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01 January 2016

Dear Parent/Guardian

AIG LIFELINE PLUS GROUP PERSONAL ACCIDENT POLICY NO. 03 GPA 518277

Please take careful note of the following important information:

Procedures to be followed in case of a claim

1. In terms of the Policy Claims Conditions, the Insured (the Parent/Guardian) must give the Company (AIG South Africa Ltd) notice in writing within 90 days of an Accident or any occurrence which may give rise to a claim under the Policy.
To avoid delays, notification of a claim must be made to the San Sister immediately after any medical consultation, even before any accounts are received.
2. Cover for medical expenses is limited to costs, based on the Bodily Injury, that occurs during the period of insurance and that directly and within 24 months of the date of such Accident cause or results in a Bodily Injury and an Insured Event. **N.B. this does not mean the claim should be delayed (see point 1 above).**
3. Detailed accounts/invoices to be obtained from the service provider and forwarded to the San sister.
4. Parents may **NOT** claim from their medical aid as well as the Personal Accident Policy
5. The claim form is to be completed by the attending doctor and the school's nursing sister.
6. Email details to be provided by parents so that you can be informed by the San Sister once the claim has been paid.
7. The completed claim form and accounts to be submitted to insurers by the school.
8. The claim will be processed and paid directly to the parents/guardian bank account, who will be liable to settle the service providers account.
9. No benefit will be paid directly to any service provider.
10. The excess applicable per event is R500.
11. In the event that accounts are liable for payment before any claim is paid out the onus lies with the parent to pay the supplier first and then wait for the claims settlement. The school cannot accept any responsibility for delays in payment.

Please note:

1. MRI Scans must only be done if, after treatment, there is no improvement and only if absolutely necessary at the request of the relevant specialist.
2. Marsh are not in a position to authorise any medical procedures to any medical institution or service provider.

Please refer to the policy wording on the Bishops website for full details of the terms exceptions and conditions of the Policy

SAN SISTER TEL. NO. (021) 659-1021

Emergency Medical Response Plan for Schools – Step by step guide to obtain medical assistance from Netcare 911

- When an emergency presents itself on school premises during an organised school event , phone 082911
- Advise the person at Netcare911 that the learner/staff member is on a Health & Accident Underwriting Managers Emergency Medical Response Plan for Schools
- Advise the person at Netcare 911 from which school the learner/staff member is
- The Netcare 911 nursing staff member will request information regarding the injured learner/staff member, which includes the following , but is not limited to:
 - name,
 - surname,
 - age,
 - injury sustained and required medical treatment,
 - name of the hospital at which the injured learner is being treated,
 - name of the hospital staff member who will receive confirmation from Netcare 911 regarding the learner's cover,
 - any other information that may assist with admission of the learner to the hospital concerned to receive medical treatment
- The gathered information is compiled onto a document (Guarantee of Payment) which is sent to the hospital concerned confirming the cover for the learner/staff member and confirming the medical treatment that has been authorised. Please remember that any medical expenses carries an excess of R300.00 for each & every claim , i.e the first R300 of each and every claim will be deducted and the balance of the claim assessed for payment.
- The completed claim form and all medical accounts are required to be sent to Health & Accident Underwriting Managers at either fax number 086 602 0831 or email execpa@healthacc.co.za for the attention of Nadia Clutney for assessment
- Claims that are paid by **Compass** will be settled to the insured party i.e the school. It is the school's responsibility to settle medical invoices with the service providers involved.
- If the insured person is insured via private health insurance this cover will withdraw to allow the private health insurance to commence. If the insured person ha no private cover , the parents will have the cover extended by this policy and will be comforted by the fact that their child was treated by the most appropriate private medical facility – up to to the policy limits

NETCARE 911 CONTACT DETAILS – FOR HOSPITAL AUTHORISATION

TRIGGER NUMBER	ASSISTANCE SERVICES TRANSFER NUMBER	911 CONTACT PERSON	911 CONTACT NUMBER
082 911	N/A	RUBEN NAIDOO	082 470 0828 / 011 254 1944



GROUP GUARD PERSONAL ACCIDENT – EMERGENCY RESPONSE PLAN

10 Queens Road,
Parktown, Johannesburg, 2193
P.O. Box 31983, Braamfontein, 2017
Tel: +27 11 551-8000
Fax: +27 11 551-8653
Website: www.aiginsurance.com

This Policy is a contract made between the Insured and 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.

Signed on behalf of the Insurer

A handwritten signature in black ink, appearing to read 'Richard Lang', is written over a faint, light blue circular stamp.

Richard Lang
Consumer Lines Head
South Africa

PREMIUM PAYMENT

The Insured is liable for premium and the premium is payable as follows:

- a) in respect of annual policies paid annually the premium is payable on or before the inception date or renewal date as the case may be; or
- b) in respect of annual policies paid monthly the premium is payable on or before the first day of the month in advance.

The Company shall not be liable for any claim arising under this Policy 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. In the event of the Company not accepting premium the Policy will lapse from the date from which the premium became due. The Company reserves the right to ask for proof of payment at any time. Such proof must be to the Company's satisfaction.

INSURING CLAUSE

Subject to the terms and conditions of this Policy, the Company will pay the benefits shown in the Table of Benefits in the event of an Accident that occurs during the period of insurance and that directly and within 24 months of the date of such Accident causes or results in a Bodily Injury and an Insured Event.

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.



DEFINITIONS

Accident/s means a sudden, unexpected and specific event, which occurs at an identifiable time (moment or point of time) and place, which results in Bodily Injury.

Accidental Exposure means exposure to HIV/AIDS as a direct result of an Accident.

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.

Annual Salary means the total gross basic annual salary excluding payments for overtime, commission or bonus payable by the Insured to the Insured Person at the date Bodily Injury is sustained. For weekly paid Insured Persons, Annual Salary will be calculated by taking the Gross **Weekly Wage** of the Insured Person and multiplying this amount by fifty-two.

Air Accumulation Limit means the maximum liability of the Company under this Policy in respect of any one Accident or number of Accidents arising from one source or cause whilst travelling as a fare paying passenger and airborne in an aircraft, including the Insured's private aircraft or a chartered aircraft.

Any One Life Limit shall mean the maximum amount payable to any one Insured Person.

Bodily Injury means 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 within 24 months of the date of the Accident.

Company means AIG South Africa Limited.

Confinement means confinement to a Hospital as a resident in-patient for a period which is necessary for the diagnosis or treatment of any Injury that is covered by the Policy.

Crime means any hijack, criminal assault, rape or attempted rape, murder, kidnapping, armed robbery or arson reported to the police and given a case number.

Day means a period of 24 consecutive hours including the day of admission but excluding the day of discharge.

Excess Period means the initial period during which no benefit is payable.

Ground Accumulation Limit means the maximum liability of the Company under this Policy in respect of any one Accident or number of Accidents arising from one source or cause.

Gross Weekly Wage means for weekly paid Insured Persons the average weekly gross basic salary excluding payments for overtime, commission or bonuses for the thirteen weeks prior to sustaining Bodily Injury.

Group Guard Assist is a trademark of the Company that is used under licence by Global Choices Assist (Pty) Limited.

Hospital means a Hospital (other than an institution for the aged, chronically ill or convalescent rest or nursing home and/or drug or alcohol rehabilitation facilities) operated pursuant to the law for the care and treatment of injured or sick persons with organised facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Immediate Medical Treatment means a Medical Practitioner's treatment, consultations and prescribed or repeat maintenance medication in respect of treatment commencing within 24 hours of the time and date of the Bodily Injury.

Insured Event means the list of insured events stated in the Table of Benefits.

Insured means the insured company, organisation and associated company or organisation shown in the Schedule.

Insured Person means any director, officer or employee of the Insured as listed in the Schedule between the ages of 16 and 80 years shown in the Schedule as being an Insured Person. Cover applies until the end of the Period of Insurance in which the Insured Person attains the age of 80 years or the date upon which the Insured Person ceases their employment with the Insured, whichever occurs first.

Loss of Sight means the total and irreversible loss of sight.

Loss of Speech means the total and irrecoverable loss of the ability to speak.

Loss of Hearing means the total and irreversible loss of hearing of all sounds confirmed by medical evidence relying on audio-metric and sound-threshold tests.

Medical Expenses means the reasonable amount which is charged by a Hospital or a Medical Practitioner for medically necessary treatment, supplies or services medically necessary to treat the Insured Person's condition and associated care as the direct result of an Insured Event.

Medical Practitioner means 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.

Non-Scheduled Flight also referred to as charter flight, is a flight that takes place outside of Scheduled public conveyance, by a hiring arrangement or company owned aircraft.

Period of Insurance means the period of time during which the Insured Person is covered by this Policy (as outlined in the Schedule and described later in this Policy wording).

Permanent and Incurable Paralysis means the complete and permanent loss of use of arms or legs, or one arm and one leg, through paralysis.

Permanent and Incurable Insanity means the Insured Person being diagnosed as permanently and incurably insane according to the usual and customary standards of the registered medical profession. The permanent and incurable insanity must have resulted directly from Injury.

Permanent and Total Loss means the loss by physical severance or the permanent and total loss of use of a hand, foot, thumb, finger, toe, arm or a leg.

Permanent Disability means any Insured Event specified under Item 3 in the Table of Benefits.

Permanent Disfigurement means disfigurement of the external features or appearance including scarring as a result of a surgical procedure required as a direct result of an Accident.

Permanent Total Disablement means total and absolute disablement which entirely prevents an Insured Person from engaging in or giving attention to his or her usual occupation or any occupation for which the Insured Person is qualified or has received specialised training and which will in all probability be lasting and continuous for the lifetime of the Insured Person.

Policy means this document embodying the contract of insurance and any subsequent, endorsements amendments and declarations in respect of this document.

Private Motor Vehicle means a self-propelled private motor car with 4 or more wheels which is of a type both designed and required to be licensed and does not seat more than 9 people including the driver.

Professional Childminder means an individual who provides care for one or more children in a family as a service, excluding the Insured Person's family members, relatives and friends.

Professional Player means an Insured Person who earns in excess of 50% of his or her income from playing sport or who participates in a sport that remunerates him or her as a means of livelihood.

Sum Insured means the maximum amount of cover up to which the Insured or Insured Person can claim.

Temporary Partial Disablement means disablement which prevents an Insured Person from carrying out majority of their usual occupation for the Insured.

Temporary Total Disablement means disablement which prevents an Insured Person from carrying out all parts of their usual occupation for the Insured.

War means 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.

GENERAL CONDITIONS

1. **Assignment** This Policy cannot be ceded, assigned or in any way transferred to a third party. Benefits shall be payable only to the Insured, or its legal representative whose receipt shall discharge the Company.
2. **Cancellation of Cover** The Company or the Insured may cancel this Policy by giving 30 days notice in writing to the other party. In such event the Insured shall be entitled to a pro-rata refund of premium subject to any minimum premium or adjustable premium provisions. If the Insured fails to pay the required premium on the due date, cover in respect of the Insured shall not inception or in the case of a renewal shall terminate at the end of the current Period of Insurance. An Insured Person has no rights of cancellation under this Policy. The Company may cancel any cover provided by this Policy for War by sending seven days' notice to the Insured's last known address.
3. **Change in Risk** The Insured shall give notice to the Company within 90 days of any material change in its business.
4. **Failure to Comply with Policy Conditions** Where the Insured or an Insured Person does not comply with any obligation to act in a certain way specified in this Policy, this may prejudice the Insured or an Insured Person's position to recover under any claim including rejection of the claim.
5. **Law and Jurisdiction** This Policy is a contract of insurance between the Insured and the Company and 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.
6. **Misrepresentation** This Policy shall be voidable (in the absolute discretion of the Company only) in the event of



misrepresentation, misdescription or non-disclosure by or on behalf of the Insured of any information material to this Policy.

7. **Other Interest** No person other than the Insured (or an Insured Person with the express permission of the Insured) can make a claim under this Policy.
8. **Other Insurance** Any compensation payable by the Company in respect of Temporary Total Disablement or any Medical Expenses shall be reduced by an amount equal to the compensation received or receivable by or on behalf of the Insured Person under medical aid scheme or occupational injuries and diseases enactment and/or workmen's compensation enactment or any other similar legislation.
9. **Premium Calculation** If the premium is calculated on estimates supplied by the Insured, an accurate record containing all relevant particulars must be maintained by the Insured and the Company shall have the right of access to that record. The Insured shall furnish such information within one month of the expiry of each Period of Insurance and the premium shall be adjusted accordingly. The estimates and declaration of Annual Salary on which the premium is based is limited to the total gross basic annual salary of the Insured Person.
10. **Rights of Third Parties** No person other than the Insured or the Company may enforce any terms of this Policy.
11. **Sanctions** The coverage provided by this policy or under any binder, certification of insurance or other evidence of insurance shall be null and void and the Company is not liable to make any payments for liability under any coverage section for any loss or claim arising out of the aforementioned proposed coverage where the insured or any beneficiary (ies) are the subject of laws, regulations, an embargo or other form of economic sanction that would prohibit the Company from providing such coverage or transacting business with the insured or beneficiary (ies). Further, no benefits or payments will be made to any beneficiary (ies) who is/are declared unable to receive economic benefits under the laws or regulations governing this policy, the insured or any beneficiaries (ies).
12. **Tax Liability** The onus shall always be upon the Insured to ascertain, correctly admit and pay any tax liability in respect of any benefit paid.

CLAIMS CONDITIONS

1. **Acceptance of Benefit** If the Company has paid a claim under this Policy and the Insured or an Insured Person has accepted full and final payment then the Company will not have to make any further payments for the same claim.
2. **Claims Notification** The Insured must give the Company notice in writing within 90 days of an Accident or any occurrence which may give rise to a claim under this Policy. The Company shall have the right where applicable to have a post mortem examination of the body conducted.
3. **Claims Evidence** The Insured must provide at its own expense all reasonable and necessary evidence (including post-mortem examinations) in support of a claim. An Insured Person must undergo any reasonable medical examinations in connection with any claim as the Company may require at its own expense.
4. **Claim Forms** The Company will send claim forms to the Insured upon receipt of written notice of a claim. All evidence shall be furnished in the form prescribed and must be submitted to the Company within 90 days of the Insured's notification.
5. **Fraud** Any fraud, deliberate dishonesty, or hiding information connected with a claim, will make this Policy invalid. If this happens, the Insured or an Insured Person will lose any benefit due to them and they must pay back any benefit that the Company has already paid. If this happens, the Company will not refund any premiums and can at their discretion cancel the Policy.
6. **Heart Attack** If an Insured Person dies as a direct result of a road or traffic accident of which the cause or the consequence could be a heart attack, the Company will deem the Accident to be an Insured Event.
7. **HIV/AIDS** All claims arising from Accidental Exposure to HIV/AIDS has to be reported to Group Guard Assist within 24 hours of the date of the Accidental Exposure. The Company will not be liable for any claims if the procedures as set out in the Group Guard Assist Extension are not followed.
8. **Interest** No sum payable under this Policy shall carry interest under any circumstances.
9. **Liability** If the Company denies liability in respect of any claim and the Insured 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 under this Policy in respect of such claim shall be forfeited.



10. **Medical Evidence** The Insured Person shall submit to medical examination on behalf of and 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.
11. **Maximum Benefits** No Insured Person shall be entitled to recover benefits under this Policy exceeding 100 % of the compensation in respect of any one benefit. As soon as the Insured Person has received such compensation, all further rights of the Insured Person in respect of such benefit shall cease.
12. **Payment of Medical Expenses** The Company shall not be liable to pay any benefit for Medical Expenses directly to the Medical Practitioner or other medical service provider. Qualified medical advice shall be sought and followed promptly on the occurrence of any Bodily Injury. The Company shall not be liable for that part of any claim which in the opinion of its medical adviser arises from the unreasonable or willful neglect or failure of an Insured Person to seek the advice of or remain under the care of a qualified Medical Practitioner.
13. **VAT** The Company agrees that it will pay VAT in respect of any claim or settlement paid in terms of this Policy.

EXCLUSIONS

The Company shall not be liable to pay any benefit in respect of any Insured Person for any Insured Event caused by or arising directly or indirectly from:

1. an Accident occurring whilst the Insured Person is 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
2. direct participation in any violent labour disturbances, strike, lock-out, riot, civil commotion or public disorder;
3. an Accident occurring whilst on service or on duty with or undergoing training with any military, police force, militia or paramilitary organisation;
4. an Accident occurring whilst or as a result of participating in any sport as a Professional Player;
5. illness;
6. willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt thereat;
7. 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.
8. an Insured Person driving or operating any motorized or mechanically operated vehicle whilst under the influence of alcohol and having a blood alcohol concentration level greater than the local statutory limit at the time of accident.
9. any loss, injury, damage or legal liability sustained directly or indirectly by: Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons.
10. deliberate violation of criminal law.
11. an accident resulting from underground activities and or the use of explosives.

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.

EXTENTIONS

It is agreed that subject to the terms, conditions, provisions, limitations and exclusions of the Policy, the Policy is extended to cover the following:

CHILDCARE BENEFIT

The Childcare Benefit will become payable by the Company to cover the cost of a Professional Child minder in the event of the following;

1. If the Insured Person suffers from Bodily Injury which results in an Insured Event under items 2 to 4 stated in the Table of Benefits, or:
2. If the Insured Person's child suffers Bodily Injury which results in an Insured Event under items 2 to 3 stated in the Table of Benefits. Provided that;
 - a) The child is under the age of 17 years, unless mentally handicapped.



- b) The Insured Person can provide proof that the Professional Child-minder was hired.
- c) The maximum amount payable is R200 per day up to a maximum of R 10 000 irrespective of the number of children.
- d) The Benefit will only be payable for a period not longer than 28 days.
- e) The Benefit will only be payable if the child permanently resides with the Insured Person.
- f) A seven days Excess Period will apply.

CLAIMS PREPARATION COSTS

The Company will pay costs reasonably incurred by the Insured in producing and certifying any particulars or details required by the Company to substantiate a claim, provided that the liability of the Company for such costs in respect of any one claim shall not exceed the amount stated in the Table of Benefits.

CRIME EXTENTION

In the event of the Insured Person's death or Permanent Total Disablement as a result of an Accident which is as a direct result of a Crime, the Company will pay an additional 5% of the Insured Person's death or Permanent Total Disablement benefit up to the maximum stated in the Table of Benefits.

DISAPPEARANCE

In the event of the disappearance of an Insured Person and if it is probable that such Insured Person has died or is legally declared dead by a court of law as a result of Bodily Injury, the Death Benefit will be payable after 24 consecutive months of such disappearance. In the event of this belief being incorrect the Benefit so paid will be repaid to us by the Beneficiary/ies or Legal Representative/s.

EMERGENCY TRANSPORTATION / RESCUE

The Company will pay costs and expenses necessarily incurred for emergency transportation and for freeing, rescuing or otherwise bringing an Insured Person to a place of safety following Bodily Injury to such Insured Person, up to the amount stated in the Table of Benefits.

FINAL EXPENSES

In the event of accidental death and provided that the notification of death is received by the Company within 30 days, the Company will pay to the Insured the amount stated in the Table of Benefits.

GROUP GUARD ASSIST

The Company will provide the Insured Person with Group Guard Assist subject to the member being in the employ of the Company at the date of the Accidental Exposure.. All claims arising from Accidental Exposure to HIV/AIDS has to be reported to Group Guard Assist within 24 hours of the date of the Accidental Exposure.

In the event of Accidental Exposure, Group Guard Assist will provide the following benefits:

- 24 hours a day, 365 days a year telephonic access to the counseling centre for information, advice and support.
- Registration for the HIV management programme, where applicable.
- If HIV negative a 30 day starter pack of antiretroviral medication will be provided.
- 3 HIV blood tests per incident: one immediately after the event and the second and third at 6 weeks and 3 months respectively. Should the client be HIV positive at the time of the initial blood test, no further testing will be covered.
- Consultations (per incident) with a specialist, either a general practitioner, trauma trained registered nurse or trauma counselor.

CONTACT NUMBER: 086 007 0007

The Call Centre is operated 24 hours a day, 365 days a year

HOSPITAL CONFINEMENT

The Company will pay the Insured Person the daily benefit as stated in the Table of Benefits if during the period of insurance; the Insured Person is necessarily confined to a Hospital as a result of Bodily Injury. The maximum period



of Confinement to a Hospital will be 7 consecutive days. Successive periods of Hospital Confinement due to the same Bodily Injury or related causes will be considered as one continuous period unless separated by 90 days during which an Insured Person is not confined to a Hospital as the result of such Bodily Injury.

HOME CONVALESCENCE

The Company will pay the Hospital Confinement benefit if an Insured Person is instructed by a Medical Practitioner to complete their recovery at home following a valid claim for Hospital Confinement. The benefit will be limited to the maximum number of days an Insured Person received the Hospital Confinement Benefit.

LIFE SUPPORT EQUIPMENT

The Company will pay reasonable costs and expenses, incurred as a result of Bodily Injury, in respect of hire costs for life support machinery, equipment or apparatus up to the amount stated in the Table of Benefits.

Notwithstanding anything contained in the Insuring Clause of this Policy, the twenty four month period stated therein shall not include any period or periods where the death of the Insured Person is delayed solely by the use, for a period or periods of not less than three consecutive days, of life support machinery, equipment or apparatus.

MOBILITY, WHEELCHAIR

In the event the Company has admitted a claim for Permanent Total Disablement or Permanent Disability and as a direct result of such disability the Insured Person is permanently dependent on a wheelchair for mobility, the Company will, in addition to any amount payable for Permanent Disability, pay up to the amount stated in the Table of Benefits for:

1. a self-propelled wheelchair; or
2. the modification of the controls to the Insured Person's motor vehicle; or
3. if necessary, the fitting of wheelchair loading equipment and/or alterations to the Insured Person's residence to facilitate the use of such wheelchair.

NON-SCHEDULE FLIGHT

The Company will pay the Insured Person 50% of the Death or Permanent Total Disablement benefit, up to the maximum amount as stated in the Table of Benefits, provided that;

1. The maximum number of Insured Person's per occurrence is 5.
2. The accumulation limit per occurrence is R2 500 000.

PERMANENT DISFIGUREMENT AND BURNS

Permanent Disfigurement

In the event the Insured Person suffers Bodily Injury which results in a Permanent Disfigurement, the Company will pay the Insured or the Insured Person a percentage of the Sum Insured as stated in the Table of Benefits.

Conditions applicable to Disfigurement

1. **The head and neck** – provided the total area affected exceeds 20% of the total area of the head and neck area.
Benefit – a percentage of the compensation in direct proportion to the area affected.
2. **The hands** – provided the total area affected exceeds 20% of the total area of the hands.
Benefit – a percentage of the compensation in direct proportion to the area affected but limited to a maximum of 50%.
3. **All other areas of the body** - provided the total area affected exceeds 5% of the total area of the body
Benefit – a percentage of the compensation in direct proportion to the area affected but limited to a maximum of 50%.

The benefits payable in terms of this Section will apply independently and can be cumulative. The overall liability of the Company for Permanent Disfigurement resulting from one Accident in respect of any one Insured Person shall be limited to the maximum amount stated in the Table of Benefits.



Burns

If an Insured Person sustains Bodily Injury which, solely and independently of any other cause, results in a Burn, the Company will pay the Insured or the Insured Person a percentage of the Sum Insured in the Table of Benefits, depending on the type of Burn sustained.

The percentages payable for specific types of Burn are set out below:

For Burns of second, third or fourth degree, the Company will pay the percentage set out below of the amount stated in the Table of Benefits

a) 27% or more of the body surface	100%
b) 18% or more, but less than 27%, of the body surface	60%
c) 9% or more, but less than 18%, of the body surface	35%
d) 4.5% or more, but less than 9%, of the body surface	20%

For Burns of first degree,

a) 0,5% or more, but less than 5%	1%
b) 5% or more, but less than 10%	3%
c) 10% or more, but less than 20%	5%
d) 20% or more, but less than 30%	7%
e) 30% or more, but less than 40%	10%
f) 40% or more, but less than 50%	20%
g) 50% or more, but less than 60%	25%
h) 60% or more, but less than 70%	30%
i) 70% or more, but less than 80%	40%
j) 80% or more, but less than 90%	60%
k) over 90%	80%
l) Respiratory airway burn	30%

Conditions applicable to Burns

- with head and/or neck burn, the benefit will be increased by:
 - 5% with a burn area up to 5% of body surface.
 - 10% with a burn area up of 5% to 10% of body surface.
- with perineum burn, the insurance payment increased by 10%.
- if burn shock is diagnosed the benefit is increased by 20%.
- 1% of the injured body surface equals to area of the palm and finger surface.

The benefits payable in terms of this Section will apply independently and can be cumulative. The overall liability of the Company for Permanent Disfigurement resulting from one Accident in respect of any one Insured Person shall be limited to the maximum amount stated in the Table of Benefits.

PERMANENT TOTAL DISABILITY UP-SKILL BENEFIT

In the event of a payment for Permanent Total Disability, the Company will indemnify the Insured for the tuition costs for retraining the Insured Person for an alternative occupation up to the amount stated in Table of Benefits. The invoice from the institution for higher learning that the Insured Person is registered with will be required to be submitted to the Company before the benefit can be paid. The Insured Person is required to pass all subjects/modules to enjoy the Benefit for the following year. Proof of passing is to be submitted to the Company before the following years tuition fees will be paid.

RECRUITMENT EXPENSES AND/OR RELOCATION COSTS

In the event of the Accidental Death or Permanent Total Disablement of an Insured Person, the Company will pay for recruitment of a replacement and/or relocation costs of an alternative replacement employee up to the amount stated in the Table of Benefits provided that:

- A licensed recruitment consultant is utilised by the Insured to directly replace the Insured Person. These costs must be incurred by the Insured within 6 months from the date of the Accident; or



-
2. The replacement employee is required to move more than 100 kilometres from his or her place of residence and within 6 months from the date of the Accident. This extension applies to the replacement employee and his family, furniture, pets, and the loss caused following the forced sale of the private dwelling as determined by an impartial valuator appointed and paid for by the Company.

REPATRIATION /BODY TRANSPORTATION

Provided that there is a valid death claim in terms of this Policy, the Company will pay the reasonable and necessary expenses incurred for the repatriation or transportation of the body of a deceased Insured Person to his or her normal place of residence up to an amount stated in the Table of Benefits.

RETRAINING

In the event the Company has admitted a claim for Permanent Total Disablement the Company will reimburse the Insured up to the amount stated in the Table of Benefits for reasonable expenses incurred for retraining the Insured Person for an alternative occupation within 6 months from the date of the Accident.

SEAT BELT BENEFIT

The Company will pay an additional 10% of the Insured Person's death or Permanent Total Disablement benefit, up to the maximum amount as stated in the Table of Benefits, provided that the Insured Person was wearing a properly fastened, original, factory-installed seat belt while operating or travelling as a passenger in a Private Motor Vehicle when the Accident causing the death or Permanent Total Disablement occurred. Verification of the actual use of the seat belt at the time of the Accident must be a part of an official report of the accident or must be certified in writing by the investigating officer(s).

TEMPORARY DRIVER

In the event the Insured Person suffers Bodily Injury and is unable to travel to and from his normal place of employment using the normal method of transport and he is otherwise unable to continue his usual business occupation, the Company will pay the cost of employing a temporary driver provided that:

1. such cost will be a payable in addition to any amount payable for temporary total disability.
2. liability of the Company shall not exceed the amount stated in the Table of Benefits for any one Insured Person per week and per period of insurance.

TRAUMA COUNSELING

In the event of the Insured Person being subjected on an act of violence or traumatic Accident the Company will reimburse the Insured Person for counseling as a result of such act of violence or traumatic Accident the amount stated in Table of Benefits, provided that;

1. Act of violence will mean assault, robbery, or car hijack.
2. The act of violence has been reported to the police and a case number obtained.
3. For the purpose of this extension only, the Insured Person shall include immediate family members of such Insured Person.
4. This extension also covers any Insured Person who witnesses such an act of violence or traumatic event, provided that it arises in the course of the Insured Person's employment with the insured.

UNCONSCIOUSNESS

In the event of Bodily Injury being sustained by an Insured Person which results in the continuous unconsciousness of the Insured Person, the Company will pay the Insured or the Insured Person 50% of the Hospital Confinement Benefit for each day of continuous unconsciousness, up to a maximum period of 365 days. This benefit will be paid in addition to any amount paid under the Hospital Confinement extension above.

WORKCOVER – COID FAST TRACK

Workcover assists the Insured Person with all the necessary administrative support and documentation preparation for their submission. This assistance extends to include additional legal consultations and reports, medico-legal reports and actuarial opinions for loss of earnings consequent to his/her injuries.

All costs incurred in acquiring all these relevant documents are carried by WORKCOVER. In the case where the merits of a claim is deemed non-valid for presentation to the Compensation Commissioner CC, WORKCOVER sends a letter of explanation to the Insured Person explaining the exact reasons for this.



Thus Membership to WORKCOVER allows the Insured and Insured Person to escape the administrative nightmare, to process, manage, and finalize their claim to the Compensation Commissioner CC.

Extensions – Workcover COLD Fast Track

1. The WORKCOVER Insured has to be on duty at the time of the Accident, injury or incident.
2. The WORKCOVER Insured has to be an employee of the employer that pays for the group policy.
3. WORKCOVER will limit its services where the assessor does not substantiate the merits of the case. If this is in conflict with the view of the Insured or there is a material conflict between the Insured's assessment and the assessors, the case will be referred to the WORKCOVER advisory panel for review.
4. Any costs incurred from by an Insured, being approached by an outside party without the written consent of WORKCOVER, will not be for WORKCOVER's account.
5. The Insured is at all times free to get outside second opinions but the cost of these will not be borne by WORKCOVER unless approved in writing.
6. The Insured is not obliged to use the services of WORKCOVER in the event of which WORKCOVER will not be liable for any costs incurred by these parties.
7. The WORKCOVER service is only available for an Accident, injury or incident that occurs in the RSA.
8. The Insured must be fully paid-up and eligible for its services at the time of the Accident, injury, incident or disease.
9. At the time of the Accident the Insured must comply with all the legal and regulatory matters required by the Acts governing the Compensation Commissioner.
10. WORKCOVER does not guarantee performance from the Compensation Commissioner.

CONTACT NUMBER: 08600 WORKC (0860 096 752)

KIDNAP AND WRONGFUL DETENTION

Defined Events

The Company will indemnify the Insured Person up to the amount specified in the Schedule for Covered Losses should any of the Insured Events happen to an Insured Person during the period of insurance whilst within the Territory.

Covered Losses

The reasonable fees and expenses of NYA International incurred as a direct result of and in relation to an Insured Event as sub limited in the policy Schedule.

NYA INTERNATIONAL

In the event of an incident, situation or occurrence which may give rise to or constitute an Insured Event, then as part of the Policy coverage and under a special arrangement with the Company, NYA International will:

- (a) make available on a priority basis, specialist crisis management and/or crisis communications consultants nominated by the Company or, if requested by an Insured, consultants of an Insured's choice who we provide our prior written consent to use, to advise, inform and assist an Insured; and
- (b) pay the reasonable and necessary fees and expenses of the said consultant/s up to the amount specified in the Schedule.

CONTACT NUMBER IN THE EVENT OF A KIDNAP AND WRONGFUL DETENTION INSURED EVENT:

International Access Code	Country Code	Area Code	Local Number
0011	1	817	8267000

The number above is a dedicated crisis response contact and should only be used for notification of an incident, situation or occurrence which may give rise to an Insured Event. Callers will speak directly to or receive an immediate call back from experienced consultants who are available to nominate specialist external crisis management or crisis communications consultants or consider any request (to be confirmed in writing) by an Insured concerning the use of an Insured's preferred consultants. Following notification of an incident, situation or occurrence which may give rise to an Insured Event, the consultants will be available to be with the Insured as soon as travel time permits.

It is understood and agreed that:



- (a) the consultants have no authority on behalf of the Company to make any admissions which may prejudice our rights or to deal with matters concerning policy coverage or the application of any facts and circumstances of any crisis incident, situation or occurrence which has been notified and which may give rise to an Insured Event to the policy terms, conditions and exclusions;
- (b) the provision and/or the use of these services is not, is not intended to be and shall not be regarded as an admission of or an acceptance by the Company of any liability to indemnify an Insured under the Policy and is without prejudice to all of our rights under the terms, conditions and exclusions of the Policy;
- (c) notification to the dedicated crisis response contact number of an incident, situation or occurrence which may give rise to an Insured Event does not constitute a notification under the Policy and an Insured must comply with the policy terms and conditions

upon notification to the Insured by the Company that liability to indemnify is not accepted, NYA International will no longer have any liability under this Benefit and NYA International will not pay any fees or expenses of the said consultant/s which are incurred after such notification is given.

Territorial Scope

This cover applies to incidents anywhere in the world except for:

- a) Angola, Brazil, Colombia, Mexico, Nigeria, Philippines, Somalia and Venezuela; or
- b) any other country where the South African Department of Foreign Affairs or the British Foreign and Commonwealth Office has issued a travel warning; or
- c) Any other country in which the United Nations Armed Forces are present and active.

Definitions:

Informant shall mean any person, other than the Insured Person, providing information not otherwise obtainable solely in return for a reward offered by the Insured Person.

Kidnap and Wrongful Detention Insured Event shall mean: Kidnapping or alleged Kidnapping of an Insured Person; or b. Wrongful Detention.

Insured Person (K&R) shall mean any director, officer or full time employee of the insured as listed in the Schedule.

Kidnapping shall mean any event or connected series of events of seizing, detaining or carrying away by force or fraud of the Insured Person (K&R) by person/s for the purpose of demanding ransom monies.

Wrongful Detention shall mean the arbitrary or capricious act of involuntary confinement of the Insured Person (K&R) 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, organisation or group. A connective series of wrongful detentions will be considered as one wrongful detention.

Specific Exclusions

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

- 1. The fraudulent, dishonest or criminal acts of the Insured Person (K&R), or any person authorised by the Insured Person (K&R) to have custody of ransom monies. This exclusion will not apply to the payment of ransom monies by the Insured Person (K&R) in a situation where local authorities have declare such payment illegal.
- 2. Any violation of the laws of the host country by the Insured Person (K&R) or failure to maintain and possess duly authorised and required documents and visas.
- 3. Failure of the Insured Person (K&R) to evacuate from the host country within 10 days after the issuance of an advisory or travel to country/ies after an advisory has been issued.
- 4. The Insured Person (K&R) taking part in the operations of any governmental organisation, official law enforcement or military force.

Specific Conditions

- 1. **Confidentiality:** The Insured Person (K&R)/s will use all reasonable efforts not to disclose the existence of this section or any other insurance.
- 2. **Limits of liability:** For each Covered Loss the maximum limit and aggregate limit of the Company's liability will not exceed the Sum Insured/s stated in the Schedule by reason of any one event, except where stated to the contrary. All Covered Losses will be deemed to have been incurred during the period of insurance in



which the event occurred.

3. **Due diligence:** The Insured Person (K&R)/s will use due diligence and do and concur in doing all things reasonably practicable to avoid or diminish any loss/es insured under this section.
4. **Other insurance:** The insurance provided under this section will be in excess over any other valid and collectable bond or insurance.
5. **Statement of loss:** The Insured Person (K&R) will file a detailed, sworn statement of loss with the Company as soon as possible after the date of the Kidnap and Wrongful Detention Insured Event.
6. **Non-employee directors:** In the event that the Insured Person (K&R) is a non-employee director and is insured under any other similar policy or policies issued by the Company (or by any other Insured or affiliated insurance company of the AIG) and a loss involving that Insured Person (K&R) is reported under this Policy and under one or more such other policies, then the Company's aggregate liability (including that of any of the Company's other Insured company/ies) for each loss will not be cumulative and will not exceed the highest limits of liability applicable to each loss under any one of the policies.
7. **Non-assignment:** This section may not be assigned or transferred.
8. **Assistance and co-operation:** The Insured Person (K&R)/s will co-operate with the Company in all matters relating to this insurance. This may include attending hearings and trials, securing and giving evidence, obtaining the attendance of witnesses, assisting in achieving settlements, and in conducting litigation, arbitration, or other proceedings.
9. **Recoveries:** In the event of any payment under this section, all recoveries, net of the Company's actual recovery costs, will be distributed firstly to the Company for all amounts paid by the Company under this section and any remainder will be paid to the Insured Person (K&R).
10. **Action against company:** No suit, action or proceeding for recovery of any loss under this section will be sustainable in any court of law, equity or other tribunal unless all requirements of this section are complied with and it is commenced within 12 consecutive months after the Insured Person (K&R) has filed a statement of loss with the Company.
11. **Changes:** Notice to any of the Company's representatives or knowledge possessed by any representative or by any person will not create a waiver or a change in any part of this section or stop the Company from asserting any right under the terms of this section, nor will the terms of this section be waived or changed, unless agreed to in writing by the Company.
12. **Notices:** Except as indicated to the contrary, all notices, applications, demands or requests provided for in this section will be in writing and will be given to or made upon either party at its address shown in the Schedule.



TABLE OF BENEFITS

INSURED EVENT	SUM INSURED
1. Death	
a) Death 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) Permanent Total Disablement 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%
3. Permanent Disability	
3.1 Permanent and Total Loss of:	
a) One Hand or one Foot	100%
b) Both Hands or both Feet	100%
3.2 Permanent and Total Loss of Sight in:	
a) Both eyes	100%
b) One eye	50%
3.3 Permanent and Total Loss of Hearing in:	
a) Both ears	100%
b) One ear	25%
3.4 Permanent and Total Loss of Speech	100%
3.5 Permanent and Incurable Insanity	100%
3.6 Permanent and Incurable Paralysis	100%
3.7 Permanent and Total Loss of four fingers and thumb on either hand	75%
3.8 Permanent and Total Loss of four fingers on either hand	70%
3.9 Permanent and Total Loss of thumb on either hand:	
a) Both joints	30%
b) One joint	15%
a) Three joints	15%
b) Two joints	10%
c) One joint	5%
3.11 Permanent and Total Loss of toes on either foot:	
a) All on one foot	30%
b) Great toe - both joints	10%
c) Great toe - one joint	5%
d) Other than great toe - each toe	5%
3.12 Fracture of leg or patella with established non-union	10%
3.13 Shortening of leg by at least 5 cm	7.50%
3.14 Sweeper Clause	



Permanent Disabilities not otherwise provided for under Insured Events 3.1 to 3.13	A percentage consistent with the above as determined by the Company
4. Temporary Disability	
a) Temporary Total Disablement as a result of an Accident	Refer to Schedule of Benefits (Subject to excess period)
b) Temporary Partial Disablement as a result of an Accident	Refer to Schedule of Benefits (Subject to excess period)
Medical Expenses Bodily Injury as a result of an Accident	Refer to Schedule of Benefits

EXTENSIONS	
Childcare	R200 per day up to a maximum of R10 000 per occurrence
Claims Preparation Costs	Actual costs not exceeding R2 000
Crime	5% of Death or Permanent Total Disablement benefit up to a maximum of R25 000 per occurrence
Emergency Transportation/Rescue	Actual costs not exceeding R25 000
Final Expenses	Actual costs not exceeding R10 000
Group Guard Assist (HIV Accidental Exposure assistance)	Refer Group Guard Assist Extension
Hospital Confinement as a result of Bodily Injury	R1 000 per day up to a maximum of 7 consecutive days
Home Convalescence	R1 000 per day up to a maximum of 7 consecutive days
Life Support Equipment	Actual costs not exceeding R70 000
Mobility R20 000	Actual costs not exceeding R20 000
Non-Scheduled Flight	50% of Death or Permanent Total Disablement Benefits, up to a maximum of R 2 500 000 per occurrence.
Permanent Disfigurement and Burns	A percentage of the Permanent Total Disablement Benefit in direct proportion to the affected area, up to a maximum of R50 000
Permanent Total Disability Up-Skill Benefit	R25,000 per year, up to maximum of R75 000 per occurrence
Recruitment Expense and/or Relocation Costs	Actual costs not exceeding R 30 000
Repatriation/Body Transportation	Actual costs not exceeding R 20 000
Retraining	Actual costs not exceeding R 50 000
Seat Belt	10% of the Insured Person's death or Permanent Total Disablement benefit up to a maximum of R50 000 per occurrence
Temporary Driver	Actual costs not exceeding R 25 000
Trauma Counseling	Actual costs not exceeding R 25 000
Unconsciousness	50% of the Hospital Confinement Benefit up to a maximum of Hospital Confinement Benefit
Workcover - Coid Fast Track	Refer Work Cover Extension
Kidnap and Wrongful Detention	Actual costs not exceeding R 250 000



SPECIFIC PROVISION IN RESPECT OF INSURED EVENTS

1. to 5. AND EXTENTIONS A) to J)

1. The Company shall not be liable to pay any Benefit in respect of an Insured Person:
 - a. for Permanent Total Disablement unless the Insured submits proof satisfactory to the Company that the disablement will in all probability continue for the remainder of the Insured Person's life;
 - b. for more than 100% of the Sum Insured when more than one Insured Event occurs arising out of the same Accident;
 - c. under more than one category for more than 100% of the Sum Insured as stated in the Table of Benefits. The benefit payable shall be the highest within the appropriate category.
2. If the Insured Person sustains Permanent Total Disablement as a result of an Accident and the claim in relation to that disability is admitted and accepted, the benefit will be paid and all cover in respect of such Insured Person shall cease.
3. Any benefit will be subject to the sliding scale in the Table of Benefits and the Schedule of Benefits as attached to this Policy.
4. The degree of Permanent Total Disablement will be determined immediately after it is established or as soon as it can reasonably be assumed that there will be no further improvement or worsening of the Insured Person's condition in consequence of the Accident, but not later than 24 months from the Date of Loss.
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, the 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 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.
7. If the Insured Person dies as a result of natural causes prior to the final disability 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 1.b) above.