



**INTERNATIONAL & DOMESTIC TRAVEL INSURANCE POLICY.**

**Underwritten by Allianz Global Corporate & Specialty SA Limited (AGCS SA).  
AGCS SA Is An Authorised Financial Services Provider FSP No: 16722.**

The Firs,  
32A Cradock Avenue  
Rose Bank, 2196

PO Box 62228,  
Marshalltown 2107

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The policy is administered by,  
**Allianz Global Assistance;**  
Eiffel Boulevard Limited Building (Eiffel 2) 1st floor,  
Umm Al Sheif,  
Sheikh Zayed Road,  
PO Box 80864,  
Dubai, UAE

We are proud to be of to be your insurer,

**Allianz Global Corporate & Specialty SA Limited**

**SUMMARY OF DOMESTIC COVER:**

| COVER                                                     | LIMIT (UP TO)     | EXCESS  |
|-----------------------------------------------------------|-------------------|---------|
| <b>SECTION 1 - TRIP CANCELLATION &amp; CURTAILMENT</b>    | Up to flight cost | R 250   |
| <b>SECTION 4 - PERSONAL BELONGINGS &amp; BAGGAGE LOSS</b> | R 10,000          | R 500   |
| - Valuables limit                                         | R 5,000           |         |
| - Single item, pair or set                                | R 2,500           |         |
| <b>SECTION 5 - SOUTH AFRICAN AIRWAYS DELAYED BAGGAGE</b>  | R 6,000           | 4 hours |
| <b>SECTION 6 - SOUTH AFRICAN AIRWAYS FLIGHT DELAY</b>     | R 6,000           |         |

Domestic Cover is applicable to South African Airways flights within South African only.

**SUMMARY OF REGIONAL COVER:**

| COVER                                                           | LIMIT (UP TO)              | EXCESS   |
|-----------------------------------------------------------------|----------------------------|----------|
| <b>SECTION 1 - TRIP CANCELLATION &amp; CURTAILMENT</b>          |                            |          |
| Trip Cancellation                                               | Up to flight cost          | R 250    |
| Trip Curtailment (Cutting Your Trip Short)                      | R 25,000                   |          |
| <b>SECTION 2 - EMERGENCY MEDICAL &amp; OTHER EXPENSES</b>       |                            |          |
| - Medical Expenses                                              | R 5,000,000                | R 250    |
| - Medical Evacuation / Repatriation                             | Included above             |          |
| - Repatriation of remains                                       | R 100,000                  |          |
| - Emergency Dental                                              | R10,000 (R 2,000 / tooth)  |          |
| - Coffin Expenses                                               | R 30,000                   |          |
| - Transport & Accommodation                                     | R 8,000 ( R 1,000 per day) | Nil      |
| - In Hospital Cash Benefit                                      | R 5,000 (R500 per day)     | 48 hours |
| <b>SECTION 3 - LOSS OF TRAVEL DOCUMENTS</b>                     |                            |          |
| - Passport                                                      | R 5,000                    | Nil      |
| - Visa                                                          | R 1,000                    | Nil      |
| <b>SECTION 4 - PERSONAL BELONGINGS &amp; BAGGAGE LOSS</b>       |                            |          |
| - Valuables limit                                               | R 10,000                   | R 250    |
| - Single item, pair or set                                      | R 10,000                   |          |
| <b>SECTION 5 - SOUTH AFRICAN AIRWAYS DELAYED BAGGAGE</b>        |                            |          |
|                                                                 | R 6,000 (R 500 / 4 hours)  | 4 hours  |
| <b>SECTION 6 - SOUTH AFRICAN AIRWAYS FLIGHT DELAY</b>           |                            |          |
|                                                                 | R 6,000 (R 500 / 4 hours)  | 4 hours  |
| <b>SECTION 7 - PERSONAL ACCIDENT (INCLUDING COMMON CARRIER)</b> |                            |          |
| - Death (including common carrier)                              | R 300,000                  | Nil      |
| - Permanent Loss of sight or limb                               | R 150,000                  |          |
| - Permanent Total disablement                                   | R 300,000                  |          |
| <b>SECTION 8 - PERSONAL LIABILITY</b>                           |                            |          |
|                                                                 | R 500,000                  | Nil      |

Regional Cover is applicable to South African Airways flights within Africa only.  
This policy does not cover claims relating to **pre-existing medical conditions**.

**SUMMARY OF INTERNATIONAL COVER:**

| COVER                                                           | LIMIT (UP TO)              | EXCESS   |
|-----------------------------------------------------------------|----------------------------|----------|
| <b>SECTION 1 - TRIP CANCELLATION &amp; CURTAILMENT</b>          |                            |          |
| Trip Cancellation                                               | Up to flight cost          | R 250    |
| Trip Curtailment (Cutting Your Trip Short)                      | R 25,000                   |          |
| <b>SECTION 2 - EMERGENCY MEDICAL &amp; OTHER EXPENSES</b>       |                            |          |
| - Medical Expenses                                              | R 10,000,000               | R 250    |
| - Medical Evacuation / Repatriation                             | Included above             |          |
| - Repatriation of remains                                       | R 100,000                  |          |
| - Emergency Dental                                              | R10,000 (R 2,000 / tooth)  |          |
| - Coffin Expenses                                               | R 30,000                   |          |
| - Transport & Accommodation                                     | R 8,000 ( R 1,000 per day) | Nil      |
| - In Hospital Cash Benefit                                      | R 5,000 (R500 per day)     | 48 hours |
| <b>SECTION 3 - LOSS OF TRAVEL DOCUMENTS</b>                     |                            |          |
| - Passport                                                      | R 5,000                    | Nil      |
| - Visa                                                          | R 1,000                    | Nil      |
| <b>SECTION 4 - PERSONAL BELONGINGS &amp; BAGGAGE LOSS</b>       |                            |          |
| - Valuables limit                                               | R 10,000                   | R 250    |
| - Single item, pair or set                                      | R 10,000                   |          |
| <b>SECTION 5 - SOUTH AFRICAN AIRWAYS DELAYED BAGGAGE</b>        |                            |          |
|                                                                 | R 6,000 (R 500 / 4 hours)  | 4 hours  |
| <b>SECTION 6 - SOUTH AFRICAN AIRWAYS FLIGHT DELAY</b>           |                            |          |
|                                                                 | R 6,000 (R 500 / 4 hours)  | 4 hours  |
| <b>SECTION 7 - PERSONAL ACCIDENT (INCLUDING COMMON CARRIER)</b> |                            |          |
| - Death (including common carrier)                              | R 300,000                  | Nil      |
| - Permanent Loss of sight or limb                               | R 150,000                  |          |
| - Permanent Total disablement                                   | R 300,000                  |          |
| <b>SECTION 8 - PERSONAL LIABILITY</b>                           |                            |          |
|                                                                 | R 500,000                  | Nil      |

International Cover is for residents of South Africa for International travel only on South African Airways. This policy does not cover claims relating to **pre-existing medical conditions**.

## CONTACT DETAILS:

### 24 HOUR EMERGENCY ASSISTANCE LINE:

In event of a Medical Emergency please contact our 24 hour Emergency Assistance on:

Tel: +27 87 195 05 81

Email: [international\\_dept@nextcarehealth.com](mailto:international_dept@nextcarehealth.com)

Our trained medical professionals are on standby to assist.

### CLAIMS DEPARTMENT:

If you need to submit a claim please contact us on:

Tel: +27 87 195 05 81

Email: [saatravel@allianz-assistance.com](mailto:saatravel@allianz-assistance.com)

### CUSTOMER SERVICE & COMPLAINTS:

For any customer service related query or complaints please contact us on:

Tel: +27 87 195 05 81

Email: [saatravel@allianz-assistance.com](mailto:saatravel@allianz-assistance.com)

Please have the policy number / name of traveller and age available.

## DEFINITION OF WORDS USED IN THE POLICY WORDING

When the following words and phrases appear in the policy document or **certificate of insurance**, they have the meanings given below. These words are highlighted by the use of bold print.

| WORD                            | DEFINITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Accident</b>                 | An unexpected event caused by something external and visible, which results in physical bodily injury, leading to total and permanent loss of sight, total and permanent loss of use of a limb or permanent disablement or death, within a year of the incident.                                                                                                                                                                                                                                                                             |
| <b>Area of cover</b>            | <ul style="list-style-type: none"> <li>• Domestic: cover with South Africa only</li> <li>• Regional: cover within Africa only</li> <li>• International: anywhere Worldwide</li> </ul>                                                                                                                                                                                                                                                                                                                                                        |
| <b>Beneficiary</b>              | Beneficiary will be the legal heirs of the <b>person insured</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Business associate</b>       | Any person in <b>your home</b> country that <b>you</b> work closely with, whose absence from work means that the director of <b>your</b> business needs <b>you</b> to cancel or cut short <b>your journey</b> .                                                                                                                                                                                                                                                                                                                              |
| <b>Certificate of insurance</b> | The document issued by the <b>insurer</b> that is used to verify the existence of <b>your</b> Travel Insurance.                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Departure point</b>          | The airport where <b>your journey</b> from <b>your home</b> country to <b>your</b> destination begins and where the final part of <b>your journey</b> back to <b>your home</b> country begins.                                                                                                                                                                                                                                                                                                                                               |
| <b>Doctor</b>                   | A legally qualified doctor holding the necessary certification in the country in which they are currently practising, other than <b>you</b> or a <b>relative</b> .                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Emergency</b>                | Medical condition resulting from <b>illness</b> or <b>accident</b> and requiring <b>emergency</b> hospital admission, and for which delay in treatment beyond the next official working day could reasonably be expected to result in significant and permanent impairment to the life, health, bodily functions and or organ of the <b>person insured</b> .                                                                                                                                                                                 |
| <b>Excess</b>                   | The deduction <b>we</b> will make from the amount otherwise payable under this policy for each <b>insured person</b> , for each section, for each claim incident. For example a couple that both have <b>personal belongings</b> stolen from their bag and both incur a medical expense during the same <b>journey</b> , will have a total of four excesses deducted. Two of these will be for the two claims under section 4 (Personal <b>Belongings and Baggage</b> and two of these will be for the two claims under section 2 (Medical). |

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| <p><b>Hazardous activity</b></p> | <p><u>The following activities are automatically covered:</u></p> <ul style="list-style-type: none"> <li>• Abseiling, archery, athletics, ballooning - hot air (organised pleasure rides only), banana boating, canoeing (up to grade 2 rivers only not white water), climbing wall, cricket, deep sea fishing, football or soccer (children's club in resort only), glacier walking, golf, high rope activities, hiking (trekking and walking), hockey (under 16's using plastic sticks), horse riding (not competitions, racing, jumping, hunting, eventing, polo or rodeo), hot air ballooning (organised pleasure rides only), ice skating or blade skating (not speed skating), kayaking (up to grade 2 rivers only, not white water), mountain biking, parascending or parasailing (over water), pony trekking, rap jumping, ringos, roller skating or roller blading (wearing pads and helmets), rowing, sail boarding or windsurfing, safari trekking in a vehicle (organised tour), safari trekking on foot (organised tour), scuba diving to 30m, sledging (pulled by dogs or horses or reindeer as a passenger), snorkelling, surfing, tug of war, volley ball, wake-boarding, water polo, water-skiing, white water rafting (up to grade 3 river), windsurfing or sail boarding, zip-trekking (including over snow), zorbing.</li> </ul> <p><u>The following activities are also covered however, cover under Section 8 - Personal liability does not apply.</u></p> <ul style="list-style-type: none"> <li>• Camel riding, catamaran sailing (if qualified), clay pigeon shooting, dinghy sailing, elephant riding, go karting, jet boating, jet skiing, paint balling (wearing eye protection), quad biking, rifle range shooting, sailing (if qualified and in territorial waters only), shooting, ski dooing, small bore target shooting, snowmobiling, yachting (if qualified in territorial waters only).</li> </ul> <p><u>There is no cover for:</u></p> <ul style="list-style-type: none"> <li>• any professional sporting activity; or</li> <li>• any kind of racing except racing on foot; or</li> <li>• any kind of manual work.</li> </ul> <p>We may be able to cover you for other activities that are not listed. Please contact us on telephone +27 87 195 0581 or email: <a href="mailto:saatravel@allianz-assistance.com">saatravel@allianz-assistance.com</a></p> |
| <p><b>Home</b></p>               | <p><b>Your</b> usual place of residence in South Africa.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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| <p><b>Indirectly related claims</b></p> | <p>An indirectly related claim means a medical problem that is more likely to happen because of another medical problem <b>you</b> already have. Sometimes these conditions can lead to the development of other conditions. For example if <b>you</b>:</p> <ul style="list-style-type: none"> <li>• suffer from asthma, chronic obstructive pulmonary disease or other lung disease, <b>you</b> are more likely to get a chest infection.</li> <li>• have high blood pressure, high cholesterol or diabetes, <b>you</b> are more likely to have a heart attack or a stroke.</li> <li>• have osteoporosis, <b>you</b> are more likely to break or fracture a bone.</li> <li>• have or have had cancer, <b>you</b> are more likely to suffer with a secondary cancer.</li> </ul>                                                                                                                                                                                                                                                                                                                     |
| <p><b>Insurer</b></p>                   | <p>Allianz Global Corporate &amp; Specialty SA Limited (AGCS SA). The Firs, 2nd Floor, 32 A Cradock Avenue, Rosebank, 2196, South Africa. FSP No: 16722.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>Illness</b></p>                   | <p>Any unexpected sickness that <b>you</b> acquire during the insured <b>journey</b> and that requires <b>you</b> to seek <b>medically necessary emergency</b> medical attention from a <b>doctor</b> or medical facility.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>Journey</b></p>                   | <p><u>For single trip cover :</u></p> <p>A trip that takes place during the <i>period of coverage</i> which begins when you leave <b>home</b> and ends when you get back <b>home</b> or to a hospital or nursing <b>home</b> in your <b>home</b> country, whichever is earlier.</p> <ul style="list-style-type: none"> <li>• you will only be covered if you are aged 80 or under at the date your policy was issued.</li> <li>• you will only be covered for domestic travel insurance within South Africa.</li> <li>• any other trip which begins after you get back is not covered.</li> <li>• a trip which is booked to last longer than 91 days is not covered.</li> <li>• a trip not including a South African Airways or South African Airways codeshare flight is not covered.</li> </ul> <p><u>For one-way trip cover:</u></p> <ul style="list-style-type: none"> <li>• you will only be covered for a period of 7 days from when you leave your <b>home</b>.</li> <li>• a trip not including a South African Airways or South African Airways codeshare flight is not covered.</li> </ul> |
| <p><b>Medically Necessary</b></p>       | <p>A service of treatment which is appropriate and consistent with diagnosis and which, in accordance with generally accepted medical standards, could not have been omitted without adversely affecting the <b>person insured's</b> condition or the quality of medical care rendered.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Pair or set</b></p>               | <p>A number of items of <b>personal belongings</b> that belong together or can be used together.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



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|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Period of insurance</b></p>               | <p><b>Your</b> policy must be purchased within 24 hours of booking <b>your</b> flight with South African Airways or South African Airways codeshare airline.</p> <p><u>For single trip cover :</u></p> <p>Cancellation cover begins from the issue date shown on <b>your certificate of insurance</b> and ends at the beginning of <b>your journey</b>. The cover for all other sections starts at the beginning of <b>your journey</b> and finishes at the end of your <b>journey</b>.</p> <p><u>For one-way trip cover:</u></p> <p>Cancellation cover begins from the issue date shown on your <b>certificate of insurance</b> and ends at the beginning of your <b>journey</b>. The cover for all other sections starts when you leave your <b>home</b> and finishes 7 days later.</p> <p><u>For single trip and one-way trip cover :</u></p> <p>All cover ends on the expiry date shown on <b>your certificate of insurance</b>, unless <b>you</b> cannot finish <b>your journey</b> as planned because of death, injury or <b>illness</b> or there is a delay to the public transport system that cannot be avoided. In these circumstances, <b>we</b> will extend cover free of charge until you can reasonably finish that <b>journey</b>.</p> |
| <p><b>Personal Belongings &amp; Baggage</b></p> | <p>Each of <b>your</b> suitcases, trunks and similar containers (including their contents) and articles worn or carried by <b>you</b> (including <b>your valuables</b>).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>Pre-Existing Medical Conditions</b></p>   | <p>A pre-existing condition means:</p> <ul style="list-style-type: none"> <li>• An ongoing medical or dental treatment or dental condition which you are aware or related complication you have, or the symptoms of which you are aware</li> <li>• A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist and chiropractor) prior to policy issuance.</li> <li>• Any conditions for which you take prescribed medicine or see a medical specialist.</li> <li>• Any condition for which you have had surgery.</li> </ul> <p><b>Note: Your condition is not pre-existing if it arose after policy issuance.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Relative</b></p>                          | <p><b>Your</b> mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, partner (including common law and civil partnerships) or fiancé(e).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>Resident</b></p>                          | <p>A person who has their main <b>home</b> in South Africa and has not spent more than six consecutive months abroad during the year before the policy was issued.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>Travelling companion</b></p>              | <p>Any person that has booked to travel with <b>you</b> on <b>your journey</b>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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| <b>Valuables</b>                 | Jewellery, watches, items made of or containing precious metals or semi/precious stones, furs, binoculars, telescopes, computer games, any kind of photographic equipment (camera, camcorder) , audio, video, computer, television, fax and phone equipment (including mobile phones), MP3 players, tablets, laptops, PDAs, electronic games, TVs and CDs, mini discs, DVDs, cartridges, video and audio tapes. |
| <b>We, our, us</b>               | Allianz Global Corporate & Specialty SA Limited (AGCS SA) and Allianz Global Assistance which administers the insurance on behalf of the <b>insurer</b> .                                                                                                                                                                                                                                                       |
| <b>You, your, insured person</b> | Each person shown on the <b>certificate of insurance</b> , for whom the appropriate premium has been paid.                                                                                                                                                                                                                                                                                                      |

## 24-HOUR EMERGENCY MEDICAL ASSISTANCE

Please tell **us** immediately about any serious **illness** or **accident** abroad where **you** have to go into hospital or **you** may have to return **home** early or extend **your** stay because of any **illness** or **accident**. If **you** are unable to do this because the condition is life, limb, sight or organ threatening, **you** should contact **us** as soon as **you** can. **You** must also tell **us** if **your** medical expenses are over **R 2,500**. If **you** are claiming for a minor **illness** or **accident** **you** should, where possible, pay the costs and reclaim the money from **us** when **you** return. **You** can call 24 hours a day 365 days a year or email.

Phone: **+27 87 195 0581**

Email: [saatravel@allianz-assistance.com](mailto:saatravel@allianz-assistance.com)

Please give **us** **your** age and **your** policy number. Say that **you** are insured with AGCS South Africa travel insurance. Below are some of the ways the 24-hour **emergency** medical assistance service can help.

## CONFIRMATION OF PAYMENT

**We** will guarantee refund of **your** medical fees to **you**, providing **you** have a valid claim.

## REPATRIATION/ EVACUATION

If **our** medical advisers think it would be in **your** medical interests to bring **you** back to **your home** or to a hospital or nursing **home** in **your home** country, **you** will normally be transferred by regular airline or road ambulance. Where **medically necessary** in very serious or urgent cases, **we** will use an air ambulance. **We** will consult the treating **doctor** and **our** medical advisers first. If **you** need to go **home** early, the treating **doctor** must provide a certificate confirming that **you** are fit to travel. Without this the airline can refuse to carry any sick or injured person.

**You** can contact **us** at any time day or night. **You** will be answered by one of **our** experienced assistance co-ordinators who **you** will give all relevant information to. Please make sure **you** have details of **your** policy before **you** phone if possible.

## **IMPORTANT INFORMATION**

**Your certificate of insurance** shows the sections of the policy **you** have chosen, the people who are covered and any special terms or conditions that may apply.

## **LEVEL OF MEDICAL COVER PROVIDED**

This is not a private medical insurance policy and only gives cover for **emergency** medical treatment in the event of **accident** or **unexpected illness** occurring during **your journey**.

**Your** policy does not cover everything. **You** must read this policy carefully to make sure it provides the cover **you** need. If there is anything **you** do not understand **you** should call **us** on telephone **+27 87 195 0581** or email **us** on [saatravel@allianz-assistance.com](mailto:saatravel@allianz-assistance.com). **You** may also write to **us** at Allianz Global Assistance, PO Box 80864, Dubai, UAE

## **THE INSURER**

**Your** policy is underwritten by Allianz Global Corporate & Specialty SA Limited (AGCS SA) FSP No: 16722, The Firs, 2nd Floor, 32 A Cradock Avenue, Rosebank, 2196, South Africa.

## **POLICY ADMINISTRATION**

Allianz Global Assistance, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road. P.O Box 80864, Dubai, UAE.

## **HOW YOUR POLICY WORKS**

**Your** policy and **certificate of insurance** is an agreement between **you** and **us**. **We** will pay for any valid claim **you** make which is covered by this policy and happens during the **period of insurance**.

Unless specifically mentioned, the benefits and exclusions within each section apply to each **person insured**. **Your** policy does not cover all possible events and expenses.

Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of bold print throughout the policy document.

## **TELLING US ABOUT RELEVANT FACTS**

At the time of taking out this insurance **you** must tell **us** about anything that may affect **your** cover, for example:

- the health of a close **relative** who is not travelling with **you**, but whose health may affect **your journey** or a **travelling companion** (see under the heading 'Health declaration and health exclusions' of this policy); or
- **your** redundancy.

If **you** are not sure whether something is relevant, **you** must tell **us** anyway. **You** should keep a record of any extra information **you** give **us**. If **you** do not tell **us** about something that may be relevant, **your** cover may be refused and **we** may not cover any related claims.

## **CANCELLATION RIGHTS**

If this cover is not suitable for **you** and **you** wish to cancel **you** must contact **us** on **+27 87 195 0581** or email **us** on [saatravel@allianz-assistance.com](mailto:saatravel@allianz-assistance.com) or **you** may write to **us** AGCS South Africa C/O Allianz Global Assistance, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road, PO. Box 80864, Dubai UAE, before the date of departure or maximum 30 days after the purchase date of **your** insurance as stated on the **certificate of insurance**. **We** will not refund any premium if **you** have already travelled or claimed.

## **POLICY EXCESS**

Under some sections of **your** policy, **you** will have to pay an **excess**. This means that **you** will be responsible for paying the first part of the claim for each **insured person**, for each section, for each claim incident. The amount **you** have to pay is the **excess**.

## **DATA PROTECTION**

When **you** buy travel insurance from **us**, **you** give **us** consent to share information about **you**. **We** only do so in line with the Allianz Group Standard for Data Protection and Privacy which is available upon request. **We** use **your** information for the following purposes:

- To manage **your** policy;
- To improve services to **you** and other customers through research and analysis of **your** information;
- To protect **our** interests;
- To prevent and detect fraud, money laundering and other crimes;
- To meet **our** obligations to any regulatory authority.

By applying for travel insurance with **us** and at any time during and after the **period of insurance**, **you** agree that **we** have the right to share personal information about **you** with any legitimate sources. **You** warrant that **you** have received permission from every insured traveller that **we** may share their personal information.

**We** undertake to only share **your** personal information with legitimate sources for the purposes of this insurance contract examples of such being other insurers, financial institutions, medical institutions and crime bureaus. This may involve transferring information to other countries (some of which may have limited or no data protection laws). **We** will, in accordance with the Allianz Group Standard for Data Protection and Privacy, ensure **your** information is held securely.

## **GOVERNING LAW**

This policy will be in English. The policy will be governed by the law of the country of issuance as stated in the **certificate of insurance**.

## **THIRD PARTY RIGHTS**

This policy is intended solely for the benefit of **you** and **us**. Unless otherwise specifically provided, nothing in this policy shall be constructed to create any duty to, or standard of care with reference to, or any liability to, any person or entity not a party to this policy.

## HEALTH DECLARATION AND HEALTH EXCLUSIONS

### EXCLUSIONS RELATING TO YOUR HEALTH:

1. **You** will not be covered for any directly or **indirectly related claims** arising from the following if at the time of taking out this policy or booking **your journey** (whichever is later), **you**:
  - a) are being prescribed regular medication;
  - b) have received treatment for or had a consultation with a **doctor** or hospital specialist for any medical condition in the past 6 months;
  - c) are being referred to, treated by or under the care of a **doctor** or a hospital specialist;
  - d) are awaiting treatment or the results of any tests or investigations;

If **we** are unable to cover a medical condition, this will mean that any other **insured person** by **us** will not be able to make a claim arising from the medical condition(s). This may even apply if the person with the medical condition(s) purchases cover from another provider.

2. **You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your journey**.
3. **You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**.
4. **You** will not be covered for any directly or indirectly related claim if, before **your journey**, a **doctor** diagnosed that **you** have a terminal condition.
5. **You** will not be covered if **you** were waiting for medical treatment or consultation at any medical facility or were under investigation for a medical condition when **your** policy was issued.
6. **You** will not be covered if **you** are traveling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.
7. **You** will not be covered for any claims related to artificial insemination or any sterility treatment and contraception expenses.
8. **You** will not be covered for any claim related to sexually transmitted diseases.
9. **You** will not be covered for thermal cure expenses, heliotherapy, physiotherapy, and aesthetic treatment.
10. **You** will not be covered for prosthesis expenses, equipment, implant as well as optical expenses, not used for intraoperative conditions.
11. **You** are not covered for any vaccination expenses.
12. **You** will not be covered for any scientifically and medically non-recognized care or treatments.
13. **You** will not be covered for any treatment or care administered by a family member.
14. **You** are not covered for epilepsy or convulsions, from which you suffer, as well as any medical event which diagnosis, symptoms or causes are of psychic, psychological or psychiatric nature.
15. **You** are not covered for cost related to tests and treatment of Obesity, weight reduction and nutrition related illnesses.

### EXCLUSIONS RELATING TO THE HEALTH OF SOMEONE NOT INSURED ON THIS POLICY, BUT WHOSE HEALTH MAY AFFECT YOUR DECISION WHETHER TO TAKE OR CONTINUE WITH YOUR JOURNEY

**You** will not be covered for any directly or **indirectly related claims** arising from the health of a **travelling companion**, someone **you** were going to stay with, a close **relative** or a **business associate** if at the time **your** policy was issued:

- **you** were aware they have been receiving medical treatment or consultation at any medical facility for a medical condition in the last 12 months;
- **you** were aware they have been awaiting medical treatment or consultation at any medical facility or have been under investigation for a medical condition;
- **you** were aware that a **doctor** had diagnosed them as having a terminal condition, or that their medical condition was likely to get worse in the next 12 months.

## GENERAL EXCLUSIONS:

The following exclusions apply to the whole of **your** policy:

**We** will not cover **you** for any claim arising from, or consisting of, the following:

1. A relevant fact that **you** knew about before **you** travelled, unless **we** agreed to it in writing.
2. War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'etat, weapons of mass destruction.
3. Any act of **Terrorism**.
4. Any epidemic or pandemic.
5. **You** not following any suggestions or recommendations made by any government or other official authority including the Ministry of External Affairs during the **period of insurance**.
6. **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
7. Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
8. Any currency exchange rate changes.
9. The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under the **Emergency** medical and associated expenses and Personal accident sections).
10. **You** were acting in an illegal or malicious way.
11. The effect of **your** alcohol, solvent or drug dependency or long term abuse.
12. **You** being under the influence of solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug addiction).
13. **You** not enjoying **your journey** or not wanting to travel.
14. Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.
15. Claims relating to pregnancy or childbirth, abortion and all their consequences or complications and not limited to voluntary interruption of pregnancy, delivery, and miscarriage, where the pregnancy is more than 24 weeks at the beginning of **your journey**.
16. **We** shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit under this policy to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America and/or any other applicable national economic or trade sanction law or regulations.
17. Notwithstanding anything to the contrary contained in this policy, **we** will not provide policy benefits directly to any provider of a health service.

## CONDITIONS:

The following conditions apply to the whole of **your** policy. Please read these carefully as **we** can only pay **your** claim if **you** meet these:

1. **You** are a **resident** of South Africa.
2. **You** take reasonable care to protect yourself and **your** property against **accident**, injury, loss and damage and act as if **you** are not covered by this policy and to minimise any potential claim.
3. **You** have a valid **certificate of insurance**.
4. **You** accept that **we** will not extend the **period of insurance** if the original policy plus any extensions have either ended, been in force for longer than 365 days or **you** know **you** will be making a claim.
5. **You** contact **us** as soon as possible, but within 30 days of **your** return **home**, with full details of anything that may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' for more information.
6. **You** accept that no alterations to the terms and conditions of the policy apply, unless **we** confirm them in writing to **you**.
7. **You** are not aged 81 or over at the date **your** policy was issued.

## WE HAVE THE RIGHT TO DO THE FOLLOWING:

1. Cancel the policy if **you** do not tell **us** about a relevant fact or if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not.
2. Cancel the policy and make no payment if **you**, or anyone acting for **you**, make a claim under this policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give any false declaration, deliberate mis-statement or fail to provide any relevant facts when applying for this insurance or supporting **your** claim. **We** may in these instances report the matter to the police.
3. Only cover **you** for the whole of **your journey** and not issue a policy if **you** have started **your journey**.
4. Take over and deal with, in **your** name, any claim **you** make under this policy.
5. Take **legal action** in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any, which will help **us** to recover any payment **we** have made under this policy.
6. With **your** or **your** Personal Representative's permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim. This could include a request for **you** to be medically examined or for a post mortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organisation without **your** specific agreement.
7. Send **you home** at any time during **your journey** if you are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
8. Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** and our medical advisers.
9. Not refund or transfer **your** premium if **you** decide to cancel the policy.
10. Not to pay any claim on this policy (except under the Personal accident section) for any amounts covered by another insurance or by anyone or anywhere else, for example any amounts **you** can get back from private health insurance, any reciprocal health agreements, transport or accommodation provider, **home** contents insurer or any other claim amount recovered by **you**. In these circumstances **we** will only pay **our** share of the claim.
11. If **you** cancel or cut short **your journey** all cover provided on **your** policy will be cancelled without refunding **your** premium.
12. Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this policy.

## MAKING A CLAIM

### TO CLAIM:

Phone **+27 87 195 0581** and ask for a claim form or email **us** on [saatrael@allianz-assistance.com](mailto:saatrael@allianz-assistance.com), **you** may also write to **us** at AGCS South Africa C/O Allianz Global Assistance, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road, PO. Box 80864, Dubai – UAE.

**You** should fill in the form and send it to **us** within 30 days of **your** return **home** with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**.

**You** will need to obtain some information about **your** claim while **you** are away. Below is a list of the documents **we** will need in order to deal with **your** claim.

## FOR ALL CLAIMS

### WE REQUIRE:

- a) Your original **journey** booking invoice(s) and travel documents showing the dates and times of travel.
- b) Original receipts and accounts for all out-of-pocket expenses **you** have to pay.
- c) Original bills or invoices **you** are asked to pay.
- d) Details of any other insurance **you** may have that may cover the same loss, such as household or private medical.
- e) As much evidence as possible to support your claim.

## CANCELLATION OR CURTAILMENT (CUTTING SHORT YOUR TRIP):

If **you** need to cut short **your journey** call **+27 87 195 0581** or email [saatravel@allianz-assistance.com](mailto:saatravel@allianz-assistance.com) immediately to get **our** prior agreement. **We** will require:

- a) Original cancellation invoice(s) detailing all cancellation charges incurred.
- b) For claims relating to **illness** or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- c) If **your** claim results from any other circumstances, please provide evidence of these circumstances.

## MEDICAL EXPENSES

Always contact **our** 24-hour **emergency** medical service **+27 87 195 0581** when **you** are hospitalised, require repatriation or where medical fees are likely to exceed **R 2,500**. **We** will require:

- a) Medical evidence from the treating **doctor** to confirm the **illness** or injury and treatment given including hospital admission and discharge dates, if this applies.
- b) If **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

## IF YOUR PASSPORT IS LOST, STOLEN OR DESTROYED

- a) Written confirmation from the Consulate where the loss happened detailing the date of loss, notification of loss and replacement together with a written report from the police.

## PERSONAL BELONGINGS AND BAGGAGE

- a) Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- b) If appropriate, **you** should also report the theft, damage or loss to **your** courier or hotel / apartment manager and ask for a written report.
- c) Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **personal belongings and baggage**.
- d) Keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the item will then belong to **us**.

Obtain an estimate for repair for all damaged items

## FOR SOUTH AFRICAN AIRWAYS LOSS, DAMAGE AND DELAYED BAGGAGE

- a) Please obtain a Property Irregularity Report (PIR) from South African Airways or South African Airways codeshare airline or from the rail company, shipping line or their handling agent. This should be done within 7 days of the delay / loss / damage. **You** have 21 days to write to the airline confirming details of essential replacement items purchased.

## SOUTH AFRICAN AIRWAYS DELAYED DEPARTURE

- b) Written confirmation from South African Airways or South African Airways codeshare airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed



## PERSONAL ACCIDENT

- a) Detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).
- b) Medical evidence from the treating **doctor** to confirm the extent of the injury and treatment given, including hospital admission / discharge.
- c) Full details of any witnesses, providing written statements where available.
- d) A certified copy of the death certificate if this applies.

## PERSONAL LIABILITY

- a) A detailed account of the circumstances surrounding the claim, including photographs and video evidence (if this applies).
- b) Any writ, summons or other correspondence received from any third party. Please note that **you** should not admit liability, offer to make any payment or correspond with any third party without **our** written consent.
- c) Full details of any witnesses, providing written statements where available.

## MAKING A COMPLAINT

**We** aim to provide **you** with a first class policy and service. However, there may be times when **you** feel **we** have not done so. If this is the case, please tell **us** about it so that **we** can do **our** best to solve the problem. If **you** make a complaint **your** legal rights will not be affected.

In the first instance, please contact:

### **Customer Services Manager**

Email: [saatravel@allianz-assistance.com](mailto:saatravel@allianz-assistance.com)

Telephone: +27 87 195 0581

Or write to us:

### **Allianz Global Corporate & Specialty South Africa Limited**

P.O. Box 62228,  
Marshalltown,  
2107

Please supply **us** with **your** name, address, policy number and claim number where applicable and enclose copies of relevant correspondence as this will help **us** to deal with **your** complaint, in the shortest possible time.

If **we** are unable to resolve any dissatisfaction **you** are entitled to refer any dispute to the Short-term insurance Ombudsman who will review **your** case. This will not affect **your** right to take **legal action** against **us**. The contact details are:

### **The Short-Term Insurance Ombudsman**

P.O.Box 32334  
Braamfontein  
2017

Phone: +27 (11) 726 8900

Fax: +27 (11) 726 5501

## CANCELLATION OR CUTTING SHORT YOUR TRIP - SECTION 1

If **you** think **you** may have to cut **your journey** short (curtail), **we** must be told immediately - see under the heading '24-hour **emergency** medical assistance' for more information.

### WHAT YOU ARE COVERED FOR

**We** will pay up to the amount shown in **your** summary of cover for **your** part of unused South African Airways or South African Airways codeshare airline flight ticket costs which have been paid or where there is a contract to pay that cannot be recovered from anywhere else.

**We** will provide this cover in the following necessary and unavoidable circumstances:

### CANCELLATION

If **you** cancel **your journey** before it begins because one of the following happens:

- a) The death, serious injury or serious **illness** of **you**, someone **you** were going to stay with, a **travelling companion**, or a **relative** or **business associate** of **you** or a **travelling companion**.
- b) **You** or a **travelling companion** is needed by the police following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their **home** or usual place of business in **your home** country.

### CURTAILMENT (CUTTING SHORT YOUR TRIP)

**You** cut **your journey** short (curtail) after it has begun because of one of the following:

- a) Anything mentioned in cancellation.
- b) **You** are injured or ill and are in hospital for the rest of **your journey**.

If **you** need to be repatriated, **we** will not refund the cost of **your** unused return travel tickets. **We** will put the value of these tickets towards the extra transport costs **we** have to pay.

If South African Airways is responsible for cancelling **your** flight, they will be responsible for refunding the cost of **your** flight tickets.

### WHAT YOU ARE NOT COVERED FOR

#### UNDER CANCELLATION AND CURTAILMENT (CUTTING SHORT YOUR TRIP)

An **excess** of the amount shown in **your** summary of cover. Any condition stated under Health declaration and health exclusions. More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, air miles, loyalty card points, redeemable vouchers or another similar scheme.

#### ANYTHING CAUSED BY:

- a) **you** not having the correct passport or visa;
- b) **your** carriers' refusal to allow **you** to travel for whatever reason;
- c) any restriction caused by the law of any country or people enforcing these laws;
- d) bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you**;
- e) anything the company providing **your** transport or accommodation, their agents, any person acting for **you** or **your** conference organiser is responsible for;
- f) **your** vehicle being stolen or breaking down;
- g) **you** not wanting to travel or not enjoying **your journey**;
- h) riot, civil commotion, strike or lock-out;

- i) **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- j) **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- k) the death of any pet or animal;
- l) the withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

## UNDER CANCELLATION

- a) Any extra cancellation charges, because **you** did not tell the company providing **your** transport or accommodation, their agents or any person acting for **you**, as soon as **you** knew **you** had to cancel.
- b) Financial circumstances or unemployment, except caused by **redundancy** which **you** find out about after the date **your** policy or travel tickets for **your journey** were bought (whichever is the later).

## UNDER CURTAILMENT (CUTTING YOUR TRIP SHORT)

- a) Cutting short **your journey** unless **we** have agreed.
- b) Any costs when **you** do not get a medical certificate (from the **doctor** who treated **you** in the place where **you** were staying) which says it was necessary for **you** to come **home** because of death, injury or illness. **Our** medical advisers must have agreed with the reason and that **you** were fit to travel.
- c) The cost of **your** original pre-booked tickets if **you** have not used them and **we** have paid extra transport costs.
- d) **You** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **insured persons** are wearing crash helmets.
- e) Anything caused by **you** taking part in a **hazardous activity** unless shown on **your certificate of insurance**.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## EMERGENCY MEDICAL AND OTHER EXPENSES - SECTION 2

If **you** are taken into hospital or you think **you** may have to come **home** early or extend **your journey** because of **illness** or **accident**, or if **your** medical expenses are over R 2,500 **we** must be told immediately - see under the heading '24-hour **emergency** medical assistance' for more information.

## WHAT YOU ARE COVERED FOR

**We** will pay **you** or **your beneficiary** directly for the following necessary and unforeseen **emergency** expenses if **you** die, are injured, have an **accident** or are taken ill during **your journey**.

Up to the amount shown in **your** summary of cover for reasonable fees or charges **you** incur for:

## TREATMENT

- a) Medical, surgical, medication costs, hospital, nursing **home** or nursing services outside **your home** country.

## EVACUATION / REPATRIATION

- a) Expenses for **your** return **home** or **your** transportation to the nearest medical facility or the most suitable to provide the required care for **your** health condition. **You** may be accompanied by a medical professional if deemed **medically necessary** by **us**.

## DENTAL

- a) Up to the amount shown in **your** summary of cover for **emergency** dental treatment to relieve sudden pain.

## REPATRIATION OF REMAINS

- a) Up to the amount shown in **your** summary of cover for the cost of transporting the body of the **person insured** to their **home**.

## COFFIN EXPENSES

- a) Up to the amount shown in **your** summary of cover for **your** coffin expenses, in the place where **you** die outside **your home** country.

## TRANSPORT AND ACCOMMODATION

- a) Reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from **your home** country on medical advice. This includes **your** repatriation to **your home** country if **medically necessary**.

## HOSPITAL CASH

- a) **We** will pay you R 500 a day for each day **you** are hospitalized for over a continuous 48 hour period while **you** are overseas. However, no matter how long **you** stay in hospital, **we** will pay for all claims combined under this section up to limit mentioned in the table of benefits for **your** plan selected.

## WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover. The cost of replacing any medication **you** were using when **you** began **your journey**. Any condition stated under Health declaration and health exclusions. Extra transport and accommodation costs which are of a higher standard to those already used on **your journey**, unless **we** agree.

## ANYTHING CAUSED BY:

- a) **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- b) **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- c) **you** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **insured persons** are wearing crash helmets;
- d) **You** are taking part in any **hazardous activity** unless shown on **your certificate of insurance**.
- e) Any costs incurred 12 months after the date of **your** death, injury or illness.
- f) Any costs for taxi fares.
- g) Telephone calls (including mobile calls) resulting from an incident claimed for under this section.
- h) Services or treatments **you** receive within **your home** country.
- i) Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your home country**.
- j) Medical costs over R 2,500, in-patient treatment or repatriation costs which **we** have not authorised.
- k) The extra costs of having a single or private room in a hospital or nursing **home**.
- l) The cost of all treatment which is not directly related to the **illness** or injury that caused the claim.
- m) **Your** burial or cremation within **your home** country.
- n) Replacing or repairing false teeth or artificial teeth (such as crowns).
- o) Dental work involving the use of precious metals.

## UNDER HOSPITAL CASH:

- a) **We** will not pay for the first 48 hours of **your** hospitalization
- b) If you cannot claim for **emergency** medical expenses in Section 2

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## LOSS OF TRAVEL DOCUMENTS - SECTION 3

### WHAT YOU ARE COVERED FOR

**We** will pay for the following travel documents if they are lost, stolen or destroyed on **your journey**.

#### PASSPORT

- a) Costs for issuing a temporary passport up to the amount shown in **your** summary of cover for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary passport to enable **you** to return to **your home** country.

#### VISAS

- a) Costs for issuing a temporary visa up to the amount shown in **your** summary of cover for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary visa to enable **you** to return to **your home** country

### WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## PERSONAL BELONGINGS & BAGGAGE LOSS - SECTION 4

### WHAT YOU ARE COVERED FOR:

Up to the amount shown in **your** summary of cover for **your personal belongings and baggage** damaged, stolen, lost or destroyed on **your journey**.

The most **we** will pay for **valuables** whether jointly owned or not is shown the amount shown in **your** summary of cover. There is also a single article, **pair or set** limit shown in **your** summary of cover.

It will be **our** decision to pay either:

- a) the cost of repairing **your** items;
- b) to replace **your** belongings with equivalent items; or
- c) the cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

### WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover. More than the part of the **pair or set** that is stolen, lost or destroyed. More than R 500 for tobacco, alcohol, fragrances and perfumes.

Breakage of or damage to:

- a) sports equipment while it is being used, fragile articles, audio, video, computer, television, fax and phone equipment.

Loss or damage due to the climate, wear and tear, loss in value, process of cleaning, moths or vermin. The cost of replacing or repairing false teeth. A claim for more than one mobile phone per **insured person**.

Loss or theft of, or damage to, the following:

- b) Items for which **you** are unable to provide a receipt or other proof of purchase
- c) Films, tapes, cassettes, computer games, electronic games, mini-discs, DVDs, video and audio tapes, cartridges or discs, unless they were pre-recorded, in which case **we** will pay up to the replacement cost.
- d) Goods which deteriorate, bottles or cartons, and any damage caused by these items or their contents.
- e) **Valuables** left in a motor vehicle.
- f) **Valuables** carried in suitcases, trunks or similar containers unless they are on **your** person all the time.
- g) **Valuables** unless they are on **your** person or locked in a safe or safety deposit box (if one is available) or locked in the accommodation you are using on **your journey**.
- h) More than one mobile phone.
- i) Contact or corneal lenses, unless following fire or theft.
- j) Bonds, share certificates, guarantees or documents of any kind.
- k) **Personal belongings and baggage** unless they are on **your** person, locked in the accommodation **you** are using on **your journey** or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle (no cover for **valuables**).
- l) Passport (see Section 3)
- m) Personal money

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## **SOUTH AFRICAN AIRWAYS BAGGAGE DELAY - SECTION 5**

### **WHAT YOU ARE COVERED FOR:**

Up to the amount shown in **your** summary of cover in total for essential replacement items, if **your personal belongings and baggage** (this does not include **valuables**) are temporarily lost or stolen on **your** outward **journey** for more than 4 hours from when **you** arrived at **your** destination.

**You** must send **us** the receipts for anything that **you** buy. If the items are permanently lost, **we** will take any amount that **you** are due to be paid under this section from the final claim settlement under the **Personal Belongings and Baggage Loss** section – 4.

### **WHAT YOU ARE NOT COVERED FOR**

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## **SOUTH AFRICAN AIRWAYS TRIP DELAY - SECTION 6**

### **WHAT YOU ARE COVERED FOR:**

Compensation of the amount shown in **your** summary of cover if the South African Airways or South African Airways codeshare flight **you** are booked on is delayed at its **departure point** by more than 4 hours from the time shown in **your** travel itinerary (plans) because of:

- a) a serious fire, storm or flood damage to the **departure point**;
- b) industrial action;
- c) bad weather;
- d) mechanical breakdown of the international train or sea vessel or
- e) the grounding of the aircraft due to a mechanical or a structural defect.

### **WHAT YOU ARE NOT COVERED FOR:**

- a) Anything which is caused by **you** not checking in at the **departure point** when **you** should have done.
- b) Missed connections.

- c) Compensation unless **you** get a letter from the South African Airways or South African Airways codeshare airline giving the reason for the delay and showing the scheduled departure time and the actual departure time of the flight.
- d) Any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later).
- e) The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## **PERSONAL ACCIDENT - SECTION 7**

### **WHAT YOU ARE COVERED FOR:**

**We** will pay **you** or **your beneficiary** one of the following amounts for an **accident** during **your journey**.

#### **DEATH (INCLUDING COMMON CARRIER)**

- a) The amount shown in **your** summary of cover for death. (**We** will not pay more than R 30,000 if **you** are aged 18 or under at the time of the **accident**.)

#### **PERMANENT LOSS OF SIGHT OF LIMB**

- a) The amount shown in **your** summary of cover for total and permanent loss of sight in one or both eyes or total and permanent loss of use of one or both hands or feet.

#### **PHYSICAL DISABLEMENT**

- a) The amount shown in **your** summary of cover for a permanent physical disability as a result of which there is no paid work which **you** are able to do. (**We** will not pay any compensation if **you** are aged 18 or under or aged 65 or over at the time of the **accident**.)

Death benefit payments will be made to **your beneficiary**.

### **WHAT YOU ARE NOT COVERED FOR:**

Any condition stated under Health declaration and health exclusions. Any claim arising more than one year after the original **accident**. Anything caused by:

- a) **your** sickness, disease or gradually occurring conditions, physical or mental condition that is gradually getting worse unless shown on **your certificate of insurance**;
- b) **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- c) **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- d) **you** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **insured persons** are wearing crash helmets;
- e) **you** taking part in any **hazardous activity** unless shown on **your certificate of insurance**.

**We** will not pay more than one of the benefits resulting from the same injury.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.



## PERSONAL LIABILITY - SECTION 8

### WHAT YOU ARE COVERED FOR:

**We** will **pay** up to the amount shown in **your** summary of cover plus any other costs **we** agree to in writing that relate to anything **you** cause during **your journey** for which **you** are legally liable and results in one of the following:

- a) Bodily injury of any person.
- b) Loss of or damage to property which **you** do not own and **you** or a **relative** have not hired, loaned or borrowed.
- c) Loss of or damage to the accommodation **you** are using on **your journey** that does not belong to **you** or a **relative**.

Inform **us** as soon as **you** or **your beneficiary** is aware of a possible prosecution, inquest or fatal injury, which might lead to a claim under this section.

Please do not negotiate, pay, settle, admit or deny any liability to any third party, without **our** written consent.

### WHAT YOU ARE NOT COVERED FOR:

Any liability for bodily injury or loss of or damage to property that comes under any of the following categories:

- a) Something which is suffered by anyone employed by **you** or a **relative** and is caused by the work they are employed to do.
- b) Something which is caused by something **you** deliberately did or did not do.
- c) Something which is caused by **your** employment or employment of a **relative**.
- d) Something which is caused by **you** using any firearm or weapon.
- e) Something which is caused by any animal **you** own, look after or control.
- f) Something which **you** agree to take responsibility for which **you** would not otherwise have been responsible for.

Any claim incident occurring in **your home** country. Any contractual liabilities. Any liability for bodily injury suffered by **you**, a **relative** or **travelling companion**.

Compensation or other costs caused by accidents arising from **your** ownership or possession of any of the following:

- a) The use of any land or building except for the accommodation **you** are using on **your journey**.
- b) Motorised or mechanical vehicles and any trailers attached to them.
- c) Aircraft, motorised watercraft or sailing vessels.

If **you** are hiring a motorised or mechanical vehicle while on **your journey** **you** must make sure that **you** get the necessary insurance from the hire company. **We** do not cover this under **our** policy.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

**DISCLOSURE NOTICE**

Full Name: **Allianz Global Corporate & Specialty South Africa Limited (“AGCS”)**  
 FSP Number: **16722**  
 Physical address: **The Firs, 2<sup>nd</sup> Floor, Office 202, 32A Cradock Avenue, Rosebank, 2196**  
 Postal Address: **PO Box 62228, Marshalltown, 2107**  
 Telephone: **+2711 214 7900**  
 Fax: **+2711 447 1777**  
 E-mail: **info@allianz.com**

AGCS has Professional Indemnity insurance cover

AGCS complies with the Conflict of Interest legislation. A conflict of interest management policy as well as gift register is available upon request.

Moonstone Compliance (Pty) Ltd is AGCS’ Compliance Officer and is represented by:

Bronwen Allan  
 25 Quantum Street, Technopark, Stellenbosch  
 Fax: **+2721 883 8005**  
 Tel: **+2721 883 8000**  
 E-mail address: **ballan@moonstonecompliance.co.za**  
 Website: [www.moonstone.co.za](http://www.moonstone.co.za)

**Claims Procedure**

On the happening of any emergency event, which may result in a claim under the policy, please contact us on immediately on +27 87 195 058.

For all non-emergency related claims you may email us on [saatravel@allianz-assistance.com](mailto:saatravel@allianz-assistance.com). All relevant details pertaining to Claims on your policy document is contained within this policy wording.

Complaints to be addressed to:

Name: **Kristin Van Niekerk**  
 Telephone: **+2711 214 7951**  
 Fax: **+2711 447 1777**  
 e-mail Address : [kristin.vanniekerk@allianz.com](mailto:kristin.vanniekerk@allianz.com)

A complaints resolution process can be requested from our office on the above-mentioned contact details.

**The Office of the Ombud for Financial Services Provider to be contacted on:**

Sussex Office Park, Ground Floor, Block B  
 473 Lynnwood Road Corner Lynnwood Road & Sussex Ave, Lynnwood, 0081  
 Telephone: **+27 12 762 5000 / +27 12 470 9080**  
 Facsimile: **+27 86 764 1422 / +27 12 348 3447**  
 E-mail Address: [info@faisombud.co.za](mailto:info@faisombud.co.za)  
 Website: [www.faisombud.co.za](http://www.faisombud.co.za)

**Ombudsman for Short Term Insurance**

Sunnyside Office Park, 5th Floor, Building D, 32 Princess of Wales Terrace, Parktown  
 P O Box 32334 Braamfontein, 2017  
 Telephone: **+27 011 726-8900**  
 Facsimile: **+27 011 726-5501**  
 Sharecall: **0860 726 890**  
 E-mail Address: [info@osti.co.za](mailto:info@osti.co.za)

AGCS has been licensed to provide advice and intermediary services in terms of the following categories:

| 1. | Category I                             | Advice | Intermediary Service |
|----|----------------------------------------|--------|----------------------|
|    | Short-term Insurance: Commercial Lines | X      | X                    |
|    | Short-term Insurance: Personal Lines   | X      | X                    |