

Chubb Insurance Limited South Africa
Registration Number: 1973/008933/06
FSP Number: 27176

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Queries (Chubb Travel Insurance Call Centre):
Telephone: 0861 223 467 from South Africa only
Mon - Fri 08h00 - 17h00
E-mail: kululaqueries@digicall.co.za

Claims Service Centre:
Telephone: 0860 223 266 from South Africa only
Mon - Fri 08h00 - 17h00
E-mail: kululaclaims@chubb.com

Chubb Compliance:
Telephone: 0860 223 266 from South Africa only

This insurance is underwritten by Chubb Insurance Limited South Africa which is an authorized Financial Services Provider. This document, including **Your Policy Schedule** is **Your** insurance **Policy**, which constitutes a contract between **You** and **Us**. Please read this **Policy** wording to make sure that **You** understand the nature of the cover provided and please check the details outlined within **Your Policy Schedule** to make sure that the information shown is correct.

In return for payment of the **Premium**, **We** agree to insure **You** during the **Period of Insurance**, subject to the **Policy** terms, conditions and exclusions. This **Policy** explains what **You** are covered for and contains conditions and exclusions which **You** should be aware of.



For and on behalf of Chubb Insurance Limited South Africa

GENERAL SECTION

When Cover Will Start

1. Subject to (5) below, cover will start, in respect of Section 1.1 "Flight Cancellation" and Section 3 "Flight Delay" when a **Flight** is booked, reflected under the Policy Issued date in **Your Policy Schedule**.
2. Subject to (5) below, cover will start, in respect of Section 1.2 "**Flight Interruption**" the moment **You** enter **Airside** at the airport of departure on **Your** Travel Commencement date reflected in **Your Policy Schedule**.
3. Subject to (5) below, cover will start, in respect of Section 2 "Baggage & Valuables" when **You** check in your baggage at **Landside** for departure to commence **Your** flight reflected in **Your Policy Schedule**.
4. Subject to (5) below, cover will start, in respect of Section 4 "Personal Accident" when **You** enter **Landside** for departure to commence **Your** flight reflected in **Your Policy Schedule**.
5. Notwithstanding anything to the contrary contained in this **Policy**, cover in respect of this **Policy** will not commence before **Premium** is received and **Your Policy Schedule** has been issued.

When Cover Will End

1. In respect of Section 1.1 "Flight Cancellation" and Section 3 "Flight Delay", cover will end the moment **You** commence the **Flight** on the Travel Commencement Date stated in **Your Policy Schedule**. If that **Flight is forced** to return back to the point of departure due to a **Technical Malfunction**, cover will automatically be extended until that **Flight** re-commences.
2. In respect of Section 1.2 "**Flight Interruption**", cover will end when **You** exit **Airside** after the last segment of Your Journey as per the Travel End date reflected on **Your Policy Schedule**. Cover will terminate 30-calendar days from the Travel Commencement date detailed in **Your Policy Schedule** even if the return flight has not yet begun.
3. For all other sections, cover will end the moment **You** exit the airport of arrival on the Travel End date reflected in **Your Policy Schedule**.

Data Protection

We will use information given, together with other information supplied during the course of applying for and concluding the **Policy**, for the administration of this **Policy**, the handling of claims and the provision of customer services. The information may also be disclosed to and used by:

- a. **Our** Service Providers and agents;
- b. **Your** agents, where appointed; or
- c. Other insurers and regulatory bodies.

We may also transfer certain information to countries that do not provide the same level of data protection as South Africa. **You** acknowledge that the sharing of claims and underwriting information (including credit information) by **Us** is essential to enable the insurance industry to underwrite policies, assess risks, to reduce the incidence of fraudulent claims, is in the public interest and is with a view to limiting **Premiums**. **You** hereby waive all rights to privacy in respect of any insurance **Policy** or claim made or lodged and consent to such information being disclosed to any **Other Insurance** company or its agent. **You** acknowledge that the information provided may be verified against other legitimate sources or databases.

Complaints Procedures

If **You** have experienced any service issues, a complaint can be made to the Chubb Customer Service Manager on telephone number 0860 223 266 Mon - Fri 08h00 - 17h00. **You** have the right to lodge a complaint under the Financial Services Ombud Schemes Act (Act 37 of 2004). The Ombudsman for Short Term Insurance (OSTI) is available for advice on complaints in respect of claims or other matters which have not been satisfactorily resolved. The OSTI can be contacted at telephone number +27 [0] 11 726 8900, fax number +27 [0] 11 726 5501 and e-mail info@osti.co.za. These Complaints Procedures do not affect any right of legal action that **You** may have against **Us**.

General Definitions

1. **Accident/al** shall mean a sudden, external and identifiable event that happens by chance and could not have been expected.
2. **Airline** shall mean **Flight(s)** that are commercially operated by Comair Limited.
3. **Airside** shall mean the part of an airport accessible to commercial flight passengers only, the boundary of which is the security check, customs, or passport control.
4. **Baggage** shall mean personal articles other than business equipment, items available for sale, **Valuables** and **Money**, which are exclusively **Your** property and for which **You** are responsible and which are taken on a **Flight**.
5. **Bodily Injury** shall mean injury which is caused solely by **Accidental** means and which independently of illness or any other cause resulted in death or **Permanent Disabling Injury**.
6. **Business Colleague** shall mean someone who **You** work with and has to take over your work at your offices in order for **You** to go on or continue a **Flight**.
7. **Child/Children** shall mean any person who is unmarried and under 18-years of age or under 25-years of age if receiving full-time education and primarily dependent on **You** for maintenance and support.
8. **Excess** shall mean the first amount, or period of a claim, expressed as a monetary amount, percentage of the loss or period of time, which **You** must bear.
9. **Immediate Family Member** shall mean **Your Partner** or fiancé(e), child, brother, sister, parent, grandparent, grandchild, step-brother, step-sister, step-parent, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, aunt, uncle, nephew, niece, of **You** or **Your Partner**, or anyone noted as next of kin on any legal document, resident in South Africa.
10. **Flight(s)** shall mean **You** travelling domestically with the **Airline** on the date specified in **Your Policy Schedule**.
11. **Flight Interruption** shall mean:
 - a. loss of deposits, or advance payments for travel or accommodation or other charges which have not been or will not be used, but which are forfeited or payable under contract;
 - b. additional Travel and Accommodation Expenses;
12. **Landside** shall mean from the entrance to the airport, prior to airport security and which area is accessible to the public.
13. **Loss of Hearing** shall mean total and irreversible loss of hearing of all sound confirmed by medical evidence relying on audio-metric and sound-threshold tests.
14. **Loss of Limb** shall mean:
 - a. in respect of an arm
 - i. permanent physical severance of the four fingers at or above the metacarpal phalangeal joints (where the fingers join the palm of the hand); or
 - ii. the permanent total loss of use of an entire hand or arm; and
 - b. in respect of a leg:
 - i. physical severance or total loss of use above the level of the ankle (talo-tibial joint); or
 - ii. the permanent total loss of use of an entire foot or leg.
15. **Loss of Sight** shall mean total and irreversible loss of sight confirmed by medical evidence of a qualified ophthalmic specialist and **We** are satisfied that the condition is permanent and without expectation of recovery.
16. **Loss of Speech** shall mean total and permanent loss of the ability to make a comprehensible word or an understandable verbal language.
17. **Onward Flight** shall mean a flight that follows the outbound flight, but does not return to the original point of departure.
18. **Other Insurance(s)** shall mean any event or claim covered, paid or payable for the whole or any part under any other policy, including any statutory insurance, other insurance, medical aid cover or other travel insurance excluding automatic credit card travel insurance.
19. **Pair or Set of Items** means a number of items associated as being similar or complementary or used together.
20. **Partner** shall mean a person recognised in South African Law as **Your** spouse, or someone of either sex with whom **You** co-habit with as though they are **Your** spouse.
21. **Permanent Disabling Injury** shall mean disability which has lasted for at least 12-months and which in **Our** opinion is beyond hope of recovery and will in all probability continue for the remainder of a **Person Insured's** life.
22. **Person(s) Insured**, shall mean **You** if **You** are shown as insured on the **Policy Schedule**.

23. **Premium** shall mean the Total Premium reflected in the **Policy Schedule**
24. **Policy** shall mean this document, the **Policy Schedule** and any subsequent endorsements to the aforesaid documents.
25. **Policy Schedule** means the certificate of insurance attaching to and forming part of the **Policy** that **We** issue **You** and contains the relevant details of the **Flight**.
26. **Qualified Medical Practitioner** shall mean a person registered with a current legal licence to practice medicine under the laws of the country in which they practice other than:
 - a. a **Person Insured**; or
 - b. a member of **Your** immediate family.
27. **Technical Malfunction** means the grounding of the aircraft due to mechanical breakdown, structural defect of the aircraft, malfunction of a part or apparatus or component that directly affects the aeroplane's ability to fly.
28. **Travelling Companion** shall mean someone **You** have arranged to go on a **Flight** with and who it would be unreasonable to expect **You** to travel or continue **Your Flight** without.
29. **Traumatic Event** means a violent criminal act or attempt where such violence is intended or made to overpower or subdue.
30. **Valuables** shall mean contact or corneal lenses, sunglasses, prescription glasses or spectacles, medication, share certificates, bonds, business documents or samples, passports and other identification documents, cameras and other photographic equipment, telescopes and binoculars, audio/video equipment (including radios, cassette/compact disc players, iPods, mp3 and mp4 players, camcorders, CD, DVD, video, televisions, and other similar audio and video equipment), mobile phones, satellite navigation equipment, computers and computer equipment (including PDAs, personal organisers, laptops, notebooks, iPads, netbooks and the like), computer games equipment (including consoles, games and peripherals), wallets, purses, jewellery, watches, furs, precious and semi-precious stones and articles made of or containing gold, silver or other precious metals for which **You** are responsible and which are taken on or acquired during the **Flight**.
31. **We /Us/Our** shall mean Chubb Insurance Limited South Africa.
32. **You/Your/Yourself** means the **Person Insured** shown in the **Policy Schedule** and in respect of whom the **Premium** has been paid.

General Conditions

The following General Conditions are applicable to the **Policy** as a whole:

1. This document, the **Policy Schedule** and any endorsements thereto shall be read together as one contract and any word or expression to which specific meaning has been attached shall, unless the context otherwise requires, bear such meaning wherever it may appear.
2. This **Policy** covers **Persons Insured** from 2-years of age and older at the Travel Commencement date detailed in the **Policy Schedule**.
3. **We** may cancel this **Policy** by giving 30-days' written notice to **You** at **Your** last known email address and in such event the **Premium** for the period up to the date when the cancellation takes effect shall be calculated and **We** shall return any unearned portion of the **Premium** provided that no claim has been made against this **Policy** within 30-days of cancellation.
4. **You** may cancel this **Policy** and request a refund by giving **Us** written notice within 5 working days of receipt but before the Travel Commencement date, provided no claim has been made.
5. This **Policy** is between **You** and **Us** only and all of its provisions and conditions are for the sole and exclusive benefit of the said parties. Nothing in this **Policy**, express or implied, is intended to confer upon any other person any rights, benefits or remedies of any nature whatsoever under this **Policy** or any of its provisions. Without limitation, no third party shall have any rights under this **Policy** or any right to receive **Policy** benefits.
6. **We** have the right to commence or take over legal proceedings in **Your** name for the defence or settlement of any claim, or to sue or prosecute any other party to recover monies payable by them by law. **You** must co-operate with **Us** and may not do anything to hinder or prejudice **Our** rights.
7. This **Policy** shall be governed and construed in accordance with the Law of the Republic of South Africa and the South African courts alone shall have jurisdiction in any dispute
8. This **Policy** will be voidable in the event of misrepresentation, misdescription or non-disclosure of any material particular by or on behalf of **You**, subject to the provisions of the Short-term Insurance Act 53 of 1998.
9. Communication of and in connection with this **Policy** shall be in the English language.

10. **We** do not accept any liability for any other products including financial products and/or services sold, insurance or assurances provided or underwritten in conjunction with this **Policy** by any other person, company, organisation including service providers, medical aid societies, financial services companies, insurance companies, assistance companies or the like that are not specifically appointed by **Us** and acting on **Our** behalf.
11. Specific Conditions relevant to the individual Sections of this **Policy** are located and contained in the appropriate Section.
12. This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the policy remain unchanged.
Whenever coverage, benefit or claim payment provided by this policy would be in violation of the United Nations Resolutions or the trade and economic sanctions, laws or regulations of the European Union, South Africa or United States of America, such coverage, benefit or claim payment shall be null and void.

Eligibility Condition

To be covered under this **Policy** **You** and all other **Persons Insured** under this **Policy** must have your main residence in South Africa and be in South Africa when this **Policy** is taken out.

Claims Conditions

The following Claims Conditions are applicable to the **Policy** as a whole:

1. In respect of all claims, **You** must notify **Us** within 7 (seven) days after the date of loss by telephone on 0860 223 266 and thereafter send **Us** a Claim Form within 30-days of the date of notification.
2. **You** shall, at **Your** expense, provide **Us** with all documents, certificates, signed medical certificates, receipts, information and evidence as **We** may from time to time reasonably require in the form prescribed by **Us**.
3. Any **Excess**, where applicable, will apply separately under each Section and in respect of each claim.
4. **We** will only be liable to pay **Our** pro-rata portion of any claim submitted in terms of this **Policy** if **You** have **Other Insurance**, subject to the following:
 - a. if in **Our** discretion **We** decide to pay the claim in full, then **We** will not be obliged to make payment unless **You** cede **Us** all of **Your** rights in respect of the **Other Insurance**;
 - b. if **We** have already paid benefits in terms of this **Policy**, all of **Your** rights in respect of the **Other Insurance** will be ceded automatically to **Us**;
 - c. a cession in terms of Claims Condition 4a or 4b will allow **Us** to do all things necessary to claim against any other insurer, company or organization and institute legal proceedings against them if the **Other Insurance** is not paid;
 - d. without limiting any provision of this **Policy** or any legal obligation, **You** must co-operate fully with **Us** in relation to the **Other Insurance** or legal proceedings including:
 - i. not doing anything to prejudice or limit **Our** rights;
 - ii. providing **Us** with all relevant information and documents **We** require;
 - iii. signing any document or affidavit that **We** may request to enable **Us** to exercise **Our** rights.
5. Notwithstanding Claims Condition 4, the benefits under this **Policy** may not be ceded and/or assigned by **You**. **We** shall not be bound to accept or be affected by any notice or any trust, charge, lien, purported cession and/or assignment or other dealing with or relating to this **Policy**.
6. If any claim under this **Policy** shall be in any respect fraudulent or if any fraudulent means or devices were used by **You** or anyone acting on **Your** behalf to obtain benefit under this **Policy**, **We** shall be under no liability in respect of such claim and **We** will inform the police.
7. Where **You** dispute **Our** rejection of **Your** claim or cancellation of **Your Policy**, **You** must make representation to **Us** in respect of the decision within 90-Days of the date of **Our** rejection or cancellation letter. Thereafter, **You** must take legal action by serving a summons against **Us** within 180-Days of the date of **Our** rejection or cancellation letter, failing which **You** will forfeit **Your** claim and no liability can arise in terms of such claim.
8. **You** must comply with the Conditions detailed in the relevant sections of this **Policy**. Where **You**, or **Your** personal representatives do not comply with any obligation to act in a certain way specified in this **Policy**, **We** reserve the right not to pay a claim.
9. **You** must take ordinary and reasonable care to safeguard against loss, damage, theft as though **You** were not insured. If **We** believe **You** have not taken reasonable care of property, the claim may not be paid. The items insured under this **Policy** must be maintained in good condition.

10. **You** must recognise **Our** right to:
 - a. pay the amount of a claim (less any **Excess** and up to any **Policy** limit);
 - b. inspect and take possession of any item or property for which a claim is being made and handle any salvage in a reasonable manner;
 - c. settle all claims in Rands;
 - d. be reimbursed within 30-days for wrongful payment of any claims that are not insured under this **Policy**, which **We** pay to **You** or on **Your** behalf.
11. **You** are responsible to pay any tax liability of any benefit being paid that may incur tax or imposts.
12. No sum payable by **Us** under this **Policy** shall carry interest.
13. **We** will not subrogate or recoup expenses for a claim from the **Airline**. Subrogation means **Our** right to start or take over legal proceedings in **Your** name for the defence or settlement of any claim, or to sue or prosecute any other party to recover monies payable by them at law.

General Exclusions

The following General Exclusions are applicable to the **Policy** as a whole. **We** shall not be liable for payment of any loss, claim, indemnity or benefit amount due to:

1. Any claim relating to an incident which **You** or an **Immediate Family Member** were aware of at the time **You** took out this insurance and which could reasonably be expected to lead to a claim.
2. Any claim arising from civil riots, blockades, strikes or industrial action of any type except for strikes or industrial action which were not public knowledge when **You** booked **Your Flight**.
3. Any expenses incurred due to the default, financial failure, insolvency of the tour operator, **Airline** or any other company, firm or person or their being unable or unwilling to fulfil any part of their obligation to **You**.
4. Any claim arising from **You** being involved in any deliberate, malicious, reckless, illegal or criminal act.
5. Any claim arising from:
 - a. **Your** suicide or attempted suicide; or
 - b. **You** injuring yourself deliberately or putting yourself in danger (unless **You** are trying to save a human life).
6. Any costs which **You** would have been liable to pay had the reason for the claim not occurred.
7. Any epidemic and pandemic events.
8. **We** will not be liable to make any payment under this **Policy** where the **Insured Person** does not meet the **Eligibility Condition** detailed on Page 5.
9. This insurance does not apply to the extent that resolutions of the United Nations or the trade and economic sanctions, laws or regulations of the European Union, the member states of the European Union or United States of America prohibit **Us** from providing insurance, including but not limited to the payment of claims or the provision of any other **Benefit**.

In particular, **We** will not pay any claims or provide any other **Benefits** arising out of or relating to any Insured Person whose main residence is in Cuba and/or arising out of or relating to any travel to, from or in Cuba or any travel which starts, ends or has a scheduled stop in Cuba.

SCHEDULE OF BENEFITS

SECTION 1	
1.1 Flight Cancellation	Up to original flight cost
1.2 Flight Interruption (Return or Onward Flight Only).....	Additional cost incurred in replacing a return or Onward Flight
SECTION 2	
2.1 Baggage Loss, Damage or Theft	Up to R10,000 - excess R250 / claim (any one item R2,500)
2.2 Valuables Loss, Damage or Theft	Up to R2,500 - excess R250 / claim
2.3 Baggage Delay	R500 per 3-hour delay period, up to R3,000
SECTION 3	
Flight Delay	R500 per 3-hour delay period, up to R3,000
SECTION 4	
Personal Accident	R25,000
The limits stated above are per flight.	

BENEFIT SECTION

Section 1 – Flight Cancellation and Flight Interruption

1.1 Flight Cancellation

We will pay You up to the amount shown in the Schedule of Benefits for the unused and non-refundable portion of Your flight ticket scheduled for the **Travel Commencement** date detailed in **Your Policy Schedule**, which You have paid and which You cannot get back. We will provide this cover if the cancellation of **Your Flight** is necessary and unavoidable as a result of any of the reasons mentioned hereunder.

1.2 Flight Interruption

If You have selected a return or **Onward Flight**, as shown in the **Policy Schedule**, and the trip duration is less than 30-days, We will indemnify You up to the amount shown in the **Schedule of Benefits** for additional costs incurred to change your originally scheduled **Flight** (scheduled for the Travel Return or Onward date detailed in **Your Policy Schedule**) for an earlier flight if You are forced to curtail **Your Flight** as a result of any of the reasons mentioned hereunder.

The following are valid reasons for a Flight Cancellation or **Flight Interruption** claim under Section 1.1 and 1.2:

1. **You, Your Travelling Companion**, someone You have arranged to stay with on **Your Flight, Your Immediate Family Member, Your Travelling Companion’s Immediate Family Member** or a **Business Colleague**:
 - a. dying;
 - b. suffering sudden and serious bodily injury;
 - c. suffering sudden and serious illness;
 - d. suffering from complications in pregnancy (as diagnosed by the treating doctor);
 - e. suffering a **Traumatic Event** within 30-days of the Travel Commencement date; or
 - f. being compulsorily quarantined on the orders of a treating doctor;
 provided that such cancellation is confirmed as medically necessary by the treating doctor.
2. **You** being made redundant and registered as unemployed with the UIF.
3. Non-availability of the person in charge of **Your** minor or disabled children due to their unexpected death, illness or bodily injury within 30-days of the “Policy Issued” date stated in **Your Policy Schedule**.
4. Serious fire, storm, flood, theft, subsidence or malicious damage to **Your** home provided that such damage occurs within the 7-days immediately prior to the Travel Commencement date of **Your Flight**.
5. The police requiring **Your** presence following a burglary or attempted burglary at **Your** home.

6. **Your** compulsory subpoena.
7. Theft of travel documents (travel tickets or identification documentation).
8. If **You** become pregnant after the date **You** arranged this insurance cover and **You** will be more than 26-weeks pregnant at the start of or during **Your Flight**. Or, if **Your** doctor advises that **You** are not fit to travel due to complications in **Your** pregnancy.

The following condition applies under Section 1.1 and 1.2:

1. If payment has been made using frequent flyer points, air miles, loyalty card points or the like, settlement of **Your** claim will be based on the monetary value of the flight.

What **You** are not covered for under Section 1.1 and 1.2:

1. Any expenses incurred as a result of **Your** disinclination to travel.
2. Cancellation expenses as a result of the **Airline** cancelling a flight.
3. Withdrawal from service temporarily or otherwise of an aircraft, sea vessel or other public conveyance on the orders or recommendation of the **Airline**, the Civil Aviation Authority, Rail Authority or Port Authority or any similar body.

In addition to a completed claim form, the following claims evidence is required for Sections 1.1 and 1.2:

1. **Policy Schedule**
2. Proof of travel (the **Airline's** confirmation invoice / flight tickets)
3. Cancellation invoice or letter confirming no refund is due
4. Depending on the circumstances of the claim one of the following:
 - a. Medical certificate which **We** will supply for the appropriate doctor to complete; or
 - b. Official letter confirming the need for **You** to remain in South Africa; or
 - c. Police report; or
 - d. Death certificate; or
 - e. Official letter from **Your** employer.

Section 2 – Baggage

2.1 Baggage

If during a **Flight You** sustain loss, theft or damage to **Your Baggage**, **We** will indemnify **You** in respect of such loss, theft or damage up to the amount shown in the Schedule of Benefits.

2.2 Valuables

If during a **Flight You** sustain loss, theft or damage to **Your Valuables**, **We** will indemnify **You** in respect of such loss, theft or damage up to the amount shown in the Schedule of Benefits.

2.3 Baggage Delay

If during any stage of a **Flight** access is denied to all or part of a **Person Insured's** checked-in **Baggage** for more than 3-hours for any reason outside **Your** control, **We** will pay **You** the benefit detailed in the Schedule of Benefits.

What **You** are not covered for under Sections 2.1, 2.2 and 2.3:

1. Loss, theft or damage of **Valuables** if left unattended or checked in as baggage unless carried on **You**; stowed in the aircraft cabin or has been removed from **Your** custody by the aircraft crew while boarding a flight.
2. Loss, theft or damage of any **Baggage** if left unattended unless checked as baggage; stowed in the aircraft cabin or has been removed from **Your** custody by the aircraft crew while boarding a **Flight**.
3. Any claim for loss, theft or damage to **Baggage** which **You** do not report to the **Airline** within 24-hours of discovering it and which **You** do not obtain a written report for. If the loss, theft or damage to **Your** property is only noticed after **You** have left the airport, **You** must contact the **Airline's** Lost Property Office in writing with full details of the incident within 24-hours of leaving the airport and obtain a written report from them.
4. Any claim if **You** already have more **Other Insurance** covering **Your Baggage** and **Valuables**.
5. Damage due to scratching or denting unless the item, if applicable, has become unusable as a result.

6. Losses caused by mechanical or electrical breakdown or damage caused by leaking powder or fluid carried within **Your** baggage.
7. Loss, theft or damage to dentures, hearing aids, artificial limbs, paintings, household equipment, bicycles and their accessories, motor vehicles and their accessories, marine craft and equipment or items of a perishable nature (meaning items that can decay or rot and will not last for long, for example, food).
8. Any amounts paid under Section 2.3 – **Baggage Delay** will be deducted from any subsequent amounts payable under Section 2.1 - **Baggage** in respect of the same loss.

In addition to a completed claim form, the following claims evidence is required for Section 2

1. **Policy Schedule.**
2. Loss, theft or damage by an **Airline** – Property Irregularity Report, baggage check tags, or a written report from the **Airline**.
3. Proof of travel (**Airline** confirmation invoice / flight tickets).
4. Proof of value and ownership for items exceeding R1,000.
5. Invoices or quotations for replacement items.

The following specific conditions apply to Section 2:

1. **You** must report all losses or thefts to the **Airline** and obtain a travel insurance letter from them within 24 hours of reporting the incident.
1. In line with the **Airlines** lost **Baggage** policy, **We** will only assess a claim for the loss or theft of **Your Baggage**, after 21 days have passed and subject to receiving confirmation from the airline that **Your Baggage** is lost.
2. **You** must carry **Valuables** on with **You** as hand luggage when travelling unless it has been removed from **Your** custody by the aircraft crew while boarding a flight.
3. Payment will be based on the value of the property at the time it was lost, stolen or damaged. An allowance may need to be made for wear, tear and loss of value depending on the age of the property.
4. The maximum amount **We** will pay for any one item (including a **Pair or Set of Items**) is noted in the Schedule of Benefits.

Section 3: Flight Delay

We will pay **You** the benefit detailed in the Schedule of Benefits if the scheduled departure of **Your Flight** scheduled for the **Travel Commencement** date detailed in **Your Policy Schedule**, is delayed due to strike, industrial action, adverse weather, **Technical Malfunction**. The period of delay will be calculated from the original scheduled departure time until the commencement of **Your** delayed flight or the first available alternative transportation offered by the **Airline**.

What **You** are not covered for Section 3:

1. Any claims where **You** have not checked in for **Your Flight** at or before the recommended time.
2. Any claims arising from strike or industrial action involving companies/carriers other than the **Airline** and already in existence on the date the flight is arranged.
3. **Your Flight** being cancelled.

In addition to a completed claim form, the following claims evidence is required for Section 3

1. **Policy Schedule.**
2. Proof of travel (confirmation invoice / flight tickets).
3. An official letter from the **Airline** confirming the cause and length of the delay.

Section 4: Personal Accident

We will pay **You** the amount shown in the Schedule of Benefits for **Bodily Injury** caused on a **Flight** while **You** are travelling in, boarding or alighting a flight, resulting in any of the following:

4.1 Death

Where **Bodily Injury** results in death, **We** will pay the amount shown in the Schedule of Benefits.

4.2 Permanent Disabling Injury

Where **Bodily Injury** results in a **Permanent Disabling Injury**, We will pay up to the amount shown in the Schedule of Benefits. The percentage payable will be as shown in the following Scale of Permanent Disabling Injuries.

Scale of Permanent Disabling Injuries		
a.	Loss of Limb (one or more limbs)	100%
b.	Loss of Sight (in one or both eyes)	100%
c.	Loss of Speech	100%
d.	Loss of Hearing (in both ears)	100%

The following specific conditions apply to Section 4:

1. Where more than one **Policy** or Schedule of Benefits has been issued by **Us**, the greatest limit shall apply over all.
2. Any benefit payable in respect of **Children** may be subject to maximum benefit legislation applicable at the time.
3. Any contributory degenerative condition or disability (determined by a **Qualified Medical Practitioner**) in existence at the time of sustaining **Bodily Injury** will be taken into account by **Us** in assessing the level of **Benefit** payable.
4. In the event of compensation being due under more than one of the **Benefits** referred to in the Scale of Permanent Disabling Injuries above as a consequence of any one **Accident**, the maximum amount payable hereunder shall not exceed 100% of the total reflected in the Schedule of Benefits.
5. If **You** sustain a Permanent Disabling Injury and the claim in relation to that disability is admitted and accepted, the Permanent Disabling Injury Benefit will be paid and all cover under Section 4 – Personal Injury shall immediately cease.

**NOTICE TO SHORT-TERM INSURANCE POLICYHOLDERS
IMPORTANT - PLEASE READ CAREFULLY DISCLOSURE AND
OTHER LEGAL REQUIREMENTS**

(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:

Statutory notice	Information
<p>1. About the intermediary (insurance broker or representative)</p> <ul style="list-style-type: none"> a. Name, physical address and postal address and telephone number. b. Legal status and any interest in the insurer. c. Whether or not in possession of professional indemnity insurance. d. Detail of how to institute a claim. e. Rand amount of fees and commission payable. f. Written mandate to act on behalf of insurer. 	<p>Contact Details: Comair Limited (Reg. No. 1967/006783/06) Physical Address: 1 Marignane Drive, Bonaero Park, Kempton Park, 1619 P.O. Box 7015, Bonaero Park, Postal Code: 1622 Tel: +27 (11) 921 0111</p> <p>**Comair Ltd is a juristic representative of Chubb Insurance South Africa Limited (FSP:27176) for the purpose of receiving, holding and dealing with Premiums on behalf of Chubb. Up to the maximum regulated commission is paid to Comair Ltd.</p>
<p>2. About the insurer</p> <ul style="list-style-type: none"> a. Name, physical and postal address and telephone numbers. b. Telephone number of compliance department of the insurer. c. Details of how to institute a claim and/or complaint. d. Type of policy: refer to your policy schedule. e. Extent of premium obligations, manner of payment of premium, due date of premiums and consequences of non-payment: refer to policy schedule. f. Fees: The premium displayed on your quote, policy schedule or renewal will be payable. g. Complaints procedure: visit our website www.chubb.com/za h. Chubb Insurance South Africa Limited is in possession of Professional Indemnity Cover. 	<p>Contact Details: Chubb Insurance South Africa Limited Reg No: 1973/008933/06 PO Box 1192, Saxonwold, 2132 Located at: Ground Floor, The Bridle, Hunts End Office Park 38 Wierda Road West, Wierda Valley Sandton Tel: 011 722 5700 FSP No:27176</p>
<p>3. Other matters of importance</p> <ul style="list-style-type: none"> a. You must be informed of any material changes to the information referred to in paragraph 1 and 2. b. If the information in paragraphs 1 and 2 was given orally, it must be confirmed in writing within 30 days. c. 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. d. Polygraph or any lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating a claim. e. If premium is paid by debit order: <ul style="list-style-type: none"> i. it may only be in favour of one person and may not be transferred without your approval; and ii. the insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel such debit order. f. The insurer and not the intermediary must give reasons for repudiating your claim. g. Your insurer may not cancel your insurance merely by informing your intermediary. There is an obligation to make sure the notice has been sent to you. h. You are entitled to a copy of the policy free of charge. 	<p>Compliance Officer: Arnold Schoombee PO Box 1192 Saxonwold 2132 Tel: 011 722 5751 Fax: 011 783 0812</p>

Should you have any complaints about the availability or adequacy of information herein, or about our claims or underwriting service, please bring this to the attention of our compliance officer.

Our Complaints resolution procedure can be viewed at our website:
www.chubb.com/za

Your policy document contains the details of procedures to follow in the event of a claim. Should anything not be clear, please contact your insurance advisor or Chubb Insurance South Limited for assistance.

4. 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. Don't be pressurised to buy the product. Incorrect or non-disclosure by you of relevant facts may influence an insurer on any claims arising from your contract of insurance.

5. Particulars of Short term Insurance Ombudsman who is available to advise you in the event of claim problems, which are not satisfactorily resolved by the insurance intermediary and/or the insurer.

PO Box 32334
 BRAAMFONTEIN,
 2017
 Tel: (011) 726-8900
 Fax: (011) 726-5501
 info@osti.co.za

6. Particulars of Registrar of Short-term Insurance. Financial Service Board

PO Box 35655
 MENLO PARK
 0102
 Tel: (012) 428-8000
 Fax: (012) 347-0221

7. Particulars of the FAIS Ombud

PO Box 74571
 LYNWOOD RIDGE
 0040
 Tel: (012) 470 9080
 Fax: (012) 348 3447

(You may be required to sign a copy of this document.)

OTHER IMPORTANT INFORMATION

<p>Claims</p>	<p>Procedures for the submission of claims and your responsibilities are detailed in the policy document in the section of the policy headed GENERAL CONDITIONS. In the event of a possible claim you must notify your advisor or Chubb Insurance South Africa Limited as soon as reasonably possible and submit a completed claim form as soon as practicable but within 30 days. When we are dealing with any claim you must give us any information and help we reasonably ask for.</p>
<p>General</p>	<p>The policy wording and schedule must be read as one document. If you need advice on any aspect of your policy, first amounts payable [excesses], claims procedures or your responsibility to pay premiums, please contact your insurance advisor or Chubb Insurance South Africa Limited.</p>