

Business Travel Insurance

Underwritten by AIG South Africa Limited

(Reg. No. 1962/003192/06)

VAT Registration No: 4390116939

FSP No: 15805

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This Policy is a contract made between the Policyholder and the Company. The Company agrees to provide insurance on the basis set out in this Policy provided the premium is paid when due and the Company agrees to accept it.

Signed on behalf of the Company



**Regional Vice President: Africa
Accident & Health Division**

PREMIUM PAYMENT

The Policyholder is liable for premium and the premium is payable as follows:

- a) In respect of annual policies paid annually the premium is payable on or before the inception date or renewal date as the case may be; or
- b) In respect of annual policies paid monthly the premium is payable on or before the first Day of the month in advance.

The Company shall not be liable for any claim arising under this Policy that occurs prior to receipt of the premium. The Company shall not be obliged to accept premium tendered to it or to any intermediary after the inception date, but may do so upon such terms as it in its sole discretion may determine. In the event of the company not accepting premium the Policy will lapse from the date from which the premium became due. The Company reserves the right to ask for proof of payment at any time. Such proof must be to the Company's satisfaction.

PERIOD OF INSURANCE

This Policy will provide cover for Insured Journeys that are booked after or commence after the inception date appearing in the Policy Schedule, unless it is a renewal of an existing Company Policy. If it is a renewal, this Policy will provide cover for Insured Journeys that have commenced prior to the renewal date. Except for Cancellation insurance, cover will commence when the Insured Person leaves the Point of Departure and will automatically cease on Termination. Cancellation coverage will take effect on the date on which a travel ticket is paid in full and will automatically cease on Termination.

MAXIMUM AMOUNT PAYABLE

1. The Policyholder or, where applicable, an Insured Person shall not be entitled to recover a Benefit exceeding 100% of the sum insured for an Insured Event as reflected in the Schedule of Benefits.
2. If two or more travel policies issued by the Company or any other member company of American International Group, Inc. (AIG) apply to the same claim, the maximum amount payable by AIG under all such policies shall not exceed the limit of liability of whichever of such policies has the highest applicable limit of liability. Nothing contained herein shall be construed to increase the Benefits payable in terms of this Policy.
3. Subject to any limitations in respect of cover found in the Short Term Insurance Act 53 of 1998, Spouses and Children accompanying the Insured Person on an identical travel itinerary qualify to share cover with the Insured Person. A maximum of 5 Children per Insured Person can be covered when Benefits are shared.
4. Spouse and Children accompanying the Insured Person will be entitled to full Benefits in the event that the relevant endorsement is issued by the Company and additional premium is paid. A maximum of 5 Children per Insured Person can be covered.

CANCELLATION/TERMINATION**Cancellation**

1. The Policyholder may cancel this Policy at any time by giving the Company 30 Days written notice, in which case the Company will retain a pro-rata premium for the period that the Policy was in force subject to any minimum or adjustable premium provisions. In the event of intimation of a claim the Company will not refund a pro-rata premium
2. This Policy may be cancelled by the Company giving 30 Days written notice to the Policyholder the Company will refund a pro-rata premium for the unexpired policy period. In the event of intimation of a claim the Company will not refund a pro-rata premium.
3. The Company may cancel this Policy by sending the Policyholder notice in writing to the Policyholder's last known address. If the premium is paid annually in advance and the Policy is cancelled other than at the anniversary date, the Company will refund a pro-rata premium provided that no claims have been initiated.

- The Company may cancel any cover provided by this Policy for War by sending seven Days notice to the Policyholder's last known address.

Termination

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

- the date the Policy is cancelled; or
- the expiry date appearing in the Policy Schedule unless:
 - the Policyholder has requested, and the Company has agreed to, an extension in writing; or
 - there is an automatic extension as described under the General Conditions applying to this Policy.

An Insured Journey in respect of an Insured Person will terminate on:

- the date of the Insured Person's return to the Point of Departure in South Africa or Country of Residence; or
- the date that the Insured Person reaches the maximum age for the cover selected; or
- 90-consecutive days after the Commencement of Insured Journey unless otherwise agreed to in writing by the Company; or
- The date the Policy terminates.

DEFINITIONS

In this Policy the following definitions apply:

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

Accidental Loss means the Insured Person mislaying or misplacing their Baggage resulting in a loss of possession.

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.

Acquired Immune Deficiency Syndrome or AIDS shall have the meanings assigned to it by the World Health Organisation including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or Illness in the presence of a sero-positive test for HIV.

AIG Assist is a trademark of the Company that is used under licence by SOS. However, for the purpose of this Policy, "AIG Assist" refers to SOS itself.

Any One Life Limit means the maximum liability of the Company to any one Insured Person in respect of any one Accident or Illness or series of Accidents or Illnesses arising from one source or cause.

Baggage means luggage, Personal Effects and travel documents (travel tickets, passports and visas) taken by an Insured Person on an Insured Journey.

Benefit(s) means the payment of any amounts by the Company in respect of the cover and amount of cover specified in the Schedule of Benefits.

Business Associate means a partner, director or employee under his direct supervision and control of the Insured Person or the Policyholder.

Children means the Insured Person's dependant children who are not in full-time employment and who are between the ages of 3 months and 19 years (or under the age of 25 years provided they are in full-time education), unmarried, not pregnant, without children and primarily dependent on the Insured Person for maintenance and support.

Company means AIG South Africa, Ltd.

Confinement means confinement to a Hospital as a resident in-patient for a period which is necessary for the diagnosis or treatment of any Injury or Illness.

Country of Residence means the country of which the Insured Person is a citizen or permanent resident.

Damage means physical damage to Baggage which lowers the value.

Date of Loss means:

- for Illness, the first date of diagnosis or the date the Insured Person first became aware of the Illness whichever occurs earlier;
- for Injury, the date of the Accident;
- for all other Sections, the date of the Insured Event.

Day means a calendar Day, reckoned from midnight to midnight, or any part thereof.

Effective Date of Coverage means:

- for cancellation, the date on which a travel ticket is paid in full;
- for all other sections of cover, the date and time that the Insured Person commences an Insured Journey

Electronic Equipment shall mean any computer equipment, system or software or any product, equipment, system or machinery connected to or operated by means of a micro or data processor chip.

Emergency Medical Expenses means all Reasonable and Customary Charges which at the sole discretion of AIG Assist are deemed medically necessary for Illness or Injury on an International Journey,

Excess means the first amount, or period, of each and every loss payable by the Policyholder or the Insured Person as specified 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.

Global Choices means Global Choices Lifestyle (Pty) Ltd.

Hazardous Pursuits means any hazardous activity involving risk or danger which introduces or increases the possibility of a loss or which may influence the extent of a loss including but not limited to sports activities, horseback riding, hunting, bungee jumping, abseiling, white water rafting, hiking, mountaineering, scuba diving, black slope or off-piste skiing or snow boarding, fighting (except in bona fide self defence), racing (other than on foot), being a crew member on a ship, or sailing outside of territorial waters.

Hospital shall mean a Hospital (other than an institution for the aged, chronically ill or convalescent rest or nursing home and/or drug or alcohol rehabilitation facilities) operated pursuant to the law for the care and treatment of injured or sick persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Illness means any fortuitous sickness or disease contracted, commencing or first manifesting itself during an Insured Journey.

Informant means any person, other than the Insured Person, providing information not otherwise obtainable solely in return for a reward offered by the Insured Person.

Injury means physical trauma to an Insured Person caused by an Accident resulting, solely and independently of any other cause or any other physical defect or infirmity existing prior to the Accident, in an Insured Event within 24 months of the date of the Accident. Physical trauma caused by exposure to the elements of nature as a direct result of an Accident will be deemed to be an injury.

Insured Event means an event stated in the Schedule of Benefits.

Insured Journey means either an International Journey, or a Local Journey undertaken by an Insured Person for a period not exceeding 90 consecutive Days, including the return journey to the Point of Departure.

Insured Person means any person who is nominated by the Policyholder for insurance under this Policy and with respect to whom premium has been paid or is agreed to be paid.

International Journey means an Insured Journey commencing from the Point of Departure to the destination, outside the territorial limits of the Republic of South Africa, including the return journey to the Point of Departure.

Kidnapping means any event or connected series of events of seizing, detaining or carrying away by force or fraud of the Insured Person by person/s for the purpose of demanding ransom monies.

Local Journey means an Insured Journey of at least 250 kilometres from the Point of Departure to the destination, both of which are within the territorial limits of the Republic of South Africa, and includes either a minimum of one nights accommodation at the destination or the Insured Person being transported to the destination by air in a Public Conveyance, including the return journey to the Point of Departure.

Medical Expenses means all Reasonable and Customary Charges for Illness or Injury on an International Journey,

Medical Practitioner means a person registered with a current, legal licence to practise medicine, but excludes an Insured Person or a member of any Insured Person's immediate family.

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

Motor Hijack the unlawful seizing or attempted unlawful seizing of a vehicle by any person using force or threat or violence where such violence is intended, used or made to overpower or subdue the Insured Person whilst driving or as a passenger in a Private Motor Vehicle or whilst such vehicle is stationary.

Permanent Total Disablement means total and absolute disablement which entirely prevents the Insured Person from engaging in or giving attention to his usual or any occupation for which he is qualified or has received specialised training and which will in all probability be lasting and continuous for his lifetime.

Personal Effects means spectacles, dentures, purses, wallets, cosmetics and other personal effects normally worn or carried on the person.

Point of Departure means:

- a) in respect of an International Journey when an Insured Person passes through passport control, from within South Africa or Country of Residence; or
- b) in respect of a Local Journey the point from which an Insured Person leaves his usual place of residence or business to travel in a direct and uninterrupted manner on a Local Journey.

Policy means this document embodying the contract of insurance, the Policy Schedule and Schedule of Benefits and shall include any subsequent Terms, Conditions, Exclusions, Terminations and Endorsements.

Policy Schedule means the schedule attaching to and forming part of the Policy containing all relevant and specific details of the Policyholder and the option of cover selected.

Policyholder means the insured company, organisation and associated company or organisation shown in the Policy Schedule.

Pre-Existing Medical Conditions means any condition giving rise to a claim for which, within the 12 consecutive months prior to the Effective Date of Coverage, the Insured Person:

- (a) has consulted a Medical Practitioner or specialist; or
- (b) has received Medical Treatment or advice; or
- (c) the manifestation of symptoms would have caused a reasonable person to seek advice.

Private Motor Vehicle means any licensed passenger vehicle other than taxis, buses and any vehicle that is in excess of 2 tons.

Professional Player means an Insured Person who earns in excess of 50% of his income from playing sport or who participates in a sport that remunerates him as a means of livelihood.

Public Conveyance means any land, water or air conveyance legally licensed to carry passengers, operating commercially in accordance with all locally applicable laws and regulations on regular and published scheduled routes in which the Insured Person is travelling only as a fare-paying passenger, excluding minibuses, non-standard motor vehicles and non-pressurised single engine piston aircraft.

Reasonable and Customary Charges means the charges which:

- (a) are medically required for the treatment, supplies or medical service to treat an Insured Person's condition;
- (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.

Related Expenses means additional accommodation 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 the Company remains with or escorts the Insured Person until he resumes the Insured Journey or returns to the Point of Departure, whichever occurs first.

Relative means a Spouse, parent, parent-in-law, grandparent, step-parent, Children, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancée, fiancé, half-brother, half-sister, aunt, uncle, niece or nephew of the Insured Person, provided such person resides in the Insured Person's Country of Residence.

Schedule of Benefits means the schedule attaching to and forming part of the Policy, detailing Insured Events, Excess levels, limits of liability, sub-limits and other relevant plan information.

SOS means International SOS (Pty) Ltd, the claims co-ordination company authorised by the Company to assist in the management and control of claims incurred or likely to be incurred. It also provides emergency travel and pre-departure health information and the AIG Assist services.

Spouse means the husband, wife, partner in a same sex partnership or any de facto partner with whom the Insured Person has permanently and continuously lived in the same household in a relationship which is not casual or impermanent for a period longer than 6 consecutive months. Only one Spouse shall be eligible for cover as nominated by the Insured Person.

Traumatic Event means a violent criminal act or attempt where such violence is intended or made to overpower or subdue.

Theft means wrongfully taking property from an Insured Person without their willful consent.

Travel Companion means the person intending to travel or travelling with the Insured Person.

Victim means an Insured Person who is the subject of an Insured Event under Section 8B.

VIP Exclusive Benefits Club means the discount and assistance service package provided by Global Choices, the AIG affiliated assistance service provider, operating under contract with the Company.

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

Wrongful Detention means the arbitrary or capricious act of involuntary confinement of the Insured Person by person/s acting as agent/s or with the approval of any government of government entity, or acting or purporting to act on behalf of any insurgent party, organisation or group. A connective series of wrongful detentions will be considered as one wrongful detention.

GENERAL CONDITIONS

1. **Age limits** This Policy covers Insured Events which happen to Insured Persons up to and including the age of 79-years at the Date of Loss.
2. **Commencement of Insured Journey** This Policy will provide cover for Insured Journeys that are booked after or commence after the inception date appearing in the Policy Schedule, unless it is a renewal of an existing Company Policy. If it is a renewal, this Policy will provide cover for Insured Journeys that have commenced prior to the renewal date. Except for Cancellation insurance, cover will commence when the Insured Person leaves the Point of Departure and will automatically cease when the Insured Person returns to the Point of Departure unless otherwise agreed to by the Company in writing. Cancellation coverage will take effect on the date on which a travel ticket is paid in full.
3. **Airlines** The Company will have no liability to provide an indemnity or part of an indemnity in relation to any Insured Event for which the Policyholder or the Insured Person may be able to seek compensation in respect of the same from an airline. If the Policyholder proves that it has taken all reasonable and necessary steps to claim from the airline, the Company will pay a pro-rata portion of indemnity. The Company's liability will be calculated by reducing the Benefits by the amount for which the Company considers the airline to be liable.
4. **Automatic extension** If an event occurs after commencement of the Insured Journey giving rise to a legitimate claim under Section 1, 4B and 8A, the Insured Journey shall automatically be extended for a maximum of 12 consecutive months from the date of the event.
5. **Currency** All amounts are shown in South African Rand (ZAR). If expenses for which an indemnity can be provided in terms of this policy, are incurred in a foreign currency the rate of exchange used will be the rate at the time of incurring the expense or suffering Date of Loss, whichever is the more favourable to the Company.
6. **Endorsements** This Policy may be extended, amended or altered by the Company issuing an endorsement. Any application to extend, amend or alter the Policy by the Policyholder must be made in writing to the Company prior to the expiry of the existing Policy and provided there are neither existing nor initiated claims on the existing Policy.
7. **Liability**
 - 7.1. The Company shall not be liable or responsible for:
 - a) the negligence, incorrect advice, wrongful acts and/or omissions of any legal and/or health care professional or any other person or persons or legal entity that provide direct or indirect service to the Policyholder or the Insured Person;
 - b) the failure of any agent or broker to explain adequately the terms, conditions, endorsements, terminations and exclusions of this Policy.
 - 7.2. Should any discrepancies arise between this Policy and any literature or information received by the Policyholder or the Insured Person, this Policy will govern in all cases.
8. **Language** The official version of this Policy is in English. Words in the singular include the plural and vice versa and words in the masculine gender include the feminine gender.
9. **Misrepresentation** This Policy shall be voidable (at the discretion of the Company) in the event of misrepresentation, misdescription or non-disclosure by or on behalf of the Policyholder or Insured Person of any information material to this Policy.
10. **Other financial products and services** The Company will accept no liability whatsoever for 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.
11. **Other insurance** Except for Section 2 - Personal Accident, if the Policyholder or the Insured Person is able to claim under any other policies (including statutory insurance and/or automatic credit card travel insurance) or medical scheme which provides cover for the whole or any part of an Insured Event ("Other Claims"), the Company will only be liable to pay its pro rata portion of the claim submitted in terms of this Policy.
 - 11.1 If in the Company's discretion it decides to pay the claim in full, then it will not be obliged to make payment unless the Policyholder and the Insured Person cede to the Company all of their rights in respect of the Other Claims.
 - 11.2 If the Company has already paid Benefits in terms of this Policy, all of the Policyholder's and the Insured Person's rights in respect of the Other Claims will be ceded automatically to the Company.
 - 11.3 A cession in terms of 11.1 or 11.2 will allow the Company to do all things necessary to claim against the other insurer or company and institute legal proceedings against that other insurer or company if the Other Claim is not paid. The cession in terms of 11.1 and 11.2 does not in any way derogate from the Companies rights of Contribution.
 - 11.4 Without limiting any provision of this Policy or any legal obligation, the Policyholder and the Insured Person must cooperate fully with the Company in relation to the Other Claim or legal proceedings including but not limited to:
 - a) not doing anything to prejudice or limit the Company's rights;
 - b) giving the Company whatever information and documents it may require;
 - c) signing any document or affidavit that the Company may request to enable it to exercise its rights.
12. **Payment of Benefits** This Policy is between the Company and the Policyholder only and all of its provisions and conditions are for the sole and exclusive benefit of those parties. Nothing in this Policy, express or implied, is intended to confer upon any other person save to the extent provided for in the Policy any rights or remedies of any nature whatsoever under this Policy or any of its provisions. Without limitation, no third party save to the extent provided for in the Policy shall have any rights under this Policy or any right to receive Policy Benefits.

Receipt of Benefits paid as follows will be a valid discharge of the Company's liability under this Policy:

 - 12.1 For Emergency Medical and Related Expenses on an International Journey, the Benefit will be paid to the provider of

such medical treatment.

12.2 This Policy cannot be ceded, assigned or in any way transferred to a third party. Benefits shall be payable at the discretion of the Company only to the Policyholder or its legal representative or to the Insured Persons or estate specifically referred to in the Policy.

13. **Public Conveyance tickets** The Company has the right to utilise the Insured Person's Public Conveyance ticket to offset the Company's expenses. For the purpose of this clause Public Conveyance will include any Conveyance specified in the definition of Public Conveyance.
14. **South African Law** This Policy will be governed by the laws of South Africa and its courts shall have exclusive jurisdiction to the exclusion of the courts of any other country.
15. **Subrogation** The Company has the right to commence or take over legal proceedings in the Policyholder and/or the 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. The Policyholder or the Insured Person must co-operate with the Company and do nothing to hinder the Company's rights.
16. **Tax or imposts** The onus will always be on the Policyholder or the Insured Person to ensure, correctly admit and pay any tax liability in consideration of any Benefit being paid that may incur tax or imposts of any nature.
17. **Maximum period any one trip** The maximum period for any Insured Journey is limited to 90 consecutive Days, unless the Company has agreed in writing to extend the maximum period of cover for any one trip.
18. **Sanctions** Cover will not be provided in respect of any country insofar as such cover violates any trade embargo and / or economic sanctions, laws or regulations as is binding on the Company.
19. **Information** By acceptance of this contract of insurance or the benefits under this Policy the Policyholder or Insured Person acknowledges that the sharing of claims and underwriting information by the Company is essential to enable the Company to underwrite policies, assess risks fairly, ensure compliance with all and necessary applicable legislation, regulations and business compliance requirements (including any overseas laws, regulations and compliance requirements binding on the Company) and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting premiums. The Policyholder and or Insured person, on his own behalf and on behalf of any person he represents herein, hereby waives any right to privacy in any insurance information provided by him or on his behalf in respect of any insurance policy or claim made or lodged by him and he consents to such information being disclosed to any other party (including any subsidiary or parent company of the Company as well as any government or regulatory authority) who has a direct interest in the information disclosed by the Policyholder / Insured Person / his agent. The Policyholder / Insured Person also acknowledges that the information provided by him may be verified against any other legitimate sources or databases and waives any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning him.
20. **Medical and Related Expenses** Except for Follow up Treatment in South Africa under no circumstances will this policy provide an indemnity for Medical and Related Expenses which are incurred arise from or relate directly or indirectly to any Medical Treatment, advice or any other related medical services provided and or incurred in South Africa.

CLAIMS CONDITIONS

1. **Compliance** The Policyholder and the Insured Person must follow the Company's advice or instruction otherwise the Company may decline to pay the whole or any part of the claim.
2. **Legal action** If the Company denies liability for or rejects any claim and the Policyholder does not institute legal action and serve summons on the Company (or initiate arbitration proceedings if the Company has agreed to submit to arbitration) within 12 months after such denial or rejection, all benefits of such claim shall be forfeited.
3. **Notice of claim and proof of loss**
 - 3.1 The Policyholder or the Insured Person must give the Company notice in writing:
 - a) within 90 Days of an Accident which may give rise to a claim under Section 2 of this Policy. Any Benefit related to death will only be payable if the Company receives written notification of the death within 30 Days of the date of the death. The Company shall have the right to have a post mortem examination of the body conducted.
 - b) within 30 Days of any other occurrence which may give rise to a claim under this Policy.
 - 3.2 The Policyholder must, at its own cost, provide whatever certificates, information and documented evidence ("Evidence") is required by the Company regarding the Insured Event.
4. **Recoveries** All recoveries net of the Company's actual recovery costs will be distributed firstly to the Company for all amounts paid and any remainder will be paid to the Policyholder or the Insured Person in the Companies discretion.
5. **Fraudulent Claims** If the Policyholder or the Insured Person, or anyone acting on the Policyholder's or the Insured Person's behalf use any fraudulent means or devices to obtain any Benefit or the claim is in any respect fraudulent, then any amount payable in respect of such claim shall be forfeited as well as the Company being entitled to immediately cancel the Policy.
6. **General**
 - 6.1 The Insured Person shall submit to medical examination at the expense of the Company as often as shall be required in connection with any claim. Any report generated as a result of such examination shall be the property of the Company and shall be deemed to be confidential information of the Company.
 - 6.2 Medical Treatment shall be sought and followed promptly on the occurrence of an Injury or Illness and the Company 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 failure of any Insured Person to seek and remain under the care of a qualified Medical Practitioner.
 - 6.3 All claims arising from criminal incidents are to be supported and accompanied by a certified police report and case number.
 - 6.4 The due observance and fulfilment of the Policy insofar as it relates to anything being done or complied with by the Policyholder or the Insured Person, shall be a condition precedent to liability to make any payment under this Policy.
 - 6.5 The Company shall have the right to access any current or prior medical records of the Insured Person in order to finalise and/or proceed with the assessment of a claim and/or render medical assistance. By virtue of this clause, the Insured Person shall be deemed to have given the Company written consent to access any of the Insured Person's current or prior medical records.
 - 6.6 No amount payable in terms of this Policy shall bear any interest.

GENERAL EXCLUSIONS

The Company will not be liable to pay any Benefit or cover any loss, injury, damage or legal liability sustained directly or indirectly by or caused by or arising directly or indirectly from:

1. being in service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation; or
2. engaging in occupational activities underground or requiring the use of explosives; or
3. wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self inflicted injury, suicide or attempt thereof; or
4. deliberate violation of criminal law; or
5. acting as part of an aircraft crew; or
6. travelling by air except where the Insured Person is a fare-paying passenger on a Public Conveyance operated by a commercial airline company registered for the transport of passengers on regular and published scheduled routes; or
7. 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
8. sexually transmitted diseases; or
9. the conditions commonly known as AIDS or HIV and/or any related illness or condition including derivatives or variations thereof, howsoever, acquired or caused; or
10. chronic fatigue syndrome or myalgic encephalomyelitis (M.E.) (anticardiolipin antibody positivity) or the Illness commonly referred to as yuppie flu; or
11. non-adherence to medical advice; or
12. an Insured Person
 - a. being under the influence of drugs or narcotics unless such drugs or narcotics were administered by a Medical Practitioner or unless prescribed by and taken in accordance with the directions of a Medical Practitioner; or
 - b. with drug abuse or addictive conditions of any kind, including alcohol abuse, alcoholism, substance abuse, solvent abuse; or
13. any:
 - a. Pre-existing Medical Condition of an Insured Person; or
 - b. cardiac or cardio vascular or vascular or cerebro vascular illness or conditions or sequelae thereof or complications that, in the opinion of a Medical Practitioner appointed by the Company, can reasonably be related thereto, if the Insured Person has received medical advice or treatment (including medication) for hypertension 6 months prior to the commencement of the Insured Journey; or
14. any condition known to the Insured Person prior to the Effective Date of Coverage, where the Insured Person:
 - a. is on the waiting list for Medical Treatment; or
 - b. is travelling for the purpose of obtaining Medical Treatment (even if this is not the sole reason for the Insured Journey); or
 - c. has received a terminal prognosis; or
 - d. has been recommended to continue or to commence any Medical Treatment or medication after the Effective Date of Coverage; or
15. an Insured Person travelling against medical advice or to seek medical attention or advice or with a terminal condition which was diagnosed prior to the Insured Journey or when he is unfit to do so; or
16. any cardiac or cardio vascular or vascular or cerebro vascular illness or conditions or sequelae thereof or complications that, in the opinion of a Medical Practitioner appointed by the Company, can reasonably be related thereto, for persons aged 70-years and over; or
17. participating in any sport as a Professional Player; or
18. engaging in motor cycling; or
19. any Hazardous Pursuits; or
20. any claim arising from a tour operator, Public Conveyance operator, airline company or any other company, firm or person being insolvent, or being unable or unwilling to fulfil any part of the obligation to the Policyholder or the Insured Person.
21. consequential loss of any kind or financial loss and/or expense not otherwise specifically covered; or
22. any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons.

If the Company alleges that by reason of the above exclusions, loss or damage is not covered by this Policy, the burden of proving the contrary shall rest on the Policyholder.

General Exclusion 9 above shall not be applicable to Section 2.

PRE-EXISTING MEDICAL CONDITION WAIVER EXTENSION

General Exclusion 13.a above is waived for Insured Persons who are under 65 years of age. The maximum the Company will pay in respect of a Pre-Existing Medical Conditions under Section 1 will be as stated in the Schedule of Benefits.

SECTION 1 – EMERGENCY MEDICAL AND RELATED EXPENSES

SECTION 1A – EMERGENCY MEDICAL EXPENSES

1. International Journey

If an Insured Person whilst travelling on an International Journey incurs Emergency Medical Expenses as a result of Illness or Injury, the Company will pay for those expenses.

SECTION 1B - FOLLOW UP TREATMENT IN SOUTH AFRICA

1. If an Insured Person incurs Follow up Treatment in South Africa for an Insured Event covered under Section 1A, 1C, 1D which was first treated on an Insured Journey, the Company will pay the Insured Person for those expenses provided such Medical Expenses are incurred within 30 days of his return to the Point of Departure and provided such expenses are not recoverable by or on his behalf from any other source.

2. If an Insured Person incurs Follow up Treatment in South Africa for Malaria within 30 days of his return to the Point of Departure and such infection is as a direct result of an Insured Journey, regardless of whether the illness was first diagnosed or treated under Section 1A, the Company will pay those expenses provided such expenses are not recoverable by or on his behalf from any other source.

SECTION 1C – HOSPITAL CONFINEMENT

The Company will pay for Confinement as a result of Injury or Illness whilst on an International Journey. The Company will pay for each complete Day of Confinement as stated in the Schedule of Benefits.

SECTION 1D - MEDICAL EVACUATION, REPATRIATION OR TRANSPORT TO MEDICAL CENTRE EXPENSES

If an Insured Person suffers an Illness or Injury covered under Section 1A - Emergency Medical Expenses that necessitates emergency transportation, the Company will:

1. transfer the Insured Person to another location to obtain necessary Medical Treatment; and/or
2. repatriate the Insured Person to his Point of Departure; and/or
3. pay for the cost of the required service including the necessary accompanying medical staff; and/or
4. pay for the cost of returning the Insured Person under Section 3C – Alternative Employee or Resumption Expenses.

SECTION 1 – SPECIFIC CONDITIONS

1. If the Policyholder or the Insured Person wants the Company to pay for any medical expenses in excess of R2,000, AIG Assist must be contacted and their prior written agreement must be obtained. If not approved by AIG Assist, the Company's liability will be limited to R2,000 for any one Insured Event.
2. Medical Expenses as a result of emergency dental treatment are limited to dentistry received within 30 Days of the Accident.
3. Medical and Related Expenses shall only be paid until such time as a Medical Practitioner appointed by the Company decides that an Insured Person is capable of being repatriated. If the Insured Person is capable of being repatriated and elects not to return to the Point of Departure, all further expenses incurred as a result of the occurrence giving rise to the claim will be for the Policyholder or the Insured Person's own account.
4. If the Policyholder or the Insured Person wants the Company to pay for emergency transportation, AIG Assist must be contacted and their prior written agreement obtained. This requirement does not include in-country emergency ambulance transfers.
5. The Company will decide where and how to move the Insured Person depending on the medical advice received.
6. The Company will use the Insured Person's return ticket towards their costs if he is returned to his Point of Departure.

SECTION 1 – SPECIFIC EXCLUSIONS

The Company will not pay for any medical expenses:

1. Incurred or payable within the Republic of South Africa; or
2. incurred due to investigatory treatment that is not specified by a Medical Practitioner as immediately necessary; or
3. for fillings or crowns of precious metal; or
4. for any procedures relating to dental or oral hygiene; or
5. for specialist Medical Treatment without referral from a Medical Practitioner; or
6. relating to contraceptive devices, prosthetic devices, medical appliances or artificial aids; or
7. for preventative treatment, including but not limited to any vaccination and/or immunisation; or
8. in excess of R5,000 for either physiotherapy or chiropractic treatment, unless confined to a Hospital.

SECTION 2 - PERSONAL ACCIDENT

SECTION 2A – DEATH AND DISABILITY

If an Insured Person sustains an Injury resulting in an Insured Event described in the Table of Benefits below, the Company will pay the Policyholder, the Insured Person or the Insured Person's legal representative the compensation as stated in the Schedule of Benefits.

If an Insured Person disappears and after 24 consecutive calendar months it is reasonable for the Company to believe that he may have died due to an Injury, the Company will pay the Death Benefit in the Table of Benefits subject to receipt of a signed undertaking by his beneficiary or the representative / executor of his estate that such compensation shall be refunded if it is later demonstrated that he did not die as a result of an Injury. This written undertaking will be required at the point where this Benefit becomes payable.

TABLE OF BENEFITS

INSURED EVENT	COMPENSATION EXPRESSED AS A PERCENTAGE OF THE SUM INSURED
1. Death	
a. As a result of an Accident	100%
b. Disappearance	100%
c. Death as a direct result of exposure to the elements of nature as a direct result of an Accident	100%
2. Permanent Total Disablement	
a. As a result of an Accident	100%
b. Permanent Total Disablement as a direct result of exposure to the elements of nature as a direct result of an Accident	100%

SECTION 2A - SPECIFIC CONDITIONS

1. The Company will not pay for any Benefit in respect of:
 - (a) Permanent Total Disablement except on submission of satisfactory medical evidence;
 - (b) more than 100% of the Sum Insured when more than one Injury arises from the same Accident;

- (c) more than one category for more than 100% of the Sum Insured. The Benefit payable will be the highest in the appropriate category.
2. If the Insured Person sustains Permanent Total Disablement and the claim in relation to that disability is admitted and accepted, the Benefit will be paid and all cover under this Section 2A in respect of such Insured Person shall cease.
 3. The diagnosis and determination of Permanent Total Disablement must be made and documented by a Medical Practitioner and must be continuous and permanent for at least 12 consecutive months from the onset of the disablement. However:
 - a) for Permanent and Total Loss of Speech, the loss of the ability to speak must be continuous and permanent for at least 12 consecutive months and medical evidence must confirm Permanent and Total Loss of Speech and all psychiatric related causes must be excluded; and
 - b) for Permanent and Incurable Paralysis, the loss of use must be continuous and permanent for at least 12 consecutive months from the onset of the paralysis.
 4. If the Insured Person's existing ailment, infirmity or other abnormal physical or mental condition is aggravated by an Accident, the Benefit amount will be determined by the degree of the deterioration of the existing ailment after the Accident and the Benefit will be paid accordingly. The degree of ailment, infirmity or other abnormal physical or mental condition before the Accident will be determined by medical evidence.
 5. If the consequences of an Accident are aggravated owing to an Insured Person's existing ailment, infirmity or other abnormal physical or mental condition, determination of the Benefit will be based on the consequences the Accident would have had, had such defects not existed. The foregoing shall not apply, however, if such circumstances are a consequence of an earlier Accident to the Insured Person, for which Benefit has been or will be paid under this Policy.
 6. If an Insured Person dies of natural causes prior to the final disablement assessment relating to an Insured Event, the Company will pay what reasonably would have had to be paid for such Permanent Total Disablement in accordance with Specific Condition 1(b) above.
 7. In the event of death of Children, the Benefit payable will be subject to the amount legislated by law at the time of the death.
 8. Children are excluded from any Benefit for occupational disability under Permanent Total Disablement.

SECTION 2B - SPOUSE ACCIDENTAL DEATH BENEFIT

If the Insured Person's Spouse dies as a result of an Accident whilst the Insured Person is on an Insured Journey, the Company will pay to the Insured Person the amount stated in the Schedule of Benefits. Any other Spouse will not be covered in the event of the payment referred to in this section.

SECTION 2B – SPECIFIC CONDITION

This Benefit is not payable if the Spouse is accompanying the Insured Person on an Insured Journey at the time of the death.

SECTION 2C - EDUCATION FUND SUPPLEMENT

If the Insured Person dies as the result of an Injury during an Insured Journey, the Company will pay for each Child the amount stated in the Schedule of Benefits.

SECTION 2C – SPECIFIC CONDITIONS

1. This Benefit is limited to a maximum of 5 Children per claim.
2. For this Benefit only, the age of the child shall be extended to include Children under the age of 3 months.

SECTION 2 – SPECIFIC EXCLUSION

The Company will not be liable to pay any benefit under this section in respect of any Insured Person for any Insured Event caused by or arising directly or indirectly from any type of Illness, or bacterial infection, except that this exclusion shall not apply to medically acquired infections or blood poisoning, including pyogenic infections, which may result from an accidental cut or wound.

SECTION 3 - AIG ASSIST

SECTION 3A - ASSISTANCE SERVICES

AIG Assist arranges access to the following services free of charge:

1. **Online Pre-trip Planning**
2. **Cash advances**
3. **Embassy / Consular referral**
4. **Emergency travel and accommodation arrangements**
5. **Transmission of urgent messages**
6. **Lost passport assistance**

SECTION 3B – ASSISTANCE SERVICES AND ASSOCIATED BENEFITS

AIG Assist arranges access to the following services and the Company will pay up to the amount stated in the Schedule of Benefits.

SECTION 3B.1 - ACCOMPANYING FAMILY MEMBER

If the Insured Person suffers Illness or Injury the Company will pay, subject to medical advice and the Company's written agreement, the reasonable Related Expenses for one person to travel to, remain with, or accompany the Insured Person back to his Point of Departure.

SECTION 3B.2 - ALTERNATIVE EMPLOYEE OR RESUMPTION OF ASSIGNMENT EXPENSES

The Company will reimburse the Policyholder for reasonable and necessary expenses to either:

1. **Alternative Employee** Send a substitute person to complete the original business commitment of an Insured Person who is unable to do so due to his unexpected death, Injury or Illness, or who has to return early to his Point of Departure following the unexpected death or imminent death of a Relative or Business Associate; or
2. **Resumption of Assignment** Return the original Insured Person whom the Company has repatriated back to the Point of Departure following an event covered under Section 1, within 90 Days of such repatriation, to complete his original business commitments.

SECTION 3B.3 - LEGAL ASSISTANCE ABROAD

If the Insured Person is imprisoned or threatened with imprisonment, the Company will help him find a lawyer and will pay the Policyholder or the Insured Person for the legal expenses paid to a lawyer.

SECTION 3B.3 – SPECIFIC CONDITIONS

1. The Company shall have complete control over the legal proceedings.
2. The lawyer nominated by the Company must be qualified to practice in the court of the country where the event, giving rise to the claim occurred or where the Insured Person is resident. The Insured Person, acting reasonably, does not have to accept the lawyer nominated by the Company. If the Insured Person does not agree with the Company regarding the suitability of the lawyer, the Company will ask the ruling body for lawyers in that country to nominate another lawyer. In the interim the Company may appoint a lawyer to protect the Insured Person's interests.
3. If an award or compensation is made and payment is received by the Policyholder or a lawyer instructed on the Policyholder's behalf, then all sums advanced or paid by the Company in respect of legal expenses shall be refunded to the Company.
4. The Policyholder or the Insured Person must notify the Company as soon as possible of any incident which may give rise to a claim but in any event not later than 48 hours after the incident.

SECTION 3B.3 – SPECIFIC EXCLUSIONS

The Company will not pay for costs or expenses:

1. incurred without prior authorisation by AIG Assist; or
2. in respect of the pursuit of a claim against the Company, AIG Assist, a travel agent, tour operator or conveyance carrier; or
3. incurred as a result of actions between Insured Persons, or actions pursued in order to obtain satisfaction of a judgement or legally binding decision; or
4. in respect of claims caused by any member of the Insured Person's family or household.

SECTION 3B.4 - MOTORING BAIL

If the Insured Person is imprisoned directly as a result of a traffic accident, the Company will provide assistance to the Policyholder or the Insured Person and advance the bail bond.

SECTION 3B.4 – SPECIFIC CONDITIONS

1. The Policyholder or the Insured Person must reimburse the Company within a period of 3 months from the date of the advance.
2. If the Insured Person is summoned to appear in court but does not appear, the Company may immediately demand the reimbursement of the bail bond in case it becomes irrecoverable as a result of the Insured Person not attending.
3. The Company may institute legal proceedings against the Policyholder or Insured Person if this bail bond is not recovered.

SECTION 3B.4 – SPECIFIC EXCLUSION

The Company will not pay for any claim where the level of alcohol in the Insured Person's blood or breath is in excess of the legal limit in the country in which the traffic accident occurred or the Insured Person was driving under the influence of alcohol.

SECTION 3B.5 - RETURN OF MORTAL REMAINS/BURIAL EXPENSES

If an Insured Person dies, the Company will pay the reasonable cost of returning his mortal remains to the Country of Residence or the Point of Departure, or the reasonable final expenses and related costs if the body is buried or cremated at the place of death.

SECTION 3B.6 - COFFIN EXPENSES

If an Insured Person dies, the Company will pay for the coffin expenses when the mortal remains are returned to the Country of Residence or Point of Departure.

SECTION 3B.7 - CRIME GUARD

AIG Assist will hire security personnel from a reputable security firm or agency to guard, protect or offer security as a result of a burglary at the Insured Persons primary residence whilst the Insured Person is on an Insured Journey but not exceeding the amount stated in the Schedule of Benefits.

SECTION 3B.7 - SPECIFIC CONDITIONS

A police report must be submitted to the Company as proof of the loss, damage or theft as a result of the burglary.

SECTION 3B.8 - HOME CARE

In the event of an emergency at home whilst the Insured Person/s are away on an Insured Journey AIG Assist will provide access to locksmiths, electricians, glaziers, plumbers or any other emergency service providers to secure and effect essential repairs but not exceeding the limits stated in the Schedule of Benefits.

SECTION 4 - CANCELLATION OR CURTAILMENT

SECTION 4A – CANCELLATION

The Company will reimburse the non-refundable unused portion of travel or accommodation costs paid by the Insured Person following necessary cancellation of the Insured Journey prior to departure due to:

1. The Insured Person's unexpected death, illness or injury or the unexpected death, illness or injury of the Insured Person's Spouse, Business Associate, Children, the person with whom the Insured Person had intended to stay abroad, a Relative or Travel Companion.
2. Cancellation or diversion of scheduled public transport services, including by reason of strikes or other industrial action, unless there has been media warning 24 hours before the date the particular Public Conveyance ticket was booked that such events were likely to occur; or

3. Non availability of the person that is in charge of the Insured Person's minor or disabled Children due to such person's unexpected death, Illness or Injury within 30 Days prior to the date of the Insured Journey.
4. Serious or considerable accidental material damage to immovable property owned by the Insured Person caused within 30 Days of the intended date of departure. The cause of such damage must be unintentional, not as a direct result of any action of the Insured Person and requires him to cancel the Insured Journey for the safeguarding of his interests.
5. Theft or complete immobilisation of the Insured Person's Private Motor Vehicle at the moment of departure or during the trip towards the destination due to a traffic accident, fire or as a result of a hijacking.
6. Delay in reaching the place of embarkation for any Public Conveyance operating on land, air or water as a result of immobilisation of more than one hour due to a traffic accident or circumstances beyond one's control ("Act of God") during the trip towards the place of embarkation.
7. A Traumatic Event occurring within 30 Days of the date of departure to the Insured Person, his Spouse, Children or the person abroad with whom he intended to stay, a Relative or Business Associate where medical advice has been sought and he has been advised not to travel.
8. Loss or theft of travel documents (travel tickets, passports and visas).

SECTION 4B - CURTAILMENT

The Company will reimburse the Policyholder or the Insured Person the non-refundable unused portion of travel or accommodation costs or reasonable additional accommodation and/or travel expenses (3-star accommodation and economy class travel costs) (excluding telephone costs, meals and beverages) paid by the Policyholder or the Insured Person following necessary Curtailment (shortening and/or alteration) of the Insured Journey due to

1. His unexpected death, Illness or Injury or the unexpected death, Illness or Injury of his Spouse, Business Associate, Children, the person with whom he had intended to stay abroad, a Relative or Travel Companion.
2. Cancellation or diversion of scheduled public transport services, including by reason of strikes or other industrial action, unless there has been media warning 24 hours before the date the particular Public Conveyance ticket was booked that such events were likely to occur; or
3. Loss or theft of travel documents (travel tickets, passports and visas); or
4. Non availability of the person that is in charge of the Insured Person's minor or disabled Children due to such person's unexpected death, Illness or Injury; or
5. Serious or considerable accidental material damage to immovable property owned by the Insured Person. The cause of such damage must be unintentional, not as a direct result of any action of the Insured Person and require him to curtail the Insured Journey for the safeguarding of his interests; or
6. A Traumatic event occurring after the date of the departure to the Insured Person, his Spouse, Children, Relative or Business Associate where medical advice has been sought and he has been advised to return to the Point of Departure.

SECTION 4B – SPECIFIC CONDITION

It is a condition that should the Insured Person need to return to the Point of Departure for any reason, AIG Assist must be contacted beforehand to make the travel arrangements.

SECTION 4 - SPECIFIC EXCLUSIONS

The Company will not pay for any expenses arising directly or indirectly out of:

1. the Insured Person not being in possession of the required or valid or correct travel documents or visas unless they are lost or stolen; or
2. carrier caused delays where the cost of the expenses are recoverable from the carrier; or
3. any business or employment commitment or financial or contractual obligation of the Insured Person or any other person on whom the Insured Journey depends; or
4. any change of plans or disinclination on the part of the Insured Person or any other person to travel on an Insured Journey; or
5. the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or travel; or
6. default or insolvency of the carrier, tour operator, hotel; or
7. defective or bad condition of the Private Motor Vehicle planned to be used for the Insured Journey; or
8. lock-out or prohibitive regulation by the court of any country; or
9. adverse weather conditions including cyclones, tornados, floods, typhoons, blizzards or other natural disasters at the destination.

SECTION 5 - BAGGAGE, TRADE SAMPLES, PERSONAL EFFECTS, TRAVEL DOCUMENTS, MONEY, CREDIT CARDS AND BAGGAGE DELAY

SECTION 5A - BAGGAGE, MONEY AND CREDIT CARDS & TRAVELLERS CHEQUES

1. **Baggage** The Company may choose to replace, repair or pay for the loss, in cash, as a result of the Accidental Loss, Theft or Damage to the Insured Person's accompanying Baggage, including suitcases, trunks, hand baggage as well as their contents, portable business equipment (including computers, cellular phones), business property (including trade samples, business papers, specifications, manuscripts and stationery for the cost of reproducing such documents but not for the research and development costs) that occurred during the Insured Journey. The Baggage, Personal Effects and business property must be owned by and accompany the Insured Person.
2. **Money** The Company will pay for the Insured Person's loss of cash, bank or currency notes, cheques, postal or money orders or other negotiable instruments as a result of Theft during an Insured Journey. In respect of money secured for the purpose of the Insured Journey, cover shall commence at the time of collection from the bank or 72 hours prior to the start of the Insured Journey, whichever occurs first, and shall continue for 72 hours after termination of the Insured Journey or until deposited at the bank, whichever occurs first.
3. **Credit Card & Travellers Cheques Replacement** The Company will pay the non-recoverable cost of replacing the Insured Person's credit cards or travellers cheques as a result of Theft.

Sum Insured

The maximum amount the Company will pay for any one item, set or pair of items, is 25% of the amount stated in the Schedule of Benefits, unless otherwise specified in the specific conditions relating to this section. A maximum of 25% of the sum insured stated on the Schedule of Benefits shall be paid in respect of claims for trade samples or money.

SECTION 5B - BAGGAGE DELAY

The Company will reimburse the Insured Person for reasonable essential expenses incurred for the emergency replacement of essential items if his Baggage is delayed, misdirected or temporarily misplaced by a carrier for a period of time greater than the Excess period. The maximum daily limit for each Day that baggage remains misdirected or temporarily misplaced is the limit per Day stated in the Schedule of Benefits.

SECTION 5 – SPECIFIC CONDITIONS

1. The maximum amount the Company will pay is the amount stated in the Schedule of Benefits, unless otherwise specified in the Specific Conditions relating to this section.
2. To account for wear and tear the Company will pay a maximum of 75% of the replacement value for items purchased more than 12 months prior to the Insured Journey, decreasing thereafter at 10% per year from date of purchase.
3. The basis of settlement for items purchased within the 12 months prior to the Insured Journey or whilst on the Insured Journey will be the replacement value of items determined at the Company's discretion.
4. There is a single item limit of 25% of the Sum Insured for any Baggage.
5. The Insured Person shall, in respect of property, Personal Effects, travel documents, money and credit cards which may become the subject of a claim:
 - (a) exercise all reasonable care for the safety, security and supervision thereof at all times and must not leave property unattended in a public place or in any unlocked vehicle, room or building;
 - (b) endeavour to minimise any loss;
 - (c) not abandon any property.
6. It is a condition of payment that loss or damage attributable to Theft, vandalism or loss or damage by carriers be reported to the local police or appropriate authority as soon as possible after discovery of the loss and that a written acknowledgement of the report be obtained.
7. A camera and/or video camera, its lenses and accessories shall be regarded as one item.
8. Sports equipment sets shall be deemed to be one item.
9. The repair or replacement cost of a cellular phone and any fittings or accessories (all deemed to be a single item) shall be limited to R750 per Insured Person.
10. A laptop, palmtop, notebook or similar personal computer, and any fittings or accessories including discs/storage mechanisms/carry cases, shall be deemed to be a single item and the repair or replacement cost shall be limited to R5,000 per Insured Person.
11. In respect of jewellery claims, original or certified copies of valuation certificates issued prior to the commencement of the Insured Journey are required. This condition is applicable to all jewellery including gifts and inherited items.
12. Contact lenses, prescription spectacles or sunglasses are limited to a maximum of R500 per pair over and above any applicable Excess.
13. Any loss of credit cards, travellers cheques or travel documents must be reported within 24 hours to the issuing authority and the appropriate cancellation measures taken. The onus will be on the Insured Person to prove that the Company was not prejudiced in any way by late reporting.
14. Cash, documents and/or jewellery must be carried on the Insured Person or lodged in safety deposit at the time of loss.
15. Reasonable measures to save and recover baggage must have been taken by any Insured Person.

In respect of Baggage Delay

16. Confiscation or requisition by customs or other government authority cannot form the basis of a claim for loss or expenses.
17. Claims in respect of essential clothing or requisites purchased as a result of delayed baggage will only be considered if items have been purchased within 4 days after the actual arrival time at the intended destination.
18. If baggage appears to be delayed or lost at the destination airport, the Insured Person must formally notify the relevant carrier airline immediately.

SECTION 5 – SPECIFIC EXCLUSIONS

The Company will not be liable for:

1. damage or loss arising from electrical or mechanical breakdown of any item; or
2. damage to or replacement of any electronic data or software; or
3. scratching or breakage of fragile or brittle items; or
4. damage or loss arising from normal wear and tear, decay, gradually deteriorating cause, atmospheric or climate conditions or a defective feature of the object itself, destruction by moth or vermin, mould or fungus, insects, rodents, any process of cleaning, ironing, pressing, repairing, restoring or alteration; or
5. Baggage, Personal Effects, business property, travel documents or money shipped under any freight agreement, unaccompanied Baggage or items sent by postal or courier services or given to someone else other than a Travel Companion; or
6. loss, destruction or damage arising from confiscation or detention by customs or other officials or authorities or shortages due to errors, omissions or depreciation value; or
7. loss of or damage to bonds, stamps, negotiable instruments, deeds, securities or any kind of bullion; or
8. personal computers, cellular phones, camera, video camera or any other Electronic Equipment:
 - (a) where Accidental Loss, Theft or attempted Theft occurs while such equipment is unattended.
 - (b) unless carried by an Insured Person as personal cabin luggage; or
9. contractual obligations in relation to a cellular phone purchase; or
10. any goods intended for sale or trade; or
11. household furniture and household appliances, non-portable property, unless acquired during the Insured Journey for personal use; or

12. Accidental Loss of sports equipment and tools and/or Damage to sports equipment and tools whilst in use.

SECTION 6 - TRAVEL DELAY AND TRAVEL MISSED CONNECTION

SECTION 6A – TRAVEL DELAY

The Company will reimburse the Insured Person for reasonable essential expenses incurred following unforeseen travel delay for a period of time greater than the Excess period, up to the daily limits stated in the Schedule of Benefits for each Day of the delay subject to the maximum limit resulting from:

1. Loss or Theft of travel documents (travel tickets, passports and visas).
2. An accident or mechanical/electrical breakdown involving the transport in which he arranged to travel or was travelling for the purpose of reaching the Point of Departure and/or departure point from which he had intended commencing an onward journey.
3. Delay of a scheduled departure of a Public Conveyance due to:
 - a) industrial dispute, strike or action; or
 - b) adverse weather conditions including cyclones, tornados, floods, typhoons, blizzards, or natural disasters in the country to or through which he is travelling; or
 - c) mechanical/electrical breakdown; or
 - d) public transport services failure.

SECTION 6A – SPECIFIC EXCLUSIONS

The Company will not pay for expenses incurred:

1. where comparable alternative onward transportation has been made available to the Insured Person within the Excess after the scheduled departure time of a booked flight or within the Excess after an actual flight arrival (in the case of a connecting flight); or
2. where the delay is due to the withdrawal from service temporarily or permanently of any Public Conveyance on the orders or recommendation of any Port Authority or the Civil Aviation Authority or any similar body in any country in which advance notice had been given on or before the date on which the Insured Journey commenced; or
3. for carrier caused delays where the cost of expenses is recoverable from the carrier.

SECTION 6B – TRAVEL MISSED CONNECTION

The Company will reimburse the Insured Person for reasonable essential expenses incurred if he misses an onward travel connection at the transfer point during an International Journey due to the late arrival of his incoming confirmed connecting scheduled conveyance and no onward transportation is available to him within 6 consecutive hours of his arrival. The Company will indemnify the Insured Person for reasonable essential expenses incurred in respect of hotel accommodation, restaurant meals or refreshments if not provided or compensated by the carrier or any third party up to the daily limits stated in the Schedule of Benefits for each Day and subject to the maximum limits stated in the Schedule of Benefits.

SECTION 6B – SPECIFIC EXCLUSIONS

The Company shall not be liable:

1. for any loss arising from failure of the Insured Person to check in according to the itinerary supplied to him; or
2. for any loss that is covered by any other existing insurance scheme, government programme or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel or accommodation.

SECTION 6 – SPECIFIC CONDITION

1. Written proof of delay from the transport provider must be submitted with any claim and the Company's liability is subject to it receiving original receipts for the essential expenses incurred.
2. Written confirmation from the common carrier or their handling agents of the number of hours delayed and the reasons for the delay must be submitted with any claim.

SECTION 7 - PERSONAL LIABILITY

The Company will pay all damages, compensation and legal expenses for which the Insured Person becomes legally liable as a result of his actions whilst on an Insured Journey causing:

- a. Injury, including resultant death, of another person; or
- b. loss of or damage to property.

SECTION 7 – SPECIFIC CONDITIONS

1. It is a condition of payment that neither the Policyholder nor the Insured Person admits fault or liability to any other person without the Company's prior written consent.
2. No offer, promise, payment or indemnity may be made by the Policyholder or the Insured Person without the Company's prior written consent.
3. The Policyholder or the Insured Person must give the Company written notice with full particulars of an event that may give rise to a claim within 30 Days of the conclusion of an Insured Journey.
4. Every letter, writ, summons and process must be forwarded to the Company as soon as possible.
5. The Company is entitled to take over the defence and settlement of claim in either the Policyholder's name or in the name of the Insured Person for the Company's benefit. The Company shall have full discretion in the conduct of any proceedings and settlement of the claim.
6. The Company may at any time pay the Policyholder or the Insured Person the amount for which a claim can be settled less any damages or costs already paid by the Company. The Company will then be under no further liability other than for costs and expenses incurred prior to making such payment.
7. No indemnity will be provided for legal liability arising from Injury, Illness or loss as a result of any wilful or malicious act of the Insured Person.

SECTION 7 – SPECIFIC EXCLUSIONS

The Company will not pay damages, compensation or legal expenses in respect of any liability directly or indirectly arising out of or in connection with:

1. Injury to the Insured Person, a Spouse, Children or to any member of his family ordinarily residing with him; or
2. Injury to the Policyholder or the Policyholder's employees arising out of or in the course of employment; or
3. loss of or damage to property owned by or in control of the Insured Person or any member of his family ordinarily residing with him; or
4. the ownership, possession or use by or on behalf of the Insured Person of any caravan, mechanically propelled vehicle (other than golf carts and motorised wheelchairs), aircraft or other aerial device, hovercraft (other than hand-propelled or sailing craft in territorial waters) or animals; or
5. loss of or damage to property or Injury arising out of the Policyholder or the Insured Person's profession, business or trade, or out of professional advice given by the Policyholder or the Insured Person; or
6. any contract or agreement unless such liability would have arisen in the absence of that contract or agreement; or
7. judgements which are not in the first instance either delivered by or obtained from a court of competent jurisdiction within the Republic of South Africa or the country in which the event occurred giving rise to the Policyholder or the Insured Person's liability; or
8. any claim for fines, penalties, punitive, exemplary, aggravated or vindictive damages.

SECTION 8 – HIJACK, KIDNAP AND WRONGFUL DETENTION

SECTION 8A - HIJACK OF A PUBLIC CONVEYANCE

The Company will pay the benefit in the Schedule of Benefits in the event of the unlawful seizure or wrongful exercise of control of a Public Conveyance in which the Insured Person is travelling (including the crew thereof) provided that such seizure or wrongful control continues for a period of time greater than 12 hours.

SECTION 8B – KIDNAP AND WRONGFUL DETENTION

The Company will indemnify the Insured Person for Covered Losses should any of the following Insured Events happen to an Insured Person during the Insured Journey within the Territorial Limits:

1. Kidnapping or alleged Kidnapping of an Insured Person; or
2. Wrongful Detention.

COVERED LOSSES

The Company will indemnify the Insured Person for the following covered losses:

1. Reasonable fees and expenses of Clayton Consultants incurred as a direct result of and in relation to an Insured Event covered under this section.
2. Any reasonable and necessary expenses incurred and paid by the Insured Person solely and directly as a result of an Insured Event covered under this section, in respect of:
 - (a) The amount paid by the Insured Person as reward to an Informant for information relevant to such Insured Event;
 - (b) Reasonable costs of Insured Journey and accommodations as follows:
 - (i) costs incurred by the Insured Person while attempting to negotiate an incident covered under such Insured Event;
 - (ii) travel costs of a Victim to join their immediate family upon their release, and the travel costs of an employee to replace the Victim;
 - (c) Rest and rehabilitation expenses, including travel and lodging of the Victim and the Victim's Spouse and/or Children;
 - (d) Reasonable and necessary fees and expenses of a qualified interpreter assisting the Insured Person as a result of and during such an Insured Event;
 - (e) The Insured Person's salary for the duration of the kidnapping, which shall mean the amount of remuneration previously paid by the employer at an annual rate including but not limited to bonuses, commissions, cost of living adjustments or foreign tax reimbursements the Insured Person would normally receive, contributions to pension and benefit programmes (at the level in effect on the date of Kidnapping) which the employer continues to pay, on behalf of the Insured Person for the duration of the Kidnapping. The salary will be paid until the earliest of the following:
 - (i) up to 30 Days after the release of the Insured Person, if the Insured Person has not yet returned to work; or
 - (ii) discovery of the death of the Insured Person; or
 - (iii) 120 Days after the Company receives the last credible evidence that the Insured Person is still alive; or
 - (iv) 60 months after the date of the Kidnapping.
3. The amount of remuneration, paid by the employer at an annual rate, of an individual newly hired to conduct the specific duties of an Insured Person while he is absent due to a Kidnapping for as long as the Insured Person's own salary is covered.

Territorial Limits

This cover applies to incidents anywhere in the world except for:

- (a) Angola, Brazil, Colombia, Mexico, Nigeria, Philippines, Somalia and Venezuela; and
- (b) any other country where the British Foreign and Commonwealth Office and/or the South African Department of Foreign Affairs has issued a travel warning; and
- (c) any other country in which the United Nations Armed Forces are present and active.

SECTION 8B – SPECIFIC EXCLUSIONS

The Company will not be liable for loss caused by or resulting either directly or indirectly from or involving:

1. The fraudulent, dishonest or criminal acts of the Insured Person or any person authorised by the Insured Person to have custody of ransom monies. This exclusion will not apply to the payment of ransom monies by the Insured Person in a situation where local authorities have declared such payment illegal.

2. Monies or property surrendered away from the Insured Person's premises in any face-to-face encounter involving the use or threat of force or violence unless surrendered by a person in possession of such monies at the time of such surrender for the sole purpose of conveying it to pay a demand for ransom monies previously communicated to the Insured Person.
3. Monies or property surrendered on the Insured Person's premises unless brought to the premises after receipt of a demand for ransom monies for the purpose of paying that demand.
4. Actual loss of or damage to property of any description, including intellectual property, as a result of an Insured Event. This exclusion does not apply to in-transit/delivery loss of ransom monies as described under Covered Losses 2.
5. Any loss from Kidnap if the Insured Person is permanently residing or is staying for more than 90 consecutive Days in the country where the event occurs.
6. Any violation of the laws of the host country by the Insured Person or failure to maintain and possess duly authorised and required documents and visas.
7. Failure of the Insured Person to evacuate from the host country within 10 Days after the issuance of an advisory or travel to country/ies after an advisory has been issued.
8. The Insured Person taking part in the operations of any governmental organisation, official law enforcement or military force.

SECTION 8B – SPECIFIC CONDITIONS

1. **Confidentiality** The policyholder and the Insured Person/s will use all reasonable efforts not to disclose the existence of the cover provided by this section or any other insurance policy.
2. **Limits of Liability** For each Covered Loss the maximum limit and aggregate limit of the Company's liability will not exceed the Sum Insured/s stated in the Schedule of Benefits and schedule by reason of any one event, except where stated to the contrary. All Covered Losses will be deemed to have been incurred during the policy period in which the event occurred.
3. **Due Diligence** The Insured Person/s will use due diligence and do and concur in doing all things reasonably practicable to avoid or diminish any loss/es insured under this section.
4. **Other Insurance** The insurance provided under this section will be in excess over any other valid and collectable bond or insurance.
5. **Statement of Loss** The Insured Person will file a detailed, sworn statement of loss with the Company as soon as possible after the Insured Event.
6. **Non-employee Directors** Notwithstanding the provisions of Maximum Amount Payable, in the event that the Insured Person is a non-employee director and is insured under any other similar policy or policies issued by the Company (or by any other member or affiliated insurance company of the American International Group, Inc.) and a loss involving that director is reported under this Section 8B and under one or more such other policies, then the Company's aggregate liability (including that of any of the Company's other member company/ies) for each loss will not be cumulative and will not exceed the highest limits of liability applicable to each loss under any one of the policies.
7. **Non-assignment** This section or any claim paid out in terms of this section may not be assigned or transferred.
8. **Assistance and Co-operation** The Insured Person/s will co-operate with the Company in all matters relating to this insurance. This may include attending hearings and trials, securing and giving evidence, obtaining the attendance of witnesses, assisting in achieving settlements, and in conducting litigation, arbitration or other proceedings.
9. **Inspection and Audit** The Company may examine and audit the Insured Person's business documents relating to the subject matter of this insurance until three years after this policy has expired or has been cancelled. Any premium due for exposures, which exists but was not reported, will be determined by the Company's audit.
10. **Recoveries** In the event of any payment under this section, all recoveries, net of the Company's actual recovery costs, will be distributed firstly to the Company for all amounts paid by the Company under this Section 8B and any remainder will be paid to the Insured Person.
11. **Changes** Notice to any of the Company's representatives or knowledge possessed by any representative or by any person will not create a waiver or a change in any part of this section or stop the Company from asserting any right under the terms of this section, nor will the terms of this section be waived or changed unless agreed to in writing by the Company.
12. **Notices** Except as indicated to the contrary, all notices, applications, demands or requests provided for in this section will be in writing and will be given to or made upon either party at its address shown in the policy.

SECTION 9 – NATURAL DISASTER

The Company will reimburse the Insured Person for the cost of providing other similar accommodation if his booked accommodation cannot be lived in because of a fire, flood, earthquake or storm and/or the additional costs for changing his means of public transport used.

SECTION 9 – SPECIFIC CONDITION

Any event that results in a claim under this section must not have been known about before the Insured Person left from his Point of Departure.

SECTION 9 – SPECIFIC EXCLUSIONS

The Company shall not be liable for:

1. any expense the Insured Person can recover from any tour operator, airline, hotel or other service provider.
2. any expenses the Insured Person would normally have to pay during the period.
3. any claim directly resulting from the Insured Person travelling against the advice of the appropriate national or local authority.

SECTION 10 - TICKET UPGRADE

The Company will reimburse the Insured Person for the essential upgrade of a conveyance ticket during an International Journey due to:

1. the delay of his confirmed scheduled conveyance and if no onward transportation is available to him within 6 consecutive hours of the scheduled departure time; or
2. the Insured Person not being admitted to a confirmed scheduled conveyance due to overbooking and if no other means of transport is made available to him within 6 hours after the scheduled time of departure of the scheduled conveyance; or
3. the Insured Person missing an onward travel connection at the transfer point during an International Journey due to the late arrival of his incoming confirmed connecting scheduled conveyance and no onward transportation is available to him within 6 consecutive hours of his arrival.

SECTION 10 - SPECIFIC CONDITION

Written proof of delay from the transport provider must be submitted with any claim and the Company's liability is subject to it receiving original receipts for the expenses incurred.

SECTION 10 - SPECIFIC EXCLUSIONS

The Company shall not be liable:

1. for any loss arising from failure of the Insured Person to check in according to the itinerary supplied to him, and he must obtain written confirmation from the common carrier or their handling agents of the number of hours delayed and the reasons for the delay.
2. for any loss that is covered by any other existing insurance scheme, government programme or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel or accommodation.
3. where the delay is due to industrial dispute, strike or action which existed, or for which advance notice had been given, on or before the date on which the Insured Journey commenced.

SECTION 11 – MOTOR HIJACK EXTENSION

SECTION 11A – PERSONAL ACCIDENT

The Period of Insurance for Section 2 is extended to 8 hours before the scheduled departure time of a Public Conveyance and 8 hours after the scheduled time of arrival back in South Africa specifically for Motor Hijack with benefit limits stated in the Schedule of Benefits in respect of an International Journey.

SECTION 11B – BAGGAGE

The Period of Insurance for Section 5 is extended to 8 hours before the scheduled departure time of a Public Conveyance and 8 hours after the scheduled time of arrival back in South Africa specifically for Motor Hijack and resultant Theft of Baggage with the benefits limits stated in the Schedule of Benefits in respect of an International Journey.

SECTION 11C - POST TRAUMATIC STRESS DISORDER

The Company will pay the amount in the Schedule of Benefits for Post Traumatic Stress which was caused solely by a Motor Hijack which occurred 8 hours before the scheduled departure time of a Public Conveyance and 8 hours after the scheduled time of arrival back in South Africa in respect of an International Journey.

SECTION 12 - VIP EXCLUSIVE BENEFITS CLUB

VIP Exclusive Benefits Club provided by Global Choices is available to Insured Persons on selected Plans as stated on the Schedule of Benefits. To take advantage or find out more about VIP Exclusive Benefits Club:

CONTACT NUMBER: 0861AIG 747

The Call Centre is operated during South African working hours.