



This Policy is a Product

Of

**SA TOURMED (Proprietary) Limited**

and is

Underwritten by

**Chartis South Africa Limited**

(Reg. No. 1962/003192/06)



SA Tourmed Medical Travel Policy

**Master Policy Number: LTI – Inbound Travelers / LTI050801**

**This Policy is underwritten by Chartis South Africa Limited**

of

10 Queens Road,

Parktown, Johannesburg, 2193

PO Box 31983, Braamfontein, 2017

Tel: (011) 551-8000

Fax: (011) 551-8293

Website: [www.chartisinsurance.com](http://www.chartisinsurance.com)

For

**SA Tourmed (Proprietary) Limited**

of

The Annex Office Suite, 17 Azalea Street, Durbanville, 7550

Tel: (021) 979 4419 Fax (021) 979 0367

This Policy is a contract made between You, the Insured and US, SA Tourmed (Pty) Limited, the Company and the Holder of the Master Policy which is underwritten and issued by Chartis South Africa Limited, the Underwriting Insurance Company.

We agree to provide insurance on the basis set out in this Policy based on the terms and conditions of the Master Policy, provided the premium is paid when due and We agree to accept it. Any Endorsement to the Master Policy or the Schedule shall form part of this Policy.

Signed on behalf of the company



Leslie James Arlow  
Executive Chairman  
SA Tourmed. (Pty) Limited

## THE POLICY WORDING

### **IMPORTANT POLICY MATTERS**

This Policy consists of Sections and provides You with insurance cover as shown in the Schedule of Benefits.

All cover is subject to You paying the required premium, and is subject to all the Terms, Conditions, Endorsements, Terminations and Exclusions of the Policy including the Schedule of Benefits.

This Policy does not apply to events that occur after 180 consecutive days from the commencement of Your Insured Journey, unless We have agreed in writing to extend cover beyond this period.

You must follow Our advice or instructions, otherwise We may decline to pay part of or the entire claim.

### **YOUR DUTY OF DISCLOSURE**

#### **What You must tell Us**

When answering Our questions, You or any Insured Person must be honest and You have a duty under law to tell Us everything known to You which a reasonable person in the circumstances would include in answer to the question. We will use the answers in deciding whether to insure a person under the Policy, and on what Terms.

#### **Who needs to tell Us**

It is important that You or any Insured Person understand that the questions being answered in this way are for all persons to be covered by the Policy.

#### **If You do not tell Us**

If You, or any Insured Person, do not answer Our questions in this way, We may reduce or refuse to pay a claim, or cancel a Policy. If Our questions are answered fraudulently, We may refuse to pay a claim and treat the Policy as null and void.

### **CODE OF PRACTICE**

The Registrar of Short-Term Insurance has developed a General Code of Practice called the Policyholder Protection Rules. This aims to raise the standards of practice and service in the Insurance Industry and it includes the following: -

- When You lodge a claim We will tell You in plain language what information We need and how You should go about making a claim.
- We will respond promptly to any request an Insured Person makes for assistance with their claim and it will be considered and assessed promptly.

### **DISPUTE RESOLUTION**

We have developed an internal procedure for dispute resolution so that if at any time Our products or services have not satisfied You or any Insured Person's expectations, You can contact Us. Our Complaints and Disputes procedures will have the complaint reviewed by management and a response within 15 working days will be issued.

If You are still unhappy You may take Your complaint to the South African Short-Term Insurance Ombudsman who may be contacted in Johannesburg on (011) 726-8900 - Telephone or (011) 726-5501 - Facsimile or P O Box 32334 Braamfontein 2017 South Africa.

## AGE LIMITS

This Policy does not cover any Event, which happens to You unless You are under 70 years at the date of such Event.

## PERIOD OF INSURANCE / PREMIUM PAYMENTS

Except for Cancellation Insurance, which comes into effect on the date of issue of this Policy, insurance cover will commence when You leave the Point of Departure to travel in a direct, timeous and uninterrupted manner in order to commence the outward leg of the Insured Journey and will automatically cease when You return to the Point of Departure or on the expiration date stated on the Policy Receipt unless otherwise agreed to by Us in writing.

The period of insurance shall automatically be extended due to the occurrence of an event giving rise to a legitimate claim under Emergency Medical and Related Expenses and/or Curtailment occurring after commencement of the Insured Journey, until Your return to the Point of Departure.

No Policy shall be valid unless a Policy Receipt/Policy Certificate is attached so as to form part of the Policy and no alteration or addition to or variation or waiver by Us or any of Our rights against You shall be in any force or effect unless reduced to writing and signed by Us.

- (a) All periods of insurance hereunder shall begin and end at 00H00 South African time.
- (b) Your premiums are payable in advance.
- (c) We reserve the right to ask for proof of payment of premium at any time. Such proof must be to Our satisfaction.

## MAXIMUM AMOUNT PAYABLE

**Limit any one Life: R 1 500 000**

**Accumulation Limit: R 1 500 000**

1. You shall not be entitled to recover a Benefit under this Policy exceeding 100% of the Sum Insured being the sum stated as the Limit for Any One Life on the Schedule of Benefits.
2. Our liability in respect of any one Event is limited in the aggregate to the amount stated in the Schedule of Benefits irrespective of the number of policies issued by Us.
3. The maximum amount payable in respect of any Benefit amount quoted in USD will equal an exchange rate of the then prevailing current ZAR rate which is = USD1.

## PLAN NAMES

The Policy Schedule refers to the person insured under this Policy by reference to the "Plan Selected". The Plan name is:

Inbound Individual Cover – extends cover to the individual only.

## PAYMENT OF BENEFITS

This Policy is not assignable and all Benefits under this Policy are payable to You, or in the case of Your Death, to the Legal Representative/s or Beneficiary/ies. No one other than You shall have rights in terms of the Policy against Us. Receipt of the money so paid will be a valid discharge of Our liability under this Policy or, in the case of Emergency Medical and Related Expenses, the Benefit will be paid to the provider of such Medical Expenses, whose receipt shall effectively discharge us.

No amount payable in terms of this Policy shall bear any interest.

The onus will always be on You to correctly admit and pay any tax liability in consideration of any Benefit being paid that may in any form incur tax of any nature.

## CANCELLATION/TERMINATION OF POLICY

### **Cancellation**

Provided that no claims have been initiated, You may cancel this Policy at any time by giving S A Tourmed notice in writing 15 days prior to Your intended date of departure and we will refund your premium less an administration charge of 25%.

We may cancel this Policy by sending You notice in writing 15 days prior to Your intended date of departure to Your last known address. In this case Tourmed will refund your full premium.

If the Policy is cancelled prior to the termination date, We will refund a pro-rata portion of the premium subject to no claims being registered against the Policy.

### **Termination**

This Policy will terminate on the earliest of the following dates:

- (a) On Your return to the Point of Departure outside of the Area; or
- (b) When You reach the maximum age for the Cover selected; or
- (c) On the date the Master Policy is cancelled.

## SCHEDULE OF BENEFITS

BENEFIT	SUM INSURED
<b>Section 1 – Emergency Medical and Related Expenses</b>	
Medical Expenses	R1, 500,000
Transport to Medical Centre	Real expense
Expenses for sending a doctor in-situ	Real expense
Locating of unavailable medication	Real expense
Optical expenses – bodily injury	R10,000
Dental expenses –bodily injury	R10, 000
Return after Medical Treatment	R1, 500,000
Burial, Cremation or Return of Mortal Remains	Real expense
Coffin Expenses	R10, 000
<b>Section 2 – Travelguard – 24 Hour Assistance</b>	
Consular Referral	Assistance only
Cash Advances	Assistance only
Emergency Accommodation and Travel Arrangements	Assistance only
Legal Assistance	Assistance only
Transmission of Urgent Messages	Assistance only
<b>Section 3 – Cancellation and Curtailment</b>	
Cancellation – R500 excess	R 15, 000
Accumulation Limit	R 1, 500,000
<b>Section 4 – Road Accident Third Party Claim Assistance</b>	
Claim Procedure and Registration	Assistance only
Legal Assistance	Assistance only
Claim Monitoring	Assistance only
<b>Section 5 – Calibre HIV PEP (Post Exposure Prophylaxis) Services</b>	
HIV Post Exposure Emergency Treatment and Services	Required Treatment
<b>Premiums per Person</b>	
For 7 Day Visit	ZAR 645
For 14 Day Visit	ZAR 855
For 21 Day Visit	ZAR 1 180
For 30 Day Visit	ZAR 1 628
For 45 Day Visit	ZAR 2 804
For 90 Day Visit	ZAR 3 710
For 180 Days Visit	ZAR 4 910

## DEFINITIONS

In this Policy the following definitions apply:

**Accident** means a sudden unexpected and specific event which occurs at an identifiable time and place, resulting in Injury.

**Accumulation Limit** means the maximum liability of the Company in respect of any one Accident or number of Accidents arising from one source or cause during an Insured Journey.

**Aids** means an opportunistic infection, or a malignant neoplasm. For the purpose of this definition the term "Acquired Immune Deficiency Syndrome" shall have the meaning assigned to it by the World Health Organization. "Opportunistic infection" shall include but not be limited to Pneumonia caused by Pneumocystis Carini, the organism of chronic enteritis virus and or disseminated fungal infections. Malignant Neoplasm shall include but not be limited to Kaposi's Sarcoma, lymphoma of the central nervous system and or other malignancies now known or which become known as immediate causes of death or Illness in the presence of Acquired Immune Deficiency Syndrome. Acquired Immune Deficiency Syndrome shall include HIV (Human Immune Deficiency Virus), Encephalathy (dementia) or HIV wasting syndrome.

**Any One Life Limit** means the maximum liability We shall be responsible for under this Policy in respect of any one Accident, Illness and/or Injury or series of Accidents, Illnesses and Injuries arising from one source or cause during an Insured Journey, to any one person.

**Area** means the territorial limits of South Africa.

**Beneficiary/ies** means the person or persons nominated by the Insured Person.

**Chartis** means Chartis South Africa Limited – Registration No 1962/003192/06

**Contact Sport** means any sport in which physical contact between players is an accepted part of play.

**Conveyance Limit** means the maximum liability We will be responsible for under this Policy in respect of any one Accident or series of Accidents from any one source or cause involving an aircraft, motor vehicle or other conveyance whilst travelling as a fare-paying passenger.

**Date of Loss** means:

- (a) for Illness, the first date of diagnosis or the date You first became aware of the Illness;
- (b) for Injury, the date of the Accident.

**Effective Date** means:

- (a) for Cancellation - the date the Policy is issued;
- (b) for Medical Expenses, Assistance Services and Curtailment - the commencement of the Insured Journey.

**Excess/Deductible** means the first amount, or period, of each and every loss payable by You as shown in the Schedule of Benefits.

**Follow up Treatment in South Africa** means all Reasonable and Customary Charges incurred for Illness or Injury, resulting in hospitalisation, surgical or other diagnostic or remedial treatment given or prescribed by a qualified Medical Practitioner, dentist or optometrist in South Africa. Follow up Treatment in South Africa does not include those expenses the Company is prohibited by law from paying and will only be paid to the extent permissible under the Medical Schemes Act No. 131 of 1998 and any other subsequent legislation which is enacted.

**Hazardous Pursuits** means any activity which introduces or increases the possibility of a loss arising from a peril or which may influence the extent of a loss.

**Holder** means the Policyholder named in the Policy Schedule who is SA Tourmed (Pty) Ltd.

**Hospital** means a legally constituted establishment that operates pursuant to the laws of the country in which it is based and which meets the following requirements:

- (a) it operates primarily for the reception, medical care and treatment of sick, ailing or injured persons on a resident in-patient basis;
- (b) it admits resident in-patients only under the supervision of a Medical Practitioner;
- (c) it maintains organized facilities for the medical diagnosis and treatment of such persons and provides (where appropriate) facilities for major surgery within the confines of the establishment or facilities controlled by the establishment;
- (d) it provides a full-time nursing service by or under the supervision of a staff of nurses;
- (e) it is not a health hydro or nature clinic, a mental institution, an institution confined

primarily to the treatment of psychiatric disease, the psychiatric department of a hospital, a place for the treatment of chemical dependence, an establishment or a special unit of a hospital used primarily as a place for treatment of drug addicts or alcoholics, a hospice, frail centre, a rest home or nursing, convalescent, rehabilitation, assisted living or extended care centre.

**Illness** means any fortuitous sickness, illness or disease originating, contracted, commencing or manifesting itself during the Insured Journey.

**Injury** means a bodily injury or physical trauma to You resulting from an Accident (occurring solely, and directly and independently of any other cause or any other physical defect or infirmity existing prior to the Accident) in an Insured Event prior to Your return to Your Point of Departure. Exposure to the elements of nature as a direct result of an Accident shall be deemed to be Injury.

**Insured Event** means a Benefit provided under this Policy.

**Insured Journey** means when an Insured Person passes through passport control at the Point of Departure to the Area.

**Insured Person** means You the person named on the Policy Receipt and with respect to whom premium has been paid and who does not permanently reside in the Area.

**International Journey** means an Insured Journey commencing at the time of departure from the Point of Departure, for the purpose of travelling in a direct and timeous direction to the Point of Destination, inside the Area, including the return journey to the Point of Departure.

**Legal Representative/s** means the person or persons who manages the legal affairs of another because of incapacity or Death.

**Manual Worker** means unskilled, semi-skilled, and/or skilled physical labour involving working with the hands and/or the use and/or operation of mechanical and/or non-mechanical machinery and/or equipment.

**Medical Practitioner/Traditional Healer** means a person currently licensed and registered to practice medicine, or a person whose fees are readily acceptable to the local Social Security Services or Medical Aid, and who is someone other than You under this Policy or a member of Your immediate family.

**Medical Treatment** means a Medical Practitioner's medical advice, treatment, consultations and prescribed or repeat maintenance medication.

**Point of Departure** means the point from which You commence an Insured Journey (usual place of residence or business), outside of the Area.

**Point of Destination** means the temporary place of residence (or business) to where You continue an Insured Journey, within the Area.

**Policy** means this document embodying the contract of insurance subject to the terms and conditions as defined in the Master Policy and shall include any subsequent endorsements, amendments and declarations thereto.

**Policy Period** means the period shown in the Policy Schedule.

**Pre-Existing Medical Condition/s** means any condition for which within the 6 consecutive months period prior to the Effective Date of Coverage:

- (a) You have consulted a Medical Practitioner or Specialist; or
- (b) You have received treatment or advice; or
- (c) the manifestation of symptoms would have caused a reasonable person to seek advice; It also includes any condition known to You prior to the Effective Date of Coverage under this Policy where You:
  - (d) are on the waiting list for Medical Treatment; or
  - (e) are travelling for the purpose of obtaining Medical Treatment (even if this is not the sole reason for the Insured Journey); or
  - (f) have received a terminal prognosis; or
  - (g) have been recommended to continue or to commence any Medical Treatment or medication after the Effective Date of Coverage.

**Professional Player** means if You earn in excess of 50% of Your income from playing sport.

**Professional Sport** means any sport for which You receive or earn in excess of 50% of Your income as a result of your participation.

**Public Conveyance** means any scheduled or chartered conveyance legally licensed to carry passengers for hire operating commercially in accordance with all locally applicable laws and

regulations and in which You are travelling only as a fare-paying passenger but excluding all non-pressurised single engine piston aircraft, taxis or hired motor vehicles.

**Reasonable and Customary Charges** means the charges which:

- (a) are required for the treatment, supplies or medical service medically required to treat Your condition; and
- (b) do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred; and
- (c) do not exceed the charges for treatment that would have been made if no insurance existed.

**Sound Natural Teeth** means natural teeth excluding teeth with precious metals or any artificial fillings, including caps and crowns.

**Terrorist Act** means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property, or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator/s and victim/s shall not be considered Terrorist Acts.

Terrorism shall also include any act, which is verified or recognized by the (relevant) government as an act of terrorism.

**TravelGuard** means the claims Co-ordination Company authorised by Us and Chartis the Underwriter to assist in the management and control of claims incurred or likely to be incurred under this Policy. It also provides emergency travel and pre-departure health information and the TravelGuard Assist services.

**War** means war, whether declared or not, or any warlike activities, including use of military force by any sovereign national to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

**We/Our/Us/Insurer** means SA Tourmed (Pty) Limited Registration Number 2002/019719/07 or Chartis and TravelGuard, being the parties who will perform and undertake certain of the functions under this Policy.

**You/Your** means the Insured Person named in the Policy Schedule.

## GENERAL CONDITIONS APPLYING TO ALL SECTIONS

### 1. Automatic Extension

We will automatically extend Your cover for up to three calendar months from the date of Your expected return to Your Point of Departure if such return is put back due to delay of transport or Your inability to travel due to an Injury or Illness for which a claim is payable under this Policy.

### 2. Claim Offset

There is no cover under this Policy for any loss or event or liability which is covered under any occupational injury enactment or workers compensations enactment or any other insurance Policy, health or medical scheme or benefit or compensation of a similar nature, which is payable by any other source.

### 3. Definitions

Any word or expression, which is given a specific meaning in this Policy or in the Policy Schedule will have that meaning where it appears.

### 4. Endorsements

This Policy may be extended by Us issuing an endorsement provided that the application is made in writing to Us prior to the expiry of the existing policy and there are neither existing nor initiated claims on the existing Policy.

**5. Fraudulent Claims**

If You, or anyone acting on Your behalf use any fraudulent means or devices to obtain any benefit under this Policy then any amount payable in respect of such claim shall be forfeited.

**6. Language**

The Official version of this Policy is in English, words in the singular include the plural and vice versa. Words in the masculine gender include the female gender.

**7. Legal Action**

Legal action may only be commenced by You or on Your behalf once 90 days have expired after You have fulfilled Your Claims Conditions. No Benefit will be payable if legal proceedings are not commenced within 90 days of any disclaimer or liability by Us.

**8. Liability**

We shall not be liable nor responsible for the negligence, wrongful acts and/or omissions of any legal and/or health care professional or any other person/s or legal entity who provide direct or indirect service to You.

**9. Marketing**

Should any discrepancies arise between the Policy and any literature received by You, the Terms and Conditions in the Master Policy will govern in all cases. You may inspect the Master Policy at any time by arrangement with the SA-Tourmed, the Policyholder.

**10. Misrepresentation**

This Policy shall be voidable in the event of misrepresentation, mis-description or non-disclosure by or on behalf of You in any particular material to this insurance.

**11. Notice of Claim**

Written notice of a claim must be given to Us within 30 days after the happening of such circumstances giving rise to a claim. All certificates, information and evidence required by Us must be furnished in the form prescribed and without expense to us and must be submitted to us within 90 days following notification. After 90 days the onus shall rest with the Insured Person to prove that we were not prejudiced in any way as a result of late notification. Please refer to Section 4 – Claims Procedures and Specific Conditions for each Section.

**12. Other Financial Products and Services**

We will accept no liability whatsoever from any of the insurance or other financial products or services which are sold in conjunction with this Policy that are provided or underwritten by any other insurance or assurance companies and/or assistance companies and/or financial providers.

**13. Proof of Loss and Physical Examination**

The claim forms must be properly completed and all evidence required by Us shall be furnished in a timely manner at the Insured Person's expense and be in such form and of such nature as We may require. We may at Our own expense conduct any medical examination or arrange for an autopsy to be carried out.

**14. Public Conveyance Tickets**

We have the right to utilise Your Public Conveyance ticket to offset Our expenses.

**15. Recoveries**

In the event of any payment under this Policy all recoveries net of Our actual recovery costs, will be distributed firstly to Us for all amounts paid by Us and any remainder will be paid to You.

**16. Schedule of Benefits**

The Schedule of Benefits referred to in this policy wording is the Schedule of Benefits used in our marketing material. The policy wording is to be read in conjunction with the Schedule of Benefits in the marketing material and vice versa.

**17. Secondary Insurance**

The insurance provided under this Policy will be in excess of any other valid and collectable bond or insurance.

**18. South African Law** The laws of South Africa govern this Policy and any dispute or action in connection therewith shall be conducted and determined in South Africa.

**19. Subrogation**

We have the right to commence or take over legal proceedings in Your and/or any Insured Person's name for the defence or settlement of any claim, or to sue or prosecute any other

party to recover monies payable by them at law. You or any Insured Person must co-operate with Us and do nothing to hinder Our rights.

## GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay under any Section of this Policy for claims arising directly or indirectly as a result of:

1. War, invasion, act of foreign enemy, hostilities (whether War is declared or not), civil war, rebellion, revolution, insurrection or military or usurped power, labour disturbances, riot, strike or lock-out, bomb threats; or
2. The intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act; or
3. Any Terrorist Act or bomb threat or threat thereof; or
4. You being in service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation; or
5. You travelling by air except as a passenger on a legally licensed aircraft; or
6. You acting as part of the aircraft crew; or
7. Your participation in sport as a Professional Player; or
8. Your pregnancy or childbirth (except for an unexpected medical complication or emergency occurring during the first 26 weeks of the pregnancy); or
9. Sexually transmitted disease or Acquired Immune Deficiency Syndrome (A.I.D.S.) or Human Immunodeficiency Virus (H.I.V.) infection or any derivatives or variations thereof; or
10. Any criminal or intentional illegal act committed by You; or
11. Influenza unless You are hospitalised; or
12. Chronic fatigue syndrome or myalgia; or
13. Any expenses incurred in connection with any Illness or physical infirmity for which You and/or the person who is the cause of the claim is receiving or has received medical advice and/or treatment for 6 (six) months prior to the date on which the Policy Receipt was issued, nor for any expense incurred, which in the opinion of a Medical Practitioner appointed by Us, in connection with a sequelae thereof or complications that can reasonably be related thereto; or
14. Any recurring, chronic or continuing Illness or medical condition; or
15. Any hazardous pursuits, sports or activities including but not limited to engaging in motor cycling (where the engine capacity exceeds 200cc or the cycle is under control of an unlicensed driver), steeple-chasing, polo or horseback riding, hunting, bungee jumping, abseiling, white water rafting, hiking (unless accompanied by a recognised guide or on a clearly marked route), mountaineering (requiring the use of ropes or equipment), scuba diving (unless licensed or accompanied by a qualified instructor), potholing, fighting (except in bona fide self defence), racing (other than on foot or under sail in inland waters), speed or endurance racing or practise thereof (other than athletics), or any hazardous pursuits or activities or pastimes, or training for or engaging in contact sports; or
16. School sports (unless an Endorsement has been issued and authorised by Us); or
17. Wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury, suicide or attempt there at, or arising from non-adherence to medical advice; or
18. Investigations, operations or treatment of a purely cosmetic nature (other than as a direct result of an Accident), or for obesity, or undertaken to cure/improve impotency or undertaken to facilitate pregnancy; or
19. Insanity or any acute and/or chronic psychiatric, psychological or emotional condition; or
20. Mental disorders including, but not limited to anxiety disorders, eating disorders, psychotic disorders, affective disorders, personality disorders, substance use disorders, somatoform disorders, dissociate disorders, psychosexual disorders, adjustment disorders, organic mental disorders, mental retardation and autism; or

21. Your being under the influence of alcohol, drugs or narcotics, unless such drugs or narcotics were administered or prescribed and taken in accordance with the direction of a Medical Practitioner; or
22. Injury or Illness affecting the spine or the musculature, ligamentous system, cartilage dura, nervous system or blood supply of the spine other than once during any 12 month period of insurance commencing from the commencement date or renewal date of the Policy; or
23. Any congenital disease or defect unless such condition or defect has been declared to and has been accepted by Us in writing prior to the first commencement date of the Policy; or
24. Any event incurred in connection with cardiac and/or cardio vascular and/or vascular and/or cerebro vascular illness and/or conditions, nor for sequelae thereof or complications that in the opinion of a Medical Practitioner appointed by Us, can reasonable be related thereto if You have received medical advice and/or treatment (including medication) for hypertension 6 months prior to the date of issue of the Policy receipt; or
25. You undertaking employment as a Manual Worker; or
26. You undertaking employment on a permanent or contract basis which is not casual; or
27. Your intention to immigrate; or
28. Consequential loss of any kind; or
29. Ionising, radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel or from nuclear weapons materials. For the purpose of this exclusion only combustion shall include any self-sustaining process of nuclear fission; or
30. From the dispersal or application of pathogenic or poisonous biological or chemical materials.

## **SECTION 1 – EMERGENCY MEDICAL AND RELATED EXPENSES**

### **SECTION 1 A – MEDICAL EXPENSES**

#### *DESCRIPTION OF COVER*

If whilst travelling within the Area You incur Emergency Medical and Related Expenses as a result of Injury or Illness, We will pay for those expenses, up to the maximum amounts stated in the Schedule of Benefits and subject to the Excess applicable.

#### **SECTION 1 A - DEFINITIONS**

**Medical Expenses** means all Reasonable and Customary Charges necessarily incurred as a result of Illness or Injury on an Insured Journey, resulting in Hospitalisation, surgical or other diagnostic or remedial treatment given or prescribed by a registered qualified Medical Practitioner.

**Related Expenses** means additional and travelling expenses, excluding telephone costs, meals and beverages of necessity incurred by any one person, who on the advice of a Medical Practitioner appointed by Us remains with or escorts You until completion of Your Insured Journey or until You resume the Insured Journey or return to the Point of Departure, whichever occurs first.

## **SECTION 1 B – TRANSPORT TO MEDICAL CENTRE**

### *DESCRIPTION OF COVER*

If during an Insured Journey You suffer an Illness or Injury covered under Section 1A - Medical Expenses that necessitates emergency air, land or water transportation to another location to obtain necessary medical treatment, We will pay for the cost of the required service including the necessary accompanying medical staff.

### *CONDITIONS*

1. If You want Us to pay for the emergency transportation services We must be contacted and Our prior written agreement obtained. (This requirement does not include in-country emergency ambulance transfers from the place of Injury to a Hospital, which will be paid for by Us providing such service was medically necessary or was authorised by a local authority for example: police or medical officer).
2. We will decide where and how to move You depending on the medical advice received.
3. We shall have the right to access any of Your prior medical records in order to finalise and/or proceed with the assessment of a claim and/or render medical assistance.

## **SECTION 1 C – EXPENSES FOR SENDING A DOCTOR IN-SITU**

### *DESCRIPTION OF COVER*

Where applicable, We will pay the costs of sending a doctor in-situ in the event of a medical emergency.

## **SECTION 1 D – LOCATING OF UNAVAILABLE MEDICATION**

### *DESCRIPTION OF COVER*

Where possible, We will pay the costs of obtaining necessary medication if not available where the Injury and/or Illness occurs.

## **SECTION 1 E – DENTAL EXPENSES**

### *DESCRIPTION OF COVER*

We will pay for emergency dental treatment to Sound Natural Teeth, provided by a registered and legally qualified Dentist up to the amount specified in the Schedule of Benefits. Where dental treatment is required as a result of an Accident these expenses will form part of the benefit amount stated under Section 1 – Emergency Medical and Related Expenses. We will not pay for routine dental treatments.

## **SECTION 1 F – RETURN AFTER MEDICAL TREATMENT (REPATRIATION)**

### *DESCRIPTION OF COVER*

If during an Insured Journey You suffer an Illness or Injury covered under Section 1A (Medical Expenses) that necessitates emergency air, land or water transportation, We will repatriate You to Your Country of Residence, and We will pay for the cost of the required service including the necessary accompanying medical staff.

## *CONDITIONS*

1. If You want Us to pay for the emergency transportation services We must be contacted and Our prior written agreement obtained. (This requirement does not include in-country emergency ambulance transfers from the place of Injury to a Hospital, which will be paid for by Us providing such service was medically necessary or was authorised by a local authority for example: police or medical officer).
2. We will decide where and how to move You depending on the medical advice received.
3. Should You be capable of being Repatriated and elect not to return to the Point of Departure all expenses incurred in respect to the occurrence will be for Your own account.
4. We shall have the right to access any of Your prior medical records in order to finalise and/or proceed with the assessment of a claim and/or render medical assistance.

## **SECTION 1G – BURIAL/CREMATION/RETURN OF MORTAL REMAINS**

### *DESCRIPTION OF COVER*

In the event of Your death, We will pay the reasonable cost of returning Your mortal remains to the Country of Residence or the reasonable funeral and related costs if the body is buried or cremated at the place of death.

## **SECTION 1 H - COFFIN EXPENSES**

We will pay the cost of the coffin up to the amount stated in the Schedule of Benefits when the body is repatriated to the Insured Person's Country of Residence.

## **SECTION 1 - SPECIFIC CONDITIONS**

The following specific conditions apply to the whole of Section 1 .

1. If You want Us to pay for any medical expenses in excess of R2 000 TravelGuard must be contacted and Our prior written agreement must be obtained. If not approved by TravelGuard Our liability will be limited to R2 000 for any one incident.
2. We shall have the right to access any of Your prior medical records in order to finalise and/or proceed with the assessment of a claim and/or render medical assistance.
3. Emergency Medical Expenses shall only be paid by Us until such time as a Medical Practitioner, appointed by TravelGuard decides that You are capable of being Repatriated.
4. Passengers in Transit on an Insured Journey to and from the Area will have Cover for a maximum of 12 hours whilst in transit on the outbound and inbound Insured Journey.

## **SECTION 1 - SPECIFIC EXCLUSIONS**

The following specific conditions apply to the whole of Section 1.

We will not pay for any medical expenses:

1. Recoverable by You from any other policy, medical aid or benefit or compensation of a similar nature from any other source; or
2. Incurred outside of the Area notwithstanding that such expenses may arise from an Injury or Illness suffered by You during the period of an Insured Journey; or
3. Incurred when You are travelling against medical advice or to seek medical attention or with a terminal condition which was diagnosed prior to the Insured Journey or when You were unfit to do so; or
4. Incurred for continuing treatment, including any medication commenced prior to the commencement date of the Insured Journey, which You have been advised to continue whilst on an Insured Journey; or
5. Incurred in connection with Your unreasonable delay in seeking medical advice and/or treatment either prior to or after the commencement of the Insured Journey; or
6. Incurred due to investigatory treatment that is not specified by a Medical Practitioner as immediately necessary; or
7. Incurred in connection with acute and/or chronic psychiatric, psychological or emotional conditions; or
8. For specialist medical treatment without referral from a Medical Practitioner; or
9. Relating to contraceptive devices, prosthetic devices, medical appliances and/or artificial aids; or
10. Preventative treatment, including but not limited to any vaccination and/or immunisation.

## **SECTION 2 – TRAVELGUARD ASSISTANCE SERVICES**

### *DESCRIPTION OF COVER*

You are entitled to the worldwide services of TravelGuard.

In the event of a medical or other emergency You should simply call – reverse charges – the TravelGuard number shown on the Policy Certificate or the Emergency Travel Card which has been supplied to You and which should be carried by You during an Insured Journey.

TravelGuard is a world-wide team of doctors, medical professionals and insurance specialists who are available 24-hours a day for advice and assistance for medical emergencies and any associated problems You may encounter during an Insured Journey.

If You need advice during an Insured Journey regarding the Terms and Conditions of this Policy, TravelGuard is a free telephone call away.

TravelGuard arranges access to the following services free of charge, but subject to the Terms and Conditions of the Policy and applicable law/s.

### **Consular Referral**

Wherever possible TravelGuard will provide You with relevant details of the representatives of the relevant Consulate.

### **Cash Advances**

When as a result of theft, loss, illness or injury you require funds to pay for travel or accommodation, we will advise you or your representative on the procedures for the advancement of additional funds.

### **Emergency Accommodation and Travel Arrangements**

Wherever possible TravelGuard will provide you all reasonable, possible and practical assistance in arranging emergency alternative transportation and accommodation.

### **Legal Assistance**

Wherever possible TravelGuard will provide assistance in obtaining general legal assistance. However, the decision to engage a particular legal representative remains your responsibility.

### **Transmission of Urgent Messages**

TravelGuard will transmit urgent (personal) messages on behalf of, or to you in the event of travel delay, illness or injury.

## **SECTION 3 – CANCELLATION OR CURTAILMENT**

### *DESCRIPTION OF COVER*

We will pay you the non-refundable unused portion of travel or accommodation arrangements in the Area paid for and purchased by you in South Africa in ZAR following necessary cancellation, alteration or non-completion of your journey due to your unexpected death, illness or injury.

### **SECTION 3 - SPECIFIC DEFINITIONS**

**Cancellation** means the inability to start an insured journey.

**Curtailment** means the shortening and/or alteration of an insured journey after commencement.

### **SECTION 3 - SPECIFIC CONDITION**

It is a condition of this section that should you need to return to your country of residence, TravelGuard must be contacted beforehand to confirm this. TravelGuard will also assist with the travel arrangements.

## **SECTION 4 - CLAIMS PROCEDURES**

### **SECTION 4 - SPECIFIC CONDITIONS**

1. After suffering illness or injury for which compensation under this Policy may be due, you will, when required by us, submit to medical examination and undergo any further treatment specified. We will not be liable for payment unless this condition is complied with to our satisfaction.
2. Medical treatment shall be sought and followed promptly on the occurrence of an injury or illness and we shall not be liable for that part of any claim which in the opinion of a medical practitioner arises from the unreasonable or wilful neglect or your failure to seek and remain under the care of a qualified medical practitioner.
3. All claims are to be reported whilst you are in the Area, and all claim payments will be settled whilst you are still in the Area.

4. All claims, other than local medical costs within the Area, which will be settled directly with the medical service providers, will be settled in Rands in South Africa.
5. The due observance and fulfilment of the Terms, Conditions, Exclusions, Terminations and Endorsements of this Policy insofar as they are related to anything being done or complied with by You shall be a condition precedent to liability to make any payment under this Policy.
6. If at any time any claim to indemnify You arises under this Policy and there be any other insurance covering the same expense, loss, damage or liability of any part thereof We shall not pay more than Our rateable proportion.
7. We must confirm all claims in respect to evacuation or repatriation in writing, prior to such Event taking place.

#### Emergency Medical Expenses

- (a) All bills to be submitted with claims.
- (b) If Illness is possibly pre-existing then You are to supply Your normal Medical Practitioner's report stating what treatment was received prior to the commencement of the Insured Journey.
- (c) Name of the Medical Practitioner as well as his address and telephone number.

#### Cancellation or Curtailment

- (a) Relevant Medical Certificates or Death Certificates in the case of death.
- (b) Original air-tickets or Insured Journey documents.
- (c) Proof of deposit not recoverable.
- (d) Proof of material loss.

## **SECTION 5- THIRD PARTY CLAIM ASSISTANCE**

### **Road Accident Third Party Claim Assistance**

1. Any victim who sustained a bodily injury or suffered loss due to such injury or the death of a person, which resulted from a road accident and the negligence of someone else whilst traveling in the borders of South Africa, may lodge a claim for compensation to the Road Accident Fund ("RAF", a state controlled fund). Dependants of a deceased victim may lodge claims for loss of support suffered and recover funeral expenses. Various categories of road users are compensated as victims of road accidents, including drivers, passengers, cyclists and pedestrians.
2. The amounts paid by the RAF in respect of these claims are dependant on a number of different circumstances and criteria and are often settled only after a process of litigation has followed.
3. If during the duration of cover under the Tourmed Policy you or any person that is insured under your policy is involved in any motor accident in South Africa, you may be entitled to submit a claim to the RAF for compensation. Tourmed will provide the assistance, guidance and advice on the procedure to submit such a claim and may after consultation with you, and if you so wish, attend to the processing and monitoring of the claim until it is settled.

4. This additional benefit is provided by our Tourmed 'RoadClaim' Department who have a thorough understanding of the process to be followed with launching a claim to the Road Accident Fund.
5. To receive this, Assistance Benefit, simply contact Tourmed.

email ; [RAFAssistance@sa-tourmed.com](mailto:RAFAssistance@sa-tourmed.com)

or call : (international) + 27 21 979 4419

fax: +27 21 979 0367

(national) 021 979 4419

021 979 0367

## **SECTION 6 - CALIBRE HIV PEP (Post Exposure Prophylaxis) SERVICES**

Notwithstanding the contents of Clause 9 pertaining to exclusions, Calibre Clinical Consultants underwrite and perform the services under this benefit.

The Calibre HIV PEP ( Post Exposure Prophylaxis) Services serves to prevent a policy holder from becoming infected with HIV after exposure to the virus. PEP has up to a 98% success rate in preventing HIV infection after exposure if it is initiated in time and the full treatment is adhered to.

You must initiate PEP as soon as possible but within 72 hours after exposure for it to be effective. All services required for PEP will be provided as part of this policy and are supplied by the HIV PEP specialists, Calibre Clinical Consultants

### **Services of the TOURMED "Calibre Care" PEP Benefit**

1. Access to 24 hour, 365 days per year communication centre for HIV/AIDS information advice and co-ordination of PEP services;
2. Access to 24 hour, 365 days per year communication centre for telephonic HIV/AIDS counselling;
3. Telephonic trauma counselling for HIV and Rape incidents;
4. Two one-on-one consultations for rape, trauma or potential exposure cases – at an appropriate provider recommended by the communication centre;
5. Pre and Post test counselling and two HIV blood tests are included in the management of PEP – one immediately on potential exposure and a second one 3 months later to check sero-conversion;
6. Anti-retroviral prophylactic therapy and other indicated medication will be provided to prevent sero-conversion for a period not exceeding 28 days;
7. Ongoing personal case management and co-ordination with service providers

In the event of an incident or possible HIV exposure, call the TOURMED 24-hour emergency number on your TOURMED Policy Certificate and the immediate services of the Calibre counsellors and doctors will then coordinate the required PEP services.

You must initiate PEP as soon as possible but within 72 hours after exposure for it to be effective. All services required for PEP will be provided as part of this policy.