ANNEXURE A

BOOMERANG POLICY WORDING

TABLE OF CONTENTS

SECTION		**PAGE NO.**
	General Exclusions Applying To The Entire Policy	
	General Conditions Applying To The Entire Policy	
	Definitions	
Section 01.1	Daily Hospital Cash Benefit	
Section 01.2	Medical Transportation	
Section 01.3	Compassionate Visit	
	Exclusions	
	Conditions	
Section 02	Accidental Death and Permanent Total Disablement	
	Schedule of Benefits	
	Exclusions	
	Conditions	
Section 03	Car Rental Excess Waiver	
Section 04	Emergency Services	
	Disclosure Notice	

Following payment of premium and receipt thereof by **Us** or an Agent appointed by **Us**, **We** will insure **You** in terms of the conditions and exclusions as detailed in this policy and **Schedule of Insurance** whilst on a **Journey**. The **Schedule of Insurance** and policy wording must be read together as one document. Benefits are limited to the amount as shown on **Your Schedule of Insurance**. Compensation is on a reimbursement basis directly to **You**.

DEFINITIONS
For the purpose of this policy the following definitions apply:

Accompanied Children:- Your dependant children not in full-time employment, and under the age of 21 years or under the age of 25 provided they are in full time education who are travelling with **You** on the **Journey**.

Assistance Company:- The Company whom **We** have authorised to assist, coordinate and negotiate claims.

Civil Commotion:- An uprising amongst a mass of people whose wild or irregular action leads to a serious and prolonged disturbance to civil order whilst not attaining the status given to war or armed insurrection.

Family Option:- A policy covering **You**, **Your Spouse** and a maximum of 4 (four) **Accompanied Children**.

Journey:- A trip for the purpose of proceeding to the point of embarkation by road, air or rail travel where your destination is 200km or more from **Your Place of Residence.** It begins when **You** depart from **Your** normal **Place of Residence** or place of employment, whichever occurs latest and continues until **You** return to **Your** normal **Place of Residence** or place of employment, whichever occurs first, up to a maximum of 10 (ten) days per **Journey**.

Permanent Total Disablement:- Disablement which entirely prevents **You** from following **Your** usual occupation or any other occupation for which **You** are fitted by knowledge and training, which lasts 12 months and at the end of that period is beyond hope of improvement, or **You** being permanently bedridden.

Place of Residence:-Your place of usual domicile, which is **Your** permanent home in South Africa.

Pre-Existing Medical Conditions:- Treatment or advice that is being received at the date of departure of **Your Journey** or any recurring, chronic or continuing illness or condition or costs associated to conditions or treatment or advice received during the six months prior to the departure date of **Your Journey**.

Riot:- A form of civil disorder characterised by disorganised groups lashing out in a sudden and intense rash of violence, vandalism or other crime.

Schedule of Insurance:- The benefits applicable to the policy and the respective maximum Limits of Liability.

Spouse:-Your husband or wife or partner.

Strike:- A concerted cessation of work on the part of a body of workers for the purpose of obtaining some concession from the employer or employees.

Terminal Prognosis:- A medical practitioner has declared **You** terminally ill and given **You** a limited life expectancy.

Terrorism:- 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 of or in connection with any organisation/s or government/s, committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and / or to put the public, or any section of the public, in fear.

We, Us, Our, Insurer:- Travel Insurance Consultants (Pty) Ltd and / or Santam Limited.

You, Your:- The member of TRIPSURE and extended to **Your Spouse** and **Accompanied Children** if the **Family Option** is purchased.

GENERAL EXCLUSIONS APPLYING TO THE ENTIRE POLICY

We will not pay for any claim arising from:

a. **Your** participation in motor cycling except as a driver or passenger of a motor cycle or quad bike with an engine capacity of 200cc or less, provided that **You** or the driver hold a current legal motor cycle driver's licence;
b. **Your** participation in underwater diving involving the use of any artificial breathing apparatus, unless **You** hold an open water diving certificate or are diving under the supervision of a qualified instructor;
c. **Your** participation in any hazardous or professional sport or activity, including but not limited to hunting, racing (other than on foot), any organised bodily contact sport, football, rugby, hang gliding, skydiving/parachuting, any game or sport of endurance, white water rapid rafting, ski jumping, guided glacier walking, mountaineering using ropes, crampons, ice axes or guides and potholing or where **You** are required to acclimatise to altitude;
d. consequential loss, loss of enjoyment or financial loss or expense not specifically covered in this policy;
e. psychiatric, psychological or emotional illness of any kind, suicide, attempted suicide, deliberate self-injury, insanity, depression, stress, the effect of excessive use of alcohol or drugs or any similar syndrome;
f. the following conditions if **You** are Human Immunodeficiency Virus (H.I.V.) positive or have Acquired Immune Deficiency Syndrome (A.I.D.S.):
    - Kaposi's Sarcoma
    - PneumoCystis Jirovecii
    - Tuberculosis
    - Cytomegalovirus (C.M.V.)
    - Cryptococcal Meningitis
    - Disseminated Herpes and/or Shingles Human
g. flying or air travel of any kind other than
    i. on a flight arranged by the **Assistance Company** or;
    ii. flying as a passenger in any fully licensed passenger carrying aircraft (but not as a member of the crew) and not for the purpose of undertaking any trade or technical operation therein;
h. any child born whilst on a **Journey**;
i. manual work in connection with a business or a trade, including any person who is contracted or employed to drive a commercial vehicle.
j. any unlawful act committed by **You** or **You** not being honest and frank with all answers, statements and submissions made in connection with any claim or the purchase of this policy;
k. exposure to or active participation in war, invasion, act of foreign enemy, hostilities (whether war be declared or not), **Riot**, **Civil Commotion**, civil war, rebellion, revolution, insurrection, military or usurped power or any foreseeable act of any person acting on behalf of or in connection with any organisation with activities towards the overthrow by force of any Government (whether with legal authority or not) or any foreseeable act of **Terrorism** or violence;
l. loss or destruction of, or damage to, any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss or other loss directly or indirectly caused by or contributed to or arising from ionising radiation or contamination by radio activity from nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion only, combustion shall include any self sustaining process of nuclear fission;
m. or in any way caused or contributed to by an act of war or **Terrorism** involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent;
n. **You** engaging in or taking part in armed forces service or operations;
o. **Your** deliberate exposure to exceptional danger (except in an attempt to save human life);
p. persons to whom a **Terminal Prognosis** has been given.

GENERAL CONDITIONS APPLYING TO THE ENTIRE POLICY

It is a condition precedent to liability that:

a. **You** must be healthy and fit to travel;
b. **You** are not insured when **You** are travelling against medical advice or when **You** are travelling with the intention of obtaining medical treatment abroad;
c. claims must be notified promptly and submitted no later than 60 days along with the requested supporting documentation. The costs of submitting claims and obtaining supporting documentation as **We** may require shall be borne by **You**;
d. **You** must observe all of the policy conditions insofar as they relate to anything to be done by **You**;
e. the **Family Option** includes cover for **You, Your Spouse** and / or a maximum of 4 (four) **Accompanied Children**;
f. **We** may at **Our** expense and in **Your** name, pursue any actions available to obtain a claim recovery and **You** must provide **Us** with relevant details of any other applicable insurance or cover;
g. **We** reserve the right to commence or take legal proceedings in **Your** name for the settlement or defence of any claim or to prosecute any other party to recover compensation (including legal costs) in respect of any cover provided by this insurance. Any amount recovered shall belong to **Us**;
h. where **You** are insured by more than one policy issued by **Us, Our** maximum payment will never be more than the maximum Limit of Liability as stated on the policy with the highest benefits. This condition does not apply to Accident Death and Total Permanent Disability (Section 02);
i. in all cases the monetary limits shown in the policy are deemed to be South African Rand;
j. **You** reimburse **Us** within 30 days of receiving a written request to defray any expense for which **We** are not responsible;
k. this insurance shall be governed by the Laws of the Republic of South Africa. South African courts shall have sole jurisdiction in any dispute and/or legal matter arising hereunder;
l. any summons, notice or process to be served upon **Us** for the purpose of instituting any legal proceedings against **Us** in connection with this insurance must be served upon Travel Insurance Consultants (Pty) Ltd, 5th Floor, 296 Kent Avenue, Randburg who have authority to accept notice on **Our** behalf;
m. **You** a resident of South Africa and a current member of TRIPSURE;
n. **Your** monthly membership fees are paid up in full to TRIPSURE;
o. **You** are not aware of any reason why the **Journey** should be cancelled or abandoned;
p. cover cannot be granted for a period in excess of 10 days per **Journey**;
q. **Our** liability is limited to the benefit amounts as shown on the **Schedule of Insurance**;
r. the maximum age limit is 80 years.

SECTION 01.1: DAILY HOSPITAL CASH BENEFIT

If whilst on a **Journey You** are hospitalised for 24 hours or more, **We** will pay **You** a daily inconvenience benefit for each complete 24 hours **You** remain in hospital.

SECTION 01.2: MEDICAL TRANSPORATION

If **You** require medical transportation as determined, agreed and authorised by the **Assistance Company**, **We** will pay for **Your** transfer to the nearest most appropriate medical facility.

SECTION 01.3: COMPASSIONATE VISIT

If **You** are travelling alone and are hospitalised, **We** will pay for reasonable additional travelling and accommodation expenses (three star accommodation and economy class travel expenses but excluding telephone calls, meals, taxi charges and beverages) necessarily incurred by a family member, who on the advice of a medical practitioner appointed by **Us** travels to and remains with **You** until **You** are fit to resume the **Journey** or return to **Your Place of Residence**, whichever occurs first.

SECTION 01: EXCLUSIONS

We will not pay for any claim arising from:

a. pregnancy from the 1st day of the 26th week of pregnancy and/or childbirth;
b. **Pre-Existing Medical Conditions**;

c. treatment that **Your** medical advisors are aware will arise during the **Journey** or where a medical advisor has advised against travel;
d. vascular, cardiovascular or cerebrovascular conditions if **You** are over the age of 69 years;
e. procedures relating to oral hygiene;
f. investigatory treatment that is not specified by a medical practitioner appointed by **Us** as immediately necessary;

SECTION 01: CONDITIONS

a. **You** must obtain **Our** or the **Assistance Company**'s prior authorisation before incurring any expenses over R10 000. Failure to do so will result in **Our** liability being limited to R10 000.
b. Benefits under Section 01.1 and Section 01.3 are payable directly to **You** and not a service provider.

SECTION 02: ACCIDENTAL DEATH AND PERMANENT TOTAL DISABLEMENT

If **You** suffer bodily injury by accidental, external, violent and visible means which directly and independently of any other cause, results within twelve months in Death or **Permanent Total Disablement** (as detailed in the schedule below) **We** will pay the appropriate compensation to **You**, **Your** estate or nominated beneficiary in accordance with the schedule below.

If **You** suffer an injury or die as a direct result of exposure to the elements, resulting from a mishap to the conveyance in which **You** are travelling, **We** will pay the appropriate compensation to **You**, **Your** estate or nominated beneficiary.

If **You** disappear and it is reasonable for **Us** to believe that **You** may have died due to accidental bodily injury, **We** will pay the appropriate compensation to **Your** estate or nominated beneficiary. Payment is conditional upon a waiting period of 12 months and will only be made once the person or persons to whom such sum is to be paid have signed an undertaking to refund such sum to **Us** if **You** subsequently found to be living.

SCHEDULE OF BENEFITS

Percentage of Limit of Liability

1. Death 100%
2. **Permanent Total Disablement:**

Scale of Permanent Total **Disablement:**

2.1.1 Loss by physical separation at or above the wrist or ankle of one or more limbs 100%
2.1.2 Total, permanent and irrecoverable loss of hearing in one and/or both ears 100%
2.1.3 Total, permanent and irrecoverable loss of sight in one and/or both eyes 100%
2.1.4 Permanent and total loss of speech 100%

SECTION 02: EXCLUSIONS

We will not pay for any claim resulting from:

a. airline crews during the course of their employment;
b. travel in any single engine aircraft;
c. travel in any helicopter unless when utilised as a connecting flight by a scheduled airline.

SECTION 02: CONDITIONS

a. Permanent total loss of use of a limb shall be treated as loss of a limb.
b. In the event of compensation becoming payable under more than one benefit, the total amount payable shall not exceed 100% of the Limit of Liability for each Insured person.
c. In the event of travel in any chartered aircraft with more than 20 seats, the Limit of Liability is restricted to 25% in respect of each Insured person.
d. In the event of the death of a minor child, the limit of compensation is as defined in terms of the current Act 53 of the Short Term Insurance Act of 1998:
   i. A minor age 0 – 6 years: R10 000
   ii. A minor aged 6 – 14 years: R30 000

SECTION 03: CAR RENTAL EXCESS WAIVER

If **You** become legally liable to pay the motor excess as a result of accidental damage to or theft of a rented motor vehicle, **We** will reimburse **You** the excess up to the maximum limit stated on **Your Schedule of Benefits.**

SECTION 03: EXCLUSIONS

We will not pay for any claim arising from:

a. violation of legislation in the country in which **You** are travelling;
b. violation of the car rental agreement;
c. the vehicle being used for off-road purposes.

SECTION 03: CONDITIONS

a. The motor vehicle must be rented from a registered car rental company.
b. **You** must report any accident or theft immediately to the local police or local authorities where the incident occurred, and a written report obtained.
c. This benefit is applicable to the rental of sedan motor vehicles only, excluding commercial vehicles and motorcycles.
d. This benefit is a reimbursement benefit and is in excess of any other agreement or contract providing such cover.
e. **You** must provide proof that **You** have paid the applicable motor excess to the car rental company.

SECTION 04: EMERGENCY SERVICES

Medical Transportation

The **Assistance Company** will endeavour to arrange and facilitate medical transportation to the nearest most appropriate medical facility.

COMPLAINTS RESOLUTION PROCESS
Travel Insurance Consultants (TIC) has in place a complaints resolution policy. Should **You** have a complaint, a copy of this procedure can be obtained from TIC on + 27 11 521 4000

DISCLOSURE NOTICE
TO SHORT-TERM INSURANCE POLICYHOLDERS
Important Disclosure Notice and other Legal Requirements. Please read carefully as this Notice does not form part of the Insurance Contract or any other document.

As a short-term insurance policyholder, or prospective policyholder, **You** have the right to the following information:

- **Your** Intermediary (Insurance Broker / Agent)
- Name, physical address and postal address and telephone number of **Your** intermediary is reflected on **Your Schedule of Insurance**
- The company has no shareholding in the **Insurer**
- Whether or not the intermediary is in possession of professional indemnity insurance
- Commission paid by the **Insurer** to the intermediary is 20%
- TIC is in possession of the required written mandates to act on the **Insurer**'s behalf
- TIC holds professional and fidelity cover
- TIC holds Category 1 Financial Services Licence number FSB 15592 and is authorised to provide Financial Service with respect to Short-Term Insurance: Personal Lines and Commercial Lines

Your Underwriting Manager
Travel Insurance Consultants (Pty) Limited (TIC)
5th Floor Kent Avenue, Randburg, 2194
Tel: + 27 11 521 4000
Fax: + 27 11 521 4002
PO Box 3337, Cramerview, 2060

Your Insurer
Santam limited
1 Sportica Crescent, Tygervalley, Bellville, 7530
Tel: + 27 21 915 7000
Fax: + 27 21 914 0700
PO Box 3881, Tygervalley, 7536

Compliance Department: + 27 21 915 7000 Type of policy: Travel Insurance

The Compliance Officer
The Compliance Officer, Travel Insurance Consultants, PO Box 3337, Cramerview, 2060

How to report a claim:
- A claim form can be down loaded from www.tic.co.za
- Fax the completed claim form together with all supporting documentation to +27 11 521 4420 or scan and email it to claims@tic.co.za

Premium and your monetary obligations:
Premium is included in **Your** monthly membership fee, payable directly to TRIPSURE. If **Your** debit order is rejected, TRIPSURE will double debit **Your** account the following month. If **Your** debit order is rejected the following month, **Your** membership will lapse.

Other important information:
Your policy wording and schedule must be read as one document. If **You** need advice on any aspect of **Your** policy, first amounts payable (excesses) or the claims' procedures as well as **Your** responsibility to pay the membership fee, please contact Travel Insurance Consultants on +27 11 521 4000 or **Your** scheme administrator, Boomerang Marketing on + 21 673 8100. **You** will be informed of any material changes to the information contained regarding **Your** intermediary and **Your Insurer**. This will be done in writing to **Your** last known address. The **Insurer** and not the intermediary must give reasons for repudiating **Your** claim. The **Insurer** may not cancel **Your** insurance merely by informing **You**. This will be done in writing to **Your** last known address. **You** are entitled to a copy of the policy free of charge. A polygraph or any lie detector test is not obligatory in the event of a claim and may not be the sole reason for repudiating a claim. **You** will be given 15 days to review **Your** policy after it has been issued. Should **You** not be satisfied with any of the contents, **You** will have up to 15 days within which **You** may cancel **Your** policy at no cost, provided that **You** have not travelled nor instituted a claim.

Warning:
Do not sign any blank or partially completed application form. Complete all forms in ink. Keep all documents handed to **You**. Make note as to what is said to **You**. Incorrect or non-disclosure by **You** of relevant facts may influence an Insurer on any claims arising from **Your** contract of insurance.

Particulars of the Short-Term Insurance Ombudsman
PO Box 32334, Braamfontein, 2017
Tel: + 27 11 726 8900, Fax: + 27 11 726 5501
The Ombudsman is available to advise **You** in the event of claims' problems which are not satisfactorily resolved by the Intermediary and the **Insurer**.

Particulars of the Registrar of Short-Term Insurance Financial Services Board
PO Box 35655, Menlo Park, 0102
Tel: 012 428 8000, Fax: 012 347 0221

If any complaint to the Intermediary or **Insurer** is not resolved to **Your** satisfaction, **You** may submit the complaint to the Registrar of Short-Term Insurance.