# Family Personal Accident Plan

Protecting you and your Family in the event of an Accident

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| REFERRING BROKER (For Internal Admin Purposes Only) |
| **Brokerage Name** |  | **Account Executive** |  |
| **Telephone** |  | **SHA Broker Code** |  |
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| DETAILS OF THE INSURED ( Policy Holder) |
| **E-Mail**  |  | **ID Number** |  |
| **First Name** |  | **Surname** |  |
| **Telephone** |  | **Cellular** |  |
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| POSTAL ADDRESS |
| **Address** |  | **City** |  |
| **Province** |  | **Postal Code** |  |
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| PHYSICAL ADDRESS |
| **Address** |  | **City** |  |
| **Province** |  | **Postal Code** |  |
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| POLICY DATE OF INCEPTION (Policies are effective from the 1st of the elected Month, and will remain in force for a period of 12 months) |
| **Month** |  | **Year** |  |

**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.

Personal Information of Minors

If any information provided herein relates to a Minor (i.e. a child under the age of 18) we require that a competent person (parent/legal guardian) provide consent to the processing of such information for the above purposes and for any purpose that is compatible therewith.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*full name of competent person*), hereby provide my consent to the processing of any information provided herein relating to any Minor whose details are provided in the Policyholder & Dependent Information & Option Selection sheet contained herein for the purpose as disclosed above. I further understand that I have the right to withdraw this consent at any time but that this may mean that any insurance issued pursuant to this application may be terminated and/or that any claims issued against such insurance may not be able to be finalised.

Further disclosures

Please note that there may be instances where we 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, we 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 we 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 us 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, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

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

* 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.

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact the Santam Client Care department (contact details below):

Email:complaints@santam.co.za

Telephone:0860 102 725

Fax:(021) 915 7434

Alternately, you also have the right to approach the South African Information Regulator (contact details below) should the above process not adequately address your concerns.

Email: complaints.IR@justice.gov.za

 Postal address: PO Box 31533

 Braamfontein

Johannesburg

 2017

Physical address: JD House

 27 Stiemens Street

 Braamfontein

 Johannesburg

 2001

**IMPORTANT INFORMATION ABOUT YOUR POLICY**

* Should you choose to accept this quote you are entitled to, within 14 days of receiving the new/revised policy documents, provide the Insurer with 31 days’ notice of cancellation of the insurances, provided that no benefits have been claimed or paid under the insurances
* The insurance cover provided by your Policy is conditional upon payment of the premium. If the premium has not been paid on the due date, your policy will be deemed void from inception.
* Your Premiums will remain the same for the full policy period (i.e. until renewal) unless you elect to the amend the Limits of Indemnity and/or the types of cover provided and further provided that all material information has been disclosed to insurers fully and accurately.
* Your Policy is an annual policy however, your Insurer has agreed to the payment of your annual premiums in monthly instalments. In this case you will have to sign a debit order authority indicating whether you want your bank account to be debited on the 1st or 15th of every month.
* The following terms will apply in respect of **payment of premium by way of** **monthly instalments**:
* In the event of the non-payment of any premium, your insurance shall continue in force until the date of the next monthly debit order collection (Grace Period) to allow for payment of the missed instalment. The next month’s debit order will then be for double the monthly instalment premium. If this double debit is also unpaid your Insurance shall be deemed to have been cancelled on the last day of the last month for which an instalment was received by Insurers.
* In the event of notification of any claim or notification during the Period of Insurance of circumstances that may lead to a claim, when a monthly instalment remains unpaid after the Grace Period, Insurers reserve the right to cease all activity on such claim or circumstance and any outstanding matters will then become your responsibility to manage further. Should payments have been made by Insurers on any claims then such payments may be reclaimed from you.

Although we would generally communicate with you via your broker, there may be instances where we may need to contact you directly in order to advise you of important matters relating to your Policy. Therefore please indicate below how you would prefer to be contacted in the unlikely event that we should need to contact you directly.

SMS \_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_ Post \_\_\_\_\_\_\_\_

**Insured / policyholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insured/Policyholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **POLICY HOLDER AND DEPENDANT INFORMATION & OPTION SELECTION (Please complete in full)*** **Please provide all relevant details for yourself and the Family member’s to be covered under the Policy below, including the Option selected for each Member**
* **Please remember that only yourself and your Family member’s who are noted on this Application Form (which will be reflected on your Policy Schedule) will be covered in the event of a valid Claim being submitted, and based on the applicable Benefits selected for yourself and each Family member**
* **PLEASE NOTE :upon completion and submission to your Insurer, this application should be seen as your insurance quote & is deemed to be acceptance by you of the premiums indicated by you below. Therefore, please ensure that you are familiar with the total premium payable, as highlighted per Option below**
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| ***OPTION******(While Options F, G & H are available to all Insured Persons 14 years and older, they are the ONLY Options available for Children under the age of 14 years)*** | ***OPTION A*** | ***OPTION B*** | ***OPTION C*** | ***OPTION D*** | ***OPTION E*** | ***OPTION F*** | ***OPTION G*** | ***OPTION H*** | ***PREMIUM PAYABLE******MONTHLY******(Per Family Member Category)******NOTE : Premiums quoted are inclusive of 15% VAT and 20% Broker Commission*** |
| ***MONTHLY PREMIUM*** | R32-00 | R62-00 | R99-00 | R169-00 | R239-00 | R27-00 | R48-00 | R79-00 |
| ***BENEFITS**** PTD – stands for Permanent Total Disability
* Non-medical Expense cover as a result of Hospitalisation Benefit – to a maximum of 10 days; 48 Hour Franchise is applicable
* It is very important to take note of the Maximum Periods applicable to this Policy, which are provided on the following pages

***ADDITIONAL BENEFIT***Premiums applicable to TTD/Income Protection can be obtained on request/referral to SHA | * **Death : R50,000**
* **PTD : R250,000**
* **Non-Medical Expense Cover as a result of Hospitalisation : R500 p/day**
 | * **Death : R100,000**
* **PTD : R500,000**
* **Non-Medical Expense Cover as a result of Hospitalisation : R1,000 p/day**
 | * **Death : R100,000**
* **PTD : R1,000,000**
* **Non-Medical Expense Cover as a result of Hospitalisation : R1,500 p/day**
 | * **Death : R150,000**
* **PTD : R2,000,000**
* **Non-Medical Expense Cover as a result of Hospitalisation : R1,500 p/day**
 | * **Death : R200,000**
* **PTD : R3,000,000**
* **Non-Medical Expense Cover as a result of Hospitalisation : R1,500 p/day**
 | * **Death : R20,000**
* **PTD : R250,000**
* **Non-Medical Expense Cover as a result of Hospitalisation : R500 p/day**
 | * **Death : R20,000**
* **PTD : R500,000**
* **Non-Medical Expense Cover as a result of Hospitalisation :**

**R1,000 p/day** | * **Death : R20,000**
* **PTD : R1,000,000**
* **Non-Medical Expense Cover as a result of Hospitalisation :**

 **R1,000 p/day** |
| POLICY HOLDER (tick the appropriate block to indicate the applicable option selected) |
| ***Name & Surname*** |  |  |  |  |  |  |  |  |  |  |
| ***Date of Birth*** |  |
| DEPENDANT 1 (tick the appropriate block to indicate the applicable option selected) |
| ***Name & Surname*** |  |  |  |  |  |  |  |  |  |  |
| ***ID Number*** |  |
| ***Relationship to Policy Holder*** |  |
| DEPENDANT 2 (tick the appropriate block to indicate the applicable option selected) |
| ***Name & Surname*** |  |  |  |  |  |  |  |  |  |  |
| ***ID Number*** |  |
| ***Relationship to Policy Holder*** |  |
| DEPENDANT 3 (tick the appropriate block to indicate the applicable option selected) |
| ***Name & Surname*** |  |  |  |  |  |  |  |  |  |  |
| ***ID Number*** |  |
| ***Relationship to Policy Holder*** |  |
| DEPENDANT 4 (tick the appropriate block to indicate the applicable option selected) |
| ***Name & Surname*** |  |  |  |  |  |  |  |  |  |  |
| ***ID Number*** |  |
| ***Relationship to Policy Holder*** |  |
| DEPENDANT 5 (tick the appropriate block to indicate the applicable option selected) |
| ***Name & Surname*** |  |  |  |  |  |  |  |  |  |  |
| ***ID Number*** |  |
| ***Relationship to Policy Holder*** |  |
| TOTAL MONTHLY PREMIUM (Add the Policy Holder and Dependant Monthly Premiums together in order to calculate your Total Monthly Premium Payable) |

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| Important InformationPlease retain for future use |
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| FREQUENTLY ASKED QUESTIONS |

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| WHAT WILL MY POLICY *NOT* COVER? |
| The Insurers will not be liable to pay any claim under this Policy in respect of any Insured Person1. 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
2. caused by the Insured Person's **suicide or intentional self-injury**
3. caused or contributed to by an **existing physical defect or other infirmity** of the Insured Person
4. 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)
5. 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
6. caused by the Insured Person's **participation in any riot or civil commotion**
7. 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
8. **while participating in sport as a professional player**
9. 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
10. for venereal disease or Acquired Immune Deficiency Syndrome (AIDS) or Aids related complex

 (ARC) howsoever this syndrome has been acquired or may be named1. for any mental and/or nervous disorders, or any like condition arising from or attributable to stress or stress-related situations, other than those caused by Accident as defined in this Policy
2. Insurers will not indemnify and Insurers will not be liable to pay any claim 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
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| WHAT ARE CONSIDERED “ACCIDENTS”? |
| An Accident is any event that results in your Body being unintentionally injured. This is a 24 hour accidental injury policy, which provides cover for the following, as examples :* Motor Vehicle Accidents (where you or your stated Family Members are injured in a motor vehicle accident, irrespective of which vehicle you are travelling in. Other examples could be children being transported from school to day care, you being injured as a pedestrian, you being knocked off your motor bike by a motorist
* Injuries sustained as a result of a hi-jack or assault, or any other criminal activity
* Any Injuries incurred as a result of falling off a ladder, falling down stairs etc.
* Non-professional sporting injuries (e.g. your child being injured in a school hockey or rugby match)
* Animal attacks (e.g. dog bites)

**The SHA Family Personal Accident Plan** covers your body, and will therefore pay out in the event of bodily injury being incurred as a result of an accident (as per the criteria stipulated in the Policy), irrespective of whether you or your Family Members are able to return to your normal occupation, school etc.!Furthermore, our facility offers Accident Expert, and Automatic Extension under the Policy, which offers Assistance Services to all Insured’s in the event of a Road Accident and assistance with recovering relevant costs from the Road Accident Fund. |

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| CAN THE POLICY COVER PARENTS / EXTENDED FAMILY / NON-DEPENDANT CHILDREN? |
| YES … you are most welcome to purchase benefits for parents (but note that cover ceases at age 80) etc. under the Family Personal Accident Plan.Parents and other Family members falling within this category will need to be placed on their own individual Policies (i.e. not covered directly under your personal Policy, but have a separate Policy issued for them in their name).  Should you be paying the premium on their behalf, then we simply need your banking details to be reflected on their debit order form. |

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| CAN MY COMMON LAW SPOUSE / LIFE PARTNER BE COVERED ON YOUR POLICY? |
| YES … you are most welcome to include your common-law-spouse / life partner on your policy – please remember to specify them as a dependant on your proposal form to ensure cover. |

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| IS THERE A MAXIMUM AGE LIMIT ON THIS POLICY, IN GENERAL? |
| YES … the maximum age limit is age 80. Cover will therefore cease on the Member or Dependant’s 80th birthday. |

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| HOW DO I CANCEL MY POLICY? |
| Cancellation of your Policy must be in writing to the Insurer, and will take effect immediately, unless otherwise specified. |

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| IS THERE A MAXIMUM AGE LIMIT ON THIS POLICY, FOR DEPENDANT CHILDREN? |
| Dependent Children are considered your natural, lawfully adopted, step children by marriage or foster children, who are under the age of 19 (or under 25 years of age if they are full-time students at an accredited institution for higher learning), unmarried and primarily dependent on the Insured for maintenance and support.Should your child not meet the criteria stated above, you are welcome to purchase a separate Policy for them, under which they will be reflected as the Insured / Main Member / Policy Holder.Should you be paying the premium on their behalf, then we simply need your banking details to be reflected on their debit order form. |

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| ARE PRE-COVER MEDICAL CHECKS REQUIRED PRIOR TO INCEPTION OF THIS POLICY? |
| As this is a Short-Term Insurance Policy, you 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.It is important to note that any pre-existing condition will be taken into consideration at the time of a claim being notified to the Insurer, in relation to the type of claim and may impact on the assessment of the claim and benefit settlement amounts offered.  |

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| IS BUNGEE JUMPING, SCUBA DIVING AND SKY DIVING COVERED? |
| Yes, the Policy does NOT exclude Hazardous Activities as described above, as long as the Employee is 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. |

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| WHAT IS IMPORTANT TO NOTE ABOUT CLAIMS AND THE CLAIMING PROCESS? |
| A detailed claims guide will be provided upon application, as will a claim form. Once all claims information is received, we’ll begin the assessment of your claim. Please remember that SHA reserves the right to wait for all required documentation, prior to settling your claim. It is important to note that in some instances, a period of 24 months will be allowed to SHA prior to finalising any Disability claims, particularly where the level of disability cannot be determined immediately following the accident.***It is very important to note that you need to notify SHA of a potential claim, as soon after the Accident has occurred as possible, but not longer than 180 days following the date of Accident. This is very important as failure to meet this requirement may result in your Claim being Repudiated (not paid).*** |

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| WHAT IS AN 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. |

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| WHY ARE THE ACCIDENTAL DEATH BENEFITS FOR CHILDREN LOWER? |
| It is important to note that the maximum Death Benefits payouts, in terms of Children, are governed by Legislation and are as follows :* Children under the age of 6 years : maximum benefit of R20,000
* Children aged 6 years to 13 years : maximum benefit of R50,000

For this reason, and in order to keep this Policy simple, we have restricted the Accidental Death Benefit, for Children under the age of 14 years, to R20,000. |

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| WHAT DOES IT MEAN TO BE PERMANENTLY DISABLED? |
| 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 you are able to continue performing your daily business functions or not, or whether your Children are able to return to School or not.An example of Permanent Disability Claim can be as follows :* + Paraplegia following a Motor Vehicle Accident – here, you would qualify for 100% of the Permanent Disability lump sum Benefit.
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| HOW LONG DO PERMANENT DISABILITY CLAIMS TAKE TO ASSESS AND PAYOUT? |
| Insurers have up to 24 months to determine the level of Permanent Disability prior to making the Benefit payment to the Insured / Main Member. But, 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. |

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| WHAT IS THE TTD/INCOME REPLACEMENT BENEFIT? (NOTE – only applicable if included on the Policy, following referral to SHA) |
| Following an Accident, should the Insured (Main Member/Policy Holder) not be able return to work straight away, as a result of injuries and recovery prognosis, your Policy will continue to pay the relevant salary up to the maximum stipulated on your Policy.It is important to remember that there is a 30 day excess applicable to this benefit, which means that the TTD / Income Replacement benefit will only become applicable from day 31 of being off work (which is inclusive of days falling on a weekend).It is also important to note that besides needing to complete the Claim Form, a Doctor’s note will be required prior to the benefit being calculated – please review the Claim Administration Guide for confirmation of all requirements in order to Claim from this Benefit.NOTE – this benefit, following referral to SHA and agreement by SHA, will only be applicable to the Insured (Main Member/policy Holder) who is gainfully employed at the time of the Accidental Bodily Injury occurring. Gainfully Employed is defined as follows :***the Insured Person is at the time of the Accident employed in a legally recognisable and acceptable occupation for reward. This does not include house wives or Dependent Children******IMPORTANT – an additional premium will be applicable for the inclusion of this benefit*** |

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| HOW DOES THE NON-MEDICAL EXPENSE COVER AS A RESULT OF HOSPITALISATION BENEFIT WORK? |
| As this is an Insurance Policy, an accident which results in you being admitted to a Hospitalisation, 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. |

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| WHO DO THE BENEFITS GET PAID TO? |
| In the event of the Death of the Main Member, all Benefits will be paid out to the Estate. In all other events, the payouts will be made directly to the Main Member, via Electronic Fund Transfer (EFT).No Medical Practitioners will be paid directly, in order to ensure that the Legislation as set out by the FSCA and Council for Medical Schemes, is not infringed upon. |

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| WHAT ADDITIONAL BENEFITS TO I GET UNDER THIS POLICY? |
| The following Table of Automatic Extensions provides details of the additional Benefits you will receive under your Policy, at no additional cost.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 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.

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| Accident Expert | Assistance Service (RAF claims)  |
| Active Military Service | R150 000 per person up to a maximum of R750 000 per Event |
| Childcare | R350 per day - annual limit R10 000 |
| Claims Preparation Costs | R50 000 |
| Disappearance | Death Benefit |
| Emergency Transportation/Search & Rescue Costs | R100 000 |
| Flying Risks | Policy limit subject to a maximum of R500 000 |
| HIV Assist Including ARV’s  | Actual Cost |
| HIV Lump Sum Benefit | R100 000 |
| Mobility | R100 000 |
| Passive War (Excluding war between major powers) | Full Benefits |
| Rehabilitation | R75 000 |
| Repatriation | R35 000 |
| Trauma Counselling | R1 000 per visit - annual limit R40 000 |

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| WHAT IS ACCIDENT EXPERT? |
| Accident Expert is an Assistance Service provided by RoadCover who can assist with:1. *Road Accident Fund Act (RAF) Assistance - Additional assistance with:*
	* 1. *Subsistence allowance for minors*
		2. *Funeral recovery cost*
2. *Legal Assistance needed following a road accident*

For all claims on queries related to RAF Assistance call 0860 103 431. |

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| WHAT IS HIV ACCIDENTAL EXPOSURE? |
| If an Insured Person is accidentally exposed to HIV/AIDS the following assistance will be provided: * 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 to **0861 HIV CARE (448 2273)** within 48 hours

**Anti Retroviral Virus (ARV) Assist** If an Insured Person is accidentally exposed and all procedures are followed under this Extension, the Insured Person will have access to: * Instant access to medical professionals and treatment for any accidental exposure to HIV
* Treatment, diagnostic and access to hospital care to manage the consequences
* If an Insured Person is accidentally exposed and situated in a remote environment, the following will be taken to the insured Person:

o A 7-day course of STI medication o A ‘morning-after pill’ to prevent pregnancy  |