



# Travel Insurance Policy Wording

Underwritten by The Hollard Insurance Company Limited (Reg. No. 1952/003004/06),  
a Licensed Non-Life Insurer and an authorised Financial Services Provider.

HOLLARD TRAVEL INSURANCE

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# Important Information

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and when to contact us.

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## IMPORTANT INFORMATION

### 1. Cancel the policy

- 1.1. The **insured company** may cancel the policy with **us** in writing:
  - 1.1.1. **We** hope **you** are happy with the cover this policy provides. However, if after reading it, this insurance does not meet with **your** requirements, **you** must notify the **insured company** in writing if **you** wish to cancel **your** policy. **You** must give the **insured company** proof that **you** did not obtain a visa using **our** policy, for example: a copy of other insurance, a letter from the Embassy or **your** cancelled reservation.
- 1.2. **We** may cancel the policy:
  - 1.2.2. **We** may **cancel** the policy when **we** give the **insured company** 30 days written notice.
- 1.3. Premium refund:
  - 1.3.3. Premiums will be refunded in full when:
    - 1.3.3.1. **we** receive the request for cancellation before the policy schedule issue date, or
    - 1.3.3.2. when **we** cancel the policy before **your** date of departure listed on **your** policy schedule
  - 1.3.4. **We** will deduct a 25% fee for administrative costs when **you** cancel before the date of departure on **your** policy schedule
  - 1.3.5. **We** will not refund any premium if:
    - 1.3.5.1. **you** cancel after the date of departure on **your** policy schedule
    - 1.3.5.2. **you** obtained a visa using our policy
    - 1.3.5.3. **you** have a claim against this policy

### 2. Complaints

Alternative disputes mechanisms are detailed in the master policy document issued to the **insured company**. If **we** do not accept **your** claim or if **you** do not agree with the amount of the claim, the **insured company** may ask **us** to review **our** decision. The **insured company** must send **us** a written request to review **our** decision within 90 days of the date that **you** receive **our** claims letter or follow the steps to dispute a claim as listed in the master policy.

### 3. Financial loss

Except for the Personal Accident section, **we** will not pay **you** more than the actual financial loss **you** suffered.

### 4. Information you or the insured company give us

The information **you** give **us** will be stored on databases and shared with other parties in the insurance industry in order to gather industry statistics and combat fraudulent claims. **We** can access the information even after **your** policy with **us** ends.

- 4.1. **You** acknowledge that the sharing of information for underwriting and claims purposes is in the public interest, as it will enable insurers to underwrite policies and assess risks fairly and reduce the incidence of fraudulent claims with a view to limiting premiums.
- 4.2. **You** hereby waive any right to privacy with regard to any underwriting and claims information (on **your** behalf and on behalf of anyone **you** represent herein), in respect of any insurance policy or claims made or lodged by **you**, or on **your** behalf.

## IMPORTANT INFORMATION

4.3. **You** consent to such information being stored in the shared database and **we** may use the information as set out above.

4.3.1. **You** also consent that **we** may disclose such information to any insurer or its agent.

4.3.2. **You** further consent that **we** may verify any underwriting information against legally recognised sources or databases.

4.3.3. **You** agree that this consent clause will survive the termination for whatever reason of the policy, including its cancellation or lapsing.

## 5. Interest

**We** do not pay interest unless ordered to do so by a court of law in **your home country**.

## 6. Insurable interest

Only **you** have rights under this policy. **You** can only claim for expenses paid by **you**.

## 7. Legal

7.1. The policy is a legal contract between the **insured company** and **us**. This policy document provides **you** with the terms, conditions and exclusions of the insurance cover.

7.2. This policy is subject to **South African** law.

## 8. Not a medical aid

The intention of cover is to stabilise and repatriate **you**. This policy is not a medical aid, and does not provide cover for treatment in **your home country** after repatriation. For example, if you fall and break your leg while skiing in the USA and it needs further operations and physio therapy **you** must return to your home country immediately for further treatment. This policy does not cover any of the costs incurred in **your home country**.

## 9. More than one policy underwritten by us

If **you** have more than one policy with **us**, **we** shall never pay more than the **limit** of whichever policy has the highest **limit** of cover. Example, if one section in terms of this policy covers **overseas medical expenses** up to 250,000 and the second policy with us covers overseas medical expenses up to 250,000 the maximum **we** will pay is 250,000.

## 10. Policy documents

12.1. The policy wording explains the benefits, conditions, exclusions and claims requirements.

12.2. The policy schedule (which forms part of the policy contract) shows **your** personal details, the **excess** amount, the benefits **you** chose, and the sum insured. Each product contains different levels of cover. **You** must check **your** schedule to see if a benefit applies to **you**.

12.3. **You** must read the policy wording, the schedule and any endorsement as one document. All the headings that **you** see are merely to help **you** find information quickly. **You** must not take them to affect the interpretation of the policy. **You** must read all the sections in **your** policy document and ensure that **you** understand **your** cover and responsibilities. **You** must contact **us** if **you** have any questions.

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12.4. Should there be any conflict between the contents of the policy wording and the contents of the schedule, **we** will give the schedule precedence.

### **13. Third party claims**

**We** may finalise the claim by paying **you** up to the **limit**, or an amount for which the third party claim may be settled. This will release **us** from any further liability for the claim.

# Who qualifies for the cover?

Five things **you** must know about  
**our** travel insurance policies.

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## WHO QUALIFIES FOR THE COVER

### 1. Age limits

We do not pay claims for the benefit of anyone outside the age limit, even if the claim is a valid one.

- 1.1. **You** must be younger than the age of 66 years on the date of loss.
- 1.2. **We** will void the policy and refund the premium if **you** exceed the age limit.

### 2. Return to home country

Before **you** leave **your home country**, **you** must have booked a reservation with a confirmed departure date from **your home country** and a confirmed departure date back to **your home country**. If a return ticket was not booked, you must provide us with a copy of your visa to confirm the dates of your programme. The cost to repatriate **you** will be for **your** own account if **you** did not travel on a return ticket.

### 3. Where we will cover you

- 3.1. **We** do not cover claims for travel within the borders of **your home country**.
- 3.2. **We** do not cover **you** when **you** travel to the high risk countries listed below:
  - 3.2.1. Afghanistan, Burkina Faso, Central African Republic, Egypt (the area of North Sinai), Eritrea, Guinea, Guinea – Bissau, Haiti, Iraq, Iran (within 100km of the entire Iran/Afghanistan border, Iran within 10km of the entire Iran/Iraq border and the province of Sistan-Baluchistan, the area east of the line running from Bam to Jask, including Bam), Liberia, Libya, Mali, Niger, North Korea, Sierra Leone, Somalia, Syria and within 10km's of the border to Syria in any other country, South Sudan, Venezuela, Yemen.
  - 3.2.2. Any country where the government has announced a state of emergency with the exception of emergencies relating to medical pandemics or emergencies.
  - 3.2.3. Any country where the United Nations Armed Forces are present and active.

### 4. When cover starts

- 4.1. **Your** cover (and this policy) starts when **you** pass through passport control from **your home country**.

### 5. When cover ends

- 5.1. **Your** cover (and this policy) ends on the earliest of the following dates::
  - 5.1.1. 00:01 on the date you reach the maximum age limit
  - 5.1.2. 00:01 on the termination / return date on your policy certificate
  - 5.1.3. On the date we arrange an available flight/transport for repatriation back to your home country, if you refuse to be repatriated.
- 5.2. We will extend your policy automatically if you have an overseas medical claim approved by us whilst on your trip before your policy end date.



# Key words to understand

We show words that have special meanings in **bold**. We define the words in the next pages to assist you in understanding your policy.

## HOLLARD TRAVEL INSURANCE

### 1. Chronic medical condition

- 1.1. Permanent or long-term medical conditions, for example: Alzheimer's, stroke or a terminal disease
- 1.2. When you visit a medical practitioner periodically for treatment, or you are prescribed medication over an extended period of time, for example: diabetes, epilepsy, or asthma.

### 2. Civil unrest

Fighting between different groups of people living in the same country or nearby the borders of that country.

### 3. Close relative

Limited to the below relatives who reside in **your home country**. **Your:**

- 3.1. Legal spouse
- 3.2. parent, parent-in-law, step-parent or legal guardian
- 3.3. biological **child**, legally fostered **child**, legally adopted **child**, **stepchild**, **grandchild** or daughter/son-in-law
- 3.4. biological or step sister/brother
- 3.5. grandparents

### 4. Connecting flight / connecting cruise

A flight/cruise that requires the passengers to change from one plane or cruise to another at an intermediate point (called connecting point) on way to their destination with a connecting time of less than 12 hours.

### 5. Dental

Emergency pain-stilling treatment to teeth. This cover does not include capped teeth or dentures or existing conditions related to your teeth such as cracks.

### 6. Eligible expenses

Expenses approved by **us** for the below:

- 6.1. Doctor's fees, surgery, x-rays, **inpatient** treatment, prescription medication, the once-off cost of **your** taxi to the nearest suitable hospital or the cost of an ambulance to the nearest suitable hospital when **you** are admitted as an inpatient.
- 6.2. One test per **trip** for a virus contracted whilst on **your trip** when **your** test result is positive.

### 7. Emergency assistance provider

Refers to a company authorised by Hollard to provide **you** with assistance whilst **you** are on **your trip**.

### 8. Evacuation

- 8.1. **Medical evacuation:** **we** arrange either an ambulance or a commercial flight from the place where **you** are injured or sick (during a **trip**) to the nearest appropriate hospital.

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### 9. Excess (Deductible)

The amount you have to pay first before you can claim under any section of this policy, per person, per benefit.

### 10. Home / Home Country

Means **your** country of permanent residence.

### 11. Infectious or contagious disease

Means any disease transmitted from an infected person, animal or species to another person, animal or species by any means when the World Health Organisation (WHO) declares the outbreak a Public Health Emergency of International Concern (PHEIC).

### 12. Illness

An illness or disease that a **medical practitioner** diagnosed whilst on **your trip** and that meets all of the following criteria:

12.1. There is a present severe or acute symptom requiring immediate care. The failure to obtain such care could reasonably result in serious deterioration of **your** condition or place **your** life in jeopardy

### 13. Injury

A sudden **injury** because of violent, external and **accidental** means that happened at an identifiable place and time whilst on **your trip**.

### 14. Inpatient

Hospital admission by a doctor (including day care) where **you** receive treatment, accommodation and food and spend at least 24 consecutive hours.

### 15. Insured event / benefit

An **insured event** is a single incident, or series of incidents directly related to the same cause, that is listed in this policy and results in a claim. **We** do not cover claims for any event **we** do not list in this policy.

### 16. Insured company

Alliance Abroad South Africa (PTY) LTD.

### 17. Life threatening medical condition

Medical emergency where there is a possibility that **you** may die if not treated immediately, for example:

- a serious allergic reaction that appears quickly and may cause death
- broken bone/s
- high risk burn wounds, for example burns to **your** face, hands or feet
- diving accidents or drowning
- heat stroke with a temperature higher than 39 degrees Celsius
- diabetic coma or insulin shock

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- low body temperature (below 35 degrees Celsius)
- joint dislocation
- poisoning
- choking
- convulsions, seizures or loss of consciousness
- heavy, uncontrollable bleeding that **you** cannot stop
- Deep knife wounds or gunshot wounds
- (Signs of) a heart attack (i.e. chest pain lasting longer than two minutes)
- (Signs of) a stroke (loss of vision, sudden numbness, weakness, slurred speech)

### 18. Limit

The maximum amount that **we** will pay per insured person, per benefit for a **loss**. The **limits** for all benefits are **set** out in the schedule.

### 19. Loss of limb

Loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

### 20. Loss of sight

Total and irrecoverable **loss of sight** in one or both eye(s).

### 21. Manual work

Unskilled, semi-skilled or skilled physical labour other than in a purely managerial/supervisory, sales or administrative capacity.

### 22. Medical declaration

Medical information that **you** must declare to **us** on **our** document if **you** want to be covered for any claims related to **your pre-existing medical condition/s**. **You** will not be covered for any claim relating to **your pre-existing medical condition** until **we** have confirmed in writing that **we** agree to provide cover.

### 23. Medical practitioner

A legally licensed member of the medical profession, recognised by the law of the country where **you** are treated and who, in rendering such treatment is practising within the scope of his/her licence and training. This person cannot be a **close relative** of either yourself or **your** travel companion.

### 24. Military coup

A coup organized and carried out by members of armed forces.

### 25. Outpatient

Emergency department services, **urgent care** or **outpatient** services when a doctor has not written an order to admit **you** to a hospital as an **inpatient**.

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### 26. Period of insurance

The period shown on **your** schedule, subject to the policy start date and policy end date.

### 27. Political unrest

Widespread protests against a government

### 28. Pre-existing medical condition

- 28.1. **You** received a diagnosis of a terminal illness or disease
- 28.2. Medical conditions relating to your heart, hypertension, blood clots, raised cholesterol, stroke and aneurysm that existed any time prior to the date you purchased your policy.
- 28.3. **Serious and/or chronic medical conditions** that existed 6 months or less before the date **you** purchased **your** policy, for which:
  - 28.3.1. **you** have been prescribed medication when **you** still have symptoms after **you** used the medication
  - 28.3.2. **you** consulted a medical doctor or specialist but **you** still have symptoms after the consultation
  - 28.3.3. **you** received surgery
  - 28.3.4. **you** have symptoms for which **you** are awaiting results of tests or investigations where the underlying cause has not been identified or *you* need a follow-up visit with a medical doctor.
  - 28.3.5. **you** are on the waiting list for medical treatment

### 29. Pre-existing medical conditions – approved

This policy automatically covers **eligible expenses** for **inpatient** treatment authorised by **us** when **you** are admitted for more than 48 hours for the below pre-existing medical conditions:

- 29.1. Allergies: **You** follow **your medical practitioner's** advice (carry EpiPen/s, antihistamines/other preventative medication at all times) and **you** have no other known or underlying respiratory conditions or diseases, for example, Asthma.
- 29.2. Asthma: **you** are younger than 55 years, have no other known or underlying respiratory conditions (including Sleep Apnoea), have not required cortisone medication, except taken by inhaler or puffer and have not required hospitalisation for Asthma in the last two years, including as an **outpatient**.
- 29.3. Bells' palsy
- 29.4. Benign Positional Vertigo: **you** have not required hospitalisation or **outpatient** treatment for this condition in the last two years.
- 29.5. Carpal Tunnel Syndrome: **you** have not had surgery for this condition in the last three months and have no surgery planned.
- 29.6. Coeliac Disease: **you** have not required hospitalisation or **outpatient** treatment for this condition in the last two years.
- 29.7. Congenital blindness or congenital deafness
- 29.8. Diabetes Mellitus (Types I and II): **you** are younger than 55 years, have been diagnosed more than twelve months ago, haven't had any complications in the last six months, have no eye, kidney, nerve, vascular or cardiovascular/coronary heart disease and have a blood sugar level reading between 4 and 12 or a HbA1C score of 9% or less.
- 29.9. Epilepsy: no underlying medical conditions (for example, previous head trauma, stroke), not changed **your** medication regime for Epilepsy in the last 12 months and not required hospitalisation or **outpatient** treatment for epilepsy in the last two years.

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- 29.10. Folate deficiency
- 29.11. Gastric Reflux: does not relate to another underlying diagnosis (examples: hernia or gastric ulcer).
- 29.12. Hiatus Hernia: **you** have not had surgery for Hiatus Hernia in the last twelve months and have no surgery planned.
- 29.13. Hypercholesterolemia/Hyperlipidaemia (High Cholesterol / High Lipids): provided **you** have no cardiovascular/coronary heart disease and/or diabetes
- 29.14. Hypertension (high blood pressure): Provided **you** have no cardiovascular/coronary heart disease and/or diabetes and **your** current blood pressure reading is lower than 165/95.
- 29.15. Hyperthyroidism (overactive thyroid) / Hypothyroidism (underactive thyroid): **you** do not have a tumour as the underlying cause.
- 29.16. Impaired Glucose Tolerance: **you** are younger than 55 years, have been diagnosed more than twelve months ago, haven't had any complications in the last six months, have no eye, kidney, nerve, vascular or cardiovascular/coronary heart disease and have a blood sugar level reading between 4 and 12 or a HbA1C score of 9% or less.
- 29.17. Incontinence: **You** have no underlying gastrointestinal or urinary condition.
- 29.18. Insulin Resistance: no known cardiovascular/coronary heart disease and not required hospitalisation or **outpatient** treatment for Insulin Resistance in the last two years.
- 29.19. Iron Deficiency
- 29.20. Migraine: **You** have not required hospitalisation or **outpatient** treatment for migraines in the two years prior to buying **your** policy.
- 29.21. Osteoporosis/ Osteopenia: haven't had any fractures, don't require more than one medication for this condition and have no other conditions involving the neck or back
- 29.22. Pernicious Anaemia
- 29.23. Raynaud's Disease: **you** have not required treatment by a **medical practitioner** for Raynaud's Disease in the last six months.
- 29.24. Sleep Apnoea: have no other known or underlying respiratory conditions (including Asthma) and have not required hospitalisation or **outpatient** treatment for Sleep Apnoea in the last two years.

## 30. Quarantine

A **medical practitioner** gives a letter to restrict **your** movement after **you** test positive, or when **you** were in close contact with a person infected with an **infectious or contagious disease**, virus or communicable disease.

## 31. Repatriation

**Your** return to **your** home country.

## 32. Serious medical condition

A medical condition that falls into one of the following categories:

- 32.1. Inpatient care
- 32.2. You are unable to perform regular daily activities, such as going to school or work for more than three consecutive days, when you require treatment from a medical practitioner.
- 32.3. **Chronic medical conditions**
- 32.4. Permanent or long term conditions
- 32.5. Conditions requiring multiple treatments

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### 33. Snow sports – approved

Participating in snow sports on a leisure basis (excluding professional participation, working as an instructor or having to ski to/from **your** place of work/residence):

- 33.1. Snow skiing and snowboarding on-piste within the resort boundaries on groomed runs patrolled or monitored by resort authorities.
- 33.2. Using a snowmobile/skidoo when provided by the recognised piste authority on a guided tour with a licensed tour operator.
- 33.3. Husky sledge driving (exclude endurance and racing)
- 33.4. Ice skating (indoor and outdoor rinks / exclude racing)
- 33.5. Tobogganing (exclude racing and competition)

### 34. Sporting activities – approved

When **you** participate on a non-professional basis in the listed **sports** below:

- 34.1. Abseiling
- 34.2. Acrobatics
- 34.3. Aerobics
- 34.4. American football
- 34.5. Athletics
- 34.6. Archery
- 34.7. Badminton
- 34.8. Banana boat rides
- 34.9. Baseball
- 34.10. Basketball
- 34.11. BMX cycling (exclude racing and competition)
- 34.12. Blackwater rafting
- 34.13. Boating, sailing
- 34.14. Bowling (lawn & ten pin)
- 34.15. Boxing (training, no contact)
- 34.16. Bungee jumping less than 30 meters when **you** use a body harness as a back-up
- 34.17. Camel riding for a day or if **you** are on a camel trek
- 34.18. Canoeing (inland or 10km coastal waters **limit**)
- 34.19. Canyon swing less than 30 meters when **you** use a body harness as a back-up
- 34.20. Clay pigeon shooting
- 34.21. Cricket
- 34.22. Curling
- 34.23. Cycling (must wear a helmet; exclude racing and competition)
- 34.24. Dancing (ballroom, salsa, Capoeira, ballet, contemporary, jazz, hip hop)
- 34.25. Dirt boarding
- 34.26. Dragon boating
- 34.27. Dune buggy
- 34.28. Elephant riding for an hour, a day or overnight
- 34.29. Fencing

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- 34.30. Fishing (deep sea, angling, fly fishing, on a river, boat, or standing in a lake: exclude ice fishing or commercial fishing)
- 34.31. Fly by wire
- 34.32. Football
- 34.33. Go karting (recreational)
- 34.34. Golf
- 34.35. Gym - including weights, Pilates, aqua aerobics, yoga
- 34.36. Gymnastics
- 34.37. Handball
- 34.38. Hiking (under 6,000 meters altitude / organised tours / clearly marked routes. Exclude solo treks, mountaineering, search and helicopter rescue)
- 34.39. High diving (less than 10 meters)
- 34.40. Hockey (field or indoor / exclude ice hockey)
- 34.41. Horse riding (leisure, on a tour with a licenced tour operator, non-competitive / exclude polo, hunting and jumping)
- 34.42. Hot air ballooning (exclude racing and competition)
- 34.43. Jet boating
- 34.44. Jet skiing (exclude competitions)
- 34.45. Jogging
- 34.46. Kayaking - white water, sea, river, lake
- 34.47. Kite boarding
- 34.48. Kite surfing (exclude racing, competition and surfing during a storm)
- 34.49. Land surfing
- 34.50. Marathons
- 34.51. Martial arts training (exclude contact and competitions)
- 34.52. Moped, scooter (Valid driver's licence for operating this class of vehicle required; must be wearing a helmet)
- 34.53. Motor experience as a passenger only (excluding racing)
- 34.54. Motorcycle riding / touring: independent or an organised tour (Valid driver's licence for operating this class of vehicle required / must be wearing a helmet / exclude off-road, racing and competition)
- 34.55. Mountain biking (must wear a helmet; exclude racing and competition)
- 34.56. Mountaineering or hiking: not using ropes, at an altitude less than 4,000 meters as part of an organised group on a marked route.
- 34.57. Netball
- 34.58. Paint ball
- 34.59. Quad biking (not exceeding 250 cc / exclude racing and competition)
- 34.60. Racquetball
- 34.61. Roller skating
- 34.62. Roller blading/inline skating
- 34.63. Rowing/sculling, surf boat rowing (inland or 10km coastal waters **limit**)
- 34.64. Rugby school level participation only
- 34.65. Running or jogging, including half-marathon or less, marathon and ultra-marathon distances
- 34.66. Safari tours (exclude hunting/guns)
- 34.67. Sail boarding/wind surfing



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- 34.68. Sailing
- 34.69. Sandboarding/sandskiing
- 34.70. Scuba diving (when an open water diving licence is held and diving with a buddy diver, or diving with a licensed instructor / maximum depth 30m)
- 34.71. Shark cage diving
- 34.72. Segway tours
- 34.73. Skateboarding (exclude competitions)
- 34.74. Snorkelling
- 34.75. Soccer
- 34.76. Softball
- 34.77. Speed boating (as a passenger on a licensed **carrier**)
- 34.78. Squash
- 34.79. Stand-up paddle surfing/paddle boarding
- 34.80. Surfing (exclude competition)
- 34.81. Swimming
- 34.82. Tennis
- 34.83. Tuk Tuk as a passenger (excludes Tuk Tuk racing)
- 34.84. Volleyball
- 34.85. Wakeboarding (exclude competition)
- 34.86. Wall climbing (artificial / Proper harness wear and usage / exclude racing and competition)
- 34.87. Water polo
- 34.88. Water skiing (exclude competition)
- 34.89. White water rafting (grades 1 to 4)
- 34.90. Windsurfing (exclude competition)
- 34.91. Yachting (inside territorial waters / exclude racing and competition and being a member of the crew)
- 34.92. Yoga
- 34.93. Zip line
- 34.94. Zorbing (exclude racing and competition)

## 35. Terrorism or Terrorist attack

- 35.1. An act of force or violence against the civilian population committed for political, religious, ideological or ethnic purposes.
- 35.2. The country where the act took place must certify the act or acts as an act of **terrorism**.

## 36. Trip

When travelling in a direct and uninterrupted manner on an international journey outside the borders of **your home country**.

## 37. United States of America: Preferred Provider Organisation (PPO)

- 37.1. This policy provides cover within a PPO network in the U.S.A. If **you** receive treatment at a provider in **our** PPO network, **we** will pay authorised expenses directly to the provider.

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37.2. **You** must call **our** emergency number listed on **your** policy schedule for details of the nearest PPO provider when **you** are in the U.S.A.

37.3. **We** do not pay for expenses or treatment **you** received from a provider that is not within **our** PPO network.

## 38. United States of America: Urgent care centre

**Urgent care** centres in the U.S.A. are different from emergency rooms. **You** must visit an urgent care centre when **you** require treatment for an **illness** or **injury** that does not appear to be **life threatening**, but also cannot wait until the next day, for example:

- Flu or Cold, Fever, Headaches, and Chills
- Sprains
- Allergic reactions
- Minor burns
- Dehydration
- Earache, Headaches
- Sprains and strains
- Urinary tract infections
- Diagnostic services **limited** to X-rays and laboratory tests
- Eye irritation and redness
- Vomiting, diarrhoea or dehydration
- Severe sore throat or cough

## 39. We, our or us

The Hollard Insurance Company (Hollard) is the underwriter of this policy. Hollard is a registered short-term insurer and an authorised financial services provider.

## 40. You/Your

Each person declared by the **insured company** to **us** and named on the schedule, who qualifies for the cover.

# The rules of cover

If **you** do not follow them **we** may refuse to pay **you** out for a claim, **we** may **cancel your** policy or reduce the amount **we** pay **you**.

1.	Authorise expenses	20
2.	Buy your policy timeously	20
3.	Claim form and supporting documents	20
4.	Court judgement	21
5.	Death	21
6.	Declare medical information	21
7.	Do not admit liability	21
8.	Flight ticket	21
9.	Information	21
10.	Legal	22
11.	Other insurance	22
12.	Pay back costs	22
13.	Pay your premiums on time	22
14.	Proof of payment or ownership	22
15.	Police report	22
16.	Sign a release	22

## THE RULES OF COVER

### 1. Authorise expenses

- 1.1. **You** must call **us** on the emergency number provided on your policy schedule:
  - 1.1.1. before **you** receive treatment if you are conscious and do not require **life-threatening medical** treatment, or
  - 1.1.2. before **you** are admitted into a hospital, or
  - 1.1.3. immediately when **your** condition has been stabilised in the emergency department, before **you** are admitted as an **inpatient**.
  - 1.1.4. in the event of treatment for a **life-threatening medical** emergency, **you** must call **us** within 24 hours of the initial treatment unless **you** are unconscious. If **you** are conscious but cannot call because of your condition, someone else (family member, travel companion, sponsor or employer) must call **us** on **your** behalf immediately when they know about your treatment.
- 1.2. **We** will give authorisation of treatment for a specific procedure and/or a number of days when **we** have confirmed the medical necessity of the treatment you require. We base our decision upon the accuracy and completeness of information **we** receive at the time of contact.
- 1.3. **You** must call us immediately if **your** condition changes or additional days of inpatient treatment is required.
- 1.4. **We** reserve the right to dispute or challenge any authorisation **we** have given if **we** receive new information that changes our decision.
- 1.5. Authorisation is not a guarantee of payment. The fact that **we** give authorisation does not guarantee payment or the availability of treatment. Authorisation remains subject to the terms, conditions and exclusions listed in this policy.
- 1.6. **You** must tell the medical practitioner or hospital that this policy requires authorisation from **us** and **you** must ask them to cooperate with us fully.
- 1.7. If **you** do not follow our instructions or treatment is not authorised **we** will limit **your** claim or not pay **your** claim at all.

### 2. Buy your policy timeously

- 2.1. **You** must buy **your** travel insurance before **you** depart from **your home country**, and the cover must be from **your** date of departure from **your home country**.

### 3. Claim form and supporting documents

- 3.1. **You** must send **us** the completed claim form and all the supporting documentation within 30 days of **your** date of return to **your home country**. **We** do not pay for the cost to obtain supporting documentation such as a medical report, airline letter, death certificate or a police report.
- 3.2. **You** must give **us** a medical report from the treating doctor when **you** contact **us** for authorization or when **you** submit **your** claim where no authorization was obtained with the following information:
  - 3.2.1. hospital admission and discharge reports
  - 3.2.2. diagnosis
  - 3.2.3. date of first consultation
  - 3.2.4. treatment provided
  - 3.2.5. cause of medical problem
  - 3.2.6. medical reason if **You** are unfit to fly

## THE RULES OF COVER

- 3.2.7. 6 months medical history for claim relating to **illness**
- 3.3. **You** must give **us** a doctor's letter to confirm **you** must place yourself in quarantine due to **your** exposure to a virus whilst on **your trip**.
- 3.4. **Your** flight itinerary must show the isolated city as a destination. **You** must give **us** a letter from the authorities confirming **you** may not leave the city.
- 3.5. **You** must provide **us** with the receipts, itemised invoice and proof of **payment** for all expenses claimed.
- 3.6. **You** must give **us** the following supporting documents:
  - 3.6.1. **Your** airline tickets that were booked for **your** return to **your home country**
  - 3.6.2. **You** must give **us** written confirmation of the accident from the official body in the country where the accident happened.

## 4. Court judgement

**You** must give **us** any court judgement demanding payment within 48 hours of receipt.

## 5. Death

**We** must receive notice of death within 48 hours of issuance.

## 6. Declare medical information

- 6.1. **You** must declare all **your** pre-existing medical conditions to **us** before **we** will cover **you** for any benefit related to **your** pre-existing medical condition. Upon receipt of **your** declaration, **we** will confirm in writing whether **we** agree to provide cover or not. Please contact **us** via e-mail [travelinsurance@hollard.co.za](mailto:travelinsurance@hollard.co.za) to declare **your** medical conditions.
- 6.2. **You** must declare **your** pregnancy to **us** immediately.

## 7. Do not admit liability

**You** must not admit liability, make misleading promises to anyone or offer to pay anyone without **our** written approval.

## 8. Flight ticket

**You** must send **us** proof of your reservation to **your home country** immediately when **you** notify **us** of a possible claim. **We** have the right to use **your** return ticket when **we** agree to repatriate **you** to **your home country**.

## 9. Information

- 9.1. **We** base **our** decision to insure **you** on the information **you** give to **us**. **You** must make sure that all the information **you** give **us** about yourself and **your trip** is accurate and complete.
- 9.2. **You** must tell **us** immediately in writing of any material changes that may increase the risk of loss. Material information is information that affects **our** decision to insure **you**. **We** will send **you** a written endorsement if **we** agree to cover the change/s.
- 9.3. **You** must be honest and act in good faith in relation to this policy. Examples of fraudulent or dishonest behaviour are:

## THE RULES OF COVER

- 9.3.1. providing false information when **you** submit a claim or when **you** purchase a policy
- 9.3.2. making a claim that **you** know to be false, fraudulent or exaggerated
- 9.3.3. not telling **us** that **you** are also claiming from another insurance company for the same event or loss
- 9.4. If any of this information is incomplete or incorrect:
  - 9.4.1. **you** will lose **your** right to claim, and/or
  - 9.4.2. **we** may **cancel your** policy from the date that **you** gave **us** incorrect information, and **you** may lose **your** right to claim as well as the premium paid, and/or
  - 9.4.3. **we** may apply special conditions, for example a reduced sum insured or a higher **excess**.

## 10. Legal

**You** must help **us** if **we** decide to start legal proceedings against any person or company responsible for the loss. **We** may take legal action against another person or company in **your** name.

## 11. Other insurance

**You** must tell **us** if you have any other insurance.

## 12. Pay back costs

**You** must pay back costs not covered by this policy to **us** within 30 days of the date **we** paid the cost.

## 13. Pay your premiums on time

**We** must receive the premium before or on the policy start date or there will be no cover in place.

## 14. Proof of payment or ownership

14.1. **You** must give **us** evidence of amounts **you** paid, for example: **your** bank statement.

## 15. Police report

**You** must inform the police immediately, but no later than 24 hours after an accident and give **us** a copy of the police report.

## 16. Sign a release

**You** must sign a release and provide **us** with evidence of **your** bank details before **we** pay **you**.

# General Exclusions

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## GENERAL EXCLUSIONS

### 1. After 12 months

We do not cover any medical expenses **you** have to pay for after 12 months of the date of loss, or the first treatment date, for example: if received medical treatment on 1 January 2020 and no claim is paid out by 1 January 2021 the claim will lapse and the claim will be time barred.

### 2. Age limit

We do not cover any claims where **you** have reached the age **limit** on the date of loss.

### 3. Alcohol and drugs

We do not pay any claim caused directly or indirectly by:

- 3.1. Excessive alcohol consumption where **you** exceed either a breath alcohol content of 0.24mg per 1,000ml, or a blood alcohol **limit** of 0.05g per 100ml, or the limits in **your** state at the time **you** are admitted to a hospital, or
- 3.2. The use of drugs or narcotics unless they were prescribed to **you** by a **medical practitioner**, and they were taken as per a medical prescription, or
- 3.3. Alcohol abuse, alcoholism, substance abuse, solvent abuse, drug abuse or addictive conditions of any kind.

### 4. Authorisation not obtained

- 4.1. Medical: **We** do not pay for any costs over the sum insured because of a non-**life threatening** medical condition when **we** did not authorise the treatment before **you** received it, or **you** did not contact **us** after **you** have been stabilised in the emergency department.
- 4.2. **We** do not pay for the cost of additional flights or accommodation not booked by **us**.

### 5. Consequential loss

This policy is a “listed perils” policy. **We** do not pay any claims when the cause of the claim is not listed under the “What is covered” section. For example, **we** do not pay for the following consequential losses (these are just example and not the only reasons for non-payment):

- 5.1. cost of a taxi (other than **your** first **trip** to the hospital)
- 5.2. search and/rescue costs from a mountain or remote area
- 5.3. telephone calls or faxes
- 5.4. food and drinks
- 5.5. Interpreters’ fees
- 5.6. Inconvenience or lack of enjoyment
- 5.7. loss of earnings
- 5.8. any additional travel or accommodation costs (unless booked by **us**)
- 5.9. any costs incurred for **your** self-isolation or **quarantine**
- 5.10. the costs of tests/medical reports required for **your** flight **home**

### 6. Criminal act

**We** do not cover any claims related to **your** own illegal or criminal act.



## GENERAL EXCLUSIONS

### 7. Delay in services received

The policy does not cover any loss, medical complication or death arising from the provision of, or any delay in providing the services to which this policy relates, whether provided by **us** or by anybody else.

### 8. Emigration

**You** do not qualify for any cover when **you** travel with the intention to emigrate.

### 9. Employment

**We** do not pay claims when **you** get an **illness** or **injury** that is work-related. You must refer to the worker's compensation applicable to **your** state. An **injury** or **illness** will be considered work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing condition. Work environment is defined as the establishment and other locations where one or more employees are working or are present as a condition of their employment.

Below is a list of examples of claims we will not pay, however this exclusion is not limited to the examples below:

- 9.1. **manual work** involving hands-on involvement with the installation, assembly, maintenance or **repair** of electrical, mechanical or hydraulic plant, (other than in a purely managerial/supervisory, sales or administrative capacity)
- 9.2. the undertaking of any trade of plumber, electrician, lighting or sound technician, carpenter, painter/decorator or builder, or manual labour of any kind (other than in the catering industry)
- 9.3. when **you** work as crew on any flight or any sea vessel
- 9.4. When **you** are not travelling as a fare paying passenger
- 9.5. When **you** are injured while working (ski instructor, lift operator, working in a kitchen or any other work)
  - 9.5.1. If **you** are **injured** while working, or fall **ill** due to **your** work, **you** must report this to **your** employer immediately so that they can claim from workers compensation for **you**.
- 9.6. working with explosives
- 9.7. performing work in any police force, military force, militia or paramilitary organisation
- 9.8. underground mining and tunnelling
- 9.9. the manufacture of ammunition and the refining of petroleum, and
- 9.10. professional sportsmen or women, for example ski instructors and motor racing drivers

### 10. Factors beyond our control

The medical standards, sanitary conditions, reliability of telephone systems and facilities for urgent **Medical evacuations** differ from country to country. **We** do not accept responsibility for any loss, medical complication or death resulting from any factor reasonably beyond **our** control.

### 11. Fit-to-travel

**You** are not covered when:

- 11.1. **You** travel against the advice of a medical doctor
- 11.2. **You** travel to the USA to obtain medical treatment

## GENERAL EXCLUSIONS

11.3. Receive treatment for symptoms that started before **your trip** for which **you** are awaiting a consultation or results of tests and/or **you** have not confirmed the underlying cause.

## 12. Flights and accommodation

We do not pay for the below:

- 12.1. the cost of additional or new flights and accommodation unless it listed under “What we pay”, for example: **we** do not pay for the cost of new flights if **you** cannot return to **your home country** on the booked date except when **we** have authorised **your** inpatient treatment and **we** arranged a medical repatriation flight to **your home country**.
- 12.2. Unused flights and/or accommodation when **we** pay to bring **you** back to **your home country**

## 13. Further/ongoing treatment or consultations

We do not pay for any further treatment or consultations after **you** have been stabilised. For example: **you** receive treatment as an inpatient and upon **your** discharge the doctor recommends ongoing physical therapy. **You** must return to **your home country** for any further treatment.

## 14. Infectious or contagious disease

We do not cover claims in any way caused by or resulting from an **infectious or contagious disease** when a **medical practitioner** diagnosed **you** after the WHO declared it a PHEIC.

- 14.1. This exclusion will continue to apply until the WHO cancels or withdraws any relevant PHEIC.
- 14.2. This exclusion does not apply to claims related to Covid19 when you have declared your medical conditions to us and we have agreed in writing to provide cover.

## 15. Medical

We do not cover any claim relating to:

- 15.1. Cancer or any terminal illness (whether pre-existing or not, including but not limited to diagnostic tests)
- 15.2. Specialist tests: This policy does not cover magnetic resonance imaging (MRI), computerised axial tomography CAT scans, sonograms, biopsies, cardiac catheterisation or any cardiac procedures, or surgeries of any kind unless **we** have approved these in advance or unless performed on a life-saving basis.
- 15.3. Sexually transmitted diseases
- 15.4. Treatment or surgery for cosmetic purposes
- 15.5. Routine optical and/or dental treatment, for example – an eye test
- 15.6. Myalgia, which is the medical term for general muscle pain
- 15.7. **Your** suicide, attempted suicide, intentional self-**injury**, anxiety, mental disturbance or disorders, insanity, psychiatric, psychological, emotional or nervous conditions
- 15.8. Medical conditions that are not **life threatening** and can be treated in an **Urgent Care**, but cannot wait until **your** return **home**
- 15.9. Treatment received in a **private clinic or private hospital** that has not been authorised by **us** before **you** received treatment, and where there is no alternative facility within a 100-kilometre radius
- 15.10. Any costs incurred after you pass through passport control into your home country.

## GENERAL EXCLUSIONS

- 15.11. Treatment or surgery that in **our** opinion (in consultation with the treating doctor) can reasonably wait until **your** return to **your home country**
- 15.12. Over-the-counter medication (without a prescription)
- 15.13. The cost of the urn or the coffin.

## 16. Other insurance

This policy is secondary to any other insurance. **We** do not pay any expenses or claims covered by any other policy on the date of loss. The amount they cover/pay will be the excess on this policy. This exclusion shall not apply to Personal Accident cover. For example, if **you** have more than one policy covering medical treatment **you** must claim from the other policy first.

## 17. Personal Accident

**We** do not cover Personal Accident claims resulting from the following:

- 17.1. **Illness** or infection not related to an accidental cut or wound
- 17.2. physical disability that **you** already had when the policy started
- 17.3. when **you** participate in a sporting activity

## 18. Pregnancy

This policy does not cover any claim related to:

- 18.1. Pregnancy, childbirth, antenatal care, the care of a new-born child
- 18.2. Birth control
- 18.3. Fertility treatment
- 18.4. Any related medical event

## 19. Pre-existing medical conditions

- 19.1. Pre-existing medical conditions **you** did not declare to **us**, and **we** did not agree in writing to provide cover for claims relating to the condition.
- 19.2. **Outpatient** treatment
- 19.3. **Inpatient** treatment when **you** have been admitted for less than 48 hours
- 19.4. Chronic medication

## 20. Repatriation

**We** have the right to demand that **you** return to **your home country**. If **we** confirm a date and time when it is feasible for **you** to return but **you** decide to stay overseas, all expenses incurred after **you** have decided not to return will not be covered by this policy.

## 21. Rescue costs

**You** are not covered for:

- 21.1. Any air-sea rescue costs
- 21.2. Any rescue costs related to altitude **illness**, including travel costs from the mountain to the hospital
- 21.3. Any rescue costs to bring **you** down from a mountain

GENERAL EXCLUSIONS

## 22. Specific items

We do not pay claims related to any of the following items:

- 22.1. contraceptive devices or treatment/medication
- 22.2. prosthetic devices
- 22.3. crutches or a brace of any kind, including a sling
- 22.4. dentures
- 22.5. any expense or item not listed under “What we pay for”

## 23. Terrorism, war and public disorder

- 23.1. This policy does not cover any claim(s) in any way caused or contributed to by an act of **terrorism** involving any nuclear weapon or device, chemical or biological agent or radioactive contamination.
- 23.2. **We** do not pay for any loss or damage directly or indirectly related to or caused by **your** active participation in:
  - 23.2.1. War, invasion, act of foreign enemy, hostilities or war-like operations (whether war is declared or not) or civil war.
  - 23.2.2. Mutiny, military uprising, martial law or state of siege, insurrection, rebellion or revolution.
  - 23.2.3. Any act in protest against any state or government, or any provincial, local or tribal authority, or for the purpose of inspiring fear in the public.

# Policy benefits

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# 1. Overseas medical expenses

## 1.1 What we cover

**Eligible expenses** for the immediate treatment of **your**:

- 1.1.1. Unexpected **illness**
- 1.1.2. Serious **injury** not related to a sporting activity
- 1.1.3. Serious **injury** whilst participating in an approved snow sport
- 1.1.4. Serious **injury** whilst participating in an approved sporting activity
- 1.1.5. Emergency **dental** treatment due to an infection of a healthy, natural tooth or pain stilling treatment because of a broken tooth
- 1.1.6. **Your** sudden death because of an unexpected **illness** or serious **injury**
- 1.1.7. **Pre-existing medical conditions - approved**

## 1.2 What we pay

**We** will pay up to the **limit** in the schedule for:

- 1.2.1. Eligible expenses authorised by **us** before **you** receive treatment for an unexpected illness or **serious** injury, that is not life threatening: **We** will pay the provider up to the limit in the policy schedule.
- 1.2.2. Eligible expenses received in the Accident & Emergency department (A&E), emergency room (ER) or casualty department for an unexpected illness or serious injury, that is life threatening: **We** will pay the provider up to the limit in the Schedule when **you** contact **us** immediately when **your** condition has been stabilised
- 1.2.3. Eligible expenses not authorised by **us**: **We** will reimburse **you** up to the limit in the policy schedule
- 1.2.4. **We** will pay for the **cost of your cremation** at the **place of death** whilst on **your trip**, or the transport cost to fly **your body or ashes back to your home country**. Covered expenses are **limited** to:
  - 1.2.4.1. The collection of the body of the deceased
  - 1.2.4.2. the transfer of the body to a professional funeral **home**
  - 1.2.4.3. embalming and preparation of the body or cremation if so desired
  - 1.2.4.4. standard shipping casket
  - 1.2.4.5. any required consular proceedings and permits
  - 1.2.4.6. the transfer of the casket to the airport and boarding of the casket onto the plane
  - 1.2.4.7. airfare and the transfer of the deceased to their final destination.
- 1.2.5. **Medical repatriation or evacuation**: If **we** confirm with **your** treating doctor that **you** can transfer to another hospital or return back to **your home country**, **we** will pay for the following expenses when arranged by **us**:
  - 1.2.5.1. The extra cost of same class transportation via the most cost-effective route, or
  - 1.2.5.2. The cost to be transportation as a stretcher case on a commercial flight via the most cost-effective itinerary, if a stretcher is medically necessary, and
  - 1.2.5.3. The return cost of a qualified medical escort to accompany **you**, if this is medically necessary or required by the airline, or
  - 1.2.5.4. The cost of an air ambulance
- 1.2.6. Treatment received from a licensed chiropractor or physiotherapist: **we** will reimburse you for one treatment/consultation per trip when a medical practitioner has referred **you**.

## HOLLARD TRAVEL INSURANCE

- 1.2.7. **Accompanying travel companion:** We pay for 3 star accommodation and an economy class return ticket **when booked by us**, for one person to stay with **you** and fly back with **you** when **you** receive **Inpatient** treatment for more than five consecutive days.
- 1.2.8. **Visit by any one person:** We will pay for the cost of an economy class airline ticket and accommodation when booked by **us** to allow one person to visit **you** after five consecutive days as an **inpatient**. The ticket will only be booked to fly from **your home country** on **your** 5th day as an **inpatient**.

# 2. Personal Accident

## 2.1. What we cover

We cover **you** for bodily **injury** sustained outside the borders of **your home country** that results in **your**:

- 2.1.1. death within 12 months, or
- 2.1.2. permanent and total disablement within 12 months

**You** must sustain the bodily **injury** because of an event that was clearly violent and **accidental**.

If the **injury** results in death, **we** will be entitled to a post-mortem examination undertaken at **our** own expense. If the **injury** results in disablement, **our** medical officer will determine the level of disability.

## 2.2. What we pay

We pay **you** in the event of permanent and total disablement. In the event of **your** death, **we** pay **your** legal representatives, **your** estate or the person **you** have nominated in the policy as **your** beneficiary. **We** calculate claim **payments** as per below according to the Disability table:

- 2.2.1. death - sum insured stated in the schedule
- 2.2.2. permanent and total disablement - as stated in the disability table

## 2.3. Disability table

Disability (total and permanent)* or Death	Percentage payment
a) Death	100%
b) Total, permanent and irrecoverable loss of hearing in both ears	100%
c) Total, permanent and irrecoverable loss of hearing in one ear	50%
d) Total, permanent and irrecoverable <b>loss of sight</b> in both eyes	100%
e) Total, permanent and irrecoverable <b>loss of sight</b> in one eye	50%
f) Loss by physical separation or permanent total loss at or above the wrist or ankle of one or more limbs	100%

\* The disability or loss of use of relevant parts of **your** body cannot be of a temporary nature. It must be total and permanent. Loss includes loss of use, with or without amputation. If **you** qualify under more than one benefit, **we** will not pay more than 100% of the **limit** in the schedule.

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## CLAIMS

### 1. 365 Days: Your right to claim will lapse

**Your** claim will no longer be legally enforceable after 365 days of the date of loss, unless **you** have started legal action against **us**.

### 2. Accumulation limit

If more than one person is injured or dies as a result of a crash or accident involving the same aircraft, cruise ship or any public transportation, **we** will not pay more than the accumulation **limit** in the schedule for all persons insured by **us** (whether on the same policy, or individual policies).

### 3. Currency

**We** will use either **your** bank statement as evidence of **your** financial loss, or the rate of exchange on the date of loss if **you** paid in a foreign currency.

### 4. Excess (Deductible)

**You** will always pay the first amount of every valid claim, also known as the **excess**. For example, *if there is an excess of 100 on a 2,000 claim, you will receive a pay out from us of 1,900.* **We** show the **excess** in the Schedule.

### 5. How we calculate a claim

**We** consider a number of aspects in calculating the claim **payment** amount. These can include:

- 5.1. **We** never pay more than the **limit** of cover
- 5.2. **We** always deduct the **excess** amount

### 6. Interest

**We** do not pay any interest, unless ordered by a court of law (or another presiding officer of a dispute such as the Ombudsman for Short Term Insurance in South Africa).

### 7. More than the actual loss

**We** will never pay out twice for the same event, for example - claiming under two different sections.

### 8. Supporting documents

**We** do not pay any claim where **you** do not provide **us** with the requested supporting documents, for example: no medical history or medical report when **you** are claiming due to an **illness**.

### 9. Who do we pay

- 9.1. **We** pay medical claims authorised by **us** before **you** received treatment directly to the service provider (hospital).
- 9.2. **We** pay all other covered claims to **you**.

# Schedule of Benefits

Schedule of Benefits	Limit of Liability
<b>Overseas Medical – authorised by us</b>	<b>Refer below</b>
Illness / injury excluding pre-existing, sport or infectious disease	\$250,000
An infectious disease: in hospital expenses	Included in Section 1
Cost of test for infectious disease when positive	\$150
Pre-existing condition declared to us: in hospital expenses	Included in Section 1
Amateur sport/winter sport	Included in Section 1
Dental or Optical: Illness	\$1,000
<b>Medical expenses not authorised by us</b>	<b>\$1,500</b>
Medical Evacuation / Repatriation booked by us	\$65,000
Return of mortal remains, booked by us	\$25,000
Accompanying travel companion booked by us	\$2,500
Visit by family member booked by us	\$7,500
<b>Outpatient excess (co-pay)</b>	<b>\$100</b>
<b>Emergency Room excess (co-pay – waived if admitted)</b>	<b>\$250</b>
<b>Personal Accident</b>	<b>Refer below</b>
Death/Permanent Disablement	\$5,000
<b>Carrier Accumulation limit</b>	<b>\$360,000</b>