

INDEX	PAGE
FREQUENTLY ASKED QUESTIONS	
1. WHAT WILL MY POLICY <i>NOT</i> COVER?	2
2. WHAT ARE CONSIDERED “ACCIDENTS”?	2
3. CAN THE POLICY COVER PARENTS / EXTENDED FAMILY / NON-DEPENDANT CHILDREN?	2
4. CAN MY COMMON LAW SPOUSE / LIFE PARTNER BE COVERED ON YOUR POLICY?	3
5. IS THIS A MEDICAL AID?	3
6. IS THERE A MAXIMUM AGE LIMIT ON THIS POLICY, IN GENERAL?	4
7. HOW DO I CANCEL MY POLICY?	3
8. IS THERE A MAXIMUM AGE LIMIT ON THIS POLICY, FOR DEPENDANT CHILDREN?	4
9. HOW DO I CANCEL MY POLICY?	4
10. IS THERE A MAXIMUM AGE LIMIT ON THIS POLICY, FOR DEPENDANT CHILDREN?	4
11. ARE PRE-COVER MEDICAL CHECKS REQUIRED PRIOR TO INCEPTION OF THIS POLICY?	4
12. IS BUNGEE JUMPING, SCUBA DIVING AND SKY DIVING COVERED?	4
13. WHAT IS AN ACCIDENTAL DEATH BENEFIT?	5
14. WHY ARE THE ACCIDENTAL DEATH BENEFITS FOR CHILDREN LOWER?	5
15. WHAT DOES IT MEAN TO BE PERMANENTLY DISABLED?	5
16. HOW LONG DO PERMANENT DISABILITY CLAIMS TAKE TO ASSESS AND PAYOUT?	5
17. HOW DOES THE NON-MEDICAL EXPENSE COVER AS A RESULT OF HOSPITALISATION BENEFIT WORK?	5
18. WHO DO THE BENEFITS GET PAID TO?	6
19. WHAT ADDITIONAL BENEFITS TO I GET UNDER THIS POLICY?	6-7
20. WHAT IS ACCIDENT EXPERT?	7
21. WHAT IS HIV ACCIDENTAL EXPOSURE?	7
22. ANTI RETROVIRAL VIRUS (ARV) ASSIST	7
 Claims Procedure	 9-16

FREQUENTLY ASKED QUESTIONS

WHAT WILL MY POLICY *NOT* COVER?

The Insurers will not be liable to pay any claim under this Policy in respect of any Insured Person

1. while engaging in flying as pilot or member of the aircrew. This exception does not apply to Insured Persons engaging in ballooning, hang-gliding, paragliding and parachuting, provided that such activities are solely for social and/or pleasure purposes and not of a competitive nature or for reward
2. caused by the Insured Person's suicide or intentional self-injury
3. caused or contributed to by an existing physical defect or other infirmity of the Insured Person
4. as a result of the influence of drugs or narcotics upon the Insured Person unless administered by a member of the medical profession (other than himself) or unless prescribed by and taken in accordance with the instructions of a member of the medical profession (other than himself)
5. for Bodily Injury to the Insured Person arising whilst the Insured Person is driving or operating any motorised or mechanically operated vehicle under the influence of alcohol. For the purposes of this exception the term "under the influence of alcohol" means having a Blood Alcohol level Concentration greater than the statutory limit at the time of the Accident
6. caused by the Insured Person's participation in any riot or civil commotion.
7. as a result of the Insured Person's deliberate exposure to exceptional danger (except in an attempt to save human life) or the Insured Person's own criminal act
8. while participating in sport as a professional player
9. directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radio-activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear weapons material. For the purpose of this exception only, combustion shall include any self-sustaining process of nuclear fission
10. for venereal disease or Acquired Immune Deficiency Syndrome (AIDS) or Aids related complex (ARC) howsoever this syndrome has been acquired or may be named
11. for any mental and/or nervous disorders, or any like condition arising from or attributable to stress or stress-related situations, other than those caused by Accident as defined in this Policy
12. Insurers will not indemnify and Insurers will not be liable to pay any claim or provide any benefit hereunder where the indemnity, claim payment or provision of such benefit is contrary to the edicts, recorded principles, prohibitions or restrictions under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America irrespective of enactment in the jurisdiction where indemnity or benefit is provided or payment made

This insurance does not cover any claim in anyway caused by or resulting from an epidemic or pandemic or any fear or threat thereof

WHAT ARE CONSIDERED "ACCIDENTS"?

An Accident is any event that results in your Body being unintentionally injured. This is a 24-hour accidental injury policy, which provides cover for the following, as examples:

- Motor Vehicle Accidents (where you or your stated Family Members are injured in a motor vehicle accident, irrespective of which vehicle you are travelling in. Other examples could be children being transported from school to day care, you being injured as a pedestrian, you being knocked off your motor bike by a motorist
- Injuries sustained as a result of a hi-jack or assault, or any other criminal activity

- Any Injuries incurred as a result of falling off a ladder, falling downstairs etc.
- Non-professional sporting injuries (e.g. your child being injured in a school hockey or rugby match)
- Animal attacks (e.g. dog bites)

The SHA Family Personal Accident Plan covers your body, and will therefore pay out in the event of bodily injury being incurred as a result of an accident (as per the criteria stipulated in the Policy), irrespective of whether you or your Family Members are able to return to your normal occupation, school etc.!

Furthermore, our facility offers Accident Expert, and Automatic Extension under the Policy, which offers Assistance Services to all Insured's in the event of a Road Accident and assistance with recovering relevant costs from the Road Accident Fund.

CAN THE POLICY COVER PARENTS / EXTENDED FAMILY / NON-DEPENDANT CHILDREN?

YES ... you are most welcome to purchase benefits for parents (but note that cover ceases at age 80) etc. under the Family Personal Accident Plan.

Parents and other Family members falling within this category will need to be placed on their own individual Policies (i.e. not covered directly under your personal Policy, but have a separate Policy issued for them in their name).

Should you be paying the premium on their behalf, then we simply need your banking details to be reflected on their debit order form.

CAN MY COMMON LAW SPOUSE / LIFE PARTNER BE COVERED ON YOUR POLICY?

YES ... you are most welcome to include your common-law-spouse / life partner on your policy – please remember to specify them as a dependant on your proposal form to ensure cover.

IS THIS A MEDICAL AID?

No, this is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical aid or benefits of a medical aid.

IS THERE A MAXIMUM AGE LIMIT ON THIS POLICY, IN GENERAL?

YES ... the maximum age limit is age 80. Cover will therefore cease on the Member or Dependant's 80th birthday.

HOW DO I CANCEL MY POLICY?

Cancellation of your Policy must be in writing to the Insurer, and will take effect immediately, unless otherwise specified.

IS THERE A MAXIMUM AGE LIMIT ON THIS POLICY, FOR DEPENDANT CHILDREN?

Dependent Children are considered your natural, lawfully adopted, step children by marriage or foster children, who are under the age of 19 (or under 25 years of age if they are full-time students at an accredited institution for higher learning), unmarried and primarily dependent on the Insured for maintenance and support.

Should your child not meet the criteria stated above, you are welcome to purchase a separate Policy for them, under which they will be reflected as the Insured / Main Member / Policy Holder.

ARE PRE-COVER MEDICAL CHECKS REQUIRED PRIOR TO INCEPTION OF THIS POLICY?

As this is a Short-Term Insurance Policy, you do not need to go for a medical examination prior to cover being provided, as the Policy will only provide cover at the time of an Accident (which is generally unplanned) and which takes place after the Policy inception date.

In the event of a Claim though, and depending on the nature of Claim and the Benefit being claimed for, Medical Reports relating to the specific Injury will be required.

It is important to note that any pre-existing condition will be taken into consideration at the time of a claim being notified to the Insurer, in relation to the type of claim and may impact on the assessment of the claim and benefit settlement amounts offered.

IS BUNGEE JUMPING, SCUBA DIVING AND SKY DIVING COVERED?

Yes, the Policy does NOT exclude Hazardous Activities as described above, as long as the Employee is not participating on a Professional basis.

Professional Sports People do however have access to alternative Insurances that can be structured to suit their specific Sporting requirements.

WHAT IS AN ACCIDENTAL DEATH BENEFIT?

The *Accidental Death benefit* is one of the Main Benefits, aside from the Permanent Disability benefit, that forms the basis of this Policy.

A Claim under this benefit can only be submitted as a result of the Death being caused by an Accident, as per the examples provided earlier in this document. As a number of different documents will be required in order to finalise an Accidental Death Claim (please see the Claims Administration Guide for full details of all documents required), this Claim may take months to finalise as a result of potential delays in receiving Post Mortem Reports, Police Reports etc.

WHY ARE THE ACCIDENTAL DEATH BENEFITS FOR CHILDREN LOWER?

It is important to note that the maximum Death Benefits payouts, in terms of Children, are governed by Legislation and are as follows :

- Children under the age of 6 years : maximum benefit of R20,000
- Children aged 6 years to 13 years : maximum benefit of R50,000

WHAT DOES IT MEAN TO BE PERMANENTLY DISABLED?

Permanent Disability, generally, means that your body has been altered / damaged following an Accident, to a severe enough degree that it will never recover 100%. A Permanent Disability Benefit will be applicable under this Policy irrespective of whether you are able to continue performing your daily business functions or not, or whether your Children are able to return to School or not.

An example of Permanent Disability Claim can be as follows :

Paraplegia following a Motor Vehicle Accident – here, you would qualify for 100% of the Permanent Disability lump sum Benefit.

HOW LONG DO PERMANENT DISABILITY CLAIMS TAKE TO ASSESS AND PAYOUT?

Insurers have up to 24 months to determine the level of Permanent Disability prior to making the Benefit payment to the Insured / Main Member. But, this will be in severe cases where the level of Disability cannot be determined directly after an Accident, and where a recovery period is required prior to a Registered Medical Practitioner confirming the permanent damage suffered.

Each case will be handled individually, but it is important to remember that the Claim can only be assessed once ALL relevant documentation is received – this will include a Medical Certificate (included in the Claim Form) which requests details of Injuries as well as recovery prognosis from a Medical Practitioner, on-going Medical Reports (where required) as well as any other Medical motivation required, a copy of the Traffic Collision Report (in the event of a Motor Vehicle Accident), a copy of the Police Report (in the event of a criminal act – e.g. a hijacking, assault etc.) etc.

HOW DOES THE NON-MEDICAL EXPENSE COVER AS A RESULT OF HOSPITALISATION BENEFIT WORK?

As this is an Insurance Policy, an accident which results in you being admitted to a Hospitalisation, can be claimed under the Policy. Benefits will only become payable AFTER 48 consecutive hours of being admitted to Hospital as an in-patient. This is known as an Excess. Note that Casualty or Emergency Room treatments will not be payable under this Benefit. This Benefit will be applicable to a maximum of 10 consecutive days Hospitalised.

All that will be required in order to finalise your claim is the fully completed claim form and a copy of your original Hospital Account (the first page will be sufficient as it provides details of the admission date and discharge date, the patient who was admitted as well as the reason for admission).

REMEMBER: This is a 24 hour accidental injury policy, so illness related admissions will not be covered.

WHO DO THE BENEFITS GET PAID TO?

In the event of the Death of the Main Member, all Benefits will be paid out to the Estate. In all other events, the payouts will be made directly to the Main Member, via Electronic Fund Transfer (EFT).

No Medical Practitioners will be paid directly, in order to ensure that the Legislation as set out by the FSCA and Council for Medical Schemes, is not infringed upon.

WHAT ADDITIONAL BENEFITS TO I GET UNDER THIS POLICY?

The following Table of Automatic Extensions provides details of the additional Benefits you will receive under your Policy, at no additional cost.

The Benefits listed under this Extension will be paid where relevant, over and above the Benefits which form the basis of your Policy. An example could be that where a Permanent Disability Benefit is payable as a result of Paraplegia following a Motor Vehicle Accident, the Claimant will, in addition to this benefit, also be awarded the Rand value associated with the Mobility Benefit under the Automatic Extensions, which can be used to assist with costs associated with purchasing/renting a wheelchair, fitting prosthetic limbs etc.

NOTE: where the benefit noted below is linked to the cost of a medical account, for medical treatment received as a result of Bodily Injury following an Accident, only the shortfall not covered by a Medical Scheme will be applicable under this Policy.

Accident Expert	Assistance Service (RAF claims)
Active Military Service	R150 000 per person up to a maximum of R750 000 per Event
Childcare	R350 per day - annual limit R10 000
Claims Preparation Costs	R50 000
Disappearance	Death Benefit
Emergency Transportation/Search & Rescue Costs	R100 000
Flying Risks	Policy limit subject to a maximum of R500 000
HIV Assist Including ARV's	Actual Cost
HIV Lump Sum Benefit	R100 000

Mobility	R100 000
Passive War (Excluding war between major powers)	Full Benefits
Rehabilitation	R75 000
Repatriation	R35 000
Trauma Counselling	R1 000 per visit - annual limit R40 000

WHAT IS ACCIDENT EXPERT?

Accident Expert is an Assistance Service provided by RoadCover who can assist with:

1. *Road Accident Fund Act (RAF) Assistance - Additional assistance with:*
 - a. *Subsistence allowance for minors*
 - b. *Funeral recovery cost*
2. *Legal Assistance needed following a road accident*

For all claims on queries related to RAF Assistance call 0860 103 431

WHAT IS HIV ACCIDENTAL EXPOSURE?

If an Insured Person is accidentally exposed to HIV/AIDS the following assistance will be provided:

- 24-hour emergency assistance helpline, which will arrange for the necessary help the Insured Person may require where Trauma and/or HIV infection may be the result of an Assault
- Instant access to medical professionals
- diagnostic and access to hospital care to manage the consequences

Specific Conditions

- Cover is provided within the borders of South Africa only
- All incidents must be reported to **0861 HIV CARE (448 2273)** within 48 hours

Anti Retroviral Virus (ARV) Assist

If an Insured Person is accidentally exposed and all procedures are followed under this Extension, the Insured Person will have access to:

- Instant access to medical professionals and treatment for any accidental exposure to HIV
- Treatment, diagnostic and access to hospital care to manage the consequences
- If an Insured Person is accidentally exposed and situated in a remote environment, the following will be taken to the insured Person:

- o A 7-day course of STI medication
- o A 'morning-after pill' to prevent pregnancy

Claims Administration Guide

Our Family Personal Accident Plan provides a Benefit to you and/or your nominated Family Members who suffer Accidental Bodily Injury. Accidental Bodily Injury could be the result of any of the following, which are examples of Accidents as defined in our Policy:

- Motor Vehicle Accidents (MVA's), irrespective of whether you are the Driver, Passenger or Pedestrian
- Injuries on Duty (Accidents whilst performing your business duties),
- Animal attacks which can include Snake, Dog and/or Spider Bites,
- Sporting Injuries as a result of recreational participation (remember, participating as a Professional will not be covered)
- Home-based Injuries, which can include drowning etc.
- Injuries sustained as a result of an Assault and/or Hi-Jacking, or any other criminal activity

HOW TO SUBMIT A CLAIM

Complete a Claim Form and together with the required supporting documentation, please submit directly to SHA (unless advised otherwise by your Broker), as follows:

Smanga Mbatha

Telephone : (011) 731 3638

E-Mail : smanga@sha.co.za

Postal Address : PO Box 55347, Northlands, 2116

Physical Address : The Pavilion Building, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196

All Claims must be notified as soon as possible, but within 180 days from the date of the injury. Failure to do so may result in the Claim being declined for Late Notification.

Where supporting documents are not immediately available, please ensure that your fully completed Claim Form is submitted in order for the Claim to be registered within the notification period. Following this, supporting documents can be forwarded as they are received

CLAIMS DOCUMENTS NEEDED?

Once the Claim Form has been submitted to SHA (the Insurers), they will advise exactly what documentation is required in order to fully assess the Claim. The documentation required for each Claim varies on the circumstances of the Claim, as per the guidelines below.

SUICIDE CLAIMS

You will note that Suicide is excluded on the Policy. However, you must still follow the procedure for notification of a Death Claim. Following a suspected Suicide attempt, the Police do a full Investigation to determine the events that lead to the Death and there are times where suspected Suicides are found to be actual murder cases. These types of investigations can however take a long time and we would recommend that you advise the Insurer of the “possible” Claim within the 180 day Notification Period, in order to prevent the Claim being declined for late notification, in the event of the Death being found to be constructed murder, as an example, within 2 years from the date of Incident.

ACCIDENTAL DEATH CLAIMS – Documents Required		
<p>Whilst we have provided specific details of the varying supporting documents required, SHA (the Insurer) may request additional information from time to time, prior to finalizing the assessment of a Claim</p>	<p>Motor Vehicle Accident</p> <ul style="list-style-type: none"> ▪ Fully completed Claim Form ▪ Death Certificate ▪ Post Mortem Report ▪ Traffic Collision Report ▪ Blood Alcohol Results (if driving the vehicle) ▪ Newspaper / Witness reports (if any) 	<p>Murder, Hijack, Assault or Other</p> <ul style="list-style-type: none"> ▪ Fully completed Claim Form ▪ Death Certificate ▪ Post Mortem Report ▪ Police Report of the incident ▪ Newspaper / Witness reports (if any)
	<p>Pedestrians killed whilst crossing a road</p> <ul style="list-style-type: none"> ▪ Fully completed Claim Form ▪ Death Certificate ▪ Post Mortem Report ▪ Traffic Collision Report ▪ Newspaper / Witness reports (if any) 	<p>Occupation Related</p> <ul style="list-style-type: none"> ▪ Fully completed Claim Form ▪ Employer’s Accident Report ▪ Death Certificate ▪ Post Mortem Report

PERMANENT DISABILITY CLAIMS & TTD/INCOME PROTECTION CLAIMS – Documents Required		
<p>Whilst we have provided specific details of the varying supporting documents required, SHA (the Insurer) may request additional information, specifically in</p>	<p>Motor Vehicle Accident</p> <ul style="list-style-type: none"> ▪ Fully completed Claim Form ▪ Fully completed Medical Report, attached to Claim Form ▪ Traffic Collision Report ▪ Blood Alcohol Results (if driving the vehicle) ▪ Newspaper / Witness reports (if any) 	<p>Injuries resulting from an Assault, Hijacking or Other</p> <ul style="list-style-type: none"> ▪ Fully completed Claim Form ▪ Fully completed Medical Report, attached to Claim Form

<p>respect of on-going Medical Reports and supporting Medical Evidence, prior to finalizing the assessment of a Claim</p> <p><i>NOTE : TTD/Income Protection will only be applicable to the Insured (Main Member/policy Holder) who is gainfully employed at the time of Accidental Bodily Injury occurring</i></p>	<ul style="list-style-type: none"> ▪ Medical Certificate confirming time off work ▪ Confirmation of Earnings / Copy of Salary Slip 	<ul style="list-style-type: none"> ▪ Police Report of the incident ▪ Newspaper / Witness reports (if any) ▪ Medical Certificate confirming time off work ▪ Confirmation of Earnings / Copy of Salary Slip
	<p>Pedestrians injured whilst crossing a road</p> <ul style="list-style-type: none"> ▪ Fully completed Claim Form ▪ Fully completed Medical Report, attached to Claim Form ▪ Traffic Collision Report / Police Report of the incident ▪ Newspaper / Witness reports (if any) ▪ Medical Certificate confirming time off work ▪ Confirmation of Earnings / Copy of Salary Slip 	<p>Sports Injuries or Injuries at home</p> <ul style="list-style-type: none"> ▪ Fully completed Claim Form ▪ Fully completed Medical Report, attached to Claim Form ▪ Newspaper / Witness reports (if any) ▪ Medical Certificate confirming time off work ▪ Confirmation of Earnings / Copy of Salary Slip
	<p>Occupation Related</p> <ul style="list-style-type: none"> ▪ Fully completed Claim Form ▪ Employer’s Accident Report ▪ Fully completed Medical Report, attached to Claim Form ▪ Medical Certificate confirming time off work ▪ Confirmation of Earnings / Copy of Salary Slip 	

NON-MEDICAL EXPENSE COVER AS A RESULT OF HOSPITALISATION CLAIMS – Documents Required

<p>Whilst we have provided specific details of the varying supporting documents required, SHA (the Insurer) may request additional information, prior to finalizing the assessment of a Claim</p>	<p>Motor Vehicle Accident</p> <ul style="list-style-type: none"> ▪ Fully completed Claim Form ▪ Fully completed Medical Report, attached to Claim Form ▪ Traffic Collision Report ▪ Blood Alcohol Results (if driving the vehicle) ▪ Newspaper / Witness reports (if any) ▪ Copy of the actual Hospital Account, Medical Scheme Claims Statement and Medical Practitioner Accounts 	<p>Injuries resulting from an Assault, Hijacking or Other</p> <ul style="list-style-type: none"> ▪ Fully completed Claim Form ▪ Fully completed Medical Report, attached to Claim Form ▪ Police Report of the incident ▪ Newspaper / Witness reports (if any) ▪ Copy of the actual Hospital Account, Medical Scheme Claims Statement and Medical Practitioner Accounts
	<p>Pedestrians injured whilst crossing a road</p> <ul style="list-style-type: none"> ▪ Fully completed Claim Form ▪ Fully completed Medical Report, attached to Claim Form ▪ Traffic Collision Report / Police Report of the incident ▪ Newspaper / Witness reports (if any) ▪ Copy of the actual Hospital Account, Medical Scheme Claims Statement and Medical Practitioner Accounts 	<p>Sports Injuries or Injuries at home</p> <ul style="list-style-type: none"> ▪ Fully completed Claim Form ▪ Fully completed Medical Report, attached to Claim Form ▪ Newspaper / Witness reports (if any) ▪ Copy of the actual Hospital Account, Medical Scheme Claims Statement and Medical Practitioner Accounts
	<p>Occupation Related</p> <ul style="list-style-type: none"> ▪ Fully completed Claim Form ▪ Employer’s Accident Report ▪ Fully completed Medical Report, attached to Claim Form ▪ Copy of the actual Hospital Account, Medical Scheme Claims Statement and Medical Practitioner Accounts 	

HIV / AIDS ACCIDENTAL EXPOSURE

If an Insured Person is accidentally exposed to HIV/AIDS the following assistance will be provided:

- 24-hour emergency assistance helpline, which will arrange for the necessary help the Insured Person may require where Trauma and/or HIV infection may be the result of an Assault
- Instant access to medical professionals
- diagnostic and access to hospital care to manage the consequences

Specific Conditions

- Cover is provided within the borders of South Africa only
- All incidents must be reported to **0861 HIV CARE (448 2273)** within 48 hours

Anti Retroviral Virus (ARV) Assist

If an Insured Person is accidentally exposed and all procedures are followed under this Extension, the Insured Person will have access to:

- Instant access to medical professionals and treatment for any accidental exposure to HIV
- Treatment, diagnostic and access to hospital care to manage the consequences
- If an Insured Person is accidentally exposed and situated in a remote environment, the following will be taken to the insured Person:
 - A 7-day course of STI medication
 - A ‘morning-after pill’ to prevent pregnancy

ACCIDENT EXPERT

Accident Expert is an Assistance Service provided by RoadCover who can assist with:

1. Road Accident Fund Act (RAF) Assistance
 - a. Additional assistance with:
 - i. Subsistence allowance for minors
 - ii. Funeral recovery cost
2. Legal Assistance needed following a road accident

For all claims on queries related to RAF Assistance call 0860 103 431.

GUIDELINES FOR OBTAINING THE REQUIRED INFORMATION

It is important to note that the quicker you start asking for the additional information and all relevant supporting documentation, the smoother the Claims process will be and potentially, and depending on the type of Claim, the quicker the Benefit assessment can be finalised. Most Claims, specifically in the event of Death and the specific documents required for submission, are delayed because nobody knows where to obtain the information. This can be avoided by being proactive, as follows:

<u>Police Case Number</u>	All Unnatural Deaths are reported to the Police and they are all investigated by the Police. The family must advise which Police Station the case was reported to, the case number and the name of the Investigating Officer immediately after they report the case to the Police. A Police Case Number, and additional information noted above, will
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	also be required in the event of Assault, Hi-Jacking and any case related to criminal activity.
<u>Death Certificate</u>	The family has to report the death to the Police and to the relevant Home Affairs offices. Request that they provide you with a certified copy of the Death Certificate.
<u>Post Mortem Report</u>	If someone dies from Unnatural Causes, a Post Mortem is always done, as they need to determine the cause of the Death. This Report is usually only available 4-6 weeks after the date of the Death and the family should advise the Police that they require a copy of the report as soon as it becomes available.
<u>Traffic Collision Report</u>	All Motor Vehicle Accidents must be reported to the Police within 24 hours of the occurrence of an Accident. This report is usually completed on the day of the Accident and should be available to the Employee or his family within 5 days of the Accident. The family should again advise the Police that they require this report for an insurance Claim and follow up with the Police until they get the report.
<u>Police Report</u>	In the event of a Bodily Injury or Death resulting from an Assault, Murder or H-Jacking situation, the Police will issue a report detailing the information that they have regarding the incident. This report generally takes a bit longer to obtain, as there are usually a number of witnesses that the Police need to talk to before they can be sure of the exact circumstances surrounding the incident.
<u>Newspaper Clippings/Reports</u>	In most cases there will not be any newspaper reports of the incident. However, there are times where there are reports in the local newspapers about the incident.

<u>General</u>	<p>Remember that YOU have the easiest access to the information that is required and if you are proactive, the Claim will be assessed far quicker.</p> <p>Where Police Investigations are still underway, and where possible suspects are still in the process of being identified, it is important to remember that Police may temporarily withhold documents prior to their investigation being concluded.</p> <p>The Main Member or his family are requested to give the Medical Practitioner a copy of the Medical Report attached to the Claim Form for completion, which will be required as supporting documentation attached to the Claim.</p> <p>It is important to note that Claims can take up to 24 months to finalise, as the Insurer always has to make provision for sufficient healing time and also time for possible deterioration of the Employee's condition. As much as possible though, and dependent on the nature of the Claim, Insurers undertake to finalise Claims within as short a time period as possible, following receipt of all required supporting documentation.</p>
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WHAT WILL MY POLICY NOT COVER

The Insurers will not be liable to pay any claim under this Policy in respect of any Insured Person

1. while engaging in flying as pilot or member of the aircrew. This exception does not apply to Insured Persons engaging in ballooning, hang-gliding, paragliding and parachuting, provided that such activities are solely for social and/or pleasure purposes and not of a competitive nature or for reward
2. caused by the Insured Person's suicide or intentional self-injury
3. caused solely by an existing physical defect or other infirmity of the Insured Person
4. as a result of the influence of drugs or narcotics upon the Insured Person unless administered by a member of the medical profession (other than himself) or unless prescribed by and taken in accordance with the instructions of a member of the medical profession (other than himself)
5. for Bodily Injury to the Insured Person arising whilst the Insured Person is driving or operating any motorised or mechanically operated vehicle under the influence of alcohol. For the purposes of this exception the term "under the influence of alcohol" means having a Blood Alcohol level Concentration greater than the statutory limit at the time of the Accident
6. caused by the Insured Person's participation in any riot or civil commotion
7. as a result of the Insured Person's deliberate exposure to exceptional danger (except in an attempt to save human life) or the Insured Person's own criminal act
8. while participating in sport as a professional player
9. directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radio-activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear weapons material. For the purpose of this exception only, combustion shall include any self-sustaining process of nuclear fission
10. for venereal disease or Acquired Immune Deficiency Syndrome (AIDS) or Aids related complex
11. (ARC) howsoever this syndrome has been acquired or may be named

12. for any mental and/or nervous disorders, or any like condition arising from or attributable to stress or stress-related situations, other than those caused by Accident as defined in this Policy

13. Insurers will not indemnify and Insurers will not be liable to pay any claim or provide any benefit hereunder where the indemnity, claim payment or provision of such benefit is contrary to the edicts, recorded principles, prohibitions or restrictions under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America irrespective of enactment in the jurisdiction where indemnity or benefit is provided or payment made

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