

ER27 RUMed Travel Policy

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A. Schedules of benefits

RHC (Run	DES UNIVERSITY ned)	BENEFITS
1.	EMERGENCY MEDICAL AND RELATED EXPENSES	
1.1	Emergency medical expenses including terrorism	R1,000,000
	Excess – out patient	R350
	<i>Emergency medical expenses</i> when taking part in sport, <i>hazardous activities</i> or adventure sports	R500,000
1.2	Emergency medical and related expenses for a medical condition that existed before your <i>insured journey</i> (<i>hospital</i> admission must be longer than 48 hours)	R100,000
1.3	Medical evacuation, transport to medical centres, return to South Africa	Actual expense (part of emergency medical and related expenses)
1.4	Optical expenses – <i>injury</i>	Included (part of emergency medical and related expenses)
	Optical expenses – illness	R10,000
1.5	Dental expenses – <i>injury</i>	Included (part of emergency medical and related expenses)
	Dental expenses – <i>illness</i>	R10,000
2.	BRYTE TRAVEL ASSIST SERVICES	1
2.1	Assistance services	
	Cash transfer advice	Assistance only
	Consular and embassy referral	Assistance only
	Emergency travel and accommodation arrangements	Assistance only
	Sending urgent messages	Assistance only
	Evacuation assistance	Assistance only
2.2	Visit by a <i>family</i> member	R15,000
2.3	Return of stranded children	R15,000
2.4	Return of your body	Actual expense (part of emergency medica and related expenses)
	Mourning expenses	R10,000
тот	AL LIMIT OF ALL CLAIMS	R1,000,000

B. About the policy

1. The policy is a contract between you and us

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

2. The policy is made up of four documents

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

3. The structure of this policy

This policy is divided into two parts:

- 1. The first part contains general sections, labelled A to G;
- 2. The second part contains specific sections, numbered from 1 to 2. You might not have insurance under every section, and exclusions and limits apply to your insurance. Please check your *travel insurance certificate* to see what you are insured for.

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

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

Contact information for approval is: Bryte Travel Assist on +1 416 642 2910 OR Alternatively you can contact ER24 on +27 10 205 3100

5. Age limits

The policy covers *insured events* that happen to an *insured person* from the age of 3 months up to and including 84 years at the date of the *insured event*.

C. Important contact information and telephone numbers

1. For emergency medical and related claims

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

Tel: +1 416 642 2910 (reverse call charges accepted)

Please remember to dial the International Direct Dialing Number of the country that you are in, followed by: 1 416 642 2910

Email: assistance@wtp.ca

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

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

Bryte Travel Insurance PO Box 61489 Marshalltown 2107

Tel: 0860 222 446

Email: travelclaims@brytesa.com

Our claims department is open Monday to Friday between 08:00 and 16:30 (South African time).

3. For sales and travel plan enquiries

For sales and travel plan enquiries, please contact:

Bryte Travel Insurance PO Box 61489 Marshalltown 2107

Tel: 0860 329 329

Email: er24@brytesa.com

Alternatively you can contact ER24 at Tel: +27 10 205 3100

Email: travel@er24.co.za

4. If you have any complaints

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

D. Guidelines to interpretation and definitions

1. Guidelines to interpretation

Singular and plural

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

Headings

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

Examples

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

Including

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

Legal responsibility

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

Reference to laws

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

2. Definitions

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

Accident	An event that is sudden and unexpected, that is caused by external and visible means at a time and place that can be identified, and that results in <i>injury</i> or death.
Benefit	The amount we pay for an event or item we insure.
Benefit limit	The most we pay out for the events and items we insure. This amount is shown on the <i>schedule of benefits</i> on your <i>travel insurance certificate</i> .
Child	Any biological, adopted, step or surrogate <i>child</i> or a <i>child</i> who you are the legal guardian of who is a valid, registered dependant on the RUMed Medical Scheme.
Date of loss	The date that a claim or loss comes into existence. The <i>date of loss</i> depends on the nature of the insured event:
	 For <i>illness</i>, the date you became aware of your <i>illness</i> or the date your <i>illness</i> was first diagnosed, whichever happens first; For <i>injury</i>, the date that the <i>accident</i> happened; For all other claims, the date that the <i>insured event</i> happened.
Dependant	A valid, registered dependant of the RUMed Medical Scheme contracted with ER24 for the purpose of international travel insurance.

Excess	The amount you must pay towards your claim. If an excess applies it will be shown on the <i>travel insurance certificate</i> .
Family	A valid, registered dependant of the RUMed Medical Scheme.
Hazardous activity	An activity, excursion or hobby that introduces or increases the possibility of death or <i>injury</i> .
Illness	Any unexpected sickness that you contract during the <i>insured journey</i> and that requires a consultation with a <i>medical practitioner.</i>
Injury	Bodily <i>injury</i> caused by an <i>accident</i> directly and independently of all other causes.
In-patient	An insured traveller who has been admitted to hospital for medical treatment for injury or illness that in a medical practitioner's opinion requires hospital admission.
Insured event	An event that we insure you for under this policy as set out in your <i>travel insurance certificate</i> .
Insured journey	An international, local or inbound journey which includes your return journey.
International journey	Travel from your home or work (whichever you leave later) to your international destination, and return to your home or work (whichever you arrive at earlier).
Insured traveller	Any person insured under this policy who is named on the <i>travel insurance certificate</i> and who you have paid a premium for.
Medical expenses	All reasonable and expected costs incurred by the <i>insured traveller</i> for <i>injury</i> or <i>illness</i> on an <i>insured journey</i> resulting in <i>medical</i> treatment prescribed or performed by a <i>medical practitioner</i> .
Medical practitioner	A person registered with a current, legal license to practice medicine, optometry or dentistry, but excludes you and any members of your immediate <i>family</i> .
Medical treatment	A <i>medical practitioner's</i> medical advice, treatment, surgery, diagnosis, consultations and prescribed medication.
Other insurance	Any <i>insured event</i> or claim covered, paid or payable for the whole or any part of your <i>insured journey</i> under any other policy you may have such as automatic credit card insurance, medical aid scheme, medical cover, <i>other insurance</i> or statutory insurance.
Period of insurance	The period of <i>insurance</i> will start on the start date of your <i>insured journey</i> to the end date shown on the <i>travel insurance certificate</i> . The maximum period of <i>insurance</i> is 90 days. Both the start date and end date are included in the period of <i>insurance</i> .
Public transport carrier	Any scheduled or chartered land, water or air conveyance that you are travelling in as a fare-paying passenger and that meets both of the following criteria:
	 It is legally licensed to carry fare-paying passengers; It operates commercially and complies with the laws and regulations that apply in the country it operates. Public transport carrier excludes minibuses, non-standard motor vehicles and non-pressurised single engine piston aircraft.

Schedule of benefits	A part of your <i>travel insurance certificate</i> that sets out the most we pay out for claims and the <i>excesses</i> that apply to those claims.
Spouse or life partner	A person who is a valid, registered dependant on the RUMed Medical Scheme.
Total limit of all claims	This is the maximum amount that we will pay.
Travel insurance certificate	A document that is part of this policy that sets out your details, details of the <i>insured journey</i> and the schedule of <i>benefits</i> .
War	A conflict carried on by force as between nations or military forces or between parties within a nation whether declared or not.
Warrant	Guarantee facts or conditions that we can rely on as true.

E. General terms and conditions

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

1. Information you must give us

You must give relevant, true and complete information

- 1.1 You must give us relevant, complete and true information about yourself and *insured travellers* when you buy this policy and when you claim.
- 1.2 Relevant information is any information that:
 - 1.2.1 A reasonable person would consider is important to give to an insurance company;
 - 1.2.2 Might impact on your policy or any claims.

Examples of relevant information are age, health conditions, taking part in *hazardous activities*. These are examples only and not a full list of what relevant information is. If you are in doubt, rather tell us.

1.3 The information can be given to us by phone, email, letter, or in person. We have the right to treat all information contained in your *travel insurance certificate* as being true and complete. If you authorise anyone else to contact us, you must make sure that we get information that is relevant, complete and true.

Tell us about any changes to the information you give us

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

Our rights if you do not comply

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

2. You give us your consent to share your information

- 2.1 When you buy your travel insurance from us, you give us your consent to share information about you. We only do so in line with the Bryte privacy policy which is available on our website. We can also email, fax or post it to you on request. We use your information for the following purposes only:
 - 2.1.1 To manage your policy;
 - 2.1.2 To improve our services to you and other customers (through research and analysis of your information);
 - 2.1.3 To protect our interests;
 - 2.1.4 To prevent and detect fraud, money laundering and other crime;
 - 2.1.5 To meet our obligations to any regulatory authority.

- 2.2 By applying for insurance with us and at any time during and after the *period of insurance*, you agree that we have the right to share personal information about you with any legitimate sources. You *warrant* that you have received permission from every *insured traveller* that we may share their personal information.
- 2.3 We undertake to only share your personal information with legitimate sources for the purposes of this insurance contract. Examples of legitimate sources are other insurers, financial institutions, medical institutions and crime bureaus.
- 2.4 We have the right to share your personal information at any time if there is a legal requirement to do so.

3. When insurance starts and ends

- 3.1 The *period of insurance* starts on the start date of your *insured journey*. Your insurance ends on the earliest of the following dates:
 - 3.2.1 The end date stated on the *travel insurance certificate*;
 - 3.2.2 The date you complete your *insured journey*;
 - 3.2.3 The date your policy is cancelled by you or us.

The maximum period of insurance is 90 days.

Extending your policy (for all sections)

3.4 You can ask us to extend this policy by applying for an extension. You must apply for an extension at least 24 hours before the end date of the policy. We can change any terms and conditions, including premiums, *benefit limits* and exclusions of this policy at the time of the extension. The maximum period of insurance is 90 days.

4. Paying claims

- 4.1 We pay only for valid claims. We do not pay you more than the *benefit limits*.
- 4.2 We pay claims for emergency medical and related expenses while on an *insured journey* to the provider of the *medical expenses*. After we have paid the *benefit* for a valid claim, we have no further legal responsibility to you or to anyone else.
- 4.3 We only pay the *total limit of all claims* for any one *accident* or series of *accidents* caused by one event for each policy .
- 4.4 If we issue two or more travel policies for the same *insured journey* that apply to the same claim, then the most we pay is the highest *benefit limit* shown in one of the policies. We only pay under one policy.
- 4.5 You are responsible for any taxes on *benefit* payments.
- 4.6 We do not pay any interest on *benefit limits*.

5. If you have other insurance

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

- 5.1 The policy operates on a "first response basis" for emergency medical and related expenses. This means that in a medical emergency we will assist you but any expenses incurred will be recovered from other insurance you might have in place. If any claim under this policy is covered by other insurance, this policy will be deemed to be in excess of your other insurance and you will have to claim against your other insurance first. For example if an airline is responsible for all or some of your claim, you must claim against the airline first. We pay our proportion of the claim where we share legal responsibility with the airline. The amount we pay is the *benefit limit* less the amount the airline is responsible for.
- 5.2 When you claim on this policy, you must tell us about any other insurance you may have that insures you for the *insured event*. You must transfer to us all your rights to claim from those insurers. This transfer is known in law as subrogation. The subrogation must allow us to do all things necessary to claim against the other insurers, including bringing legal action against them if they do not pay their proportion of the claim.

- 5.3 If we have already paid the claim in full to you, your rights to claim from other insurers are automatically transferred to us. This means we can claim against those insurers in your name.
- 5.4 You must co-operate fully with us when we exercise our rights to claim against other insurers. This includes:
 - 5.4.1 Not doing anything that negatively affects or limits our rights;
 - 5.4.2 Giving us whatever information and documents we ask you for;
 - 5.4.3 Signing any document that we may give you for us to exercise our rights;
 - 5.4.4 Giving us permission to contact any of the other insurers about the claim and to contact any third parties that you may have a claim against;
 - 5.4.5 We reserve the right to confirm your other short term insurance.

6. Conducting legal and settlement proceedings in your name

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

7. Public transport carrier tickets

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

8. Payments made in South African Rand

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

9. The contract is agreed in South Africa

- 9.1 For international *travel*, the *insured journey* must begin in South Africa.
- 9.2 You must be a legal resident in South Africa to qualify for this policy.
- 9.3 The laws of South Africa govern this policy.
- 9.4 South African courts have the exclusive authority to hear matters arising from this policy. (This authority is known in law as jurisdiction).

F. Events and items we do not insure

These are general events and items we do not insure you for. They apply to the whole policy. Please also check the specific sections (1 - 2) for specific exclusions under those sections.

1. Fraud and dishonesty

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

2. Breaking the law

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

3. Consequential loss

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

4. Normal travel expenses

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

5. Travelling other than as a fare-paying passenger

We do not pay you for claims if you are:

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

6. Emigration

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

7. Medical and related expenses for treatment in South Africa

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

8. Medical conditions you had before insurance started

We do not insure any medical conditions you had before your travel insurance started unless it is stated in the *schedule of benefits*. (These are called pre-existing medical conditions). A pre-existing medical condition includes any medical condition that you consulted a *medical practitioner* about during the year before the insurance under this policy started.

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

9. Specific medical conditions

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

- 9.1 Travelling when you have been advised by a *medical practitioner* not to do so;
- 9.2 Travelling when you are unfit to do so;
- 9.3 Pregnancy and giving birth. However, we do insure unexpected medical complications and emergencies that take place in the first 26 weeks of the pregnancy;

- 9.4 Sexually transmitted diseases;
- 9.5 AIDS and HIV and any related *illness* or conditions, however you contracted them;
- 9.6 Mental or nervous disorders or *illness* such as psychiatric disorders, depression, anxiety, stress, personality disorders, mental retardation, autism, substance use disorders, psychosexual disorders, adjustment disorders, phobias or other mental disorders or *illness* determined by a qualified member of the South African Society of Psychiatry;
- 9.7 If you are 70 years or older, any cardiac or cardio vascular or vascular or cerebro-vascular *illness* or consequences or complications that can reasonably be related to these conditions;
- 9.8 If you have received medical advice or treatment (including medication) for hypertension in the 12 months before the start of the *insured journey*. This exclusion will not apply if you bought a plan that includes insurance under Section 1.2: Emergency medical and related expenses for a medical condition that existed before your *insured journey*. This only applies to *insured travellers* between the ages of 3 months and 69 years.

10. Causing harm to yourself

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

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

11. Under the influence of alcohol or drugs

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

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

12. Two-wheeled motor vehicles

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

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

13. Manual labour and professional sport

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

13.1 Manual labour

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

Manual labour includes skilled labourers who use or operate machinery (whether mechanical or non-mechanical).

13.2 Professional sports

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

A professional sports player is a person who earns more than 50% of their income from playing sport.

14. Military, war and similar events

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

We do not pay for claims caused by or resulting from *war*, invasion, act of foreign enemy, hostilities, rebellion, revolution, insurrection or military or usurped power. However, you are insured for 7 days from the start of the hostilities if you did not expect or could not reasonably have known of these events abroad and do not actively take part in them.

15. Nuclear material

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

16. Poisonous, biological or chemical materials

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

17. Search and rescue costs

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

18. Bryte Sanctions clause

Notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or *benefit* to any insured or other party to the extent that such cover, payment, service, *benefit* and or *business* or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

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

19.1 <u>Table A</u> -Sports, hazardous activities or adventure sports we do insure

The sports, *hazardous activities* or adventure sports listed in Table A are automatically included in your insurance. These activities are only covered for leisure purposes.

Table A

Abseiling	Hiking
Archery	Indoor go-carting with engine capacity of 200cc or less
Badminton	Netball
Basketball	Running
Biathlon	Snorkelling
Camel riding	Soccer
Canoeing	Softball
Cricket	Squash
Leisure 4 x 4 off road excursions	Swimming
Leisure cycling within 50km a day	Table tennis

Dancing	Tennis
Darts	Tenpin bowling
Fencing	Trekking
Fishing from shore	Volleyball
Golf	Water polo
Handball	

19.2 Sports, hazardous activities or adventure sports we do insure but with limited benefits.

If you train or take part in sports, *hazardous activities* or adventure sports listed in Table B you have insurance under Section 1: Emergency medical and related expenses limited to R500,00.

Black and off piste skiing and snowboarding	Ice skating
BMX extreme	Iron man
Bungee jumping	Kayaking or rowing or canoeing in open waters or deep sea within territorial waters
Competitive basketball	Leisure cycling for a distance of more than 50km a day
Competitive biathlon	Martial arts
Competitive cricket	Mountain biking
Competitive cycling	Mountaineering up Mount Kilimanjaro with an accredited guide
Competitive fencing	Pentathlon
Competitive field athletics	Polo
Competitive handball	Power lifting
Competitive running	Quad biking
Competitive soccer	Rollerblading
Competitive softball	Rugby
Competitive squash	Running in a marathon
Competitive swimming	Sailing for leisure purposes within territorial waters
Competitive tennis	Scuba diving as a licensed diver in water less than 50m deep
Competitive volleyball	Scuba diving as an unlicensed diver but supervised and in water less than 18m deep
Competitive water polo	Show jumping
Dog sledding	Skateboarding
Elephant riding	Snowboarding and or skiing on blue and red slopes

Table B

Extreme kayaking or white water rafting in white waters	Speed boats
Extreme off road 4 x 4 driving	Surfskiing
Field and ice hockey	Surfing
Fishing at sea or deep water within territorial waters	Swimming in open waters further than 100m off the shore
Go kart racing	Triathlon
Gorge swimming	Wake boarding
Gymnastics	Water skiing
High diving	Windsurfing
Horse riding	Wrestling
Horseback safari	

We do not pay any claims for sprains, strains or physiotherapy that results from you taking part in any sports, *hazardous activities* or adventure sports. We only pay claims if you are 65 years or younger and follow the safety guidelines for the activity you are taking part in.

19.3 Sports, hazardous activities or adventure sports we do not insure.

We do not pay any claims arising from you taking part in any of the activities listed in Table C. **Table C**

Cage diving	Motor vehicle or motor bike or quad bike racing
Cliff diving	Muay thai
Free diving	Paragliding
Freestyle skiing	Parachuting
Hang gliding	Rock climbing
Horse racing	Running with the bulls
Hunting	Sky diving
Ice climbing	Sky surfing
Microlite flying	Street luge

If you have any questions or want to take part in a sport or activity not shown in the tables above, please contact us on 0860 329 329 or email er24@brytesa.com before taking part.

G. How to claim

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

1. Tell us about your claim

1.1 You must give us notice in writing within 30 days of any *insured event*.

2. Fill in a claim form and give us proof

You can call Bryte Travel on 0860 329 329 to get one faxed, posted or emailed to you.

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

3. Undergo medical examinations

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

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

A. Benefit section	B.P	roof we need
For all claims	1.	A completed claim form that you have signed;
	2.	Copies of your travel insurance certificate;
	3.	Copies of your <i>public transport carrier</i> ticket (air ticket, train ticket, bus ticket, cruise ticket, etc.);
	4.	Copy of a cancelled cheque or a letter from your bank confirming your bank details;
	5.	Copies of all receipts and invoices you received from your travel agent or tour operator.
Section 1: Emergency	1.	Comprehensive medical report from treating doctor (diagnosis);
medical and related expenses	2.	Report from your local medical officer stating what treatment was received 12 months before the start date of the policy;
	3.	Proof of costs incurred for medical expenses;
	4.	Detailed description of the event that led you to seek <i>medical treatment;</i>

4. Table showing proof we need for claims

5. If we do not accept your claim

- 5.1 If we reject your claim, we will inform you in writing. You have the right to object to our decision. Your objection must be in writing and we must receive it within 90 days of the date of the rejection letter.
- 5.2 You may write to our Compliance Officer or the Short Term Insurance Ombudsman if you are not satisfied with the outcome of your claim.
- 5.3 If the matter is not resolved and you choose to start legal proceedings against us, you must do so within six months from the end of the 90-day period for the objection.

5.4 All time limits will be on hold while a rejected claim is being considered by your legal representative or by the Ombudsman.

Specific benefits of the policy

Please note that the sections listed below only apply if they are listed in your schedule of benefits.

Definitions for this section

Emergency medical	All reasonable expected costs that we alone decide are medically necessary for	
expenses	illness or injury on an insured journey.	
Follow-up treatment in South Africa	All reasonable and expected medical expenses you incur for illness or injury that results in a hospital stay or surgical or other diagnostic or remedial treatment prescribed by a medical practitioner in South Africa. Follow up treatment in South Africa does not include expenses we are prohibited by law from paying. We pay only what we are allowed to pay under the Medical Schemes Act (No. 131 of 1988) or subsequent similar laws.	
Hospital	Any legally constituted establishment that operates according to the laws of the country in which it is situated. It must meet all of the following criteria to be recognised as a <i>hospital</i> :	
	1. It operates primarily for receiving, caring for and treating sick and injured people as <i>in-patients</i> ;	
	2. It admits <i>in-patients</i> only under the supervision of a <i>medical practitioner</i> ;	
	3. It maintains organised facilities for the medical diagnosis and treatment of sick and injured people and, where appropriate, provides on-site facilities for major surgery;	
	4. It provides full-time nursing services by or under the supervision of a staff of nurses;	
	5. It is not a day clinic, health hydro or nature clinic;	
	6. It is not a mental institution, an institution maintained primarily for the treatment of psychiatric diseases, or the psychiatric department of a <i>hospital</i> ;	
	 It is not a place for the treatment of chemical dependency or an establishment or a special unit of a <i>hospital</i> used primarily as a place for treatment of drug addicts or alcoholics; 	
	8. It is not a hospice, a frail care centre, a rest home or nursing, convalescent-assisted living or extended care facility.	
Reasonable and expected medical expenses	The standard costs that are medically required for treatment, including the costs of supplies and medical services. We do not pay for costs that are more than either of the following:	
	1. The usual level of costs for similar treatment, supplies and medical services in the locality where the costs are incurred;	
	2. The costs for treatment that would have been charged if you did not have insurance.	

How we pay

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

What we insure

1.1 Emergency medical expenses

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

1.2 Emergency medical and related expenses for a medical condition that existed before

If you need emergency *medical treatment* due to a sudden and unexpected acute onset of a medical condition that existed before, we pay the *reasonable and expected medical expenses* you incurred while in *hospital*.

Conditions

- 1. This section only applies if shown on the schedule of benefits.
- 2. You must be in *hospital* as an *in-patient* for longer than 48 hours.
- 3. Your *hospital* admission must not merely be for any form of nursing, convalescence, rehabilitation, rest or extended care.

1.3 Medical evacuation, transport to medical centres, return to South Africa

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

- 1. Transfer you to another location to get necessary medical treatment;
- 2. Return you to South Africa if deemed medically necessary;
- 3. Pay for the cost of the emergency transport service, including the necessary accompanying medical staff.

Conditions

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

1.4 Optical expenses

We pay emergency optical treatment given by a *medical practitioner*. Where you need optical treatment because of *illness* or *injury* while on an *insured journey*, these expenses will form part of the *benefit limit* stated in the *schedule of benefits*.

Emergency optical expenses are all reasonable and expected medical costs that a *medical practitioner* considers necessary to treat a sudden optical *illness* or *injury* you suffer on an *insured journey*.

1.5 Dental expenses

We pay for emergency dental treatment given by a *medical practitioner* to restore dental function or ease pain. Where you need dentistry to restore dental function or ease pain because of *illness* or *injury* while on an *insured journey*, these expenses will form part of the *benefit limit* stated in the *schedule of benefits*.

Emergency dental expenses are all reasonable and expected medical costs that a *medical practitioner* considers necessary to treat a sudden dental *illness* or *injury* you suffer on an *insured journey*.

Exclusions for this benefit

We do not pay for fillings or crowns made of precious metal.

Specific conditions for Section 1

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

Specific exclusions for Section 1

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

- 1. Diagnostic treatment not considered by a medical practitioner as immediately necessary;
- 2. Specialist medical treatment without a referral from a medical practitioner;
- 3. Any procedures relating to dental hygiene or oral hygiene;
- 4. Contraceptive devices, prosthetic devices, medical appliances or artificial aids;
- 5. Preventative treatment, including any vaccinations or immunisations;
- 6. Physiotherapy or chiropractic treatment of more than R1,000, unless you are admitted to a *hospital* as an *in-patient*;
- 7. A medical practitioner has advised you not to travel;
- 8. Treatment that you and your medical practitioner are aware may arise during the insured journey;
- 9. Cosmetic surgery;
- 10. A terminal prognosis with a life expectancy of less than 24 months diagnosed before you started the *insured journey*.

Definitions for this section

There are no extra definitions for this section. Please refer to the definitions on pages 5 to 7.

How we pay

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

What we insure

2.1 Assistance services

We offer you our 24-hour worldwide assistance services.

We arrange access to the following services:

- 1. Cash transfer advice. If you need money to pay for travel or accommodation because of theft, loss, *illness* or *injury*, we will advise you on the process you must follow to get money.
- 2. Consular and embassy referral. Where possible, we will give you the details of the representative of the relevant consulate or embassy. For example, if you have lost your passport or travel documents.
- 3. Emergency travel and accommodation arrangements. Where possible, we will help you to arrange emergency alternative transportation and accommodation.
- 4. Sending urgent messages. We will help you to send urgent personal messages on your behalf or get messages to you if you experience travel delay or suffer from *illness* or *injury*.
- 5. Evacuation assistance. If there is a catastrophe or terrorist threat or attack, we will attempt to arrange emergency evacuations. This includes access to private and commercial aircrafts and extensive air transport systems. This is an assistance service. You must pay for the costs of the evacuations if they do not form part of an emergency medical claim.

2.2 Visit by a family member

If you suffer *illness* or *injury* that result in you being admitted to *hospital* for more than 5 consecutive days, we pay up to the *benefit limit*, for the reasonable expenses of your *family* to travel to you and back with you to South Africa. This includes the necessary expenses for extra accommodation and travel, telephone costs, meals and beverages. We pay only if the *medical practitioner* attending to you advises that your *family* should be there with you.

2.3 Return of stranded children

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

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

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

Conditions

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

2.4 Return of your body

If you die on an *insured journey*, we pay for the reasonable cost to return your body, *baggage* and *personal belongings* to South Africa.

If you die on an *insured journey*, we pay for the mourning expenses when your body is returned to South Africa.

Specific conditions for Section 3

You must get our confirmation before you incur any expenses under Section 3: Bryte Travel Assist services. For confirmation contact us on +1 416 642 2910.

Your right to know:

Information about your short-term insurance

This document forms part of your insurance policy with us and it contains information that you have the right to know.

1. Your insurer			
Name, physical address, postal address and telephone number:			
Name:	Bryte Insurance Company Limited		
Physical address:	15 Marshall Street, Ferreirasdorp, Johannesburg, 2001		
Postal address:	PO Box 61489, Marshalltown, 2107		
Telephone number:	011 370 9111		
Fax number:	011 370 9910		
Financial Services Provider license number:	17703		
Website:	www.brytesa.com		

2. Written mandate to agents to act on behalf of insurer

We confirm that we have given authority to the agent (including any travel agents) to represent us and to accept business and issue policies on our behalf. You can contact your agent for more details.

3. Details of your financial services provider compliance officer			
Compliance Officer:	The Compliance Officer		
Physical address:	15 Marshall Street, Ferreirasdorp, Johannesburg,2001		
Postal address:	PO Box 61489, Marshalltown, 2107		
Telephone number:	011 370 9827		
Fax number:	011 370 9910		

4. Details of how to claim

If you have a claim, please do the following:

- 4.1 Tell us by contacting our claims department at the above address or by telephone on 0860 222 446.
- 4.2 We will give you a claim form by hand, email, fax or postal address according to your instruction.
- 4.3 Complete the claim form and return it to us at the above address or fax it to us at the above number.
- 4.4 We will then attend to your claim and let you know the outcome.
- 4.5 If you have any problems, please contact our claims department and someone will help you.

5. Complaints

If you have a query about this policy or you are in any way unhappy with the service that you have received, please contact your Financial Services Provider as detailed in paragraph 1.

6. Details of the Short-Term Insurance Ombudsman

If you are not satisfied with how we have dealt with your complaint, you may contact:			
Name:	The Ombudsman for Short Term Insurance		
Physical address:	Sunnyside Office Park, 5th Floor, Building D, 32 Princess of Wales Terrace, Parktown, Johannesburg		
Postal address:	PO Box 32334, Braamfontein, 2017		
Telephone number:	086 066 2837 / 011 726 8900		
Fax number:	011 726 5501		

Email:	info@osti.co.za			
Website:	www.osti.co.za			
7. Details of the FAIS Ombud				
If you have a FAIS complaint, you may contact:				
Name:	The FAIS Ombud			
Physical address:	Eastwood Office Park, Boabab House, Ground Floor, Lynnwood Ridge, 0081			
Postal address:	PO Box 74571, Lynnwood Ridge, 0040			
Telephone number:	012 470 9080			
Fax number:	012 348 3447			
Email:	info@faisombud.co.za			
Website:	www.faisombud.co.za			
(This document is called a Disclosure Notice in terms of Financial Advisory Intermediary Services Act No 37, 2002 "FAIS")				

Claims and customer service contact					
Contact centre	Description	Email address	Contact details		
Bryte Travel Assist 24/7	For emergency medical and related assistance	assistance@wtp.ca	Tel: +1 416 642 2910 (reverse call/call collect)		
Bryte Travel Claims Call Centre	For all medical outpatient and non-medical related claims	travelclaims@brytesa.com	Tel: 0860 222 446 Fax: 0860 004 242		
Bryte Travel Customer Care Centre	For customer service and advice	er24@brytesa.com	Tel: 0860 329 329 Fax: 0860 004 240		

Contact

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

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

Postal Address PO Box 61489, Marshalltown, 2107

Bryte Insurance Company Limited

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