



Standard Bank
Corporate Key Accounts
Local and International Automatic Travel
Insurance Policy

Index

| | |
|---|----|
| General Sections | |
| Your Corporate Key Accounts automatic travel insurance benefits at a glance | 2 |
| A. Schedules of benefits | 3 |
| B. About the policy | 5 |
| C. Important contact information and telephone numbers | 6 |
| D. Guidelines to interpretation and definitions | 7 |
| E. General terms and conditions | 11 |
| F. Events and items we do not insure | 15 |
| G. How to claim | 18 |
| Specific Sections | |
| Section 1 Emergency medical and related expenses | 21 |
| Section 2 Personal accident | 24 |
| Section 3 Bryte Travel Assist services | 26 |
| Section 9 Hijack | 28 |
| Section 20 Purchase protection | 29 |
| Other | |
| Your right to know: | 31 |

The numbering reflected in the policy wording is not in consecutive order. It reflects only the *benefits* for which you qualify.

Your Corporate Key Accounts travel insurance benefits at a glance

Automatic Cover

As a Standard Bank credit, Visa and cheque cardholder you qualify for up to 90 days automatic travel insurance for both *local* and *international journeys* when you buy your return *travel ticket(s)* with your Standard Bank credit, Visa and cheque card. Automatic travel insurance is available for travellers between the ages of 3 months and 75 years inclusive.

Automatic travel insurance does not include cover for any pre-existing medical conditions and *hazardous activities*. You have a choice of 3 optional top up plans to supplement the *automatic cover* available to you. For information on the optional top up plans, please contact the Bryte Customer Care Centre on **0861 114 494** or email at sbsa.travelinsurance@brytesa.com.

Optional Top Up Cover

As automatic travel insurance does not include cover for pre-existing medical conditions and *hazardous activities*, you have the option to buy additional cover from a range of 3 top up plans. The *optional top up cover* will supplement your *automatic cover* by providing a wider range of *benefits* and caters for trips up to a maximum of 180 days. The *optional top up cover* is available for travellers between the ages of 3 months and 75 years inclusive.

The standard optional top up plans may not include certain *hazardous activities*. Please refer to the *hazardous activities* listed pages in the optional top up policy wording to ensure that you have cover for your planned activities. Should your activity not appear on our list, please contact the Bryte Customer Care Centre on **0861 114 494** or email at sbsa.travelinsurance@brytesa.com to ensure that you have the appropriate cover in place.

Cover for Pre-Existing Medical Conditions

The *automatic cover* excludes any claims which arise from any pre-existing medical condition that you are aware of. A pre-existing medical condition includes any doctor's consultation or medical advice, treatment, including prescription medication, you received from a *medical practitioner* for any chronic or recurring *illness* or *injury* during the year before the insurance under this policy started.

There are 3 optional top up plans which include cover for pre-existing medical conditions. Please refer to the *schedules of benefits* in the optional top up policy wording to select the appropriate level of cover. The *optional top up cover* is available for travellers between the ages of 3 months and 75 years inclusive.

Seniors Cover

The automatic insurance provides cover for travellers who are up to 75 years of age. However, if you use your Standard Bank credit, Visa and cheque card to buy your return *travel ticket(s)*, and you are between the ages of 76 and 89 years inclusive, you qualify for the Standard Bank credit, Visa and cheque card senior plans. For information on the senior plans, please contact the Bryte Customer Care Centre on **0861 114 494** or email at sbsa.travelinsurance@brytesa.com.

A. Schedules of benefits

| Standard Bank Automatic Cover Age Limit: 3 months up to and including 75 years Duration: 1 to 90 days | | Standard Bank Corporate Key Accounts | |
|---|---|--------------------------------------|---|
| | | Local | International |
| 1. | EMERGENCY MEDICAL AND RELATED EXPENSES | | |
| 1.1 | Emergency medical expenses including terrorism | Not applicable | R3 000 000 |
| | Excess – in patient | Not applicable | R2 000 |
| | Excess – out patient | Not applicable | R2 000 |
| 1.3 | Medical evacuation, transport to medical centres, return to South Africa | Actual expense | Actual expense (part of emergency medical and related expenses) |
| 1.6 | Hospital cash (R500 a day) | Not applicable | R5 000 |
| 2. | PERSONAL ACCIDENT | | |
| 2.1 | Death and <i>permanent total disability</i> – excluding air travel | R250 000 | R500 000 |
| 2.2 | Death and <i>permanent total disability</i> – insurance for air travel only | R250 000 | R500 000 |
| | Terrorism extension | Not applicable | R750 000 |
| 3. | BRYTE TRAVEL ASSIST SERVICES | | |
| 3.1 | Assistance services | | |
| | Cash transfer advice | Assistance only | Assistance only |
| | Consular and embassy referral | Not applicable | Assistance only |
| | Emergency travel and accommodation arrangements | Assistance only | Assistance only |
| | Premature return in the event of death or imminent death of a <i>family member</i> or <i>business associate</i> | Assistance only | Assistance only |
| | Sending urgent messages | Assistance only | Assistance only |
| | Evacuation assistance | Not applicable | Assistance only |
| | Replacement of lost travel documents | Not applicable | Assistance only |
| | 24-hour medical emergency telephone line | Assistance only | Assistance only |
| 3.2 | Visit by a <i>family member</i> | Actual expense | Actual expense up to a maximum of R300 000 |
| 3.3 | Return of stranded children | Actual expense | Included (part of emergency medical and related expenses) |
| 3.4 | Return of stranded <i>travel companion</i> | Actual expense | Included (part of emergency medical and related expenses) |
| 3.6 | Legal assistance when you are abroad | Not applicable | Assistance only |

| Standard Bank Automatic Cover Age Limit: 3 months up to and including 75 years Duration: 1 to 90 days | | Standard Bank Corporate Key Accounts | |
|---|--|--------------------------------------|---|
| | | Local | International |
| 3.9 | Burial, cremation or return of mortal remains | R30 000 | Included (part of emergency medical and related expenses) |
| | Coffin expenses | R10 000 | R10 000 |
| 9. | HIJACK | | |
| 9.1 | <i>Hijack of a public transport carrier (more than 12 hours)</i> | R7 500 | R7 500 |
| 20. | PURCHASE PROTECTION | | |
| 20.1 | Purchase protection | Not applicable | R3 000 |
| ANY ONE LIFE LIMIT | | R250 000 | R3 000 000 |
| TOTAL LIMIT OF ALL CLAIMS | | R10 000 000 | R10 000 000 |

The numbering reflected in the policy wording is not in consecutive order. It reflects only the *benefits* for which you qualify.

B. About the policy

1. The policy is a contract between Bryte Insurance Company Limited and Standard Bank Insurance Brokers (Pty) Ltd

- 1.1 This policy is your travel insurance contract with us. We pay all valid claims if you comply with the terms and conditions of this policy. In this policy:
 - 1.1.1 The words 'you' and 'your' refer to the policyholder and the people named as *insured travellers* on the *travel insurance certificate*;
 - 1.1.2 The words 'we', 'us' and 'our' refer to Bryte Insurance Company Limited, registration number 1965/006764/06;
 - 1.1.3 'Bryte Travel Assist' registration number 131418865 refers to the emergency medical company authorised to help with emergency medical and related claims.
- 1.2 You may not transfer your rights in this policy to anyone else. (This is known in law as cession.)
- 1.3 You may not transfer your obligations under this policy to anyone else. (This is known in law as assignment.)

2. The policy is made up of four documents

- 2.1 **Your travel insurance certificate:** This contains information that is particular to you. It includes the *benefit* plan you qualified for when you applied for insurance, the *benefits* and limits you are insured for and the *excesses* that apply. There is an age limit that applies to the *benefit* plan. Please check your *travel insurance certificate* to make sure you are insured for the *benefit* plan that best suits your needs.
- 2.2 **Policy terms and conditions:** These are set out in this document and include your and our rights and duties, the conditions of insurance, how to claim, and the events and items that we do and do not insure.
- 2.3 **Changes to your policy:** These are also called endorsements. Any changes must be in writing and agreed to by us before they form part of your policy.
- 2.4 **Your right to know:** Information about your short-term insurance. This document is attached to the end of your policy. It gives details about us and the people you can contact for claims and disputes.

3. The structure of this policy

This policy is divided into two parts:

- 1. The first part contains general sections, labelled A to G;
- 2. The second part contains specific sections, numbered from 1 to 21. (The numbering in the policy wording is not in consecutive order. It reflects only the *benefits* for which you qualify). You might not have insurance under every section, and exclusions and limits apply to your insurance. Please check your *travel insurance certificate* to see what you are insured for.

4. Important policy condition – contact us before incurring medical costs

For any medical claims over R5,000 you must get our approval before you incur the costs. If you do not get this approval, your *benefit* will be limited to R5,000.

Contact information for approval is: +1 416 596 0014 (reverse call charges accepted).

5. Benefit plans and age limits

Your *travel insurance certificate* shows the automatic travel insurance *benefits* you qualify for.

The automatic *benefits* are available to travellers between the ages of 3 months and 75 years inclusive.

C. Important contact information and telephone numbers

1. For emergency medical and related claims

Our emergency medical services are available 24 hours a day, 7 days a week. It is important that you contact us as soon as possible when you need assistance. Bryte Travel Assist can be contacted at:

Telephone: +1 416 596 0014 (reverse call charges accepted).

How to make a reverse call for emergency medical and related claims:

- 1.1 Dial the international operator for the country you are in.
- 1.2 Ask to be connected to Bryte Travel Assist on +1 416 596 0014.
- 1.3 Bryte Travel Assist will accept the call charges.
- 1.4 You will be connected to talk to Bryte Travel Assist directly for assistance with your medical emergency.

Please note that you will be charged for the call if you contact Bryte Travel Assist directly.

Please remember to dial the International Direct Dialing Number of the country that you are in, followed by: +1 416 596 0014.

Email: assistance@wtp.ca

2. Non-medical claims and medical claims for out of hospital treatment

For all non-medical claims (for example, claims for *baggage* or cutting the *insured journey* short) and for medical claims for out of *hospital* treatment, you can contact us up to 30 days after you have returned to South Africa at:

Bryte Travel Insurance
PO Box 61489
Marshalltown
2107
Telephone: 0860 723 270
Email: sbsa.travelinsuranceclaims@brytesa.com

Our claims department is open Monday to Friday between 08:00 and 16:30 (South African time). We are closed on public holidays.

3. For sales and benefit plan enquiries

For sales and *benefit* plan enquiries, please contact:

Bryte Travel Insurance
PO Box 61489
Marshalltown
2107
Telephone: 0861 114 494
Email: sbsa.travelinsurance@brytesa.com

Our customer services call centre is open Monday to Thursday between 08:00 and 18:00, Fridays between 08:00 and 17:00 and Saturdays between 08:00 and 13:00 (South African time). We are closed on public holidays.

4. If you have any complaints

We do everything we can to make sure that you get a high standard of service. If you have any cause for complaint, please refer to the document on page 31 of your policy called: **Your right to know: Information about your short-term insurance**. It gives you details of who to contact and how to lodge your complaint.

D. Guidelines to interpretation and definitions

1. Guidelines to interpretation

Singular and plural

Words in the singular include the plural. Words in the plural include the singular.

Headings

Headings are aids to reading and understanding and are not terms in themselves.

Examples

Examples are aids to understanding the terms and conditions. They are not terms or conditions in themselves. The terms or conditions do not apply only to the situations and facts given in the examples or to similar situations and facts.

Including

The word 'including' must be interpreted as not limiting the number or type of items that follows the word.

Legal responsibility

A legal responsibility is a duty imposed on someone to do something, whether imposed by law or created by agreement.

Reference to laws

When there is reference to a law or to a section of a law, we mean that law or section of that law as amended, repealed or replaced.

2. Definitions

In your policy, the words in the left-hand column of the table below have the meanings given in the right-hand column. These definitions apply to the whole policy. There are also extra definitions for each specific section. Words that are defined in the policy are in italics, except for the words 'you' and 'we'.

| | |
|---------------------------|---|
| Accident | An event that is sudden and unexpected, that is caused by external and visible means at a time and place that can be identified, and that results in <i>injury</i> or death. |
| Any one life limit | This is the maximum amount we will pay for <i>automatic cover</i> to one <i>insured traveller</i> for any one or series of <i>accidents</i> or <i>illnesses</i> that result from the <i>insured event</i> . |
| Automatic cover | <i>Benefits</i> you automatically receive when you buy your return <i>public transport carrier</i> ticket with your valid Standard Bank credit, Visa and cheque card. |
| Baggage | Luggage and <i>personal belongings</i> . |
| Benefit | The amount we pay for an event or item we insure. |
| Benefit limit | The most we pay out for the events and items we insure. This amount is shown on the <i>schedule of benefits</i> on your <i>travel insurance certificate</i> . |
| Business | Your work, trade, profession, career or occupation. |
| Business associate | Your <i>business</i> partner, director or employee or consultant. |

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| Child | <p>Any biological, adopted, step or surrogate <i>child</i> or a <i>child</i> who you are the legal guardian of who meets all of the following criteria:</p> <ul style="list-style-type: none"> • Is up to the age of 18 years or up to the age of 24 years inclusive if they are full-time students at an accredited educational institution; • Is financially dependent on you for maintenance and support; • Is not in full-time employment; • Is not married; • Is not pregnant or a parent at the time of an <i>insured event</i>. |
| Country of residence | The country where you are a citizen or a permanent resident. |
| Date of loss | <p>The date that a claim or loss comes into existence. The <i>date of loss</i> depends on the nature of the <i>insured event</i>:</p> <ul style="list-style-type: none"> • For <i>illness</i>, the date you became aware of your <i>illness</i> or the date your <i>illness</i> was first diagnosed, whichever happens first; • For <i>injury</i>, the date that the <i>accident</i> happened; • For all other claims, the date that the <i>insured event</i> happened. |
| Excess | The amount you must pay towards your claim. If an excess applies it will be shown on the <i>travel insurance certificate</i> . |
| Family | Your <i>spouse</i> , parents, parents-in-law, grandparents, step-parents, children, grandchildren, brothers, brothers-in-law, sisters, sisters-in-law, daughters-in-law, sons-in-law, fiancés, half-brothers, half-sisters, aunts, uncles, nieces and nephews. |
| Hazardous activity | An activity, excursion or hobby that introduces or increases the possibility of death or <i>injury</i> . |
| Illness | Any unexpected sickness that you contract during the <i>insured journey</i> and that requires a consultation with a <i>medical practitioner</i> . |
| Immediate family | Your <i>spouse or life partner</i> or children. |
| Inbound journey | An <i>insured journey</i> to South Africa. Your journey starts in your <i>country of residence</i> outside the borders of South Africa. Your insurance starts and ends when you pass through passport control in your <i>country of residence</i> . |
| Injury | Bodily <i>injury</i> caused by an <i>accident</i> directly and independently of all other causes. |
| In-patient | An <i>insured traveller</i> who has been admitted to <i>hospital</i> for <i>medical treatment</i> for <i>injury</i> or <i>illness</i> that in a <i>medical practitioner's</i> opinion requires <i>hospital</i> admission. |
| Insured event | An event that we insure you for under this policy as set out in your <i>travel insurance certificate</i> . |
| Insured journey | An <i>international, local</i> or <i>inbound journey</i> which includes your return journey. |
| Insured traveller | Any person insured under this policy who qualifies for <i>automatic cover</i> or who is named on the <i>travel insurance certificate</i> . |
| International journey | Travel from your home or work (whichever you leave later) to your international destination, and return to your home or work (whichever you arrive at earlier). |

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|-----------------------------------|--|
| Local journey | Travel from your home or work (whichever you leave later) in a direct and uninterrupted manner to a destination within South Africa that is more than 100km's away from your home, and return to your home or work (whichever you arrive at earlier). |
| Medical expenses | All reasonable and expected costs incurred by the <i>insured traveller</i> for <i>injury or illness</i> on an <i>insured journey</i> resulting in <i>medical treatment</i> prescribed or performed by a <i>medical practitioner</i> . |
| Medical practitioner | A person registered with a current, legal license to practice medicine, optometry, dentistry or a veterinarian but excludes you and any members of your <i>immediate family</i> . |
| Medical treatment | A <i>medical practitioner's</i> medical advice, treatment, surgery, diagnosis, consultations and prescribed medication. |
| Optional top up cover | <i>Benefits</i> that can be bought that will supplement the <i>automatic cover benefits</i> . |
| Other insurance | Any <i>insured event</i> or claim covered, paid or payable for the whole or any part of your <i>insured journey</i> under any other policy you may have such as automatic credit card insurance, medical aid scheme, medical cover, <i>other insurance</i> or statutory insurance. |
| Period of insurance | The <i>period of insurance</i> for <i>automatic cover</i> will start on the start date of your <i>insured journey</i> . The maximum <i>period of insurance</i> is 90 days. Both the start date and the end date are included in the <i>period of insurance</i> . |
| Permanent total disability | A permanent medical condition that is likely to continue for the remainder of your life, as certified by a <i>medical practitioner</i> , and that prevents you from conducting any <i>business</i> . |
| Personal belongings | Items that are normally worn or carried on you, for example, money, glasses, dentures, purses, wallets and cosmetics, but excluding electronic equipment. |
| Public transport carrier | Any scheduled or chartered land, water or air conveyance that you are travelling in as a fare-paying passenger and that meets both of the following criteria: <ul style="list-style-type: none"> • It is legally licensed to carry fare-paying passengers; • It operates commercially and complies with the laws and regulations that apply in the country it operates. <i>Public transport carrier</i> excludes minibuses, non-standard motor vehicles and non-pressurised single engine piston aircraft. |
| Schedule of benefits | The <i>benefits</i> applicable to the cover you qualify for. It shows the most we pay out for claims and the <i>excesses</i> that apply to those <i>benefits</i> . |
| Spouse or life partner | A person who is any of the following: <ul style="list-style-type: none"> • Recognised by South African law as your husband or wife by marriage; • A civil partner by civil union; • Fiancé; • Any person you have lived together with as a couple for more than six consecutive months. This policy insures one <i>spouse or life partner</i> only. |
| Total limit of all claims | This is the maximum amount that we will pay for <i>automatic cover</i> according to the <i>benefits</i> applicable to the card used to buy your <i>public transport carrier</i> ticket. |

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|-------------------------------------|--|
| Travel companion | A person who is also insured under a Bryte travel policy who is travelling with you or who has arranged to travel to the same destination on the same date and on the same <i>public transport carrier</i> . |
| Travel insurance certificate | A document that is part of this policy that sets out your details, details of the <i>insured journey</i> and the <i>schedule of benefits</i> . |
| Travel supplier | Any one or more of the following licensed operators in South Africa: <ul style="list-style-type: none"> • A scheduled airline, exiting South Africa including all connecting and onward flights forming part of the <i>insured journey</i>. (This excludes chartered airlines); • A cruise line; • A rail or coach operator; • A car rental company; • A hotel booked before you start your <i>insured journey</i>. |
| Travel ticket | A document or electronic record, issued to or for a traveller by or on behalf of a <i>public transport carrier</i> , that confirms that you are entitled to a seat on the <i>public transport carrier</i> . |
| Travel wholesaler | An intermediary between a <i>travel supplier</i> and a consumer. A <i>travel wholesaler</i> puts together the services of <i>public transport carriers</i> , ground service suppliers and other travel needs into a tour package which is sold through retail travel agents to the public. A <i>travel wholesaler</i> develops, prepares, markets and reserves inclusive tours and individual travel packages. |
| War | A conflict carried on by force as between nations or military forces or between parties within a nation whether declared or not. |
| Warrant | Guarantee facts or conditions that we can rely on as true. |

E. General terms and conditions

These general terms and conditions apply to the whole policy. There are also extra terms and conditions for each specific section. You must comply with both the general and the specific terms and conditions of your policy.

1. Information you must give us

You must give relevant, true and complete information

- 1.1 You must give us relevant, complete and true information about yourself and *insured travellers* when you buy this policy and when you claim.
- 1.2 Relevant information is any information that:
 - 1.2.1 a reasonable person would consider is important to give to an insurance company;
 - 1.2.2 might impact on your policy or any claims.Examples of relevant information are age, health conditions, taking part in *hazardous activities*. These are examples only and not a full list of what relevant information is. If you are in doubt, rather tell us.
- 1.3 The information can be given to us by phone, email, letter, or in person. We have the right to treat all information contained in your *travel insurance certificate* as being true and complete. If you authorise anyone else to contact us, you must make sure that we get information that is relevant, complete and true.

Tell us about any changes to the information you give us

- 1.4 You must tell us immediately that there are changes to any information we have on record for you and *insured travellers*.

Our rights if you do not comply

- 1.5 If you do not give us relevant, complete and true information, or if you do not immediately let us know of any changes, we have the right to do any one or more of the following:
 - 1.5.1 Change certain terms and conditions of your policy;
 - 1.5.2 Cancel your policy or any section of your policy from any date we choose;
 - 1.5.3 Treat your policy as if it had never started;
 - 1.5.4 Not pay your claim;
 - 1.5.5 Recover any amounts we have paid for previous claims on this policy if those claims were based on incomplete or false information that you gave us.

2. You give us your consent to share your information

- 2.1 When you qualify for travel insurance from us, you give us your consent to share information about you. We only do so in line with the Bryte privacy policy which is available on our website www.brytesa.com. We can also email, fax or post it to you on request.

We use your information for the following purposes only:

 - 2.1.1 To manage your policy;
 - 2.1.2 To improve our services to you and other customers (through research and analysis of your information);
 - 2.1.3 To protect our interests;
 - 2.1.4 To prevent and detect fraud, money laundering and other crime;
 - 2.1.5 To meet our obligations to any regulatory authority.
- 2.2 By applying for insurance with us and at any time during and after the *period of insurance*, you agree that we have the right to share personal information about you with any legitimate

sources. You warrant that you have received permission from every *insured traveller*, including minor children, that we may share their personal information.

- 2.3 We undertake to only share your personal information with legitimate sources for the purposes of this insurance contract. Examples of legitimate sources are other insurers, financial institutions, medical institutions and crime bureaus.
- 2.4 We have the right to share your personal information at any time if there is a legal requirement to do so.

3. When insurance starts and ends

- 3.1 The *period of insurance* for *automatic cover* starts on the day of your *insured journey*. The maximum *period of insurance* is 90 days if you did not buy *optional top up cover*.
- 3.2 Your insurance ends on the earliest of the following dates:
 - 3.2.1 The end date stated on the *travel insurance certificate*;
 - 3.2.2 The date you complete your *insured journey*;
 - 3.2.3 The date your policy is cancelled by you or us.

Extending your policy

- 3.3 You can ask us to extend this policy by applying for an extension. You must apply for an extension at least one *business day* before the end date of the policy. We can change any terms and conditions, including premiums, *benefit limits* and exclusions of this policy at the time of the extension. The policy cannot be extended beyond 90 days.
- 3.4 If you cannot return to South Africa or your *country of residence* on the end date stated in your *travel insurance certificate* or after 90 days, whichever occurs first, because of an *insured event* under Section 1 : Emergency medical and related expenses and your policy ends, we automatically extend it. We will extend the *period of insurance* until you are medically fit to return to South Africa or your *country of residence* for up to one year after the *insured event* occurred. A *medical practitioner* we appoint will decide when you are medically fit to return.

Cancelling your policy

- 3.5 We may cancel this policy by written notice at any time before the start date shown on the *travel insurance certificate*.

4. Conditions of cover

4.1 Automatic cover

- 4.1.1 *Automatic cover benefits* are subject to you buying your return *public transport carrier* ticket with your Standard Bank credit, Visa and cheque card.
- 4.1.2 The full cost of your return *public transport carrier* ticket must be paid for with your Standard Bank credit, Visa and cheque card.
- 4.1.3 You do not qualify for *automatic cover* if you did not use your Standard Bank credit, Visa and cheque card to pay for your return *public transport carrier* ticket. You may however buy the optional top up *benefits* by paying with your Standard Bank credit, Visa and cheque card. For information on the optional top up plans, please contact the Bryte Customer Care Centre on 0861 114 494 or email at sbsa.travelinsurance@brytesa.com.
- 4.1.4 You only qualify for *automatic cover benefits* when you enter South Africa on an *inbound journey*. Cover for *inbound journeys* are subject to you buying your *public transport carrier* ticket with your South African Standard Bank credit, Visa and cheque card.
- 4.1.5 When buying more than one *public transport carrier* ticket with your Standard Bank credit, Visa and cheque card for travellers travelling on the same *insured journey*, we only pay the *total limit of all claims* for any one *accident* or series of *accidents* caused by one event for each travel party or *family*.

5. Paying claims

- 5.1 We pay only for valid claims. We do not pay you more than the *benefit limits*.
- 5.2 We pay the *benefit* to you except where you claim for emergency medical and related expenses while on an *insured journey*. In this case, we pay the *benefit* to the provider of the *medical expenses*. After we have paid the *benefit* for a valid claim, we have no further legal responsibility to you or to anyone else.
- 5.3 We pay the *benefit* to you except when you claim for legal responsibility to a third party while on an *insured journey*. In this case we pay the *benefit* to the person who claims for legal responsibility to a third party. After we have paid the *benefit*, we have no further legal responsibility to you or anyone else.
- 5.4 We only pay the *total limit of all claims* for any one *accident* or series of *accidents* caused by one event for each travel party or *family*.
- 5.5 If we issue two or more travel policies for the same *insured journey* that apply to the same claim, then the most we pay is the highest *benefit limit* shown in one of the policies. We only pay under one policy.
- 5.6 When your children are travelling with you on the *automatic cover* on the same *insured journey* we only pay the *total limit of all claims* for you and your children. This applies to each *insured traveller* named on the *travel insurance certificate*. Where the Short Term Insurance Act (53 of 1998) places limits for insurance for a *child*, we only pay up to these limits.
- 5.7 For *permanent total disability* of a *child*, the most we pay is 20% of the *benefit limit*.
- 5.8 For death of a *child*, the most we pay is the lower amount of either:
 - 5.8.1 20% of the *benefit limit*; or
 - 5.8.2 The amount allowed by law at the *date of loss*.
- 5.9 You are responsible for any taxes on *benefit* payments.
- 5.10 We do not pay any interest on *benefit limits*.

6. If you have other insurance

This clause does not apply to Personal accident (Section 2).

- 6.1 The policy operates on a “first response basis” for emergency medical and related expenses. This means that in a medical emergency we will assist you but any expenses incurred will be recovered from *other insurance* you might have in place. If any claim under this policy is covered by *other insurance*, this policy will be deemed to be in *excess* of your *other insurance* and you will have to claim against your *other insurance* first. For example if an airline is responsible for all or some of your claim, you must claim against the airline first. We pay our proportion of the claim where we share legal responsibility with the airline. The amount we pay is the *benefit limit* less the amount the airline is responsible for.
- 6.2 When you claim on this policy, you must tell us about any *other insurance* you may have that insures you for the *insured event*. You must transfer to us all your rights to claim from those insurers. This transfer is known in law as subrogation. The cession must allow us to do all things necessary to claim against the other insurers, including bringing legal action against them if they do not pay their proportion of the claim.
- 6.3 If we have already paid the claim in full to you, your rights to claim from other insurers are automatically transferred to us. This means we can claim against those insurers in your name. See paragraph 7 below.
- 6.4 You must co-operate fully with us when we exercise our rights to claim against other insurers. This includes:
 - 6.4.1 Not doing anything that negatively affects or limits our rights;
 - 6.4.2 Giving us whatever information and documents we ask you for;
 - 6.4.3 Signing any document that we may give you for us to exercise our rights;

6.4.4 Giving us permission to contact any of the other insurers about the claim and to contact any third parties that you may have a claim against;

6.4.5 We reserve the right to confirm your other short term insurance.

7. Conducting legal and settlement proceedings in your name

We have the right to start or take over and conduct any legal proceedings and settlements in your name. (This is known in law as subrogation.) We have the right to do so before or after we have paid a claim. You must do everything that we reasonably ask for to give effect to this right.

8. Public transport carrier tickets

We have the right to use your *public transport carrier* ticket to limit our expenses.

9. Payments made in South African Rand

9.1 All *benefits* except for emergency medical and related expenses are paid in South Africa and in Rand (ZAR), even if the event happened outside South Africa. The exchange rate that we use is calculated on the date that you incur expenses in a foreign currency.

9.2 You must pay the excesses in South African Rand (ZAR).

10. The contract is agreed in South Africa

10.1 For an *international journey*, the *insured journey* must begin and end in South Africa.

10.2 For a *local journey*, the *insured journey* must be within the borders of South Africa.

10.3 For an *inbound journey*, the *insured journey* will only start once you pass through passport control in your *country of residence*.

10.4 You must be a legal resident in South Africa to travel on this policy, except when travelling on an *inbound journey*.

10.5 The laws of South Africa govern this policy.

10.6 South African courts have the exclusive authority to hear matters arising from this policy. (This authority is known in law as jurisdiction.)

11. SAA Voyager and BA Executive Club miles

If you bought your return *public transport carrier* ticket with SAA Voyager and BA Executive Club miles earned by using your Standard Bank credit, Visa and cheque card, you only qualify for *automatic cover benefits* when you buy one of the optional top up *benefit* plans. You must use your Standard Bank credit, Visa and cheque card to pay for the optional top up *benefit* plans.

F. Events and items we do not insure

These are general events and items we do not insure you for. They apply to the whole policy. Please also check the specific sections (1 – 21) for specific exclusions under those sections. The numbering in the policy wording is not in consecutive order. It reflects only the *benefits* for which you qualify.

1. **Fraud and dishonesty**

We do not pay for claims that are based on fraud or dishonesty. This includes any claims for events that you, or any person colluding with you, bring about deliberately so that you can make a claim. (Colluding means to act together with another person or people to achieve a dishonest or fraudulent outcome.)

2. **Breaking the law**

We do not pay for claims arising from you deliberately breaking the law in the country you are travelling in.

3. **Consequential loss**

We do not pay for consequential loss. Consequential loss is loss or damage that is not directly caused by an *insured event*.

4. **Normal travel expenses**

We do not pay for any expenses that you would normally spend on a journey.

5. **Travelling other than as a fare-paying passenger**

We do not pay you for claims if you are:

- 5.1 Travelling by air as part of an aircraft crew or travelling in a non-scheduled aircraft;
- 5.2 Travelling as a crew member on a ship;
- 5.3 Travelling illegally.

6. **Emigration**

We do not accept claims if the intention of the *insured journey* is to emigrate. We do, however, pay for emergency medical and related expenses for the first 31 days after you have arrived in your new *country of residence*. To receive payment, you must have bought *optional top up cover* that covers you for 31 days after your arrival in your new *country of residence*. We only pay for emergency medical and related expenses that your medical aid would have paid if the *insured event* happened to you in South Africa.

7. **Medical and related expenses for treatment in South Africa**

We do not pay for the medical and related expenses you incur in South Africa or your *country of residence* before the start date of the *insured journey*.

We do not pay for follow-up treatment in South Africa.

8. **Medical conditions you had before insurance started**

We do not insure any medical conditions you had before your travel insurance started. (These are called pre-existing medical conditions.) A pre-existing medical condition includes any doctor's consultation or medical advice, treatment, including prescription medication, you received from a *medical practitioner* for any chronic or recurring *illness or injury* during the year before the insurance under this policy started.

The optional top up plans include cover for pre-existing medical conditions. For information on the optional top up plans, please contact the Bryte Customer Care Centre on 0861 114 494 or email at sbsa.travelinsurance@brytesa.com.

9. **Travelling for the purpose of receiving medical treatment**

We do not insure claims arising from or relating to any medical condition where you are travelling for the purpose of or getting *medical treatment*, even when this is not the only reason for the *insured journey*.

10. Specific medical conditions

We do not pay for claims caused by or resulting from any of the following:

- 10.1 Travelling when you have been advised by a *medical practitioner* not to do so;
- 10.2 Travelling when you are unfit to do so;
- 10.3 Pregnancy and giving birth. However, we do insure unexpected medical complications and emergencies that take place in the first 26 weeks of the pregnancy;
- 10.4 Sexually transmitted diseases;
- 10.5 AIDS and HIV and any related *illness* or conditions, however you contracted them;
- 10.6 Mental or nervous disorders or *illness* such as psychiatric disorders, depression, anxiety, stress, personality disorders, mental retardation, autism, substance disorders, psychosexual disorders, adjustment disorders, or other mental disorders or *illness* determined by a qualified member of the South African Society of Psychiatry;
- 10.7 If you have received medical advice or treatment (including medication) for hypertension in the 12 months before the start of the *insured journey* unless you have bought the *optional top up cover* that includes cover for pre-existing medical conditions.

11. Cardiac or cardio vascular or vascular or cerebro-vascular conditions

If you are 70 years or older, we do not pay for claims caused by or resulting from any cardiac or cardio vascular or vascular or cerebro-vascular *illness* or consequences or complications that can reasonably be related to these conditions.

12. Causing harm to yourself

We do not pay for claims arising from any of the following:

- 12.1 You committing or attempting to commit suicide;
- 12.2 You intentionally inflicting *injury* or harm on yourself;
- 12.3 You exposing yourself deliberately to danger (except in an attempt to save human life).

13. Under the influence of alcohol or drugs

We do not pay for claims arising from any of the following:

- 13.1 If you are under the influence of alcohol with more than the legal limit of alcohol in your blood or breath at the time of the *insured event*. The legal limit that applies is the legal limit of the country in which the *insured event* took place;
- 13.2 If you are under the influence of drugs or narcotics unless these were administered or prescribed by a *medical practitioner* and taken according to the directions of the *medical practitioner*;
- 13.3 Abuse of anything that may influence your judgement or control including alcohol abuse, substance abuse, solvent abuse, or drug abuse.

14. Two-wheeled motor vehicles

We do not pay for claims arising from you using a two-wheeled motor vehicle if at the time of the *insured event* any one or more of these conditions existed:

- 14.1 The person in control of the two-wheeled motor vehicle did not have a valid license for the vehicle;
- 14.2 You were not wearing a crash helmet;
- 14.3 You were taking part in a race or hazardous driving;
- 14.4 You were off-road.

15. Manual labour and professional sport

We do not pay for claims resulting directly or indirectly from the following:

15.1 Manual labour

We do not pay for claims resulting directly or indirectly from your employment as a manual labourer.

Manual labour involves physical work including the use, installation, assembly, maintenance or repair of electrical, mechanical or non-mechanical power tools and industrial machinery, equipment or tools. We exclude cover for construction work, work above 2 storeys or 3 metres, building sites, mines or any occupation involving heavy lifting.

15.2 Professional sports

We do not pay for claims resulting directly or indirectly from you taking part in any sport as a professional sports player.

A professional sports player is any person who receives a fee, endorsement, financial reward or gain as a result of you taking part in the sport.

16. Insolvency of travel supplier, travel wholesaler or airline

We do not pay for claims arising from the *insolvency* of the *travel supplier*, *travel wholesaler* or any other organisation involved in the *insured journey*.

17. Military, war and similar events

We do not pay for claims caused by or resulting from you being in active service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation.

We do not pay for claims caused by or resulting from *war*, invasion, act of foreign enemy, hostilities, rebellion, revolution, insurrection or military or usurped power. However, you are insured for seven days from the start of the hostilities if you did not expect or could not reasonably have known of these events abroad and do not actively take part in them.

18. Nuclear material

We do not pay for claims resulting directly or indirectly from ionising, radiation, radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel where your exposure could have reasonably been avoided. Combustion includes any self-sustaining process of nuclear fission.

19. Poisonous, biological or chemical materials

We do not pay for claims resulting directly or indirectly from the release, dispersal or application of pathogenic or poisonous biological or chemical materials where your exposure could have reasonably been avoided.

20. Search and rescue costs

We do not pay for claims for search and rescue costs.

21. Bryte sanctions clause

We will not provide any cover, make any payments or provide any service or *benefit* to any *insured traveller* or other party that will violate any applicable trade or economic sanctions law or regulation.

22. Taking part in sports, hazardous activities or adventure sports

Automatic travel insurance does not include cover for sports, *hazardous* activities or adventure sports.

There are 3 optional top up plans which includes cover for sports, *hazardous activities* or adventure sports. For information on the optional top up plans, please contact the Bryte Customer Care Centre on 0861 114 494 or email at sbsa.travelinsurance@brytesa.com.

G. How to claim

Before you claim, check these terms and conditions, the specific exclusions under each section, your *travel insurance certificate*, including the *schedule of benefits*, and any written changes to your policy to find out if you are insured. If you have a valid claim and you follow the proper process for claiming below, we will pay your claim. **The most we pay for any insured event is the benefit limit shown on the schedule of benefits.**

1. Tell us about your claim

- 1.1 You must give us notice in writing:
 - 1.1.1 Within 90 days of an *accident* that might give rise to a claim under Section 2: Personal accident of this policy.
 - 1.1.2 Within 30 days of any other *insured event*.
- 1.2 We only pay a *benefit* for death if we receive a death certificate within 90 days of the *insured event*. We have the right to have a coroner or relevant *medical practitioner* examine the body. (This is known as a post-mortem examination or an autopsy.)

2. Fill in a claim form and give us proof

You can call Bryte Travel on 0860 723 270 to get a claim form faxed, posted or emailed to you.

You must, at your own cost, give us all proof that we ask for about the *insured event*. Please see the table on pages 19 to 20 for the documents we need.

3. Undergo medical examinations

If we ask you to, you must go for medical examinations relating to your *injury* or *illness*. We pay for the medical examinations we ask you to attend. We own any medical report that results from the examination. It will be treated as our confidential information but you may ask for a copy at any time.

After an *accident*, you must visit a *medical practitioner* and undergo any treatment the *medical practitioner* considers necessary. You must undergo the *medical treatment* within a reasonable time. If you do not undergo the suggested treatment within a reasonable time, we have the right to refuse to pay for any treatments.

4. Report crimes to the police

You must report all criminal events to the police in the country where the *insured event* occurred. You must give us a copy of the police report when we ask for it.

5. Do not admit legal responsibility to third parties

- 5.1 After an *insured event*:
 - 5.1.1 Do not tell any third party that you were at fault;
 - 5.1.2 Do not offer to settle or pay a third party's claim against you without our written consent;
 - 5.1.3 Do not make any promises of payment or *indemnity* to anyone else relating to the *insured event*.
- 5.2 If you do any of these, we have the right to reject your claim and any third party's claim. This is because, by doing any of these, you might open yourself up to claims against you. This could include claims or charges being brought against you by a third party or the police. By admitting legal responsibility, you could negatively affect our negotiations with third parties. You might not be responsible, even when you think you are, or you might have less legal responsibility than you believe.

6. Table showing proof we need for claims

| A. Benefit section | B. Proof we need |
|---|---|
| For all claims | <ol style="list-style-type: none"> 1. A completed claim form that you have signed; 2. Copy of your <i>travel insurance certificate</i> (where applicable); 3. Copy of your <i>public transport carrier</i> ticket (air ticket, train ticket, bus ticket, cruise ticket, etc); 4. Copy of a cancelled cheque or a letter from your bank confirming your bank details; 5. Copy of all receipts and invoices you received from your travel agent or tour operator; 6. Copy of your Standard Bank credit, Visa and cheque card bank statement reflecting the purchase of your <i>public transport carrier</i> ticket; 7. Proof of your <i>other insurance</i>. |
| Section 1: Emergency medical and related expenses | <ol style="list-style-type: none"> 1. Comprehensive medical report from treating doctor (diagnosis); 2. Report from your local <i>medical practitioner</i> stating what treatment was received 12 months before the start date of the policy; 3. Proof of costs incurred for <i>medical expenses</i>; 4. Detailed description of the event that led you to seek <i>medical treatment</i>; 5. Details of your medical aid (if any). |
| Section 2: Personal accident | <ol style="list-style-type: none"> 1. Medical reports; 2. Death certificate showing the cause of death (if the claim relates to accidental death); 3. Inquest and postmortem reports when they become available (if the claim relates to accidental death); 4. Copy of police report if death is due to an <i>accident</i>. The police station and reference number if death is being criminally investigated; 5. Blood alcohol results if the <i>insured traveller</i> was the driver in a motor vehicle <i>accident</i>. |
| Section 3: Bryte Travel Assist services | <ol style="list-style-type: none"> 1. Copy of receipts for expenses incurred; 2. In the case of death, a copy of the death certificate indicating the cause of death and all medical reports. |
| Section 9: <i>Hijack</i> | <ol style="list-style-type: none"> 1. Copy of police or relevant authority report. |
| Section 20: Purchase protection | <ol style="list-style-type: none"> 1. Copy of your Standard Bank credit, Visa and cheque card statement showing the purchase you made; 2. An itemised receipt from the retailer showing the purchase you made; 3. Copy of police report if your purchase was stolen. |

7. If we do not accept your claim

- 7.1 If we reject your claim, we will inform you in writing. You have the right to object to our decision. Your objection must be in writing and we must receive it within 90 days of the date of the rejection letter.
- 7.2 You may write to our Compliance Officer or the Short-Term Insurance Ombudsman if you are not satisfied with the outcome of your claim.
- 7.3 If the matter is not resolved and you choose to start legal proceedings against us, you must do so within 6 months from the end of the 90-day period for the objection.
- 7.4 All time limits will be on hold while a rejected claim is being considered by your legal representative or by the Ombudsman.

Specific benefits of the policy

Please note that the sections listed below are not in consecutive order. It reflects only the *benefits* for which you qualify.

Section 1

Emergency medical and related expenses

Definitions

| | |
|---|---|
| Emergency medical expenses | All reasonable expected costs that we alone decide are medically necessary for <i>illness</i> or <i>injury</i> on an <i>insured journey</i> . |
| Hospital | <p>Any legally constituted establishment that operates according to the laws of the country in which it is situated. It must meet all of the following criteria to be recognised as a <i>hospital</i>:</p> <ol style="list-style-type: none"> 1. It operates primarily for receiving, caring for and treating sick and injured people as <i>in-patients</i>; 2. It admits <i>in-patients</i> only under the supervision of a <i>medical practitioner</i>; 3. It maintains organised facilities for the medical diagnosis and treatment of sick and injured people and, where appropriate, provides on-site facilities for major surgery; 4. It provides full-time nursing services by or under the supervision of a staff of nurses; 5. It is not a day clinic, health hydro or nature clinic; 6. It is not a mental institution, an institution maintained primarily for the treatment of psychiatric diseases, or the psychiatric department of a <i>hospital</i>; 7. It is not a place for the treatment of chemical dependency or an establishment or a special unit of a <i>hospital</i> used primarily as a place for treatment of drug addicts or alcoholics; 8. It is not a hospice, a frail care centre, a rest home or nursing, convalescent-assisted living or extended care facility. |
| Reasonable and expected medical expenses | <p>The standard costs that are medically required for treatment, including the costs of supplies and medical services. We do not pay for costs that are more than either of the following:</p> <ol style="list-style-type: none"> 1. The usual level of costs for similar treatment, supplies and medical services in the locality where the costs are incurred; 2. The costs for treatment that would have been charged if you did not have insurance. |

How we pay

If you have a valid claim, we pay only up to the *benefit limit*. If there is an *excess*, we will deduct the *excess* amount from the amount we pay to you. This applies to all the events and items we insure listed in the paragraphs that follow.

What we insure

1.1 Emergency medical and related expenses

We pay for *emergency medical expenses* you incur because of *illness* or *injury* while travelling on an *insured journey*.

We also pay for reasonable additional accommodation if your trip is extended beyond your scheduled return date due to medical reasons.

1.3 Medical evacuation, transport to medical centres, return to South Africa or your country of residence

We pay emergency transport that you need if you suffer an *illness* or *injury*. We will do one or more of the following:

1. Transfer you to another location to get necessary *medical treatment*;
2. Return you to South Africa or your *country of residence*;
3. Pay for the cost of the emergency transport service, including the necessary accompanying medical staff.

Conditions

1. We only pay if you have received our consent before you use the emergency transport.
2. We may decide where and how to move you depending on the medical advice you receive.
3. We may use your return ticket towards this emergency transport.

1.6 Hospital cash

We pay for your *hospital* stay as an *in-patient* if the *medical practitioner* decides it is necessary to diagnose and treat an *injury* or *illness* you suffered from while on an *insured journey*. We pay the *benefit limit* for each full day that you are in *hospital*. For this *benefit*, a day is a period of 24 hours starting from the time you are admitted and continuing until you are discharged. We only pay for full days so if you remain in *hospital* for a portion of a day, that time is not counted. For example, if you are in *hospital* as an *in-patient* for 58 hours, we will pay only for two 24-hour periods (48 hours). We do not pay for the remaining 10 hours you are in *hospital*.

Specific conditions for Section 1

1. You must obtain written consent from us before you incur expenses over R5,000. If you do not get this written consent, we do not pay more than R5,000.
2. We pay medical and related expenses until you are advised by a *medical practitioner* that we appoint, that you can return to South Africa or your *country of residence*. If the *medical practitioner* decides that you can return but you choose not to, you must pay all further medical and related expenses that you incur from that date. We have the right to use your original *travel tickets*. Any refund you would get from unused tickets belongs to us.
3. If you cannot return to South Africa or your *country of residence* on the end date stated on your *travel insurance certificate* because of an *insured event* under this section and your policy ends, we automatically extend it. We will extend the *period of insurance* until you are medically fit to return to South Africa or your *country of residence* or up to one year after the *insured event* occurred. A *medical practitioner* we appoint will decide when you are medically fit to return.

Specific exclusions for Section 1

We do not pay for any *medical expenses* you incur for any of the following:

1. Medication or treatment you started before the start date of the *insured journey*;
2. Diagnostic treatment not considered by a *medical practitioner* as immediately necessary;
3. Specialist *medical treatment* without a referral from a *medical practitioner*;
4. Any procedures relating to dental hygiene or oral hygiene;
5. Contraceptive devices, prosthetic devices, medical appliances or artificial aids;
6. Preventative treatment, including any vaccinations or immunisations;
7. Physiotherapy or chiropractic treatment of more than R1,000, unless you are admitted to a *hospital* as an *in-patient*;
8. A *medical practitioner* has advised you not to travel;
9. Treatment that you and your *medical practitioner* are aware may arise during the *insured journey*;

10. Cosmetic surgery;
11. A terminal prognosis with a life expectancy of less than 24 months diagnosed before you started the *insured journey*;
12. Cardiac or cardio vascular or vascular or cerebro-vascular *illness* or consequences or complications that, in the opinion of a *medical practitioner*, can reasonably be related to these conditions for persons aged 70 years or older;
13. Travelling for the purpose of receiving *medical treatment*.

Section 2

Personal accident

Definitions

There are no extra definitions for this section. Please refer to the definitions on pages 7 to 10.

How we pay

If you have a valid claim, we pay only up to the *benefit limit*. If there is an *excess*, we will deduct the *excess* amount from the amount we pay to you. This applies to all the events and items we insure listed in the paragraphs that follow.

What we insure

2.1 Death and permanent total disability – excluding air travel

This *benefit* does not apply to the time that you are travelling in an aircraft. For air travel *benefit* see below 2.2 Death and *permanent total disability* – insurance for air travel only.

If you suffer an *injury* that results in death or permanent disability, we pay you a percentage of the *benefit limit* set out in the table at the end of this section.

If you disappear and after 12 months it is reasonable to believe that you may have died from an *injury*, we pay the death *benefit* to your beneficiary. Your beneficiary must give us a signed undertaking that the *benefit* will be refunded to us if you did not die or if you did not die from an *insured event*. A beneficiary is the person you choose to receive the *benefit* from us if you die.

2.2 Death and permanent total disability – insurance for air travel only

If you suffer an *injury* that results in death or permanent disability, we pay you a percentage of the *benefit limit* set out in the table at the end of this section.

This *benefit* applies if you suffer an *injury* on an *insured journey* while you are in, boarding or getting off the *public transport carrier*.

Specific conditions for Section 2

1. If we accept a claim for *permanent total disability*, we pay the *benefit limit*. After we make a payment, your insurance under this Section 2: Personal accident comes to end.
2. We only pay for *permanent total disability* if we receive proof from your *medical practitioner* that the disability will most likely continue for the rest of your life.
3. We do not pay more than 100% of the *benefit limit* when more than one *injury* arises from the same *accident*.
4. We pay the *benefit limit* for either:
 - 4.1 Death and *permanent total disability* – excluding air travel; or
 - 4.2 Death and *permanent total disability* – insurance for air travel only.
5. A *medical practitioner* must diagnose that the *permanent total disability* is permanent and confirm this in a report to us.
6. If you have an existing *illness*, weakness or other physical or mental disability and it is made worse by an *accident*, we will calculate the *benefit* by the degree the condition is made worse. We base our calculations on medical evidence.
7. If you have a medical condition that existed before this policy started and that medical condition is made worse by an *accident*, we calculate the *benefit* by the degree the medical condition is made worse. We base our calculations on medical evidence.

8. If the consequences of an *accident* are worse because of a medical condition that existed before this policy started, we calculate the *benefit* by considering the consequences the *accident* would have had if the medical condition did not exist. This does not apply if the medical condition came about because of an earlier *accident* you had for which a *benefit* has been or will be paid under this policy.
9. If you die of natural causes before your disability is confirmed by a *medical practitioner*, we pay what we would have had to pay for the total permanent disability according to specific condition 4.1 above. We do not pay the *benefit* that applies to death.
10. If a *child* dies we pay the lower amount of either:
 - 10.1 20% of the *benefit limit*; or
 - 10.2 The amount that is stated by law at the *date of loss*.
11. For *permanent total disability* of a *child*, the most we pay is 20% of the *benefit limit*. However, we do not pay any *benefit* for occupational disability of a *child*.

Specific exclusions for Section 2

We do not pay any *benefit* under this Section 2: Personal accident for any *insured event* caused by any type of *illness* or bacterial infection. We do pay, however, if you get the *illness* or bacterial infection from blood poisoning or *medical treatment* resulting from an accidental cut or wound.

Table of benefits for death and permanent disability

| Insured event | Percentage of benefit limit that we pay |
|--|---|
| Category 1 – Death | 100% |
| As a result of an <i>accident</i> | 100% |
| As a direct result of exposure to the elements of nature as a direct result of an <i>accident</i> | 100% |
| Disappearance where presumed dead | 100% |
| Category 2 – <i>Permanent total disability</i> | 100% |
| As a result of an <i>accident</i> | 100% |
| As a direct result of exposure to the elements of nature as a direct result of an <i>accident</i> | 100% |
| Category 3 – <i>Permanent total disability</i> | |
| Total, permanent and irrecoverable loss of hearing in both ears | 100% |
| Total, permanent and irrecoverable loss of hearing in one ear | 50% |
| Total, permanent and irrecoverable loss of sight in both eyes | 100% |
| Total, permanent and irrecoverable loss of sight in one eye | 50% |
| Total, permanent loss of both hands or feet | 100% |
| Total, permanent loss of one hand or one foot | 50% |
| Total, permanent loss of speech | 100% |
| Total, permanent loss of four fingers and thumb of either hand | 50% |
| Total permanent disabilities not otherwise provided for under the <i>insured events</i> under permanent disability | 15% |

Section 3

Bryte Travel Assist services

Definitions

There are no extra definitions for this section. Please refer to the definitions on pages 7 to 10.

How we pay

If you have a valid claim, we pay only up to the *benefit limit*. If there is an *excess*, we will deduct the *excess* amount from the amount we pay to you. This applies to all the events and items we insure listed in the paragraphs that follow.

What we insure

3.1 Assistance services

We offer you our 24-hour worldwide assistance services.

We arrange access to the following services:

1. Cash transfer advice. If you need money to pay for travel or accommodation because of theft, loss, *illness* or *injury*, we will advise you on the process you must follow to get money.
2. Consular and embassy referral. Where possible, we will give you the details of the representative of the relevant consulate or embassy. For example, if you have lost your passport or travel documents.
3. Emergency travel and accommodation arrangements. Where possible, we will help you to arrange emergency alternative transportation and accommodation.
4. Premature return in the event of the death or imminent death of a *family* member or *business associate*. Where possible, we will help you to arrange alternative transportation.
5. Sending urgent messages. We will help you to send urgent personal messages on your behalf or get messages to you if you experience travel delay or suffer from *illness* or *injury*.
6. Evacuation assistance. If there is a catastrophe or terrorist threat or attack, we will attempt to arrange emergency evacuations. This includes access to private and commercial aircrafts and extensive air transport systems. This is an assistance service. You must pay for the costs of the evacuations if they do not form part of an emergency medical claim.
7. Replacement of lost travel documents. Where possible, we will assist you in arranging emergency alternative travel documents.
8. 24-hour medical emergency telephone line. Bryte Travel Assist medical personnel including nurses and doctors are available 24 hours a day to provide medical advice and information.

3.2 Visit by a family member

If you suffer an *illness* or *injury* that results in you being admitted to *hospital* for more than five consecutive days, we pay up to the *benefit limit*, for the reasonable expenses of your *family* to travel to you and back with you to South Africa. This includes the necessary expenses for extra accommodation and travel, telephone costs, meals and beverages. We pay only if the *medical practitioner* attending to you advises that your *family* should be there with you.

3.3 Return of stranded children

Where possible, we change the existing tickets of your children if they are left stranded in any one or more of these circumstances:

1. Your death on an *insured journey*;
2. Your return to South Africa by emergency medical transport;
3. Your admission to *hospital* as an *in-patient*.

If it is not possible to change your children's tickets, we arrange and pay for their transport back to South Africa. We also pay for a qualified escort if necessary.

Condition

Your children must be named as *insured travellers* on this policy.

3.4 Return of stranded travel companion

Where possible, we change the existing tickets of your *travel companion* if they are left stranded in any one or more of these circumstances:

1. Your death on an *insured journey*;
2. Your return to South Africa by emergency medical transport;
3. Your admission to *hospital* as an *in-patient*.

If it is not possible to change their tickets, we arrange and pay for their transport back to South Africa.

Condition

Your *travel companion* must also have insurance under a Bryte travel policy.

3.6 Legal assistance when you are abroad

If you are imprisoned or threatened with imprisonment while on an *insured journey*, we help you find a lawyer. We do not pay for the legal expenses you pay to the lawyer.

3.9 Burial, cremation or return of your mortal remains

If you die on an *insured journey*, we pay for the reasonable cost for your burial or cremation in the country where the *insured event* occurred. Alternatively we pay the reasonable expenses to return your body, *baggage* and *personal belongings* to South Africa or your place of residence.

If you die on an *insured journey*, we pay for the coffin expenses when your body is returned to South Africa or your place of residence.

Specific conditions for Section 3

You must get our confirmation before you incur any expenses under Section 3: Bryte Travel Assist services. For confirmation contact us on +1 416 596 0014 (reverse call charges accepted).

6. Your ownership or possession of any animals;
7. Any contract unless your legal responsibility would have arisen if there were no contract;
8. Judgements that are not in the first instance either delivered by a court of competent jurisdiction in South Africa or in the country the event happened in;
9. Any claim for fines, penalties, punitive, aggravated or vindictive damages;
10. Your intentional or unlawful or criminal acts;
11. A legal responsibility insured by *other insurance*.

Section 9

Hijack

Definitions

| | |
|---------------|--|
| Hijack | Using force or the threat of force to take the unlawful control of the <i>public transport carrier</i> that you are travelling in or on. |
|---------------|--|

How we pay

If you have a valid claim, we pay only up to the *benefit limit*. If there is an *excess*, we will deduct the *excess* amount from the amount we pay to you. This applies to all the events and items we insure listed in the paragraphs that follow.

What we insure

9.1 Hijack of a public transport carrier

We pay if the *public transport carrier* you are travelling in is *hijacked* and you are held hostage.

Specific conditions for Section 9

You must send us a detailed, sworn statement of loss as soon as possible after the *insured event*. You must co-operate with us in all matters relating to this insurance.

Specific exclusions for Section 9

We do not pay for loss caused directly or indirectly from:

1. Any demand for ransom money;
2. Actual loss of or damage to property of any description, including intellectual property, as a result of an *insured event*;
3. An *insured event* that takes place in the following countries or regions:
 - 3.1 Angola, Brazil, Colombia, Mexico, Nigeria, Philippines, Somalia and Venezuela;
 - 3.2 Any country where the British Foreign and Commonwealth Office or South African Department of Foreign Affairs has issued a travel warning;
 - 3.3 Any country in which the United Nations armed forces are present and active.
4. Your failure to evacuate from the country you are travelling in within 10 days after an advisory against travel to that country has been issued.

Section 20

Purchase protection

Definitions

There are no extra definitions for this section. Please refer to the definitions on pages 7 to 10.

How we pay

If you have a valid claim, we pay only up to the *benefit limit*. If there is an *excess*, we will deduct the *excess* amount from the amount we pay to you. This applies to all the events and items we insure listed in the paragraphs that follow.

What we insure

20.1 We pay you for the accidental loss, theft or damage to new items you buy on the *insured journey* within three months from the date of purchase. We refund you the reasonable expenses you incur to replace the item purchased.

Specific conditions for Section 20

1. You must pay for the full costs of the items listed under the “What we insure” section with your Standard Bank credit, Visa and cheque card.
2. You must take care of and keep safe the items listed under the “What we insure” section. You must not leave the items unattended in a public place or in a unlocked vehicle, room or building.
3. You must take all reasonable steps to attempt to recover items listed under the “What we insure” section if they are accidentally lost, damaged or stolen.
4. You must report any theft of items to the local police or appropriate authority as soon as possible after you discover the loss. You must get a written acknowledgement of the report.
5. If you claim the accidental loss, damage or theft of one or more items the most we pay is the *benefit limit* for purchase protection shown on the *schedule of benefits*. This applies even if the sum of all your claims is more than that amount.
6. You must provide us with the original receipt and a copy of your Standard Bank credit, Visa and cheque card statement reflecting the purchase.
7. We only provide cover for items that are not covered by other applicable guarantees, warranties or insurance.
8. For items that are part of a pair or set, we will pay up to the *benefit limit* for the pair or set if the item cannot be used individually or replaced individually.

Specific exclusions for Section 20

We do not pay for:

1. Loss, destruction or damage arising from confiscation or detention by customs or other officials or government authorities;
2. Any loss, damage or theft that you cannot prove. We may ask you to show us your *travel tickets*, tags, relevant receipts and proof of ownership;
3. Any loss, theft or damage not reported to the relevant police authority;
4. Any loss, theft or damage to checked-in *baggage* not reported to the relevant *public transport carrier*;
5. Theft carried out directly or indirectly by *family*, *business associates* or *travel companions*;
6. Damage caused by not following the manufacturer’s manual;
7. Loss, damage or theft of second-hand items;

8. Loss, theft or damage to items left unattended in a public place;
9. Theft from an unattended and unlocked vehicle. This exclusion will not apply if the vehicle has been *hijacked* or has been involved in a road *accident*, and due to circumstances beyond your control the items are unprotected;
10. Jewellery, watches, precious metals and gemstones;
11. Motor vehicles, motorcycles, bicycles, boats, caravans, trailers, hovercraft, aircraft and its accessories;
12. Cash, traveller's cheques, tickets, documents, currency, silver and gold, art, antiques, rare coins, stamps and collector's items;
13. Animals, living plants, consumables, perishable goods;
14. Real estate and moveable fixtures and fittings that form part of the real estate;
15. Electronic items and equipment used for *business* purposes;
16. Damage due to normal wear and tear;
17. Mail order items or courier delivered items until the items have been received, checked for damage and accepted;
18. Mechanical or electrical breakdown;
19. Damage to or loss of any items intended for sale or trade;
20. Items without the original manufacturer's serial number;
21. Damage to firearms whilst in use;
22. Damage to or replacement of any electronic data or software;
23. Scratching or breakage of fragile or brittle items;
24. Damage or loss caused by alterations.

Your right to know:

Information about your short-term insurance

| | |
|--|--|
| This document forms part of your insurance policy with us and it contains information that you have the right to know. | |
| 1. Your insurer | |
| Name, physical address, postal address and telephone number: | |
| Name: | Bryte Insurance Company Limited |
| Physical address: | 15 Marshall Street, Ferreirasdorp, Johannesburg, 2001 |
| Postal address: | PO Box 61489, Marshalltown, 2107 |
| Telephone number: | 011 370 9111 |
| Fax number: | 011 370 9910 |
| Financial Services Provider license number: | 17703 |
| Website: | www.brytesa.com |
| 2. Written mandate to agents to act on behalf of insurer | |
| We confirm that we have given authority to the agent (including any travel agents) to represent us and to accept business and issue policies on our behalf. You can contact your agent for more details. | |
| 3. Details of your financial services provider compliance officer | |
| Compliance officer: | The Compliance Officer |
| Physical address: | 15 Marshall Street, Ferreirasdorp, Johannesburg, 2001 |
| Postal address: | PO Box 61489, Marshalltown, 2107 |
| 4. Details of how to claim | |
| If you have a claim, please do the following: | |
| 4.1 | Tell us by contacting our claims department at the above address or by telephone on 0860 723 270. |
| 4.2 | We will give you a claim form by hand, email, fax or postal address according to your instruction. |
| 4.3 | Complete the claim form and return it to us at the above address or email it to sbsa.travelinsuranceclaims@brytesa.com . |
| 4.4 | We will then attend to your claim and let you know the outcome. |
| 4.5 | If you have any problems, please contact our claims department and someone will help you. |
| | |

| 5. Complaints | |
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| If you have a query about this policy or you are in any way unhappy with the service that you have received, please contact: | |
| General complaints | |
| Telephone number: | 0800 121 174 |
| Email: | nonclaimscomplaints@brytesa.com |
| Website: | www.brytesa.com |
| Claims complaints | |
| Telephone number: | 0800 121 174 |
| Email: | claims.complaints@brytesa.com |
| Website: | www.brytesa.com |
| 6. Details of the Short-Term Insurance Ombudsman | |
| If you are not satisfied with how we have dealt with your complaint, you may contact: | |
| Name: | The Ombudsman for Short-Term Insurance |
| Physical address: | Sunnyside Office Park, 5th Floor, Building D, 32 Princess of Wales Terrace, Parktown, Johannesburg |
| Postal address: | PO Box 32334, Braamfontein, 2017 |
| Telephone number: | 086 066 2837 / 011 726 8900 |
| Fax number: | 011 726 5501 |
| Email: | info@osti.co.za |
| Website: | www.osti.co.za |
| 7. Details of the FAIS Ombud | |
| If you have a FAIS complaint, you may contact: | |
| Name: | The FAIS Ombud |
| Physical address: | Eastwood Office Park, Boabab House, Ground Floor, Lynnwood Ridge, 0081 |
| Postal address: | PO Box 74571, Lynnwood Ridge, 0040 |
| Telephone number: | 012 470 9080 |
| Fax number: | 012 348 3447 |
| Email: | info@faisombud.co.za |
| Website: | www.faisombud.co.za |
| (This document is called a Disclosure Notice in terms of Financial Advisory Intermediary Services Act No. 37. 2002 "FAIS") | |

This document contains important information regarding Standard Bank Insurance Brokers (Proprietary) Limited (SBIB, our, we, us) and when you sign this document, it becomes a legally binding agreement between you and us. Please read this document carefully and ensure that you understand its contents.

Disclosure and Declaration

As a client of Standard Bank Insurance Brokers (FSP 224) (We/Our), you have the right to the information in this document.

| | |
|--|--|
| Your financial services provider | |
| Name: | Standard Bank Insurance Brokers (Pty) Ltd |
| FSP license: | 224 |
| Street address: | 4 Ellis Street, Constantia Kloof, Roodepoort 1709 |
| Postal address: | PO Box 31435, Braamfontein 2017 |
| Telephone number: | 0860 123 999 |
| Fax number: | 0861 113 289 |
| Legal status of SBIB | |
| <ul style="list-style-type: none"> • SBIB (registration number, 1978/002640/07) is a Category 1 authorised financial services provider. • SBIB is a wholly owned subsidiary of The Standard Bank Financial Services Holdings (Pty) Ltd, which is a part of the Standard Bank Group (Group). • The Group has shareholding in other companies including the Liberty Group, details of which can be supplied on request or can be viewed at www.standardbank.co.za • We have no shareholding in any insurer. | |
| Professional indemnity insurance | |
| We hold professional indemnity and fidelity insurance. | |
| Complaints | |
| If you have a complaint, please contact our Customer Resolution Centre to record and acknowledge receipt of your complaint: | |
| <ul style="list-style-type: none"> • Telephone: 0860 101 101 • Email: Complaints.ResolutionCentre@standardbank.co.za | |
| A copy of our complaints handling process is available on request or can be viewed on www.standardbank.co.za . | |
| FAIS Registered Compliance Officer | |
| FAIS Registered Compliance Officer: | Jan Bezuidenhout |
| Contact details: | 011 636 1781 |
| Email address: | GroupFAISComplianceofficer@standardbank.co.za |
| FAIS Ombudsman | |
| You can request assistance from the Ombudsman if you believe that your complaint has not been resolved satisfactorily by us within 6 weeks of lodging your complaint. You need to refer the dispute to the Ombud within 6 months of the issue remaining unresolved. | |

| The details of the Ombudsman | |
|---|---|
| Street address: | Sussex Office Park Ground Floor, Block B 473 Lynnwood Road, Cnr Lynnwood Road & Sussex Ave, Lynnwood, 0081 |
| Postal address: | PO Box 74571, Lynnwood Ridge, 0040 |
| Contact details | Telephone: +27 12 762 5000 / +27 12 470 9080 |
| | Facsimile: +27 86 764 1422 / +27 12 348 3447 |
| | Email address: info@faisombud.co.za |
| | Website: www.faisombud.co.za |
| Representative information: | |
| <p>SBIB representatives are authorised to render intermediary services on our behalf in respect of the product suppliers mentioned in the disclosure</p> <p>SBIB will disclose to you if a representative is under supervision when they render financial services to you; or whether the intermediary services rendered is in terms of an exemption granted by the FSCA.</p> | |
| Conflict of interest | |
| <p>The Standard Bank of South Africa Limited and Liberty Holdings Limited are subsidiaries of Standard Bank Group Limited ("SBG"). Liberty Holdings Limited in turn comprises various subsidiaries, including Liberty Group Limited and Stanlib Limited (of which Stanlib Asset Management (Pty) Limited, Stanlib Collective Investments RF (Pty) Limited, and Stanlib Wealth Management (Pty) Limited are subsidiaries).</p> <p>The profits from the distribution of products of Liberty Group Limited and Stanlib Limited are shared with SBG, through preference shares in Liberty Group Limited.</p> <p>We subscribe to the Group's FAIS Conflict of Interest Management Policy, which can be found on www.standardbank.co.za by clicking on the FAIS Conflicts or Interest Management Policy.</p> <p>Our staff are salaried and also motivated through a variety of performance based incentives.</p> <p>We accept full responsibility for the actions of our representatives when they render financial services to you in respect of the sub-categories of financial products set out below (some representatives may be working under supervision).</p> | |
| Product Suppliers | |
| <p>SBIB is licensed under the FAIS Act to provide intermediary services.</p> <p>SBIB has no limitations or restrictions on their FAIS licence. A copy of the general conditions applicable to SBIB's licence can be made available on request. SBIB's licence is displayed at every business premises of SBIB.</p> <p>SBIB has contractual relationships with various product suppliers and are authorised to market financial products from the following product supplier/s:</p> <ol style="list-style-type: none"> 1. Bryte Insurance Company Limited <p>Further to this, SBIB has contractual relationships with a number of other product suppliers, a list of which can be found at www.standardbank.co.za</p> | |
| Declaration | |
| <p>SBIB confirms that the following was discussed with the client during the call:</p> <ul style="list-style-type: none"> • The disclosure document and the material terms and conditions of the product was explained to the client. • The client's choice was made based on the factual information on the products provided to him/her, including the different material features, benefits, risks, exclusions and pricing options, which enabled him/her to make an informed decision about any product's suitable for the client's needs. | |

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|---|--|
| <ul style="list-style-type: none"> The client was not asked nor forced to waive any of his/her rights in terms of the FAIS act. All calls are recorded and may be made available. | |
| Products | |
| SBIB is authorised to render financial intermediary services in respect of the following subcategories: | |
| 1.1 Long-term Insurance Subcategory A | |
| 1.2 Short-term Insurance Personal Lines | |
| 1.3 Long-term Insurance Subcategory B1 | |
| 1.6 Short-term Insurance Commercial Lines | |
| 1.22 Long-term Insurance Subcategory B1-A | |
| 1.23 Short-term Insurance Personal Lines A1 | |
| Waiver of rights | |
| SBIB will not ask or force the client to waive any of their rights in terms of the FAIS Act. | |
| Data Protection | |
| Group Personal Information | <p>Standard Bank Group Limited, its subsidiaries and their subsidiaries.</p> <p>Information about an identifiable, natural person and where applicable, a juristic person, including but not limited to information about: race; gender; sex; pregnancy; marital status; nationality; ethnic or social origin; colour; sexual orientation; age; physical or mental health; well-being; disability; religion; conscience; belief; culture; language; birth; education; medical, financial, criminal or employment history; any identifying number, symbol, e-mail, postal or physical address, telephone number; location; any online identifier; any other particular assignment of the person; biometric information; personal opinions, views or preferences of the person or the views or opinions of another individual about the person; correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence; and the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.</p> |
| Process | Any operation or activity, automated or not, concerning Personal Information, including: alteration, blocking, collation, collection, consultation, degradation, destruction, dissemination by means of transmission, distribution or making available in any other form, erasure, linking, merging, organisation, receipt, recording, retrieval, storage, updating, modification, or the use of information. Processing and Processed will have a similar meaning. |
| We, us, our | The Standard Bank South Africa Limited; Standard Bank Insurance Brokers (Proprietary) Limited and Standard Insurance Limited (where Standard Insurance Limited is the insurer), its successors and assigns. |
| Data protection | |
| 1. You consent to us collecting your Personal Information from you and where lawful and reasonable, from public sources for credit, fraud and compliance purposes, as well as the purposes set out below. | |

2. You acknowledge and agree that it may be necessary for us to share your Personal Information from time to time with certain industry bodies (such as the South African Insurance Association), regulatory bodies (such as the Financial Services Board or the South African Reserve Bank), insurers and/or reinsurers, service providers (such as a panel-beater), agents and internal and external assessors (such as a car assessor) and that we will only do this as appropriate or necessary, in order to provide the products and/or services to you and to comply with the laws and our policies and procedures. You expressly consent to us providing your Personal Information to the above third parties for these purposes.
3. If you give us Personal Information about or on behalf of another person (including, but not limited to, account signatories, shareholders, principal executive officers, trustees and beneficiaries), you confirm that you are authorised to: (a) give us the Personal Information; (b) consent to their behalf to the Processing of their Personal Information, specifically any cross-border transfer of Personal Information into and outside the country where the products or services are provided; and (c) receive any privacy notices on their behalf.
4. You consent to us Processing your Personal Information:
 - to provide products and services to you in terms of this agreement and any other products and services for which you may apply;
 - to carry out statistical and other analyses to identify potential markets and trends, evaluate and improve our business (this includes improving existing and developing new products and services);
 - in countries outside the country where the products or services are provided. These countries may not have the same data protection laws as the country where the products or services are provided. Where we can, we will ask the receiving party to agree to our privacy policies;
 - by sharing your Personal Information with the insurers, our service providers and any other third parties as may be required in order to provide the products and services to you, locally and outside the country where the products or services are provided. As far as possible, we ask people who provide services to use to agree to our privacy policies if they need access to any Personal Information to carry out their services; and
 - within the Group.
5. You will find our Processing practices in the Group's and our privacy statements. These statements are available on the Group's websites or on request. If you are unsure about your tax or legal position because your Personal Information is processed in countries other than where you live, you should get independent advice or ask your consultant to guide you on how you can get independent advice.

Claims and customer service contact

| Contact centre | Description | Email address | Contact details |
|-----------------------------------|---|--|---|
| Bryte Travel Assist 24/7 | For emergency medical and related assistance | assistance@wtp.ca | Telephone: +1 416 596 0014 (reverse call/call collect) |
| Bryte Travel Claims Call Centre | For all medical outpatient and non-medical related claims | sbsa.travelinsuranceclaims@brytesa.com | Telephone: 0860 723 270 |
| Bryte Travel Customer Care Centre | For customer service and advice | sbsa.travelinsurance@brytesa.com | Telephone: 0861 114 494 |



Contact

Registered Address

15 Marshall Street, Ferreirasdorp,
Johannesburg, 2001, South Africa

T +27 (0) 11 370 9111
www.brytesa.com

Postal Address
PO Box 61489, Marshalltown, 2107

Bryte Insurance Company Limited

A Fairfax Company

Registration No. 1965/006764/06 | Authorised Financial Services Provider No. 17703