



ALLIANZ GLOBAL ASSISTANCE INTERNATIONAL TRAVEL INSURANCE POLICY.

**Underwritten by Allianz Global Corporate & Specialty SA Limited (AGCS SA).
AGCS SA Is An Authorised Financial Services Provider FSP No: 16722.**

The Firs,
32A Cradock Avenue
Rose Bank, 2196

PO Box 62228,
Marshalltown 2107

SOUTH AFRICA
Tel: (+27 87) 195 0581

The policy is administered by,
Allianz Global Assistance;
Eiffel Boulevard Limited Building (Eiffel 2) 1st floor,
Umm Al Sheif,
Sheikh Zayed Road,
PO Box 80864,
Dubai, UAE

We are proud to be of to be **your** insurer,

Allianz Global Corporate & Specialty SA Limited

SUMMARY OF TRAVEL EXTRA COVER:

COVER	LIMIT (UP TO)	EXCESS
SECTION 1 - TRIP CANCELLATION & CURTAILMENT	R 50,000	R 500
FAMILY LIMIT	R 100,000	
SECTION 2 - EMERGENCY MEDICAL & ASSOCIATED EXPENSES	R 10,000,000	R 1,000
- Medical Evacuation / Repatriation	Included above	
- Emergency Family Travel	1x Economy ticket	
- Repatriation of remains	R 100,000	
- Dental	R10,000 (R 2,000 / tooth)	
- Hospital Cash	R 5,000 (R 500 per day)	48 hours
FAMILY LIMIT	R 20,000,000	R 1,000
SECTION 3 - LOSS OF TRAVEL DOCUMENTS	R 5,000	Nil
SECTION 4 - LOSS OF PERSONAL MONEY	R 5,000	10% of claimed amount
SECTION 5 - CREDIT CARD FRAUD	R 10,000	R 100
SECTION 6 - BAGGAGE DELAY	R 10,000 (R 500 / 4 hours)	4 hours
SECTION 7 – PERSONAL BELONGINGS & BAGGAGE LOSS	R 50,000	Nil
- Valuables (including Laptop) per item	R 10,000	
- Single item, pair or set	R 2,500	
- Tobacco, alcohol & Fragrances per item	R 500	
FAMILY LIMIT	R 100,000	
SECTION 8 - PERSONAL ACCIDENT (INCLUDING COMMON CARRIER)		
- Death	R 300,000	Nil
- Permanent Loss of sight or limb	R 150,000	
- Permanent Total disablement	R 300,000	
FAMILY LIMIT	R 600,000	
SECTION 9 - MISSED DEPARTURE	R 10,000	Nil
SECTION 10 - TRIP DELAY	R 10,000 (R 500 / 6 hours)	6 hours
SECTION 11 - PERSONAL LIABILITY	R 10,000,000	Nil
FAMILY LIMIT	R 20,000,000	
SECTION 12 - MUGGING	R 1,000	Nil
SECTION 13 - LEGAL EXPENSES / ADVANCE OF BAIL BOND	R 100,000	Nil

This policy is for **residents** of South Africa for International travel only.
This policy does not cover claims relating to **pre-existing medical conditions**.

SUMMARY OF TRAVEL PLUS COVER:

COVER	LIMIT (UP TO)	EXCESS
SECTION 1 - TRIP CANCELLATION & CURTAILMENT	R 10,000	R 500
FAMILY LIMIT	R 20,000	
SECTION 2 - EMERGENCY MEDICAL & ASSOCIATED EXPENSES	R 2,500,000	R 1,000
- Medical Evacuation / Repatriation	Included above	
- Emergency Family Travel	1x Economy ticket	
- Repatriation of remains	R 25,000	
- Dental	R5,000 (R 1,000 / tooth)	
- Hospital Cash	R 2,500 (R 500 per day)	48 hours
FAMILY LIMIT	R 5,000,000	R 1,000
SECTION 3 - LOSS OF TRAVEL DOCUMENTS	R 1,500	Nil
SECTION 4 - LOSS OF PERSONAL MONEY	R 1,500	10% of claimed amount
SECTION 6 - BAGGAGE DELAY	R 5,000 (R 500 / 4 hours)	4 hours
SECTION 7 – PERSONAL BELONGINGS & BAGGAGE LOSS	R 25,000	Nil
- Valuables (including Laptop) per item	R 5,000	
- Single item, pair or set	R 1,250	
- Tobacco, alcohol & Fragrances per item	R 500	
FAMILY LIMIT	R 50,000	
SECTION 8 - PERSONAL ACCIDENT (INCLUDING COMMON CARRIER)		
- Death	R 150,000	Nil
- Permanent Loss of sight or limb	R 75,000	
- Permanent Total disablement	R 150,000	
FAMILY LIMIT	R 300,000	
SECTION 11 - PERSONAL LIABILITY	R 2,500,000	Nil
FAMILY LIMIT	R 5,000,000	

This policy is for **residents** of South Africa for International travel only.
This policy does not cover claims relating to **pre-existing medical conditions**.



SUMMARY OF TRAVEL SCHENGEN COVER:

COVER	LIMIT (UP TO)	EXCESS
SECTION 2 - EMERGENCY MEDICAL & ASSOCIATED EXPENSES	R 500,000	R 500
- Medical Evacuation / Repatriation	Included above	
- Emergency Family Travel	1x Economy ticket	
- Repatriation of remains	R 100,000	
- Dental	R5,000 (R 1,000 / tooth)	
FAMILY LIMIT	R 1,000,000	
SECTION 3 - LOSS OF TRAVEL DOCUMENTS	R 1,000	Nil

This policy is for **residents** of South Africa International travel to **Schengen countries** only.
This policy does not cover claims relating to **pre-existing medical conditions**.

SUMMARY OF OPTIONAL WINTER SPORTS EXTENSION:

COVER	LIMIT (UP TO)	EXCESS
SECTION 14 – WINTER SPORTS COVER		
Ski Pack	R 5,000	Nil
Delayed Ski Equipment	R 3,000	Nil
Ski Equipment	R 3,000	R 500
Piste Closure	R 1,500	Nil
Avalanche Closure	R 1,500	Nil

Only applicable if the appropriate premium has been paid and displayed on your policy schedule.

SUMMARY OF OPTIONAL TERRORISM EXTENSION:

COVER	LIMIT (UP TO)	EXCESS
SECTION 15 – Terrorism Extension		
Terrorism Extension	R 1,000,000	Excess applicable to benefit claimed for

Only applicable if the appropriate premium has been paid and displayed on your policy schedule.



CONTACT DETAILS:

24 HOUR EMERGENCY ASSISTANCE LINE:

In event of a Medical Emergency please contact our 24 hour Emergency Assistance on:

Tel: +27 87 195 05 81
Email: travelza@allianz-assistance.com

Our trained medical professionals are on standby to assist.

CLAIMS DEPARTMENT:

If you need to submit a claim please

Submit your claim online: <https://travelclaims.tatsh.com/index.aspx>

Alternatively contact us on:

Tel: +27 87 195 05 81
Email: travelza@allianz-assistance.com

CUSTOMER SERVICE & COMPLAINTS:

For any customer service related query or complaints please contact us on:

Tel: +27 87 195 05 81
Email: travelza@allianz-assistance.com

Please have the policy number / name of traveller and age available.

DEFINITION OF WORDS USED IN THE POLICY WORDING

When the following words and phrases appear in the policy document or **certificate of insurance**, they have the meanings given below. These words are highlighted by the use of bold print.

WORD	DEFINITION
Accident	An unexpected event caused by something external and visible, which results in physical bodily injury.
Area of cover	<ul style="list-style-type: none"> Worldwide including United States of America, Canada and the Caribbean Worldwide excluding United States of America, Canada and the Caribbean Africa & Indian Ocean Islands which includes Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Congo Democratic Republic of, Cote d'Ivoire, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia and Zimbabwe.
Schengen Countries	Includes Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland.
Beneficiary	Beneficiary will be the legal heirs of the person insured .
Business associate	Any person in your home country that you work closely with, whose absence from work means that the director of your business needs you to cancel or cut short your journey .
Certificate of insurance	The document issued by the insurer that is used to verify the existence of your Travel Insurance.
Departure point	The airport where your journey from your home country to your destination begins and where the final part of your journey back to your home country begins.
Doctor	A legally qualified doctor holding the necessary certification in the country in which they are currently practising, other than you or a relative .
Emergency	Medical condition resulting from illness or accident and requiring emergency hospital admission, and for which delay in treatment beyond the next official working day could reasonably be expected to result in significant and permanent impairment to the life, health, bodily functions and or organ of the person insured .

<p>Excess</p>	<p>The deduction we will make from the amount otherwise payable under this policy for each insured person, for each section, for each claim incident. For example a couple that both have personal belongings stolen from their bag and both incur a medical expense during the same journey, will have a total of four excesses deducted. Two of these will be for the two claims under section 7 (Personal Belongings and Baggage & Personal Money) and two of these will be for the two claims under section 2 (medical).</p>
<p>Family</p>	<p>Two adults and up to 8 of their children (including foster children) aged 18 and under if in full time education. All persons must live at the same address. All persons insured must travel together under single trip policies. For annual multi-trip policies only the policyholder or their spouse shall be covered under the policy when travelling alone. Single parent families are also considered under family plans.</p>
<p>Hazardous activity</p>	<p>As defined within 'Sports and leisure activities' section.</p>
<p>Home</p>	<p>Your usual place of residence in South Africa.</p>
<p>Indirectly related claims</p>	<p>An indirectly related claim means a medical problem that is more likely to happen because of another medical problem you already have. Sometimes these conditions can lead to the development of other conditions. For example if you:</p> <ul style="list-style-type: none"> • suffer from asthma, chronic obstructive pulmonary disease or other lung disease, you are more likely to get a chest infection. • have high blood pressure, high cholesterol or diabetes, you are more likely to have a heart attack or a stroke. • have osteoporosis, you are more likely to break or fracture a bone. • have or have had cancer, you are more likely to suffer with a secondary cancer.
<p>Insurer</p>	<p>Allianz Global Corporate & Specialty SA Limited (AGCS SA). The First Floor, 32 A Cradock Avenue, Rosebank, 2196, South Africa. FSP No: 16722.</p>
<p>Illness</p>	<p>Any unexpected sickness that you acquire during the insured journey and that requires you to seek medically necessary emergency medical attention from a doctor or medical facility.</p>

<p>Journey</p>	<p>A trip that takes place during the period of insurance which begins when you leave home or place of work (whichever is later) and ends when you get back home, to a hospital or nursing home or place of work in your home country, whichever is earlier.</p> <ul style="list-style-type: none"> • For single trip cover <ul style="list-style-type: none"> – You will only be covered if you are aged 70 or under at the date your policy was issued. – Any other trip which begins after you get back is not covered; – A trip which is booked to last longer than 90 days is not covered. • For annual multi-trip cover <ul style="list-style-type: none"> – You will only be covered if you are aged 70 or under at the start date of your policy; – Cover is for trips of 90 days or less per trip only. There is absolutely no cover offered by this policy whatsoever for trips which are longer than the 90 days per trip. This would include not insuring you for any part of a trip that is longer than 90 days in duration, unless we agree otherwise in writing.;
<p>Legal action</p>	<p>Work carried out to support a claim that we have agreed to. This includes settlement negotiations, hearings in a civil court, arbitration and any appeals resulting from such hearings</p>
<p>Legal costs</p>	<p>Fees, costs and expenses (including Value Added Tax or the equivalent local goods and services tax) which we agree to pay for you in connection with legal action. Also, any costs which you are ordered to pay by a court or arbitrator (other than damages, fines and penalties) or any other costs we agree to pay.</p>
<p>Medically Necessary</p>	<p>A service of treatment which is appropriate and consistent with diagnosis and which, in accordance with generally accepted medical standards, could not have been omitted without adversely affecting the person insured's condition or the quality of medical care rendered.</p>
<p>Pair or set</p>	<p>A number of items of personal belongings that belong together or can be used together.</p>

<p>Period of insurance</p>	<ul style="list-style-type: none"> For single trip cover: Cancellation cover begins from the issue date shown on your certificate of insurance and ends at the beginning of your journey. The cover for all other sections starts at the beginning of your journey and finishes at the end of your journey or at the expiry of your policy, whichever is earlier. For annual multi-trip cover: Cancellation cover begins on the start date shown on your certificate of insurance or the date you booked your journey, whichever is the later and ends at the beginning of your journey. The cover for all other sections starts at the beginning of your journey and finishes at the end of your journey or at the expiry of your policy, whichever is earlier. For single trip and annual multi-trip cover: All cover ends on the expiry date shown on your certificate of insurance, unless you cannot finish your journey as planned because of death, injury or illness or there is a delay to the public transport system that cannot be avoided. In these circumstances, we will extend cover free of charge until you can reasonably finish that journey.
<p>Personal Belongings & Baggage</p>	<p>Each of your suitcases, trunks and similar containers (including their contents) and articles worn or carried by you (including your valuables).</p>
<p>Pre-Existing Medical Conditions</p>	<p>A pre-existing condition means:</p> <ul style="list-style-type: none"> An ongoing medical or dental treatment or dental condition which you are aware or related complication you have, or the symptoms of which you are aware A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist and chiropractor) prior to policy issuance. Any conditions for which you take prescribed medicine or see a medical specialist. Any condition for which you have had surgery. <p>Note: Your condition is not pre-existing if it arose after policy issuance.</p>
<p>Relative</p>	<p>Your mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, partner (including common law and civil partnerships) or fiancé(e).</p>
<p>Resident</p>	<p>A person who has their main home in South Africa and has not spent more than six consecutive months abroad during the year before the policy was issued.</p>
<p>Ski equipment</p>	<p>This consists of skis, poles, boots, bindings, snowboards or ice skates.</p>
<p>Ski pack</p>	<p>Hired ski equipment, ski school fees and lift passes.</p>
<p>Travelling companion</p>	<p>Any person that has booked to travel with you on your journey.</p>

<p>Terrorism / Act of Terrorism</p>	<p>Terrorism is a loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. An act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public in fear.</p>
<p>Valuables</p>	<p>Jewellery, watches, items made of or containing precious metals or semi/precious stones, furs, binoculars, telescopes, computer games, any kind of photographic equipment (camera, camcorder) , audio, video, computer, television, fax and phone equipment (including mobile phones), MP3 players, tablets, laptops, PDAs, electronic games, TVs and CDs, mini discs, DVDs, cartridges, video and audio tapes.</p>
<p>We, our, us</p>	<p>Allianz Global Corporate & Specialty SA Limited (AGCS SA) and Allianz Global Assistance which administers the insurance on behalf of the insurer.</p>
<p>You, your, insured person</p>	<p>Each person shown on the certificate of insurance, for whom the appropriate premium has been paid.</p>

24-HOUR EMERGENCY MEDICAL ASSISTANCE

Please tell **us** immediately about any serious **illness** or **accident** abroad where **you** have to go into hospital or **you** may have to return **home** early or extend **your** stay because of any **illness** or **accident**. If **you** are unable to do this because the condition is life, limb, sight or organ threatening, **you** should contact **us** as soon as **you** can. **You** must also tell **us** if **your** medical expenses are over **R 2,500**. If **you** are claiming for a minor **illness** or **accident** **you** should, where possible, pay the costs and reclaim the money from **us** when you return. **You** can call 24 hours a day 365 days a year or email.

Phone: **+27 87 195 0581**

Email: travelza@allianz-assistance.com

Please give **us** **your** age and **your** policy number. Say that **you** are insured with AGCS South Africa travel insurance. Below are some of the ways the 24-hour **emergency** medical assistance service can help.

CONFIRMATION OF PAYMENT

We will guarantee refund of **your** medical fees to **you**, providing **you** have a valid claim.

REPATRIATION / EVACUATION

If **our** medical advisers think it would be in **your** medical interests to bring **you** back to **your home** or to a hospital or nursing home in **your home** country, **you** will normally be transferred by regular airline or road ambulance. Where **medically necessary** in very serious or urgent cases, **we** will use an air ambulance. **We** will consult the treating **doctor** and **our** medical advisers first. If **you** need to go **home** early, the treating **doctor** must provide a certificate confirming that **you** are fit to travel. Without this the airline can refuse to carry any sick or injured person.

You can contact **us** at any time day or night. **You** will be answered by one of **our** experienced assistance co-ordinators who you will give all relevant information to. Please make sure you have details of **your** policy before **you** phone if possible.

IMPORTANT INFORMATION

Your certificate of insurance shows the sections of the policy **you** have chosen, the people who are covered and any special terms or conditions that may apply.

LEVEL OF MEDICAL COVER PROVIDED

This is not a private medical insurance policy and only gives cover for **emergency** medical treatment in the event of **accident** or **unexpected illness** occurring during **your journey**.

Your policy does not cover everything. **You** must read this policy carefully to make sure it provides the cover **you** need. If there is anything **you** do not understand you should call **us** on telephone **+27 87 195 0581** or email **us** on travelza@allianz-assistance.com. You may also write to **us** at Allianz Global Assistance, PO Box80864, Dubai, UAE

THE INSURER

Your policy is underwritten by Allianz Global Corporate & Specialty SA Limited (AGCS SA) FSP No: 16722, The Firs, 2nd Floor, 32 A Cradock Avenue, Rosebank, 2196, South Africa.

POLICY ADMINISTRATION

Allianz Global Assistance, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road. P.O Box 80864, Dubai, UAE.

HOW YOUR POLICY WORKS

Your policy and **certificate of insurance** is an agreement between **you** and **us**. **We** will pay for any valid claim **you** make which is covered by this policy and happens during the **period of insurance**.

Unless specifically mentioned, the benefits and exclusions within each section apply to each **person insured**. **Your** policy does not cover all possible events and expenses.

Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of bold print throughout the policy document.

TELLING US ABOUT RELEVANT FACTS

At the time of taking out this insurance **you** must tell **us** about anything that may affect **your** cover, for example:

- the health of a close **relative** who is not travelling with **you**, but whose health may affect **your journey** or a **travelling companion** (see under the heading 'Health declaration and health exclusions' of this policy); or
- **your** redundancy.

If **you** are not sure whether something is relevant, **you** must tell **us** anyway. **You** should keep a record of any extra information **you** give **us**. If **you** do not tell **us** about something that may be relevant, **your** cover may be refused and **we** may not cover any related claims.

CANCELLATION RIGHTS

If this cover is not suitable for **you** and you wish to cancel you must contact **us** on **+27 87 195 0581** or email **us** on travelza@allianz-assistance.com or may write to **us** AGCS South Africa C/O Allianz Global Assistance, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor , Umm Al Sheif, Sheikh Zayed Road, PO. Box 80864, Dubai UAE before the date of departure or maximum 30 days after the purchase date of **your** insurance as stated on the **certificate of insurance**. **We** will not refund any premium if you have already travelled or claimed.

POLICY EXCESS

Under some sections of **your** policy, **you** will have to pay an **excess**. This means that **you** will be responsible for paying the first part of the claim for each **insured person**, for each section, for each claim incident. The amount **you** have to pay is the **excess**.

DATA PROTECTION

When **you** buy travel insurance from **us**, you give **us** consent to share information about **you**. **We** only do so in line with the Allianz Group Standard for Data Protection and Privacy which is available upon request. **We** use **your** information for the following purposes:

- To manage **your** policy;
- To improve services to **you** and other customers through research and analysis of **your** information;
- To protect **our** interests;
- To prevent and detect fraud, money laundering and other crimes;
- To meet our obligations to any regulatory authority.

By applying for travel insurance with **us** and at any time during and after the **period of insurance**, **you** agree that **we** have the right to share personal information about **you** with any legitimate sources. **You** warrant that **you** have received permission from every insured traveller that **we** may share their personal information.

We undertake to only share **your** personal information with legitimate sources for the purposes of this insurance contract examples of such being other insurers, financial institutions, medical institutions and crime bureaus. This may involve transferring information to other countries (some of which may have limited or no data protection laws). **We** will, in accordance with the Allianz Group Standard for Data Protection and Privacy, ensure **your** information is held securely.

GOVERNING LAW

This policy will be in English. The policy will be governed by the law of the country of issuance as stated in the **certificate of insurance**.

THIRD PARTY RIGHTS

This policy is intended solely for the benefit of **you** and **us**. Unless otherwise specifically provided, nothing in this policy shall be constructed to create any duty to, or standard of care with reference to, or any liability to, any person or entity not a party to this policy.

HEALTH DECLARATION AND HEALTH EXCLUSIONS

EXCLUSIONS RELATING TO YOUR HEALTH:

1. **You** will not be covered for any directly or **indirectly related claims** (see note at the end of this section) arising from the following if at the time of taking out this policy or booking your **journey** (whichever is later), you:
 - a) are being prescribed regular medication;
 - b) have received treatment for or had a consultation with a **doctor** or hospital specialist for any medical condition in the past 6 months;
 - c) are being referred to, treated by or under the care of a **doctor** or a hospital specialist;
 - d) are awaiting treatment or the results of any tests or investigations;

If **we** are unable to cover a medical condition, this will mean that any other **insured person** by **us** will not be able to make a claim arising from the medical condition(s). This may even apply if the person with the medical condition(s) purchases cover from another provider.

2. **You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your journey**.
3. **You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**.
4. **You** will not be covered for any directly or indirectly related claim if, before **your journey**, a **doctor** diagnosed that **you** have a terminal condition.
5. **You** will not be covered if **you** were waiting for medical treatment or consultation at any medical facility or were under investigation for a medical condition when **your** policy was issued.
6. **You** will not be covered if **you** are traveling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.
7. **You** will not be covered for any claim related to pregnancy, childbirth, abortion and all their consequences or complications, not limited to: voluntary interruption of pregnancy, delivery, and miscarriage.
8. **You** will not be covered for any claims related to artificial insemination or any sterility treatment and contraception expenses.
9. **You** will not be covered for any claim related to sexually transmitted diseases.
10. **You** will not be covered for thermal cure expenses, heliotherapy, physiotherapy, and aesthetic treatment.
11. **You** will not be covered for prosthesis expenses, equipment, implant as well as optical expenses, not used for intraoperative conditions.
12. **You** are not covered for any vaccination expenses.
13. **You** will not be covered for any scientifically and medically non-recognized care or treatments.
14. **You** will not be covered for any treatment or care administered by a **family** member.
15. **You** are not covered for epilepsy or convulsions, from which you suffer, as well as any medical event which diagnosis, symptoms or causes are of psychic, psychological or psychiatric nature.
16. **You** are not covered for cost related to tests and treatment of Obesity, weight reduction and nutrition related illnesses.

EXCLUSIONS RELATING TO THE HEALTH OF SOMEONE NOT INSURED ON THIS POLICY. BUT WHOSE HEALTH MAY AFFECT YOUR DECISION WHETHER TO TAKE OR CONTINUE WITH YOUR JOURNEY

You will not be covered for any directly or **indirectly related claims** arising from the health of a **travelling companion**, someone you were going to stay with, a close **relative** or a **business associate** if at the time **your** policy was issued:

- **you** were aware they have been receiving medical treatment or consultation at any medical facility for a medical condition in the last 12 months;
- **you** were aware they have been awaiting medical treatment or consultation at any medical facility or have been under investigation for a medical condition;
- **you** were aware that a **doctor** had diagnosed them as having a terminal condition, or that their medical condition was likely to get worse in the next 12 months.

GENERAL EXCLUSIONS:

The following exclusions apply to the whole of **your** policy:

We will not cover **you** for any claim arising from, or consisting of, the following:

1. A relevant fact that **you** knew about before **you** travelled, unless **we** agreed to it in writing.
2. War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'etat, weapons of mass destruction.
3. **Terrorism** as defined in "Definition of Words", unless **Terrorism** Extension has been selected and stated in **your certificate of insurance**.
4. Any epidemic or pandemic.
5. **You** not following any suggestions or recommendations made by any government or other official authority including the Ministry of External Affairs during the **period of insurance**.
6. **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
7. Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
8. Any currency exchange rate changes.
9. The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under the **Emergency** medical and associated expenses and Personal accident sections).
10. **You** were acting in an illegal or malicious way.
11. The effect of **your** alcohol, solvent or drug dependency or long term abuse.
12. **You** being under the influence of solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug addiction).
13. **You** not enjoying **your journey** or not wanting to travel.
14. Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.
15. Claims relating to pregnancy or childbirth, where the pregnancy is more than 24 weeks at the beginning of **your journey**.
16. **We** shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit under this policy to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America and/or any other applicable national economic or trade sanction law or regulations.
17. Notwithstanding anything to the contrary contained in this policy, **we** will not provide policy benefits directly to any provider of a health service.

CONDITIONS:

The following conditions apply to the whole of **your** policy. Please read these carefully as **we** can only pay **your** claim if **you** meet these:

1. **You** are a **resident** of South Africa.
2. **You** take reasonable care to protect yourself and **your** property against accident, injury, loss and damage and act as if **you** are not covered by this policy and to minimise any potential claim.
3. **You** have a valid **certificate of insurance**.
4. **You** accept that **we** will not extend the **period of insurance**
 - For **Single trip cover** if the original Policy plus any extensions have either ended, been in force for longer than 90 days or you know you will be making a claim.
 - For **Annual multi-trip cover** beyond the expiry of your Policy.
5. **You** contact **us** as soon as possible, but within 30 days of **your** return **home**, with full details of anything that may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' for more information.



6. **You** accept that no alterations to the terms and conditions of the policy apply, unless **we** confirm them in writing to **you**.
7. **You** are not aged 71 or over at the date **your** policy was issued.

WE HAVE THE RIGHT TO DO THE FOLLOWING:

1. Cancel the policy if **you** do not tell **us** about a relevant fact or if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not.
2. Cancel the policy and make no payment if **you**, or anyone acting for **you**, make a claim under this policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give any false declaration, deliberate mis-statement or fail to provide any relevant facts when applying for this insurance or supporting **your** claim. **We** may in these instances report the matter to the police.
3. Only cover **you** for the whole of **your journey** and not issue a policy if **you** have started **your journey**.
4. Take over and deal with, in **your** name, any claim **you** make under this policy.
5. Take **legal action** in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any, which will help **us** to recover any payment **we** have made under this policy.
6. With **your** or **your** Personal Representative's permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim. This could include a request for **you** to be medically examined or for a post mortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organisation without **your** specific agreement.
7. Send **you home** at any time during **your journey** if you are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
8. Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** and **our** medical advisers.
9. Not refund or transfer **your** premium if **you** decide to cancel the policy.
10. Not to pay any claim on this policy (except under the Personal accident section) for any amounts covered by another insurance or by anyone or anywhere else, for example any amounts **you** can get back from private health insurance, any reciprocal health agreements, transport or accommodation provider, home contents insurer or any other claim amount recovered by **you**. In these circumstances **we** will only pay **our** share of the claim.
11. If **you** cancel or cut short **your journey** all cover provided on **your** policy will be cancelled without refunding **your** premium.
12. Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this policy.

SPORTS AND LEISURE ACTIVITIES

THE FOLLOWING ACTIVITIES ARE COVERED UNDER THIS POLICY WITH NO EXTRA PREMIUM:

Abseiling, archery, athletics, ballooning - hot air (organised pleasure rides only), banana boating, baseball, basketball, bungee jumping (once only), canoeing (up to grade 2 rivers only not white water), climbing wall, cricket, cycling (nonprofessional and not main mode of transport), cycle touring (no more than 16 days), deep sea fishing, football or soccer (children's club in resort only), Frisbee, golf, high rope activities, high diving (platform only and up to 10 meters), hiking or trekking or walking (up to 15 miles a day and up to 4,000m), hockey (under 16's using plastic sticks), hot air ballooning (organised pleasure rides only), kayaking (up to grade 3 rivers only, not white water), marathon running or triathlon (nonprofessional), mountain biking (on road), parascending or parasailing (over water), pony trekking, rap jumping, ringos, roller skating or roller blading (wearing pads and helmets), rowing, safari trekking in a vehicle (organised tour up to 16 days), safari trekking on foot (organised tour up to 16 days), sand dune boarding or surfing or skiing, scuba diving to 30m, sea canoeing or kayaking (close to shoreline only), skateboarding, sledging or sleighing (pulled by dogs or horses or reindeer as a passenger), snorkelling, surfing, tug of war, volley ball, wake-boarding (no cover for ramps, kickers and sliders), water-skiing (no cover for jumping), white water rafting (up to grade 3 river), zip-trekking (including over snow) and zorbing.

THE FOLLOWING ACTIVITIES ARE ALSO COVERED HOWEVER, COVER UNDER 'SECTION 11 - PERSONAL LIABILITY' DOES NOT APPLY:

Camel riding, catamaran sailing (if qualified), clay pigeon shooting, dinghy sailing, elephant riding or trekking, go karting, horse riding or trekking (not competitions, racing, show-jumping, jumping, hunting, eventing, polo or rodeo), jet boating or shotover jetting, jet skiing, motor cycling (up to 125cc and not main mode of transport), paint balling (wearing eye protection), quad biking (off road only), rifle range shooting, sailing or sail boarding or windsurfing (if qualified and in territorial waters only), shooting and yachting (if qualified in inland territorial waters within 12 mile limit).

THE FOLLOWING ACTIVITIES ARE ONLY COVERED WHEN THE EXTRA PREMIUM (+25%) HAS BEEN PAID:

Bamboo rafting or boating, boogie boarding, caving or pot holing (with qualified or experienced guide), dry slope skiing, hiking or trekking or walking (over 15 miles a day and between <4,000m and >5,450m) hockey, kite surfing, kite skiing, lacrosse, mountain biking (off road), parachuting, paragliding, rock climbing, shark diving (inside cage) and street hockey (wearing pads and helmets), water polo, weightlifting and white water rafting (grade 4 - 5 river).

THE FOLLOWING ACTIVITIES ARE ONLY COVERED WHEN THE EXTRA PREMIUM (+25%) HAS BEEN PAID HOWEVER COVER UNDER PERSONAL LIABILITY DOES NOT APPLY;

Fencing, football or soccer (taking part, not semi-professional or professional), hang gliding (no personal accident cover) and helicopter / light aircraft (as a passenger on organised pleasure rides only), kite buggying (no personal accident cover) and martial arts training (no competition).

YOUR POLICY DOES NOT PROVIDE ANY COVER FOR THE FOLLOWING ACTIVITIES:

Base jumping, black water rafting, bouldering, boxing, bungee jumping (more than once), canyoning, cave tubing or cave diving, flying (except passengers in licensed passenger carrying aircraft), free mountaineering, gliding (no cover for crewing or piloting), high diving (platform only and over 10 meters), hiking or trekking or walking (above 5,450m), hunting (fox or drag), hydrospeeding, kayaking (above grade 3 rivers), micro lighting, motor rallying or motor sport (all types on land or water), motorbike scrambling or dirt biking (and any other off road motor biking), mountaineering (using ropes or guides), overland expeditions, parapenting, parascending or parasailing (over land), riding on a luge, river bugging or tubing or boarding, rodeo, rugby, scuba diving deeper than 30m, shark diving (without cage), sky diving or sky surfing, white water canoeing, white water sledging or hydro speeding and white water rafting (above grade 5 river).

THERE IS ALSO NO COVER FOR:

- a) Taking part in a sporting activity where the organizers guidelines have not been followed;
- b) Any professional sporting activity;
- c) Any kind of racing, except racing on foot; or
- d) Any kind of manual work.

We may be able to cover **you** for other activities that are not listed. Please contact **us** on telephone **+27 87 195 0581** or email travelza@allianz-assistance.com. You may need to pay an extra premium:

IF YOU HAVE CHOSEN TO INCLUDE WINTER SPORTS COVER AND THIS IS SHOWN ON YOUR POLICY SCHEDULE, THE FOLLOWING ACTIVITIES ARE AUTOMATICALLY COVERED:

Big-foot skiing, cross-country skiing (on recognised tracks only), bobsleigh or luge, ice skating or blade skating (not speed skating), glacier skiing or hiking or trekking or walking, heli-skiing or boarding, monoskiing, off-piste skiing or snowboarding (as long as you are skiing within the ski area boundaries of a recognised ski resort and following ski patrol guidelines), skiing (including on dry slopes and indoor ski centers), sledging, snow blading, snowboarding, snow mobiles or skidoos, snow shoeing, snow tubing, and tobogganing.

YOUR POLICY DOES NOT PROVIDE ANY COVER FOR THE FOLLOWING ACTIVITIES:

Cat-skiing, ice climbing, skeleton sledging, ski acrobatics, ski-flying, ski jumping, ski mountaineering (using ropes or guides), ski racing, ski stunting or snowcat skiing, snow kiting.

THERE IS ALSO NO COVER FOR:

- a) Taking part in a sporting activity where the organizers guidelines have not been followed;
- b) Any professional sporting activity;
- c) Any kind of racing, except racing on foot; or
- d) Any kind of manual work.

We may be able to cover **you** for other activities that are not listed. Please contact **us** on telephone **+27 87 195 0581** or email travelza@allianz-assistance.com. You may need to pay an extra premium.

MAKING A CLAIM

TO CLAIM:

Submit your claim online: <https://travelclaims.tatsh.com/index.aspx>; **alternatively**

Phone **+27 87 195 0581** and ask for a claim form or email **us** on travelza@allianz-assistance.com, you may also write to **us** at AGCS South Africa C/O Allianz Global Assistance, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road, PO. Box 80864, Dubai – UAE.

You should fill in the form and send it to **us** within 30 days of **your** return **home** with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**.

You will need to obtain some information about **your** claim while **you** are away. Below is a list of the documents **we** will need in order to deal with **your** claim.

FOR ALL CLAIMS

WE REQUIRE:

- a) **Your** original **journey** booking invoice(s) and travel documents showing the dates and times of travel.
- b) Original receipts and accounts for all out-of-pocket expenses you have to pay.
- c) Original bills or invoices you are asked to pay.
- d) Details of any other insurance you may have that may cover the same loss, such as household or private medical.
- e) As much evidence as possible to support **your** claim.

CANCELLATION OR CURTAILMENT (CUTTING SHORT YOUR TRIP):

If **you** need to cut short **your journey** call **+27 87 195 0581** or email travelza@allianz-assistance.com immediately to get **our** prior agreement. **We** will require:

- a) Original cancellation invoice(s) detailing all cancellation charges incurred.
- b) For claims relating to **illness** or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- c) If **your** claim results from any other circumstances, please provide evidence of these circumstances.

MEDICAL EXPENSES

Always contact **our** 24-hour **emergency** medical service **+27 87 195 0581** when **you** are hospitalised, require repatriation or where medical fees are likely to exceed **R 2,500**. **We** will require:

- a) Medical evidence from the treating **doctor** to confirm the **illness** or injury and treatment given including hospital admission and discharge dates, if this applies.
- b) If you are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

IF YOUR PASSPORT IS LOST, STOLEN OR DESTROYED

- a) Written confirmation from the Consulate where the loss happened detailing the date of loss, notification of loss and replacement together with a written report from the police.

CREDIT CARD FRAUD

- a) Report the theft or loss to the police within 24 hours of discovery and ask them for a written police report.
- b) Written confirmation from **your** card issuer showing that **you** had cancelled the card as soon as the loss or theft was discovered.
- c) Original card statement showing the fraudulent transactions made.

FOR LOSS OR DAMAGE IN TRANSIT CLAIMS, INCLUDING BAGGAGE DELAY

- a) Please obtain a Property Irregularity Report (PIR) from the airline or a carrier's report from the rail company, shipping line or their handling agent. This should be done within 7 days of the delay / loss / damage. **You** have 21 days to write to the airline confirming details of essential replacement items purchased.

PERSONAL BELONGINGS AND BAGGAGE LOSS & PERSONAL MONEY

- a) Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- b) If appropriate, **you** should also report the theft, damage or loss to **your** courier or hotel /apartment manager and ask for a written report.
- c) Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **personal belongings and baggage**.
- d) Keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the item will then belong to **us**.
- e) Obtain an estimate for repair for all damaged items.

PERSONAL ACCIDENT

- a) Detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).
- b) Medical evidence from the treating **doctor** to confirm the extent of the injury and treatment given, including hospital admission / discharge.
- c) Full details of any witnesses, providing written statements where available.
- d) A certified copy of the death certificate if this applies.

MISSED DEPARTURE

- a) Detailed account of the circumstances was causing **you** to miss **your** departure together with supporting evidence from the public transport provider or **accident** / breakdown authority attending the private vehicle **you** were travelling in.

TRIP DELAY

- a) Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.

PERSONAL LIABILITY

- a) A detailed account of the circumstances surrounding the claim, including photographs and video evidence (if this applies).
- b) Any writ, summons or other correspondence received from any third party. Please note that **you** should not admit liability, offer to make any payment or correspond with any third party without **our** written consent.
- c) Full details of any witnesses, providing written statements where available.

MUGGING

- a) Original copy of the police report, stating among others the location, date and precise time of the assault as well as the amount of cash stolen;
- b) Copy of the bank statement showing the date and amount withdrawn;
- c) Withdrawal receipt stating the date and the debited cash as well as the time of withdrawal;
- d) Any other document the **Insurer** considers necessary for the validation of the claim and indemnity assessment.

LEGAL EXPENSES / ADVANCE OF BAIL BOND

- a) Detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies) within 90 days of the event causing **your** claim.
- b) Any writ, summons or other correspondence received from any third party. Please note that **you** should not reply to any correspondence from a third party without **our** written consent.
- c) Full details of any witnesses, providing written statements where available.

WINTER SPORTS:

SKI PACK

- a) Medical evidence from the treating **doctor** to confirm the **illness** or injury and treatment given including hospital admission / discharge if this applies.
- b) If **you** are advised by a **doctor** at **your** resort that **you** cannot take part in **your** pre-booked ski activities because of medical reasons, **you** should obtain a medical certificate from them confirming this.

SKI EQUIPMENT

- a) All appropriate evidence requested under the heading '**Personal Belongings and Baggage Loss & Personal Money**'.
- b) All hire receipts and luggage labels / tags.
- c) A written report from **your** airline or other carrier if **your ski equipment** is delayed or misdirected.

PISTE / AVALANCHE CLOSURE

- a) Written confirmation from **your** tour operator, the local piste authority or ski lift operator confirming the reason for the closure and duration.

TERRORISM EXTENSION

The following triggers need to occur, before an **insured person** can file a claim:

- a) An actual terrorist incident had to happen.
- b) This terrorist incident poses a threat to the life of the **insured person**.

MAKING A COMPLAINT

We aim to provide **you** with a first class policy and service. However, there may be times when **you** feel **we** have not done so. If this is the case, please tell **us** about it so that **we** can do our best to solve the problem. If **you** make a complaint **your** legal rights will not be affected.

In the first instance, please contact:

Customer Services Manager

Email: travelza@allianz-assistance.com

Telephone: +27 87 195 0581

AGCS South Africa C/O Allianz Global Assistance,
Eiffel Boulevard Limited Building (Eiffel 2) 1st floor,
Umm Al Sheif, Sheikh Zayed Road,
P.O.Box 80864, Dubai, UAE.

Please supply **us** with **your** name, address, policy number and claim number where applicable and enclose copies of relevant correspondence as this will help **us** to deal with **your** complaint, in the shortest possible time.

If **we** are unable to resolve any dissatisfaction **you** are entitled to refer any dispute to the Short-term insurance Ombudsman who will review **your** case. This will not affect **your** right to take **legal action** against **us**. The contact details are:

The Short-Term Insurance Ombudsman

P.O.Box 32334

Braamfontein

2017

Phone: +27 (11) 726 8900

Fax: +27 (11) 726 5501



CANCELLATION OR CUTTING SHORT YOUR TRIP - SECTION 1

If you think **you** may have to cut **your journey** short (curtail), **we** must be told immediately - see under the heading '24-hour **emergency** medical assistance' for more information.

WHAT YOU ARE COVERED FOR

We will pay up to the amount shown in **your** summary of cover for **your** part of unused personal accommodation, transport charges and other travel expenses which there is a contract to pay that cannot be recovered from anywhere else.

We will provide this cover in the following necessary and unavoidable circumstances:

CANCELLATION

If you cancel **your journey** before it begins because one of the following happens:

- a) The death, serious injury or serious **illness** of you, someone you were going to stay with, a **travelling companion**, or a **relative** or **business associate** of you.
- b) You or a **travelling companion** is needed by the police following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their **home** or usual place of business in **your home** country.

CURTAILMENT (CUTTING SHORT YOUR TRIP)

You cut **your journey** short (curtail) after it has begun because of one of the following:

- a) Anything mentioned in cancellation.
- b) You are injured or ill and are in hospital for the rest of **your journey**.

If you need to be repatriated, **we** will not refund the cost of **your** unused return travel tickets. **We** will put the value of these tickets towards the extra transport costs **we** have to pay.

If the airline is responsible for cancelling **your** flight, they will be responsible for refunding the cost of **your** flight tickets.

WHAT YOU ARE NOT COVERED FOR

UNDER CANCELLATION AND CURTAILMENT (CUTTING SHORT YOUR TRIP)

An **excess** of the amount shown in **your** summary of cover. Any condition stated under Health declaration and health exclusions. More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, air miles, loyalty card points, redeemable vouchers or another similar scheme.

ANYTHING CAUSED BY:

- a) **you** not having the correct passport or visa;
- b) **your** carriers' refusal to allow **you** to travel for whatever reason;
- c) any restriction caused by the law of any country or people enforcing these laws;
- d) bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you**;
- e) anything the company providing **your** transport or accommodation, their agents, any person acting for



- you** or **your** conference organiser is responsible for;
- f) **your** vehicle being stolen or breaking down;
 - g) **you** not wanting to travel or not enjoying **your journey**;
 - h) riot, civil commotion, strike or lock-out;

- i) **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- j) **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- k) the death of any pet or animal;
- l) the withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

UNDER CANCELLATION

- a) Any extra cancellation charges, because **you** did not tell the company providing **your** transport or accommodation, their agents or any person acting for **you**, as soon as **you** knew **you** had to cancel.
- b) Financial circumstances or unemployment, except caused by **redundancy** which **you** find out about after the date **your** policy or travel tickets for **your journey** were bought (whichever is the later).

UNDER CURTAILMENT (CUTTING YOUR TRIP SHORT)

- a) Cutting short **your journey** unless **we** have agreed.
- b) Any costs when **you** do not get a medical certificate (from the **doctor** who treated **you** in the place where **you** were staying) which says it was necessary for **you** to come **home** because of death, injury or illness. **Our** medical advisers must have agreed with the reason and that **you** were fit to travel.
- c) The cost of **your** original pre-booked tickets if **you** have not used them and **we** have paid extra transport costs.
- d) **You** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **insured persons** are wearing crash helmets.
- e) Anything caused by **you** taking part in a **hazardous activity** unless shown on **your certificate of insurance**.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

EMERGENCY MEDICAL AND ASSOCIATED EXPENSES - SECTION 2

If **you** are taken into hospital or you think **you** may have to come **home** early or extend **your journey** because of **illness** or **accident**, or if **your** medical expenses are over R 2,500 **we** must be told immediately - see under the heading '24-hour **emergency** medical assistance' for more information.

WHAT YOU ARE COVERED FOR

We will pay **you** or **your beneficiary** directly for the following necessary and unforeseen **emergency** expenses if **you** die, are injured, have an **accident** or are taken ill during **your journey**.

Up to the amount shown in **your** summary of cover for reasonable fees or charges **you** incur for:

TREATMENT

- a) Medical, surgical, medication costs, hospital, nursing home or nursing services outside **your home** country.

EVACUATION / REPATRIATION

- a) Expenses for **your** return **home** or **your** transportation to the nearest medical facility or the most suitable to provide the required care for **your** health condition. **You** may be accompanied by a medical professional if deemed **medically necessary** by **us**.

EMERGENCY FAMILY TRAVEL

- a) Up to the amount shown in **your** summary of cover for one **family member** (or appointed representative of **your family**) who stays or travels with **you** or to **you** from **your home** country on medical advice.

REPATRIATION OF REMAINS

- a) Up to the amount shown in **your** summary of cover for the cost of transporting the body of the **person insured** to their **home**.

DENTAL

- a) Up to the amount shown in **your** summary of cover for **emergency** dental treatment to relieve sudden pain.

HOSPITAL CASH

- a) **We** will pay you R 500 a day for each day **you** are hospitalized for over a continuous 48 hour period while **you** are overseas. However, no matter how long **you** stay in hospital, **we** will pay for all claims combined under this section up to limit mentioned in the table of benefits for **your** plan selected.

WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover. The cost of replacing any medication **you** were using when **you** began **your journey**. Any condition stated under Health declaration and health exclusions. Extra transport and accommodation costs which are of a higher standard to those already used on **your journey**, unless **we** agree.

ANYTHING CAUSED BY:

- a) **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- b) **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- c) **you** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **insured persons** are wearing crash helmets;
- d) **You** are taking part in any **hazardous activity** unless shown on **your certificate of insurance**.
- e) Any costs incurred 12 months after the date of **your** death, injury or illness.
- f) Any costs for taxi fares.
- g) Telephone calls (including mobile calls) except calls made to **us** in case of **emergency**, which will be reimbursed upon submission of evidence in the form of a statement or bill and up to a maximum of R 500 in total.
- h) Services or treatments **you** receive within **your home** country.
- i) Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your home country**.
- j) Medical costs over R 2,500, in-patient treatment or repatriation costs which **we** have not authorised.
- k) The extra costs of having a single or private room in a hospital or nursing home.
- l) The cost of all treatment which is not directly related to the **illness** or injury that caused the claim.
- m) **Your** burial or cremation within **your home** country.
- n) Replacing or repairing false teeth or artificial teeth (such as crowns).
- o) Dental work involving the use of precious metals.

UNDER HOSPITAL CASH:

- a) **We** will not pay for the first 48 hours of **your** hospitalization
- b) If **you** cannot claim for **emergency** medical expenses in Section 2

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

LOSS OF TRAVEL DOCUMENTS - SECTION 3

WHAT YOU ARE COVERED FOR

We will pay for the following travel documents if they are lost, stolen or destroyed on **your journey**.

PASSPORT

- a) Costs for issuing a temporary passport up to the amount shown in **your** summary of cover for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary passport to enable **you** to return to **your home** country.

VISAS

- a) Costs for issuing a temporary visa up to the amount shown in **your** summary of cover for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary visa to enable **you** to return to **your home** country

WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

LOSS OF PERSONAL MONEY – SECTION 4

WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover for loss or theft of **your personal money** (but no more than the amount shown in **your** summary of cover in cash in total, whether jointly owned or not) while on **your journey**.

WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover. Compensation unless **you** can provide receipts of the amount **you** had from the place where **you** got the currency. Loss or theft of personal money, unless it is on **your** person, locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**. Loss caused by a reduction in exchange rates or shortage caused by mistakes in exchanging currency. Loss or theft of travellers' cheques if the place where **you** got them from provides a replacement service.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

CREDIT CARD FRAUD – SECTION 5

WHAT YOU ARE COVERED FOR

We will pay up to the amount shown in **your** summary of cover for the transactions that are made fraudulently by a third party using **your** credit or debit card after it has been stolen during **your journey**.

WHAT YOU ARE NOT COVERED FOR

ANY CLAIM:

- a) for an amount that can be recovered by someone or somewhere else;
- b) where **you** did not report the card as lost or stolen to the police and **your** credit / debit card company as soon as **you** discovered it or within 24 hours, whichever is sooner.
- c) for cash contained in the lost or stolen wallet;
- d) for cards that have expired, been cancelled or withdrawn;
- e) for any transaction made by another **person insured, relative or travelling companion**.
- f) stolen cards which have been left unattended in a public place or in an unlocked vehicle.
- g) for any person insured under the age of 18 years.
- h) by deception

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

BAGGAGE DELAY - SECTION 6

WHAT YOU ARE COVERED FOR:

Up to the amount shown in **your** summary of cover in total for essential replacement items, if **your personal belongings and baggage** (this does not include **valuables**) are temporarily lost or stolen on **your** outward **journey** for more than 4 hours from when **you** arrived at **your** destination.

You must send **us** the receipts for anything that **you** buy. If the items are permanently lost, **we** will take any amount that **you** are due to be paid under this section from the final claim settlement under the **Personal Belongings and Baggage Loss** section – 7.

WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

PERSONAL BELONGINGS & BAGGAGE LOSS - SECTION 7

WHAT YOU ARE COVERED FOR:

Up to the amount shown in **your** summary of cover for **your personal belongings and baggage** damaged, stolen, lost or destroyed on **your journey**.

The most **we** will pay for **valuables** whether jointly owned or not is shown the amount shown in **your** summary of cover. There is also a single article, **pair or set** limit shown in **your** summary of cover.

It will be **our** decision to pay either:

- a) the cost of repairing **your** items;
- b) to replace **your** belongings with equivalent items; or
- c) the cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover. More than the part of the **pair or set** that is stolen, lost or destroyed. More than R 500 for tobacco, alcohol, fragrances and perfumes.

Breakage of or damage to:

- a) sports equipment while it is being used, fragile articles, audio, video, computer, television, fax and phone equipment.

Loss or damage due to the climate, wear and tear, loss in value, process of cleaning, moths or vermin. The cost of replacing or repairing false teeth. A claim for more than one mobile phone per **insured person**.

Loss or theft of, or damage to, the following:

- b) Items for which **you** are unable to provide a receipt or other proof of purchase
- c) Films, tapes, cassettes, computer games, electronic games, mini-discs, DVDs, video and audio tapes, cartridges or discs, unless they were pre-recorded, in which case **we** will pay up to the replacement cost.
- d) Goods which deteriorate, bottles or cartons, and any damage caused by these items or their contents.
- e) **Valuables** left in a motor vehicle.
- f) **Valuables** carried in suitcases, trunks or similar containers unless they are on **your** person all the time.
- g) **Valuables** unless they are on **your** person or locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.
- h) More than one mobile phone.
- i) Contact or corneal lenses, unless following fire or theft.
- j) Bonds, share certificates, guarantees or documents of any kind.
- k) **Personal belongings and baggage** unless they are on **your** person, locked in the accommodation **you** are using on **your journey** or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle (no cover for **valuables**).
- l) Passport (see Section 3)

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

PERSONAL ACCIDENT - SECTION 8

WHAT YOU ARE COVERED FOR:

We will pay **you** or **your beneficiary** one of the following amounts for an **accident** during **your journey** and leading to total and permanent loss of sight, total and permanent loss of use of limb or permanent disablement or death, within a year of its occurrence.

DEATH (INCLUDING COMMON CARRIER)

- a) The amount shown in **your** summary of cover for death. (**We** will not pay more than 10% of the benefits shown in **your certificate of insurance** if **you** are aged 18 or under at the time of the **accident**.)

PERMANENT LOSS OF SIGHT OF LIMB

- a) The amount shown in **your** summary of cover for total and permanent loss of sight in one or both eyes or total and permanent loss of use of one or both hands or feet.

PHYSICAL DISABLEMENT

- a) The amount shown in **your** summary of cover for a permanent physical disability as a result of which there is no paid work which **you** are able to do. (**We** will not pay any compensation if **you** are aged 18 or under or aged 65 or over at the time of the **accident**.)

Death benefit payments will be made to **your beneficiary**.

WHAT YOU ARE NOT COVERED FOR:

Any condition stated under Health declaration and health exclusions. Any claim arising more than one year after the original **accident**. Anything caused by:

- a) **you** sickness, disease or gradually occurring conditions, physical or mental condition that is gradually getting worse unless shown on **your certificate of insurance**;
- b) **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- c) **you** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- d) **you** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **insured persons** are wearing crash helmets;
- e) **you** taking part in any **hazardous activity** unless shown on **your certificate of insurance**.

We will not pay more than one of the benefits resulting from the same injury.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

MISSED DEPARTURE – SECTION 9

WHAT YOU ARE COVERED FOR:

We will pay **you** up to the amount shown in **your** summary of cover in total for the cost of extra accommodation and transport which **you** have to pay to get to **your journey** destination or back **home** because **you** do not get to the **departure point** by the time shown in **your** travel itinerary (plans) because;

- a) public transport (including scheduled flights) does not run to its timetable; or
- b) the vehicle **you** are travelling in has an **accident** or breaks down.

WHAT YOU ARE NOT COVERED FOR:

Any claim unless **you**:

- a) get a letter from the public transport provider (if this applies) confirming that the service did not run on time
- b) get confirmation of the delay from the authority who went to the **accident** or breakdown (if this applies) affecting the vehicle **you** were travelling in
- c) have allowed time in **your** travel plans for delays which are expected

Any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later). Failure of public transport caused by a riot, civil commotion, strike or industrial action which began or was announced before **you** left **home** or where **you** could have reasonably made other travel arrangements. The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.



TRIP DELAY - SECTION 10

WHAT YOU ARE COVERED FOR:

Compensation of the amount shown in **your** summary of cover if the flight, train or sea going vessel **you** are booked on is delayed at its **departure point** by more than 6 hours from the time shown in **your** travel itinerary (plans) because of:

- a) a serious fire, storm or flood damage to the **departure point**;
- b) industrial action;
- c) bad weather;
- d) mechanical breakdown of the international train or sea vessel or
- e) the grounding of the aircraft due to a mechanical or a structural defect.

WHAT YOU ARE NOT COVERED FOR:

- a) Anything which is caused by **you** not checking in at the **departure point** when **you** should have done.
- b) Missed connections.
- c) Compensation unless **you** get a letter from the airline giving the reason for the delay and showing the scheduled departure time and the actual departure time of the flight.
- d) Any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later).
- e) The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

PERSONAL LIABILITY - SECTION 11

WHAT YOU ARE COVERED FOR:

We will **pay** up to the amount shown in **your** summary of cover plus any other costs **we** agree to in writing that relate to anything **you** cause during **your journey** for which **you** are legally liable and results in one of the following:

- a) Bodily injury of any person.
- b) Loss of or damage to property which **you** do not own and **you** or a **relative** have not hired, loaned or borrowed.
- c) Loss of or damage to the accommodation **you** are using on **your journey** that does not belong to **you** or a **relative**.

Inform **us** as soon as **you** or **your beneficiary** is aware of a possible prosecution, inquest or fatal injury, which might lead to a claim under this section.

Please do not negotiate, pay, settle, admit or deny any liability to any third party, without **our** written consent.

WHAT YOU ARE NOT COVERED FOR:

Any liability for bodily injury or loss of or damage to property that comes under any of the following categories:

- a) Something which is suffered by anyone employed by **you** or a **relative** and is caused by the work they are employed to do.



- b) Something which is caused by something **you** deliberately did or did not do.
- c) Something which is caused by **your** employment or employment of a **relative**.
- d) Something which is caused by **you** using any firearm or weapon.
- e) Something which is caused by any animal **you** own, look after or control.
- f) Something which **you** agree to take responsibility for which **you** would not otherwise have been responsible for.

Any claim incident occurring in **your home** country. Any contractual liabilities. Any liability for bodily injury suffered by **you**, a **relative** or **travelling companion**.

Compensation or other costs caused by **accidents** arising from **your** ownership or possession of any of the following:

- a) The use of any land or building except for the accommodation **you** are using on **your journey**.
- b) Motorised or mechanical vehicles and any trailers attached to them.
- c) Aircraft, motorised watercraft or sailing vessels.

If you are hiring a motorised or mechanical vehicle while on **your journey you** must make sure that **you** get the necessary insurance from the hire company. **We** do not cover this under our policy.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

MUGGING – SECTION 12

WHAT YOU ARE COVERED FOR:

In the event an **Insured Person** is violently assaulted or attacked while withdrawing funds from an automatic teller machine (ATM) or within two (2) hours thereafter, **we** will reimburse, up to the amount shown in **your** summary of cover, the amount of cash withdrawn and stolen.

To be eligible to claim under this cover **you** must file a case with the competent police authorities within 24 hours of the mugging.

WHAT YOU ARE NOT COVERED FOR:

- a) An intentional act on the part of the **insured person** or a close **relative**;
- b) Loss occurring during time of War, civil commotion, insurrection, rebellion, revolution or terrorism or Acts of God, nuclear reaction or radiation; or
- c) Loss occurring as a consequence of any riot or confiscation by the authorities

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

LEGAL EXPENSES / ADVANCE OF BAIL BOND – SECTION 13

WHAT YOU ARE COVERED FOR:

UNDER LEGAL EXPENSES

- a) **We** will reimburse the **person insured** up to the amount shown in **your** summary of cover for the necessary incurred legal expenses in the event of false arrest or wrong detention by any Government or Foreign Power to the **person insured** during the **journey**.

UNDER BAIL BOND

- a) **We** will reimburse the **person insured** up to the amount shown in **your** summary of cover for the necessary incurred bail bond required by judicial authorities to guarantee provisional release from custody following a contravention or infringement of the **person insured** during your **journey** without wilful intent or current statutory and administrative provisions of the visited country.

WHAT YOU ARE NOT COVERED FOR:

Any claim:

- a) Not reported to **us** within 90 days after the event giving rise to the claim;
- b) Involving **legal action** between members of the same household, a **relative**, a **travelling companion**, or one of **your** employees;
- c) Where another insurer or service provider has refused **your claim** or where there is a shortfall in the cover they provide;
- d) Against a travel agent, tour operator or carrier, **us**, the **insurer**, another **person insured** under this policy or **our** agent.

Any **Legal costs**:

- a) For **legal action** that **we** have not agreed to;
- b) If **you** withdraw from a claim without **our** agreement. If this occurs **legal costs** that **we** have paid must be repaid to **us** and all **legal costs** will become **your** responsibility;
- c) That cannot be recovered by **us** or **you** when **you** receive compensation. Any repayment will not be more than half of the compensation **you** receive;
- d) Awarded as a personal penalty against **you** (for example not complying with Court rules and protocols);
- e) For bringing **legal action** in more than one country for the same event

Claims as a result of:

- a) **Your** involvement in drug or narcotic trafficking.
- b) **Your** involvement in political movements
- c) **You** intentionally not following the laws of the country **you** are in.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

WINTER SPORTS – SECTION 14

This section is only in force if the appropriate premium has been paid and shown on **your certificate of insurance**.

WHAT YOU ARE COVERED FOR:

SKI PACK

We will pay up to the amount shown in **your** summary of cover in total for **your ski pack** costs that have been paid for and that cannot be recovered from anywhere else, if:

- a) **You** have to cancel or curtail **your journey**.
- b) **You** cannot ski because of an injury or **illness** during **your journey**.

DELAYED SKI EQUIPMENT

We will pay up to the amount shown in **your** summary of cover in total for the hire of alternative **ski equipment** if **your** is temporarily lost or stolen on **your outward journey** for more than 6 hours from when **you** arrived at **your** destination.

SKI EQUIPMENT

We will pay up to the amount shown in **your** summary of cover in total for **your ski equipment** (including **ski equipment you** are legally liable for) and ski pass that is damaged, stolen, lost or destroyed on **your journey**.

There is also a single article limit of the amount shown in **your** summary of cover, whether jointly owned or not.

It will be **our** decision to pay either:

- a) The cost of repairing **your** items;
- b) To replace **your** belongings with equivalent items; or
- c) The cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

PISTE & AVALANCHE CLOSURE

We will pay for the following, if it is not possible for **you** to ski or snow board at **your** pre-booked ski resort, because the ski-lifts and ski-schools that **you** are due to use are closed as a result of adverse weather conditions.

- a) R 1,500 for the cost of extra transport or lift passes to let **you** ski or snow board at another resort;
- b) R 1,500 as compensation if no other resort is available.

WHAT YOU ARE NOT COVERED FOR:

UNDER SKI PACK

- a) Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Cancellation or Interruption charges - section 1.
- b) Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Emergency medical and associated expenses - section 2.

UNDER SKI EQUIPMENT

- a) Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Personal Possessions - section 7.

UNDER PISTE & AVALANCHE CLOSURE

- a) Any compensation for the first full 24 hours at **your** booked ski resort.
- b) Any **journey** in **your home** country.
- c) Any claim unless **you** have a letter from the ski-lift or ski-school operators giving the reason for closing the piste and showing the number of days the piste was closed during **your journey**.
- d) Compensation which **you** can get from **your** tour operator or anywhere else.
- e) Costs if the ski-lifts or ski-schools in **your** pre-booked resort were closed when **your** policy or travel tickets for **your journey** were issued, if this is less than 14 days before the beginning of **your journey**.
- f) Any **journey** that takes place outside a recognised ski resort or the official resort opening dates.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

TERRORISM EXTENSION – SECTION 15

This section is only in force if the appropriate premium has been paid and shown on **your certificate of insurance**.

WHAT YOU ARE COVERED FOR:

With the exception of Section 11 (Personal Liability), the cover provided by this Policy extends to include injury, loss or damage to an **insured person** during **your journey** as an innocent bystander by an **Act of Terrorism**.

For the purpose of this Policy, "Innocent Bystander" means, someone who is in a particular place by chance when an **act of Terrorism** happens, but is not involved in it.

We will pay the maximum limit applicable to the Section **you** are claiming under but not exceeding R 1,000,000 per **insured person**.

WHAT YOU ARE NOT COVERED FOR:

The cover by this Section:

- a) If the **Terrorism** Extension option was not selected and stated in **your certificate of insurance**.
- b) If this policy was purchased and travel booked after the onset of **Terrorism** within **your** travel destination.
- c) Unless the **Terrorism** attack occurs within the city of destination and/or departure.
- d) Unless the **Terrorism** attack occurs within 30 days prior to **your** departure date.
- e) If it is any consequence of any **act of Terrorism** involving the release of germ disease or other chemical or biological contagions or contaminants, the use or threat of use of any nuclear device or radioactive substance.
- f) If there was no valid claim under the Terms and Conditions applicable to the relevant **certificate of insurance**.
- g) If the aggregate liability under this Policy exceeds ZAR 1,000,000 for any **insured person** during the **Period of Insurance**.
- h) Does not extend to include Section 11 (Personal Liability)

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

DISCLOSURE NOTICE

Full Name: **Allianz Global Corporate & Specialty South Africa Limited ("AGCS")**
FSP Number: **16722**
Physical address: **The Firs, 2nd Floor, Office 202, 32A Cradock Avenue, Rosebank, 2196**
Postal Address: **PO Box 62228, Marshalltown, 2107**
Telephone: **+2711 214 7900**
Fax: **+2711 447 1777**
E-mail: **info@allianz.com**

AGCS has Professional Indemnity insurance cover

AGCS complies with the Conflict of Interest legislation. A conflict of interest management policy as well as gift register is available upon request.

Moonstone Compliance (Pty) Ltd is AGCS' Compliance Officer and is represented by:

Bronwen Allan

25 Quantum Street, Technopark, Stellenbosch

Fax: **+2721 883 8005**

Tel: **+2721 883 8000**

E-mail address: **ballan@moonstonecompliance.co.za**

Website: www.moonstone.co.za

Claims Procedure

On the happening of any event, which may result in a claim under the policy, please **submit your claim online:**

<https://travelclaims.tatsh.com/index.aspx>, or notify your intermediary (if applicable as indicated on your policy disclosure notice) alternatively, the AGCS SA contact indicated on your policy disclosure notice or, you could obtain the contact details by dialling the following telephone number **+27 11 214 7900**

Complaints to be addressed to:

Name: **Kristin Van Niekerk**

Telephone: **+2711 214 7951**

Fax: **+2711 447 1777**

e-mail Address : kristin.vanniekerk@allianz.com

A complaints resolution process can be requested from our office on the above-mentioned contact details.

The Office of the Ombud for Financial Services Provider to be contacted on:

Sussex Office Park, Ground Floor, Block B

473 Lynnwood Road Corner Lynnwood Road & Sussex Ave, Lynnwood, 0081

Telephone: **+27 12 762 5000 / +27 12 470 9080**

Facsimile: **+27 86 764 1422 / +27 12 348 3447**

E-mail Address: info@faisombud.co.za

Website: www.faisombud.co.za

Ombudsman for Short Term Insurance

Sunnyside Office Park, 5th Floor, Building D, 32 Princess of Wales Terrace, Parktown

P O Box 32334 Braamfontein, 2017

Telephone: **+27 011 726-8900**

Facsimile: **+27 011 726-5501**

Sharecall: **0860 726 890**

E-mail Address: info@osti.co.za



AGCS has been licensed to provide advice and intermediary services in terms of the following categories:

1.	Category I	Advice	Intermediary Service
	Short-term Insurance: Commercial Lines	X	X
	Short-term Insurance: Personal Lines	X	X

DISCLOSURE NOTICE

CLAIMS PROCEDURE

Full Name: Allianz Global Corporate & Specialty South Africa Limited (“AGCS”)
 FSP Number: 16722
 Physical address: The Firs, 2nd Floor, Office 202, 32A Cradock Avenue, Rosebank, 2196
 Postal Address: PO Box 62228, Marshalltown, 2107
 Telephone: +2711 214 7900
 Fax: +2711 447 1777
 E-mail: info@allianz.com

AGCS has Professional Indemnity insurance cover
 AGCS complies with the Conflict of Interest legislation. A conflict of interest management policy as well as gift register is available upon request.

Moonstone Compliance (Pty) Ltd is AGCS’ Compliance Officer and is represented by:
 Nicholette McClure
 H/O: + (27) 21 883 8000 F: 086 6151122 C: + (27)824576444
 nmcclore@moonstonecompliance.co.za 25 Quantum Street, Technopark, Stellenbosch
 Fax: +2721 883 8005
 Website: www.moonstone.co.za

Claims Procedure

Submit your claim online: <https://travelclaims.tatsh.com/index.aspx>

On the happening of any event, which may result in a claim under the policy, please notify your intermediary (if applicable as indicated on your policy disclosure notice) alternatively, the AGCS SA contact indicated on your policy disclosure notice or, you could obtain the contact details by dialling the following telephone number +27 11 214 7900

Complaints to be addressed to:

Name: Kristin Van Niekerk
 Telephone: +2711 214 7951
 Fax: +2711 447 1777
 e-mail Address : kristin.vanniekerk@allianz.com

A complaints resolution process can be requested from our office on the above-mentioned contact details.

The Office of the Ombud for Financial Services Provider to be contacted on:

Sussex Office Park, Ground Floor, Block B
 473 Lynnwood Road Corner Lynnwood Road & Sussex Ave, Lynnwood, 0081
 Telephone: +27 12 762 5000 / +27 12 470 9080
 Facsimile: +27 86 764 1422 / +27 12 348 3447
 E-mail Address: info@faisombud.co.za
 Website: www.faisombud.co.za

Ombudsman for Short Term Insurance

Sunnyside Office Park, 5th Floor, Building D, 32 Princess of Wales Terrace, Parktown
 P O Box 32334 Braamfontein, 2017
 Telephone: +27 011 726-8900
 Facsimile: +27 011 726-5501
 Sharecall: 0860 726 890
 E-mail Address: info@osti.co.za

AGCS has been licensed to provide advice and intermediary services in terms of the following categories:

1.	Category I	Advice	Intermediary Service
	Short-term Insurance: Commercial Lines	X	X
	Short-term Insurance: Personal Lines	X	X