



EduRisk Personal Accident Insurance

**STANFORD LAKE COLLEGE
2025**

Underwritten by SHA, a division of Santam Ltd

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1. What are the Benefits of this Insurance Policy

Learners :

Pupils enrolled at the Insured School *and* as declared on the Policy Schedule, a copy of which is held by the School

Benefit	Limits	Excess
Emergency Services	Included	Not Applicable
Emergency Medical Expenses	R80 000 per incident Cover is restricted to only the same day as the injury occurs	NIL
Accidental Death	NIL	Not Applicable
Accidental Permanent Disability	NIL	Not applicable
Pupil Absenteeism	NIL	
HIV Assistance		
Accident Expert		
Emergency Expense Sub Limits		
Physiotherapy/Biokinetics/Chiropractor or combination thereof	R5,000 per incident	
X-rays	R12,000 per incident	
MRI & CT Scans	R15,000 per incident <i>*a R2,000 co-payment applies in respect of Pre-Primary and Primary School pupils. However, where such MRI is required to determine the extent of injury, and such injury results in surgical repair, the co-payment will be reimbursed upon confirmation of surgery having occurred.</i>	
External Appliances	10% of compensation benefit	

Basis of Cover:

Whilst

- Under the jurisdiction and supervision of the school authorities or some other person approved and authorized by the school;
- Traveling to and from school or a school activity in a direct and timeous manner (motor accident only);
- Involved in any school organize sporting / educational / cultural tours or events during the school holidays;
- Representing the province or country in a school recognized event, provided the insured person is not gaining financially as a result of their participation in such event.

NB:

- This policy is **NOT a medical aid** and should not be seen as a replacement of a medical aid.
- All Claims must be notified to the **School within 72hrs**, and to Insurers as soon as possible **but within 90 days from the date of injury**. Failure to do so may result in the Claim being declined due to Late Notification.
- All in-hospital costs (any treatment, medication, tests or practitioner visits etc, whilst admitted as a hospital patient) **must** be claimed against the pupil's medical aid and GAP cover first.

2. Frequently Asked Questions

The Information Contained In This Document Is For General Purposes Only.

Please Ensure That You Read Your Policy Documents In Conjunction With The Benefits Offered By Your Specific Policy, as Not All Benefits May Be Available Under Your Policy

A. WHAT WILL THE PERSONAL ACCIDENT POLICY NOT COVER?

There is a list of Exclusions (incidents, events, diagnoses or circumstances that will not be covered under this Policy) that you must be aware of, which are as follows:

The Insurers shall not be liable to pay any claim under this Policy in respect of any Insured Person

1. Any amount falling within the franchise or excess payable.
2. Any treatment for which a pupil is admitted to hospital, **must be claimed against the scholar's medical aid and GAP cover**, (shortfalls NOT covered under these benefits, as well as amounts deducted from the savings portion of the medical aid, can be recovered via the Policy); Where a scholar is not covered under a medical aid, an affidavit is required from the parent within 48 hours of hospital admission.
3. Any treatment which the employee receives which is covered under Workmen's Compensation. Any shortfalls will be assessed by Insurers.
4. whilst participating in a sport or other activity which is not affiliated to, or not offered by the school in which they are employed;
5. whilst the Person
 - has been booked off sport by a registered medical practitioner,
 - is still receiving treatment for a previous sport injury, or
 - is still recuperating from a previous sports related injury
6. resulting from an incident which occurs upon the final departure of the Insured Person from the school
8. while engaging in flying as pilot or member of the aircrew. This exception does not apply to Insured Persons engaging in ballooning, hang-gliding, paragliding and parachuting, provided that such activities are solely for social and/or pleasure purposes and not of a competitive nature or for reward, caused by the Insured Person's suicide or intentional self-injury;
9. caused solely by an existing physical defect or other infirmity of the Insured Person;
10. as a result of the influence of drugs or narcotics upon the Insured Person unless administered by a member of the medical profession (other than himself) or unless prescribed by and taken in accordance with the instructions of a member of the medical profession (other than himself);
11. for Bodily Injury to the Insured Person arising whilst the Insured Person is driving or operating any motorised or mechanically operated vehicle under the influence of alcohol. For the purposes of this exception the term "under the influence of alcohol" means having a Blood Alcohol level Concentration greater than the statutory limit at the time of the Accident;
12. caused by the Insured Person's participation in any riot or civil commotion;
13. as a result of the Insured Person's deliberate exposure to exceptional danger (except in an attempt to save human life) or the Insured Person's own criminal act;
15. while participating in sport as a professional player directly or indirectly caused by or contributed to, by or arising from ionising radiations or contamination by radio-activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear weapons material. For the purpose of this exception only, combustion shall include any self-sustaining process of nuclear fission;
16. or provide any benefit hereunder where the indemnity, claim payment or provision of such benefit is contrary to the edicts, recorded principles, prohibitions or restrictions under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America irrespective of enactment in the jurisdiction where indemnity or benefit is provided or payment made;
17. rising from war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped powers
18. directly or indirectly caused by or contributed to, by or arising from ionising radiations or contamination by radio-activity from any nuclear fuel or from any nuclear waste combustion of nuclear fuel. For the purpose of this exclusion only, combustion shall include any self-sustaining process of nuclear fission;
Caused by pandemic or epidemic provided that this exception shall not operate so as to exclude claims arising as a direct result of an Accident.

B. WHAT WILL THE ABSEENTEEISM POLICY NOT COVER?

The Insurers **will not be liable** to pay any claim under this policy where the Learner

- stays away from school for fear of contact with an infectious disease;
- Is absent due to inoculation or similar preventative treatment;
- Is absent, for which the cause and length have not been certificate by a recognised medical Practitioner;

- Any length exceeding that which is certified by the recognised medical Practitioner;
- Absences related to a previous sickness, congenital condition, injury or the like, which the learner, parent or legal guardian were aware of, or received treatment for, within 12 months prior to the first day they were included in the scheme;
- where such absence is directly or indirectly caused by:
 - refusing to seek or follow reasonable medical advice or treatment;
 - taking drugs or medicine for treatment of drug addiction;
 - caused by committing a crime.
- stays away from school due to forced closure of the school
- The Insurers will not pay any learner absenteeism benefit as a consequence of the closure of the whole or part of the school if the epidemic at the school is of an infectious disease or any variant or mutation of such disease, which at the time of detection of the outbreak of such epidemic at the school:
 - has already been declared or classified as an epidemic, pandemic or health emergency by the World Health Organization or any national, regional or local governmental authority; and/or
 - has already been stipulated or declared by a competent authority to be notifiable or a notifiable medical condition or has already caused such authority to impose quarantine regulations or restrict access to any place.

C: WHO IS THE POLICYHOLDER?

The Policy is issued in the name of the Company / Educational Institution, so the Company / Educational Institution is therefore the owner of the Policy and is known as the Insured or Policy Holder. The Policy then states that all benefits are paid to the Company / Educational Institution on behalf of their Employees / Parents / Legal Guardians / Scholars, who are therefore the Insured Persons

D. WHO ARE THE BENEFITS PAYABLE TO?

As this Policy is owned by the Company / Educational Institution, on behalf of its Employees / Parents / Legal Guardians / Scholars, all applicable benefits will be paid to the Company / Parents / Legal Guardians / Educational Institution who in turn undertakes to pass this onto the relevant Employee / Parents / Legal Guardians / Scholar. The Employees / Scholars are therefore reflected on the Policy Schedule as Insured Persons.

It is important to note that Insured's (the Company / Educational Institution who "owns" the Policy) may choose to place specific Employees / Scholars or categories of Employees / Scholars on the Policy – it is important to ensure that these Employees / Scholars Categories are therefore defined under the specific Policy Benefit Categories (i.e. Admin Staff, Teachers, Primary School Learners, High School Learners, Rugby Playing Learners etc.).

E. WHAT ARE CONSIDERED "ACCIDENTS"?

An **Accident** is ANY event that results in your body being unintentionally injured.

Examples of Accidents can be as follows:

- Motor Vehicle Accidents (MVA's), irrespective of whether you are the Driver, Passenger or Pedestrian;
- Injuries whilst under the care of the School/Educational Institution;
- Animal attacks which can include snake, dog and/or spider bites;
- Injuries on Duty (Accidents whilst performing your business duties);
- Sporting injuries as a result of participation in a school recognises activity (remember, participating as Professional will not be covered);
- Injuries sustained as a result of an Assault and/or Hi-Jacking, or any other criminal activity

F. DOES THIS POLICY ONLY PROVIDE COVER WITHIN SOUTH AFRICA?

No, your Policy has a world-wide territorial limit, which means that should you have an Accident outside of the country, your benefits will still be applicable. It is important to note that this therefore makes provision for School trips / excursions, as examples, but does not include you residing in another country on a permanent basis – in this case, no benefits will be available under the GPA Policy.

As your Claim will be assessed and calculated in South Africa, it is very important to obtain all relevant supporting documents in English, where possible, to ensure that unnecessary delays are avoided where documents need to be translated into English before the assessment can begin.

Similarly, where Emergency Expense Shortfall claims are paid in foreign currency, it is important to note that valid claims, which exclude costs reimbursed via a Travel Policy or a Medical Scheme non-MSA benefit, will be assessed in Rands based on the rate of exchange on the day of the Accident.

G. WHO CAN CLAIM UNDER THE PERSONAL ACCIDENT BENEFIT?

As confirmed above, all selected Benefits applicable under this Policy are only accessible by the Company / Educational Institution on behalf of the Employee / Parents / Legal Guardians / Scholar for whom Cover has been purchased, as reflected on the Policy Schedule.

This Policy does not extend cover to the Employees / Scholars family members and is therefore an Employee / Scholar policy only.

H. DOES THIS POLICY ONLY PROVIDE COVER WHILST AN INSURED PERSON IS AT SCHOOL/WORK?

Generally, your Policy is active 24 hours a day, 365 days a year. Therefore, any Accident, whether it be whilst performing your employment duties / attending classes or school sports events, going on a school excursion, playing sports on a weekend etc. will be assessed for Benefits under this Policy.

It is important to note though that some Companies / Educational Institutions elect to provide Restricted Cover, which could therefore only provide Cover during Business Hours / Whilst participating in events as arranged by the Insured (and which may include direct commuting to and from), so it is very important to check your Cover Terms on your specific Policy Schedule.

NOTE: Where an injury occurs at work, known as an Injury on Duty, the Insured is compelled to lodge a claim with COID too, within 7 days of the date of accident. Please see section entitled "What is an Automatic Extension" for further information on our Employee Injury Assist Benefit, and the services that are accessible to our Insured's under their GPA/ Stated Benefits Policy.

I. HOW LONG DO YOU HAVE TO SUBMIT A CLAIM?

All Claims need to be notified to SHA, the Insurer, as soon as possible following an Accident, with the maximum Claim notification period being up to **90 days** following the date of the Accident.

It is important to submit Claims within this time period, as failure to comply with this 90-day notification period may result in the Claim being Repudiated.

J. CAN ANY PERSON OF ANY AGE BE COVERED UNDER THIS POLICY?

As long as the Insured Person is an Employee / Scholar of the Company / Educational Institution at the time of a Claim, and is covered under the Policy, Benefits will be applicable at the time of a Claim, subject to the following age limits being applicable:

- The maximum age limit on Policy, in respect of Accidental Death, Permanent Disability, TTD / Income Protection (Accident only), Medical Expenses or Hospitalisation Benefits is age 80;

Where School GPA is concerned, a School GPA Memorandum is issued, which when read in conjunction with the Policy Wording, reduces the minimum age to allow for Minors to enjoy cover under this facility.

K. DO SCHOLARS / EMPLOYEES NEED TO UNDERGO MEDICAL EXAMINATIONS PRIOR TO COVER BEING PROVIDED?

As this is a Short-Term Insurance Policy, Employees / Scholars do not need to go for a medical examination prior to cover being provided, as the Policy will only provide cover at the time of an Accident (which is generally unplanned) and which takes place after the Policy inception date.

In the event of a Claim though and depending on the nature of Claim and the Benefit being claimed for, Medical Reports relating to the specific Injury will be required.

L. CAN EDUCATIONAL INSTITUTIONS (THE INSURED), PLACE EMPLOYEES/MEMBERS/SCHOLARS (THE INSURED PERSONS) ON DIFFERENT LEVELS OF COVER?

Yes, the Policy allows Companies / Schemes / Educational Institutions to tailor-make different benefit structures for Employees / Members / Scholars, which will result in different Benefit Categories being reflected on the Policy Schedule. Benefit amendments can only be made at renewal of the policy.

M. HOW CAN AN EDUCATIONAL INSTITUTION CANCEL THE POLICY?

Cancellation of the Policy must be in writing to the Insurer, and will take effect immediately, unless otherwise specified.

Please note that should the Employee / Member / Scholar leave the school during the year, you are entitled to a refund of any premiums paid before or after receipt of the cancellation notice (subject to the deduction of the cost of any risk cover actually enjoyed prior to cancellation).

Should the Policy be cancelled by the Insurer, this will be done with a minimum of 30 days' notice in writing to the Company / Scheme / Educational Institution:

Should the Policy be cancelled by the Insurer, this will be done with a minimum of 30 days' notice in writing to the Company / Scheme / Educational Institution:

IMPORTANT: The Company / Scheme / Educational Institution MUST ensure the following is done:

- ALL Employees / Parents / Legal Guardians / Scholars MUST be advised of their Cooling Off Rights and be given 14 days to opt out of the Insurance Arrangement should they wish to do so
- Upon cancellation of the entire Policy, under any circumstances whatsoever, ALL Employees / Parents / Legal Guardians / Scholars MUST be informed of the cancellation as well as to be provided with details of the Replacement Product (should this be applicable)

N. IS BUNGEE JUMPING, SCUBA DIVING AND/OR SKY DIVING COVERED?

Yes, the Policy does NOT exclude Hazardous Activities as described above, as long as it is an activity arranged by the Educational Institution the Employees / Members / Scholars are not participating on a Professional basis.

Professional Sports People do however have access to alternative Insurances that can be structured to suit their specific Sporting requirements.

O. IF I HAVE OTHER, SIMILAR INSURANCE POLICIES, WILL THE BENEFITS STILL PAY OUT UNDER THIS POLICY?

Yes, no current restriction is in place as to the number of Policies that can be claimed from in the event of a single Incident/Accident.

The Death and Permanent Disability benefits which have been selected under this Policy will therefore be paid in addition to any individual policies the Employee / Member / Scholar may have, and in addition to any Statutory cover provided by Workman's Compensation (COID) and/or the Road Accident Fund (RAF).

However, in the event of an Injury on Duty, and TTD / Income Replacement or Emergency Expense Shortfall benefits being payable by COID, Insurers will reduce the cover applicable under this Policy by the amount paid or payable by COID.

This is done by Insurers to ensure that the Employee / Member / Scholar and/or Company / Scheme / Educational Institution are not over-compensated for the period that the Employee / Member is unable to work / is booked off work by a Medical Practitioner.

In respect of the Emergency Expense Shortfall benefit, the Benefit selected under this Policy (and in keeping in line with current Medical Scheme Legislation and current Demarcation requirements) will only cover the cost *not* met by a registered Medical Scheme, should your Company / Scheme / Educational Institution or Employee / Member / Scholar (in his personal capacity) be a member of such a scheme.

It is important to note though this excludes any amounts paid from the Employee / Member / Scholar's Medical Savings Account portion of the Medical Scheme option, which are recoverable under this Policy.

P. WHAT IS THE ACCIDENTAL DEATH BENEFIT

The *Accidental Death benefit* is one of the Main Benefits, aside from the Permanent Disability benefit, that forms the basis of this Policy. A Claim under this benefit can only be submitted as a result of the Death being caused by an Accident, as per the examples provided earlier in this document. As a number of different documents will be required in order to finalise an Accidental Death Claim (please see the Claims Administration Guide for full details of all documents required), this Claim may take months to finalise as a result of potential delays in receiving Post Mortem reports, Police Reports etc.

Q. WHAT IS PERMANENT DISABILITY?

Permanent Disability, generally, means that your body has been altered / damaged following an Accident, to a severe enough degree that it will never recover 100%. A Permanent Disability Benefit will be applicable under this Policy irrespective of whether the Employee / Member / Scholar is able to continue performing their business functions or not.

Some examples of Permanent Disability can be as follows:

- Paraplegia following a Motor Vehicle Accident – here, the Employee / Member / Scholar would qualify for 100% of the Permanent Disability lump sum Benefit
- Loss of a whole finger following an attack by a dog – here, the Employee / Member / Scholar would qualify for 15% of the Permanent Disability lump sum Benefit

The levels of Permanent Disability are calculated based on what is known as the Continental Scale, which can be found in the Policy Wording.

But, not all cases can determine the level of Permanent Disability directly after an Accident. An example could be where an eye is damaged during an Assault. Initially, sight may be affected as a result of the recent injury. SHA, the Insurers, will require that on-going Medical Reports be supplied to them in order to plot the recovery progress during the Insured Person's months of therapy/ treatment following potential operations to the eye. If it is determined that the Insured Person has a permanent degree of loss of sight following the treatments / operations, which will never return fully, the Insurer will still consider paying a portion of the Permanent Disability lump sum, as a result of the permanent (though not total) damage incurred to the eye

R. HOW LONG DOES IT TAKE BEFORE THE PERMANENT DISABILITY BENEFIT IS PAID?

Insurers have up to 24 months to determine the level of Permanent Disability prior to making the Benefit payment to the Insured (remember, Benefits are payable to the Company / Scheme / Educational Institution, who in turn pass the Benefit onto their Employee / Member / Scholar). But, as noted previously, this will be in severe cases where the level of Disability cannot be determined directly after an Accident, and where a recovery period is required prior to a Registered Medical Practitioner confirming the permanent damage suffered.

Each case will be handled individually, but it is important to remember that the Claim can only be assessed once ALL relevant documentation is received – this will include a Medical Certificate (included in the Claim Form) which requests details of Injuries as well as recovery prognosis from a Medical Practitioner, on-going Medical Reports (where required) as well as any other Medical motivation required, a copy of the Traffic Collision Report (in the event of a Motor Vehicle Accident), a copy of the Police Report (in the event of a criminal act – e.g. a hijacking, assault etc.) etc

S. WHAT CAN BE CLAIMED FROM THE EMERGENCY EXPENSE SHORTFALL BENEFIT?

Only expenses incurred as a result of an Accident can be claimed from this Benefit – again, it is very important to remember that this benefit will only pay costs that are not covered by a registered Medical Scheme. Any costs paid via the Medical Savings Account component will however be claimable under this Policy. In these cases, we suggest including a copy of your Medical Scheme Claims Statements as part of your supporting documentation, at the time of claiming.

It is important to note that this section will attract an Excess (the value by which your claim settlement value will be reduced by) – as this is specific to each Insured's Policy, please refer to your Schedule to confirm the value applicable to your specific Policy.

All costs that are paid or payable via COID will also not be claimable from this Policy – please see section entitled "What is an Automatic Extension" for further information on our Employee Injury Assist Benefit, and the services that are accessible to our Insured's under their GPA/Stated Benefits Policy.

NOTE – as this is an Accident Policy, general medical costs relating to colds and flu, as examples, will not be covered.

T. HOW DOES THE NON-MEDICAL EXPENSE AS A RESULT OF HOSPITALISATION BENEFIT WORK?

As this is an Insurance Policy, an accident which results in you being admitted to a Hospital, can be claimed under the Policy. Benefits will only become payable AFTER 48 consecutive hours of being admitted to Hospital as an in-patient – note that Casualty or Emergency Room treatments will not be payable under this Benefit. This Benefit will be applicable to a maximum of 10 consecutive days Hospitalised, and will be calculated from day 1 in hospital (subject to the patient being admitted for a minimum of 48 consecutive hours). This is known as a Franchise.

All that will be required in order to finalise your claim is the fully completed claim form and a copy of your original Hospital Account (the first page will be sufficient as it provides details of the admission date and discharge date, the patient who was admitted as well as the reason for admission).

REMEMBER: This is a 24 hour accidental injury policy, so illness related admissions will not be covered

U. WHAT IS AN AUTOMATIC EXTENSION?

Automatic Extensions are additional Benefits that are included under your Policy, at no additional cost., and will only be applied to claims where Bodily Injury is as a result of an Accident (as defined).

The Benefits listed under this Extension will be paid where relevant, over and above the Benefits which form the basis of your Policy. An example could be that where a Permanent Disability Benefit is payable as a result of Paraplegia / amputation of a limb following a Motor Vehicle Accident, the Claimant will, in addition to this benefit, also be awarded the Rand value associated with the Mobility Benefit under the Automatic Extensions, which can be used to assist with costs associated with purchasing/renting a wheelchair, fitting prosthetic limbs etc.

Our Automatic Extensions are noted below

Schedule of Automatic Extensions	Limit
Accident Expert	Assistance Service (, RAF claims)
Additional Death Benefit	R 15,000
Childcare	R 300 per day - annual limit R 10,000
Claims Preparation Costs	R 50,000
Crime	10% up to a maximum of R100,000
Disappearance	Death Benefit
Emergency Transportation/Search & Rescue Costs	R 250,000
Family/Domestic Workers Medical Expenses	R 50,000
HIV Assist Including ARV's	Actual Cost
HIV Lump Sum Benefit	R1,000,000
Non-Medical Expense Cover as a result of Hospitalisation	R 2,000 per day up to a maximum of 10 days; subject to 2 consecutive days excess
Life Support	3 consecutive days
Life Support Equipment	R 100,000
Mobility	R 250,000
Passive War (Excl. war between major powers)	Full Benefits
Political Evacuation	A maximum of R150 000 per Insured Person plus R500 for daily expenses each Insured Person payable for the shorter of 30 days or completion of Political Evacuation or completion of such Evacuation and Repatriation, But subject to R1 000 000 sum of all Evacuation and Repatriation Costs and daily expenses per Any One Event
Plastic Surgery	A maximum of R100 000 per Insured Person per Accident
Quadriplegia	25% of PTD benefit, maximum R1,000,000
Repatriation	R 250,000
Seat Belt	10% up to a maximum of R100,000
Trauma Counselling	R 1,000 per visit - annual limit R 25,000
Visitor to the Insured's Premises (Personal Accident)	A maximum of R50 000 per Insured Visitor for Accidental Death A maximum of R10 000 per Insured Visitor for Emergency Expenses Shortfall R1 000 000 Policy Event limit is applicable

V. HIV / AIDS ACCIDENTAL EXPOSURE

If an Insured Person is accidentally exposed to HIV/AIDS (as an example, in the event of a rape), the following assistance will be provided and managed on a confidential basis:

- 24-hour emergency assistance helpline, which will arrange for the necessary help the Insured Person may require where Trauma and/or HIV infection may be the result of an Assault
- Instant access to medical professionals
- diagnostic and access to hospital care to manage the consequences

Specific Conditions

- Cover is provided within the borders of South Africa only

All incidents must be reported within 24 hours of exposure to **0861 HIV CARE (448 2273)**

Should you be exposed to HIV through accident or trauma, you will be able to call the Contact Centre, where medically trained staff will provide telephonic counselling whilst an ER24 vehicle is dispatched to the scene. You will then be transported to the nearest appropriate facility in order to begin taking your post exposure prophylaxis within the critical 5 hours.

Benefits of the Programme

- 24 hour-a-day, 365 days-a-year access to the Contact Centre, providing telephonic counselling and advice on HIV/AIDS
- Emergency transport to an appropriate medical facility following exposure to HIV
- 28-day post exposure to prophylaxis (antiretroviral therapy)
- The morning-after pill for the women who have been exposed through rape
- Sexually transmitted disease (STD) preventative medication if required
- Access to a medical practitioner who will take blood for HIV testing immediately following exposure, as well as follow-up testing 90 days later
- Access to an HIV management programme (excluding the cost of treatment) if you have complied with the post exposure treatment and still become HIV positive after the incident

Reporting the Exposure

If you choose to report the incident to the police, and remember that is entirely at your discretion and does not affect the benefits of your membership, please be aware of the following requirements:

- A forensic examination is necessary if you want to press charges in the event of rape
- This must take place immediately after the incident
- Do not wash, change or put on any fresh clothes
- Any evidence must be placed in a paper bag, never in a plastic bag
- Ask your medical practitioner to complete a J88 police form
- Ensure that the medical practitioner notes any bruises, bite marks or other wounds, and that they swab any place where saliva or semen was left in the event of exposure
- After you have made your statement to the police, check what they have written. If they have left anything out, or if it is incorrect, demand that they correct it.

What do I do in the event of Exposure?

- The Contact Centre must be notified **within 24 hours of exposure**
0861 HIV CARE 0861 448 2273

Failure to do so will mean that you do not qualify for the benefits of the C5 HIV Prevention Plan

A Referred Medical Practitioner will then:

- Prescribe the 3-day starter pack, STD preventative medication and the morning-after pill where necessary
- Conduct a physical examination and provide written confirmation that there is evidence of exposure having occurred
- Ask for written consent for the release of your HIV test results to the Contact Centre.
- Take blood samples for HIV testing
- You must have an HIV test immediately after the incident. If you are HIV negative, you then have further tests after 90 days

3. Exceptions / Exclusions / Limitations

There is a list of Exceptions / Exclusions that you must be aware of, as Claims submitted as a result of any of these circumstances will not be covered under this Policy, which are as follows:

The Insurers shall not be liable to pay any claim under this Policy in respect of any Insured Person

1. Any amount falling within the franchise or excess payable;
2. Any treatment for which a pupil is admitted to hospital, must be claimed against the scholar's medical aid and GAP cover, (shortfalls NOT covered under these benefits, as well as amounts deducted from the savings portion of the medical aid, can be recovered via the Policy);
Where a scholar is not covered under a medical aid, an affidavit is required from the parent within 48 hours of hospital admission
3. whilst participating in a sport or other activity which is not affiliated to, or not offered by the school in which they are enrolled;
4. whilst the Insured Person
 1. has been booked off sport by a registered medical practitioner,
 2. is still receiving treatment for a previous sport injury, or
 3. is still recuperating from a previous sports related injury;
5. resulting from an incident which occurs upon the final departure of the Insured Person from the school;
6. while engaging in flying as pilot or member of aircrew. This exception does not apply to Insured Persons engaging in ballooning, hang-gliding, paragliding and parachuting, provided that such activities are solely for social and/or pleasure purposes and not of a competitive nature or for reward.
7. caused by the Insured Person's suicide or intentional self-injury;
8. caused solely by an existing physical defect or other infirmity of the Insured Person;
9. as a result of the influence of drugs or narcotics upon the Insured Person unless administered by a member of the medical profession (other than himself) or unless prescribed by and taken in accordance with the instructions of a member of the medical profession (other than himself);
10. for Bodily Injury to the Insured Person arising whilst the Insured Person is driving or operating any motorised or mechanically operated vehicle under the influence of alcohol. For the purposes of this exception the term "under the influence of alcohol" means having a Blood Alcohol level Concentration greater than the statutory limit at the time of the Accident;
11. caused by the Insured Person's participation in any riot or civil commotion;
12. as a result of the Insured Person's deliberate exposure to exceptional danger (except in an attempt to save human life) or the Insured Person's own criminal act;
13. while participating in sport as a professional player
14. directly or indirectly caused by or contributed to, by or arising from ionising radiations or contamination by radio-activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear weapons material. For the purpose of this exception only, combustion shall include any self-sustaining process of nuclear fission;
15. or provide any benefit hereunder where the indemnity, claim payment or provision of such benefit is contrary to the edicts, recorded principles, prohibitions or restrictions under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America irrespective of enactment in the jurisdiction where indemnity or benefit is provided or payment made;
21. Arising from war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolutions, insurrection, military or usurped powers.
22. Caused by pandemic or epidemic provided that this exception shall not operate so as to exclude claims arising as a direct result of an Accident.

4. Claims

The Learner Personal Accident Policy provides a Benefit to Scholars or Staff (known as Insured Persons) of an Educational Institution (known as the Insured), who suffer Accidental Bodily Injury. Accidental Bodily Injury could be the result of any of the following, which are examples of Accidents as defined in our Policy:

- a. Motor Vehicle Accidents (MVA's), irrespective of whether you are the Driver, Passenger or Pedestrian;
- b. Injuries on duty (accidents whilst performing your business duties).
- b. Injuries whilst participating in a school related activity;
 - o Animal attacks which can include Snake, Dog and/or Spider Bites;
 - o Sporting Injuries as a result of participating in a school recognised sport / extra mural activity (remember, participating as a Professional will not be covered);
 - o Injuries sustained as a result of an Assault and/or Hi-Jacking, or any other criminal activity.

IMPORTANT – As this is a Company / Scheme / Educational Institution owned Policy, all valid Benefits will be paid to the Company / Scheme / Educational Institution following finalization of the Claim Assessment, who in turn undertake to pass the Benefit onto the relevant Employee / Member / Scholar (or in the event of Death, to the Estate or nominated Family member).

Protection of Personal Information

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with the POPI Act and for the following purposes:

- To verify the information disclosed herein against any other source;
- To communicate with you directly should you request us to and in accordance with relevant regulatory requirements;
- To compile non-personal statistical information to assist in assessing similar risks;
- To assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances;
- To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control;
- To combat insurance fraud and properly evaluate risks, we will store your personal information on a shared database created by the South African Insurance Association (SAIA) in order to verify it against available sources and databases on the system.

Further disclosures

Please note that there may be instances where Insurers will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, Insurers will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which Insurers will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for Insurers to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application. Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, Insurers therefore encourage you to contact your Broker at any time to advise us of changes to the information provided.

In addition, you may contact your Broker at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on SHA/Santam Ltd/EduRisk Financial Services):

- To request that we provide you with access to your personal information held/processed by us;
- To request that we erase or correct the your personal information that we hold (where appropriate/possible);
- To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format;

To request that we restrict the processing of your personal information for reasons provided for in the POPI Act.

How to Submit a Claim?

Complete a Claim Form and together with the required supporting documentation, please submit directly to SHA (and cc your Broker), as follows:

SHA

Smangaliso Mbatha

Tel : 011 731 3638

Email smanga@sha.co.za

EduRisk Financial Services

Clare Gelderblom

Tel : 031 100 2248

Email : clare@edurisksa.co.za

All Claims must be notified as soon as possible, but within 90 days from the date of the injury. Failure to do so may result in the Claim being declined for Late Notification.

Notify your medical aid of the incident immediately, to ensure that in the event the policy limit is reached, you may still claim against your medical aid, without being penalized for late notification.

Where supporting documents are not immediately available, please ensure that your fully completed Claim Form is submitted in order for the Claim to be registered within the notification period. Following this, supporting documents can be forwarded, noting the claims reference where possible, as they are received.

Suicide Claims

You will note that Suicide is excluded on the Policy. However, even if you have reason to believe that the Employee / Member / Scholar committed suicide, you must still follow the procedure for notification of a Death Claim.

Following a suspected Suicide attempt, the Police do a full Investigation to determine the events that lead to the Death and there are times where suspected Suicides are found to be constructed murder cases. These types of investigations can however take a long time and we would recommend that you advise the Insurer of the "possible" Claim within the 180 day Notification Period, in order to prevent the Claim being declined for late notification, in the event of the Death being found to be constructed murder, as an example, within 2 years from the date of Incident.

Claim Documents Needed

Once the Claim Form has been submitted to SHA (the Insurers), they will advise exactly what documentation is required in order to fully assess the Claim. The documentation required for each Claim varies on the circumstances of the Claim. A useful guide to the Claim requirements is noted below. Where full documentation is received it allows the Administrator to finalize your Claim quicker:

Emergency Expenses Shortfall Claims and Non-Medical Emergency Cover as a Result of Hospitalisation Claims

Whilst we have provided specific details of the varying supporting documents required, SHA (the Insurer) may request additional information, prior to finalizing the assessment of a Claim

NOTE – it is important to read this section in conjunction with your Policy schedule, which clearly states the Franchise applicable to the Non-Medical Emergency Cover as a result of Hospitalisation and Excess applicable to Emergency Expenses Shortfall claims

Situation	Required Documents
Sports Injuries	<ul style="list-style-type: none">- Fully completed Claim Form- Fully completed Medical Report, attached to Claim Form- Copy of the actual Hospital Account, Medical Scheme Claims Statement, and Medical Practitioner Accounts
Motor Vehicle Accident	<ul style="list-style-type: none">- Fully completed Claim Form- Fully completed Medical Report, attached to Claim Form- Traffic Collision Report- Blood Alcohol Results (if driving the vehicle)- Newspaper/Witness reports (if any)- Copy of the actual Hospital Account, Medical Scheme Claims Statement, and Medical Practitioner Accounts
Pedestrians injured whilst crossing a road	<ul style="list-style-type: none">- Fully completed Claim Form- Fully completed Medical Report, attached to Claim Form- Traffic Collision Report/Police Report of the incident- Newspaper/Witness reports (if any)

	- Copy of the actual Hospital Account, Medical Scheme Claims Statement, and Medical Practitioner Accounts
Injuries resulting from an Assault, Hijacking or Other	- Fully completed Claim Form - Fully completed Medical Report, attached to Claim Form - Police Report of the incident - Newspaper/Witness reports (if any) - Copy of the actual Hospital Account, Medical Scheme Claims Statement, and Medical Practitioner Accounts

Death Claims

Whilst we have provided specific details of the varying supporting documents required, SHA (the Insurer) may request additional information from time to time, prior to finalizing the assessment of a Claim

Situation	Required Documents
Motor Vehicle Accident	- Fully completed Claim Form - Death Certificate - Post Mortem Report - Traffic Collision Report - Blood Alcohol Results (if driving the vehicle) - Newspaper/Witness reports (if any)
Murder, Hijack, Assault or Other	- Fully completed Claim Form - Death Certificate - Post Mortem Report - Police Report of the incident - Newspaper/Witness reports (if any)
Pedestrians killed whilst crossing a road	- Fully completed Claim Form - Death Certificate - Post Mortem Report - Traffic Collision Report - Newspaper/Witness reports (if any)

Permanent Disability Claims and Temporary Total Disability / Income Protection Claims

Whilst we have provided specific details of the varying supporting documents required, SHA (the Insurer) may request additional information, specifically in respect of on-going Medical Reports and supporting Medical Evidence, prior to finalizing the assessment of a Claim

Situation	Required Documents
Sports Injuries	- Fully completed Claim Form - Fully completed Medical Report, attached to Claim Form - Newspaper/Witness reports (if any) - Medical Certificate confirming time off work
Motor Vehicle Accident	- Fully completed Claim Form - Fully completed Medical Report, attached to Claim Form - Traffic Collision Report - Blood Alcohol Results (if driving the vehicle) - Newspaper/Witness reports (if any) - Medical Certificate confirming time off work
Pedestrians injured whilst crossing a road	- Fully completed Claim Form - Fully completed Medical Report, attached to Claim Form - Traffic Collision Report/Police Report of the incident - Newspaper/Witness reports (if any) - Medical Certificate confirming time off work
Injuries resulting from an Assault, Hijacking or Other	- Fully completed Claim Form - Fully completed Medical Report, attached to Claim Form - Police Report of the incident - Newspaper/Witness reports (if any) - Medical Certificate confirming time off work

Guidelines on obtaining the required information

It is important to note that the quicker you start asking for the additional information and all relevant supporting documentation, the smoother the Claims process will be and potentially, depending on the type of Claim, the quicker the Benefit assessment can be finalised.

Most Claims, specifically in the event of Death and the specific documents required for submission, are delayed because nobody knows where to obtain the information. This can be avoided by being proactive, as follows:

As soon as you have been notified by the Colleagues or by the family that an Employee / Member / Scholar has died as a result of Accidental Bodily Injury, or has survived an Accident or Injury despite Bodily Injury being sustained, you should get in contact with the family immediately and advise them that you need certain documentation to process the Insurance Claim.

Document/Information	Details
Police Case Number	All Unnatural Deaths are reported to the Police and they are all investigated by the Police. The family must advise which Police Station the case was reported to, the case number and the name of the Investigating Officer immediately after they report the case to the Police. A Police Case Number, and additional information noted above, will also be required in the event of Assault, Hi-Jacking and any case related to criminal activity.
Death Certificate	The family has to report the death to the police and to the relevant Home Affairs offices. Request that they provide you with a certified copy of the Death Certificate.
Post Mortem Report	If someone dies from Unnatural Causes, a Post Mortem is always done, as they need to determine the cause of the Death. This Report is usually only available 4-6 weeks after the date of the Death and the family should advise the Police that they require a copy of the report as soon as it becomes available
Traffic Collision Report	All Motor Vehicle Accidents must be reported to the Police within 24 hours of the occurrence of an Accident. This report is usually completed on the day of the Accident and should be available to the Employee or his family within 5 days of the Accident. The family should again advise the Police that they require this report for an insurance Claim and follow up with the Police until they get the report.
Police Report	In the event of a Bodily Injury or Death resulting from an Assault, Murder or H-Jacking situation, the Police will issue a report detailing the information that they have regarding the incident. This report generally takes a bit longer to obtain, as there are usually a number of witnesses that the Police need to talk to before they can be sure of the exact circumstances surrounding the incident.
Newspaper Clippings/Reports	In most cases there will not be any newspaper reports of the incident. However, there are times where there are reports in the local newspapers about the incident. Ask the family of they have seen any reports and if they have a copy of the report.
General	Remember that the Employee and / or family have the easiest access to the information that is required and if they are proactive, the Claim will be assessed far quicker. Where Police Investigations are still underway, and where possible suspects are still in the process of being identified, it is important to remember that Police may temporarily withhold documents prior to their investigation being concluded. Once the Employee or his family have advised you of the Claim, you are requested to give him a copy of the Medical Report attached to the claim form and request that his Doctor completes the form, which will be required as supporting documentation attached to the Claim. It is important to note that Claims can take up to 24 months to finalise, as the Insurer always has to make provision for sufficient healing time and also time for possible deterioration of the Employee's condition. As much as possible though, and dependant on the nature of the Claim, Insurers undertake to finalise Claims within as short a time period as possible, following receipt of all required supporting documentation.
Claim Processing Time	It is important to note that Claims can take up to 24 months to finalise, as the Insurer always has to make provision for sufficient healing time and also time for possible deterioration of the Employee's condition. As much as possible though, and dependant on the nature of the Claim, Insurers undertake to finalise Claims within as short a time period as possible, following receipt of all required supporting documentation.

POLICYHOLDER PROTECTION INFORMATION**SANTAM LIMITED (Santam)
(Your Insurer)**

FSP Number 3416
Physical Address 1 Sportica Crescent
Tyger Valley
Bellville
7530
Postal Address PO Box 3881
Tyger Valley
7536
Telephone (021) 915 7000
Fax (021) 914 0700
Email contactus@santam.co.za
Website www.santam.co.za

Compliance Department
PO Box 3881, Tyger Valley, 7536
(021) 015 7149

Santam is authorised to provide financial advisory and intermediary services in respect of commercial and personal lines short-term insurance business and has professional indemnity insurance in place.

Santam has a management policy which regulates conflict of interest when rendering financial services. For details visit www.santam.co.za

Fraud Service**Santam Fraudline:**

If you become aware of any irregularity on any policy you can contact Santam's Fraudline on 0860 600 767, where your call will be received in confidence.

How to Submit a Complaint

Should you wish to lodge a Complaint regarding the services rendered to you by the SHA division, you may address your complaint:

- in writing to SHA at Complaints@sha.co.za; OR
- to the Santam Client Care office
Telephone: 0860 102 725
Fax: (021) 915 7434
Email: complaints@santam.co.za

Alternately, the Santam Internal Arbitrator (IA) is appointed to provide impartial adjudication of any complaints escalated to his/her office at:
internal.arbitrator@santam.co.za

If your Complaint is not satisfactorily resolved within 6 weeks from the date that you have lodged it, you may proceed to lodge a complaint with the appropriate Ombudsman (details as per below).

SHA Risk Specialists, a division of Santam Limited

T +27 11 731 3600 W www.sha.co.za

The Pavilion | Wanderers Office Park | 52 Corlett Drive | Illovo | 2196 | P O Box 55347 | Northlands | 2116

Reg No 1918/001680/06 Santam Ltd - Santam is an authorised financial services provider (License Number 3416).

**SHA Risk Specialists
A Division of Santam Ltd (SHA)**

Physical Address The Wanderers Office Park
52 Corlett Drive
Illovo
2196
Postal Address P O Box 55347
Northlands
2116
Telephone (011) 731 3600
Website www.sha.co.za

How to Submit a Claim

Claims against your Insurance Policy must be reported to your Insurer in accordance with the claims Notification Condition contained in your Policy and should be notified via your Broker. However, please note that notice to your Broker will not constitute notice to your Insurer and if notice of the claim is not received timeously by your Insurer your claim could be repudiated due to breach of your Policy Conditions.

Your Duty of Disclosure and Good Faith

It is your responsibility to ensure that all questions on the proposal form are completed fully and truthfully AND to disclose ALL material information which could affect the Insurer's decision to accept the risk or impose conditions for acceptance or what premium to charge.

If you fail to disclose information which is material or misrepresent information provided to the Insurer, the Insurer could declare your Policy void as of inception. If in doubt, rather err on the side of caution and disclose the information.

Please also ensure that the information you and/or your broker provided to us is true and accurate as any discrepancies in the information may influence future claims.

Information that Affects the Risk

You must advise us immediately of any change in the risk. Should there have been any material change in the risk, then we may amend the cover and premium from the date of the change. If you do not inform us of any material change in the risk, we will be entitled to avoid the policy or reject any claim that occurred after the change in the risk. In this instance the term "you" includes any person acting on your behalf.

STATUTORY NOTICE TO SHORT-TERM INSURANCE POLICYHOLDERS

IMPORTANT – PLEASE READ CAREFULLY

Disclosures and other Legal Requirements

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

- All contact details of your Insurer and your Broker should be disclosed
- You are entitled to a copy of the policy free of charge.
- Subject to the application of this cooling-off right, if this policy has a duration of 31 days or more, no benefit has yet been claimed or paid, and an event insured against has not yet occurred, you have the right to cancel this policy, via written notification, within 14 days after the receipt of this policy or from a reasonable date on which it can be deemed that you received this policy. Santam will refund all premiums or moneys paid by the premium-payer, minus any cost of any risk cover enjoyed by yourself. Santam will comply with your request for cancellation within 31 days after Santam receives your cancellation notice.
- Any excesses/deductibles for which you will be responsible in the event of a claim are indicated in your Quote and your Policy Schedule along with an explanation of when the excess may be payable and what the consequences of non-payment may be (if any).
- You must be informed of any material changes to the information relating to the Insurer and the Broker.
- If any information was given orally, it must be confirmed in writing within 31 days.
- If any complaint to your Broker or your Insurer is not resolved to your satisfaction, you may submit the complaint to the Financial Sector Conduct Authority.
- Polygraph or any lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating a claim.
- If premium is paid by debit order:
- it may only be in favour of one person and may not be transferred without your approval; and
- the insurer must inform you at least 31 days before the cancellation thereof, in writing, of its intention to cancel such debit order.
- The insurer and not the intermediary must give reasons for repudiating your claim.
- Your insurer may not cancel/terminate your insurance merely by informing your intermediary. There is an obligation to make sure that the notice has been sent to you.

Institutions for Referral of Complaints not resolved to your satisfaction

Short-term Insurance Ombudsman

Postal Address	P.O. Box 32334 Braamfontein 2017
Physical Address	1 Sturdee Avenue, First Floor Block B, Rosebank 2196
Telephone	(011) 726 8900
Fax	(011) 726 5501

FAIS Ombudsman

Postal Address	P.O. Box 74571 Lynnwood Ridge 0040
Physical Address	Kasteel Park Office Park, Orange Building, 2 nd Floor 546 Jochemus Street Erasmus Kloof Pretoria
Telephone	086 066 3247
Fax	086 764 1422
Email address:	info@faisombud.co.za
Web site	www.faisombud.co.za

Financial Sector Conduct Authority

Postal Address	P.O. Box 35655 Menlo Park, 0102
Telephone	(012) 428 8000
Fax:	(012) 346 6941

Sasria SOC Ltd

Postal address	PO Box 653367 Benmore 2010
Physical address	36 Fricker Road Illovo 2196

Disclosure Notice to Short-Term Insurance Policyholders
Important Please Read Carefully

As a Short Term insurance policyholder, or prospective policyholder, you have the right to the following information:

1. About the Intermediary (Insurance Broker)

- (a) Name, physical address, postal address and telephone number
- (b) Legal status and any interest in the insurer
- (c) Whether or not in possession of professional indemnity insurance
- (d) Details of how to institute a claim
- (e) Particulars of the Broker's Compliance Officer
- (f) Rand amount of fees and commissions payable
- (g) Written mandate to act on behalf of insurer

THIS INFORMATION AS FOLLOWS:

- (a) Name, physical address, postal address and telephone number
Name EduRisk Financial Services (Pty) Ltd
 Authorised Financial Services Provider,
FSP No : 53357
VAT Registration No:
Physical Address 23 Ashcombe Park, 150 Prospect Hall Road,
 Durban North 4051
Postal Address 23 Ashcombe Park, 150 Prospect Hall Road,
 Durban North 4051
Email Address info@edurisksa.co.za
Telephone 031 100 2248
- (b) **Legal status and any interest in the insurer**
 Private Company with limited liability with no direct financial interest in the insurer. Licensed by FSCA for short term personal and commercial lines
- (c) **Whether or not in possession of professional indemnity insurance**
 This intermediary (brokerage) is in possession of professional indemnity insurance.
- (d) **Details of how to institute a claim**
 Should you have a claim against your policy, please do the following:
 (i) Notify our claims department at the above address or by telephone on the above number.
 (ii) A claim form will be handed to you, or emailed to you, or posted to you according to your instruction.
 (iii) Should you have any difficulty, kindly contact our claims department and someone will assist you.
- (e) **Particulars of the Brokers Compliance Officer:**
 L Pardy & Associates
Physical Address Unit 5, La Lucia Park, 64 Armstrong Avenue, La Lucia, 4051
Telephone 031 582 1419
Email louise@lpardy.co.za
- (f) **Rand amount of fees and commission payable (excluding VAT)**
Fees As per proposal
Commissions 12.5% on motor, 20% all other risks

2. OTHER MATTERS OF IMPORTANCE

- (a) You must be informed of any material changes to the content provided in paragraphs 1 and 2
- (b) If the information above was given to you verbally, it must be confirmed to you in writing within 30 days.
- (c) If any complaint to the broker or to the insurer is not resolved to your satisfaction, you may submit a complaint to the FAIS Ombudsman.
- (d) Polygraph or similar tests are not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating the claim.
- (e) If premium is paid by debit order:
 (i) It may only be in favour of one person and may not be transferred without your approval and
 (ii) The insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel such debit order.
- (f) The insurer and not the intermediary must give reasons in writing for repudiating your claim.
- (g) Your insurer may not cancel your insurance merely by informing your intermediary.
 There is an obligation to make sure the notice has been sent to you.
- (h) You are entitled to a copy of the policy free of charge.

3. WARNING

Do not sign any blank or partially completed application form. Complete all forms in ink. Keep all documents handed to you. Make note as to what is said to you. Ask for a letter of representation from your adviser. Don't be pressurized to buy the product. Incorrect or non-disclosure by you of relevant facts may influence an insurer on any claims arising from your contract of insurance.

Particulars of the Ombudsman who is available to advise you in the event of claim problems that are not satisfactorily resolved by the insurance intermediary and/or insurer:

FAIS Ombudsman Ombudsman for Short-Term Insurance
 PO Box 74571, Lynnwood Ridge PO Box 74571, Lynnwood Ridge, 2017
Telephone 012 470 9080 **Telephone** 011 726 8900/9097
Fax 012 348 3447 **Fax** 011 726 5501
Email info@faisombud.co.za
Email info@osti.co.za
Website www.faisombud.co.za
Website www.insuranceombudsman.co.za

Particulars of Registrar of Short-Term Insurance :

Financial Sector Conduct Authority
 PO Box 3655, MENLO PARK, 0102
Website www.fsca.co.za
Telephone 012 428 8000
Toll Free 0800 110443 / 0800202087 **Fax** 012 347 0221