limits stated in the Schedule of Benefits in respect of an International Journey.

SECTION 12B - POST TRAUMATIC STRESS DISORDER THERAPY

The Company will pay the amount in the Schedule of Benefits for therapy to treat Post Traumatic Stress Disorder which was caused solely by a Motor Hijack which occurred 8 hours before the scheduled departure time of a Public Conveyance and 8 hours after the scheduled time of arrival back in South Africa in respect of an International Journey.



Statutory disclosures in terms of the Financial Advisory and Intermediary Service Act, 2002 (the FAIS Act)
Important – Please read carefully

(You may be required to sign a copy of this document)

Disclosure and other legal requirements

This notice does not form part of the Insurance Contract nor any other document

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

1 Your Intermediary/Financial Service Provider (FSP)

i Name Standard Bank Insurance Brokers (Pty) Limited

FSP Licence Number 224

Physical address 4 Ellis Street
Constantia Kloof
1709

Telephone number 0860 012 301

Postal address PO Box 32028
Braamfontein
2017

Facsimile number 011 858-7200

ii Legal status and interests in Insurer

- a. Standard Bank Insurance Brokers (Pty) Limited is a proprietary company 100% owned by the Standard Bank Financial Services Holdings (Pty) Limited.
- b. Standard Bank Insurance Brokers (Pty) Limited has an association with Standard Insurance Limited, which is a Standard Bank Group Company.
- c. Standard Bank Insurance Brokers (Pty) Limited has an association with Liberty Active Limited, a wholly owned subsidiary of Liberty Group.
- d. Standard Bank Insurance Brokers (Pty) Limited has no shareholding in any Insurer.

iii Standard Bank Insurance Brokers (Pty) Limited has been in existence since 1978 and provides services to both the long and short-term insurance broking industry.

iv The Company is in possession of the required written mandates to act on behalf of the Insurer.

v Broker commission and handling fees are paid by the insurer to the intermediary: -

Broker commission and handling fees are paid by the insurer to the intermediary: -

- 20 % Commission
- R20 Administration fee



- vi Procedures regarding the lodging of claims are detailed in the claims process below.
- vii Standard Bank Insurance Brokers (Pty) Limited is in possession of the required written mandates to act on behalf of the Insurer.
- viii **The Compliance Officer is Milton Kotze**
Contact Details of the Compliance Officer: Email address Milton.Kotze@standardbank.co.za
Telephone Number (011) 636 4026

ix **Complaints**
A copy of the Complaints handling process is available. You are welcome to contact our Customer Relations Centre on 0860 101 101 or visit our Internet Site www.standardbank.co.za

2 The Product Supplier (Insurer) with whom your policy is placed:

- i **Name** **AIG South Africa Limited**

Physical address	10 Queens Road Parktown, 2193	Postal address	PO Box 31983 Braamfontein 2017
Telephone number	011 551 8000	Facsimile number	011 551 8653
Compliance department telephone number	011 551 8000	Facsimile number	011 877 1326
- ii **Type of policy** Travel Insurance
- iii **Claims process**
 - a) All medical expenses and liability claims must immediately be notified to us via telephone number +27 11 525 3101 (Fax) +27 11 551 8290 Email: satravelclaims@aig.com
Other claims must be notified to us in writing or telephonically within 30 days of loss occurring.
 - b) For further details regarding the claims process, please refer to your policy wording.

3 Other matters of importance

- i You must be informed of any material changes to the information referred to in paragraphs 1 - 2.
- ii If the information in paragraphs 1 – 2 was given orally, it must be confirmed in writing within 30 days.
- iii If any complaint to the Intermediary/Financial Service Provider (FSP) or Insurer is not resolved to your satisfaction, you may submit the complaint to the Registrar of short-term insurance or the FAIS Ombud as stated below.
- iv A polygraph or any lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating a claim.
- v The Insurer and not the Intermediary/Financial Service Provider (FSP) must give reasons for repudiating your claim.
- vi Your Insurer may not cancel your insurance merely by informing your Intermediary/Financial Service Provider (FSP). There is an obligation to make sure the notice has been sent to you.
- vii You are entitled to a copy of the policy free of charge

4 Warning

- i Do **not** sign any blank or partially completed application forms.
- ii Complete all forms in ink.
- iii Keep all documents handed to you.
- iv Make notes of what is said to you.
- v Don't be pressurised to buy the product.
- vi You need to be satisfied with the accuracy of any transaction submitted by your Intermediary/Financial Service Provider (FSP) on your behalf.
- vii Misrepresentation, non-disclosure or incorrect information supplied by you may impact on any claims arising from your contract of insurance.



<p>5 Useful information</p> <p>The policy wording and the policy schedule must be read as one document. If you need advice on any aspect of your policy, first amounts payable, claims procedures or your responsibility to pay premiums, please contact your Intermediary/Financial Service Provider (FSP) or nearest Insurer's office. A copy of the policy wording can be viewed at or obtained from Standard Bank Card Division Head Office, or www.standardbank.co.za or AIG. The postal and physical address of the Insurer's head office is detailed in this document along with details of your Intermediary/Financial Service Provider (FSP).</p>		
<p>Particulars of the short term Insurance Ombudsman</p> <p>Postal Address: PO Box 32334 Braamfontein 2017</p> <p>Telephone number: 011 726 8900 Facsimile number: 011 726 5501</p> <p>The Ombudsman is available to advise you in the event of claims problems which are not satisfactorily resolved by the Intermediary/FSP and Insurer.</p>	<p>Particulars of the Registrar of short-term Insurance</p> <p>Postal Address: Financial Services Board PO Box 35655 Menlo Park, 0102</p> <p>Telephone number: 012 428 8000 Facsimile number: 012 347 0221</p> <p>If any complaint to the Intermediary/FSP or Insurer is not resolved to your satisfaction, You may submit the Complaint to the Registrar of Short-term Insurance.</p>	<p>Particulars of The FAIS Ombud</p> <p>Ombud: Ms Noluntu Bam Physical Address: Eastwood Office Park Celtis House, Ground Floor Lynnwood Ridge 0081</p> <p>Postal Address: PO Box 74571 Lynnwood Ridge 0040</p> <p>Telephone number: 012 470 9080/99 Facsimile number: 012 348 3447 Share call number: 0860 3247 66</p> <p>If your Intermediary/FSP was unable to resolve a Complaint about a financial product purchased, varied, replaced or terminated after 30 September 2004, you may submit the complaint to the FAIS Ombud</p>

24 HOUR EMERGENCY MEDICAL ASSISTANCE HELPLINE: 00 44 1273 721415 (UNITED KINGDOM)



CONSENT TO USE, PROCESS, DISSEMINATE AND STORE PERSONAL INFORMATION.

You acknowledge that the collection, use, processing and sharing of your personal information by AIG is essential to enable AIG to underwrite policies, assess risks fairly, verify the Personal Information given including conducting checks against legitimate databases, deliver against our contractual obligations, ensure compliance with all and necessary applicable legislation, regulations, business compliance requirements (including any overseas laws, regulations and compliance requirements binding on AIG) and to reduce the incidence of fraudulent claims, in the public interest with a view to limiting premiums.

You consent to the personal information supplied by you being disclosed to such other party, including any subsidiary or parent of AIG as well as any government or regulatory authority, **regardless of the country of location of such recipient**, who is required to have access to your personal information.

Provided that you have agreed to this, AIG may use your personal or other information to send you information on new services or products that may be of interest to you and from time to time will mail, email or SMS information to you about us, our products and services, or our partners and their products or services. If you do not wish to continue receiving this information you may contact us and AIG will remove you from our mailing list.

Whenever AIG outsources third party vendors to provide support services to us, AIG will bind them to our privacy policies as far as they may be required to have limited access to our customers' personal information to perform such services.

AIG will not disclose personal information to anyone outside AIG without your permission unless:

- AIG is compelled to do so by law or in terms of a court order;
- it is in the public interest to do so;
- it is necessary to protect our rights.