

## FNB Travel Insurance Policy Wording

### FNB Classic Credit Card

**Applicable from 1 July 2017 to 30 June 2018**

This Insurance is only applicable to residents of the Republic of South Africa, Botswana, Lesotho, Namibia and/or Swaziland, who hold a valid qualifying credit, cheque or debit card and for persons up to the age of 70 inclusive.

The **Schedule of Insurance** and policy wording must be read together as one document. **We** will insure **You** for the benefits subjects to the terms, conditions, exclusions and **Limits of Liability** as detailed in this policy and **Schedule of Insurance** whilst on a **Journey**. This policy is only valid if the full cost of **Your Public Conveyance** tickets, departing from and return to **Your Country of Residence**, has been debited to a valid and qualifying cheque card or credit card issued by First Rand Bank Limited (which has been specifically nominated to by the Bank).

Benefits are limited to the amount as shown on **Your Schedule of Insurance**. **We** have the option to arrange direct settlement with the service provider, reimburse **You**, replace or repair (or any combination of these) when compensating **You**.

#### GENERAL EXCLUSIONS APPLYING TO THE ENTIRE POLICY:

**We** will not pay for any claim arising from:

- a. **Your** participation in motorcycling except as a driver or passenger of a motorcycle with an engine capacity of 500cc or less, provided that **You** or the driver hold a current legal motor cycle driver licence. If **You** are the driver of the motorcycle and carrying a passenger, **You** must hold a valid motorcycle drivers licence. If **You** are not lifting a passenger, **You** must hold either a valid motorcycle learners licence or a motorcycle drivers licence;
- b. **Your** participation in quad biking as a driver or passenger of a quad bike with an engine capacity of over 500cc;
- c. **Your** participation in underwater diving involving the use of any artificial breathing apparatus, unless **You** hold a valid open water diving certificate or are diving under the supervision of a qualified instructor;
- d. **Your** participation in any **Hazardous, Competitive or Professional Sport or Activity**, other than activities listed on the Sports Annexure Part II where **You** have paid an additional premium;
- e. search and rescue;
- f. consequential loss, loss of enjoyment or financial loss or expense not specifically covered in this policy;
- g. **You** travelling against medical advice or **You** travelling with the intention of obtaining medical treatment abroad;
- h. 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;
- i. sexually transmitted disease;
- j. the following conditions if **You** are Human Immunodeficiency Virus (H.I.V.) positive or have Acquired Immune Deficiency Syndrome (A.I.D.S.):
  - i. Kaposi's Sarcoma
  - ii. Pneumocystis Jirovecii
  - iii. Tuberculosis
  - iv. Cytomegalovirus (C.M.V.)
  - v. Cryptococcal Meningitis
  - vi. Disseminated Herpes and/or Shingles Human
- k. 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 during the course of **Your** employment, and not for purpose of undertaking any trade or technical operation therein;
- l. any child born whilst on a **Journey**;
- m. **Manual Labour** work in connection with a business or a trade, including any person who is contracted or employed to drive a **Commercial Vehicle**;
- n. 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 on this policy;
- o. **Your** wilful 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;

- p. 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;
- q. 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;
- r. **You** travelling with the intention of emigrating;
- s. **You** engaging in or taking part in armed forces service or operations;
- t. **Your** deliberate exposure to exceptional danger (except in an attempt to save human life);
- u. non-admittance into any country by the authorities;
- v. interest accrued on any indemnity payable under this policy;
- w. medical expenses incurred within the borders of **Your Country of Residence**.

#### **GENERAL CONDITIONS APPLYING TO THE ENTIRE POLICY:**

It is a condition precedent to liability that:

- a. **You** are healthy and fit to travel;
- b. if **You** are travelling on a sea faring vessel the **Assistance Company** will endeavour to provide emergency services from the nearest port or harbour;
- c. if **You** are riding a motorcycle or quadbike, **You** must wear a motorcycle helmet;
- d. the sport activities listed on the Sports Annexure Part I are automatically included in **Your** policy and the activities listed in Part II are covered when **You** pay an additional premium;
- e. claims must be notified promptly and submitted no later than 60 days along with the requested supporting documentation after return to **Your Country of Residence**. The costs of submitting claims and obtaining supporting documentation as **We** may require shall be borne by **You**;
- f. all claims other than Emergency Medical and Related Expenses (Section 01) are only payable in the Republic of South Africa in South African Rand on **Your** return to **Your Country of Residence**;
- g. if **You** are Human Immunodeficiency Virus (H.I.V.) positive or have Acquired Immune Deficiency Syndrome (A.I.D.S.), **Your** medical related expenses are restricted to an overall indemnity limit of R500 000;
- h. **You** must observe all of the policy conditions insofar as they relate to anything to be done by **You**;
- i. the family premium is applicable on the Senior Policies only and includes cover for **You** and **Your Spouse**;
- j. **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;
- k. whilst this policy may operate on a first response basis, if any claim under this policy is covered by any other policy or policies of insurance or cheque card or credit card insurance other than that of First Rand Limited, or medical aid schemes or medical insurance, the cover provided by this policy will be deemed to be in excess of the cover already provided by any of the aforementioned policies or benefits. This condition does not apply to Section 03;
- l. where **You** have purchased additional policies from **Us**, **Our** maximum payment will never be more than the maximum **Limit of Liability** as stated on the policy with the highest benefits. This does not apply if **You** have purchased the optional Optimum Cover;
- m. **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 recovery compensation (including legal costs) in respect of any cover provided by this insurance. Any amount recovered shall belong to **Us**;
- n. in all cases the monetary limits shown in the policy are deemed to be South African Rand;
- o. **You** reimburse **Us** within 30 days of receiving a written request to defray any expense for which **We** are not responsible;
- p. 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;
- q. 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 a division of Santam Limited, The Pavilion, The Wanderers Office Park, 52 Corlett Drive Illovo, Gauteng, South Africa, who have authority to accept notice;
- r. **You** are a resident of the Republic of South Africa, Botswana, Lesotho, Namibia and / or Swaziland;
- s. **You** have purchased **Your** full **Public Conveyance** tickets, that is departure and return tickets from **Your**

**Country of Residence**, with a valid First National Bank credit card, First National Bank Platinum cheque card or First National Bank Private Clients cheque or credit card, Wesbank credit card, kulula credit card or RMB Private Bank cheque or credit card;

- t. **You** qualify for the travel insurance if **You** are the cardholder and/or an **Immediate Family** member and/or **Travel Companion** of the cardholder of the aforementioned cheque cards or credit cards;
- u. the maximum number of travellers per cardholder, per **Journey** is 8 for Consumer cardholders and 10 for Corporate/Lodge cardholders;
- v. **Your Journey** commences and ends in **Your Country of Residence**;
- w. **You** are not aware of any reason why the **Journey** should be cancelled or abandoned;
- x. the Period of Insurance cannot be granted for a period in excess of 90 days and is limited only to **Journeys** where the **Public Conveyance** ticket has been purchased with the relevant qualifying First Rand Limited cards;
- y. **Our** liability is limited to 365 days from the date a valid claim occurs in the Period of Insurance;
- z. the maximum age limit is 70 years (inclusive).

## **SECTION 01: EMERGENCY MEDICAL AND RELATED EXPENSES**

If **You** require emergency medical treatment as a result of accidental bodily injury, illness or disease, **We** will insure **You** for **Reasonable and Customary Medical Expenses** including hospital and out-patient treatment and prescription medication.

If **You** require emergency dental treatment **We** will insure **You** for **Reasonable and Customary Dental Expenses** up to a limit of R5 000, unless preauthorisation is given by the **Assistance Company**, for the immediate relief of pain and / or emergency repair to restore dental function.

If **You** require medical treatment as a result of malaria, which can reasonably be attributed to being contracted whilst on **Your Journey**, and manifests itself within 21 days after **Your** return to **Your Country of Residence**, **We** will insure **You** for **Reasonable and Customary Expenses** up to a limit of R5 000.

### **01.1 RELATED EXPENSES**

#### **01.1.1 MEDICAL TRANSPORTATION, REPATRIATION AND EVACUATION**

If **You** require medical transportation as determined, agreed and arranged by the **Assistance Company**, **We** will pay for **Your** transfer to the nearest most appropriate medical facility to obtain necessary treatment and / or repatriation to **Your Country of Residence**.

#### **01.1.2 COMPASSIONATE EMERGENCY VISIT**

If **You** are travelling alone and are hospitalised **We** will pay for reasonable additional accommodation and travelling expenses (but excluding telephone calls, meals, taxis and beverages) necessarily incurred by **Your Spouse** or next of kin 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 Country of Residence**, whichever occurs first.

#### **01.1.3 REPATRIATION OF CHILDREN**

If **Your Accompanied Children** are left stranded in the event of **Your** hospitalisation, repatriation or death, **We** will arrange and pay for their transportation back to their **Country of Residence** with a qualified escort if necessary, provided they are also insured by **Us**.

#### **01.1.4 REPATRIATION OF TRAVEL COMPANION**

If **Your Travelling Companion** is left stranded in the event of **Your** hospitalisation, repatriation or death, **We** will arrange and pay for their transportation back to their **Country of Residence** with a qualified escort if necessary provided they are also insured by **Us**.

#### **01.1.5 BURIAL, CREMATION OR RETURN OF MORTAL REMAINS**

In the event of **Your** death, **We** will pay the reasonable costs in respect of funeral, burial or cremation expenses in the country where **Your** death occurred and/or the reasonable costs of returning **Your** body or **Your** ashes to **Your Country of Residence**.

#### **01.1.6 EMERGENCY MEDICAL AND RELATED EXPENSES AS A RESULT OF A SPORTING ACTIVITY**

If **You** require emergency medical treatment as a result of accidental bodily injury whilst participating in a sporting activity, **We** will insure **You** for **Reasonable and Customary Medical Expenses** incurred, including hospital and out-patient treatment and prescription medication.

This section applies to the sport activities listed on the Sports Annexure. "Part I" includes activities that are automatically included at no additional premium. "Part II" includes the activities that are included when an additional premium is paid.

#### 01.1.7 DAILY HOSPITAL CASH BENEFIT

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

#### SECTION 01: EXCLUSIONS

**We** will not pay for any claim arising from:

- a. pregnancy or childbirth from the 1<sup>st</sup> day of the 26<sup>th</sup> week of pregnancy;
- b. **Pre-Existing Medical Conditions** other than the cover provided under Pre-Existing Emergency medical and Related Expenses (Section 02);
- c. treatment that **You** or **Your** medical advisors are aware will arise during the **Journey** or where a medical advisor has advised against travel;
- d. vascular, cardiovascular and/or cerebrovascular conditions if **You** are over the age of 70 years;
- e. procedures relating to oral hygiene;
- f. investigatory treatment that is not specified by a medical practitioner appointed by **Us** as immediately necessary;
- g. physiotherapy charges exceeding R2 000 unless treatment is received whilst **You** are hospitalised.

#### SECTION 01: CONDITIONS

- a. **You** must obtain **Our** or the **Assistance Company's** prior authorisation before incurring any expenses over R10 000 as soon as reasonably possible. If prior authorisation is not obtained, cover will be limited to what **We** would have paid had **We** been able to instruct **Our** preferred suppliers.
- b. Should the **Assistance Company** determine that **You** are capable of being repatriated to **Your Country of Residence** and **You** choose not to be repatriated then all expenses from that date onwards, will be for **Your** own account.
- c. Should **You** be repatriated or evacuated to **Your Country of Residence**, cover will cease on hand over to the local medical facility. Expenses incurred in **Your Country of Residence** will be for **Your** own account.
- d. In the event of any transport or repatriation arranged by **Us** **We** reserve the right to utilise **Your** original travel tickets and any refund from unused tickets belongs to **Us**.
- e. If **You** cannot return to **Your Country of Residence** on the date stated in **Your Schedule of Insurance** due to a valid claim under Emergency Medical and Related Expenses (Section 01) or Pre-Existing Emergency Medical and Related Expenses (Section 02) and **Your** policy expires, **We** will automatically extend **Your** policy until such time that **You** are medically fit to return to **Your Country of Residence** as determined by the **Assistance Company**.
- f. Section 01: Emergency Medical and Related Expenses is applicable to international travel outside the borders of **Your Country of Residence**.

#### SECTION 02: PRE-EXISTING EMERGENCY MEDICAL AND RELATED EXPENSES

If as a sudden and unexpected acute onset of a **Pre-existing Medical Condition** **You** require emergency medical treatment, **We** will insure **You** for **Reasonable and Customary Medical Expenses** incurred as an **Inpatient** whilst in hospital.

#### 02.1 RELATED EXPENSES

##### 02.1.1 MEDICAL TRANSPORTATION AND REPATRIATION

If **You** require medical transportation as determined, agreed and arranged by the **Assistance Company**, **We** will pay for **Your** transfer to the nearest most appropriate medical facility to obtain necessary treatment and / or repatriation to **Your Country of Residence**.

##### 02.1.2 COMPASSIONATE EMERGENCY 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, taxis 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 **International Journey** or return to **Your Country of**

**Residence**, whichever occurs first.

### 02.1.3 REPATRIATION OF CHILDREN

If **Your Accompanied Children** are left stranded in the event of **Your** hospitalisation, repatriation or death, **We** will arrange and pay for their transportation back to their **Country of Residence** with a qualified escort if necessary.

### 02.1.4 REPATRIATION OF TRAVEL COMPANION

If **Your Travelling Companion** is left stranded in the event of **Your** hospitalisation, repatriation or death, **We** will arrange and pay for their transportation back to their **Country of Residence** with a qualified escort if necessary provided they are also insured by **Us**.

### 02.1.5 BURIAL, CREMATION OR RETURN OF MORTAL REMAINS

In the event of **Your** death, **We** will pay the reasonable costs in respect of funeral, burial or cremation expenses in the country where **Your** death occurred and/or the reasonable costs of returning **Your** body or ashes to **Your Country of Residence**.

## SECTION 02: EXCLUSIONS

**We** will not pay for any claim arising from:

- a. pregnancy or childbirth from the 1<sup>st</sup> day of the 26<sup>th</sup> week of pregnancy;
- b. treatment that **Your** medical advisors are aware will arise during the **Journey** or where **Your** medical advisor has advised against travel;
- c. investigatory treatment that is not specified by a medical practitioner appointed by **Us** as immediately necessary;
- d. expenses **We** are prohibited by law from paying in terms of any current legislation;
- e. expenses incurred if **You** are over the age of 70;
- f. a **Terminal Prognosis** diagnosed as such prior to the departure of **Your Journey**.

## SECTION 02: CONDITIONS

- a. **You** must obtain **Our** or the **Assistance Company's** prior authorisation before incurring any expenses over R10 000 as soon as reasonably possible. If prior authorisation is not obtained, cover will be limited to what **We** would have paid had **We** been able to instruct **Our** preferred suppliers
- b. Should the **Assistance Company** determine that **You** are capable of being repatriated to **Your Country of Residence** and **You** choose not to be repatriated then all expenses from that date onwards, will be for **Your** own account.
- c. Should **You** be repatriated or evacuated to **Your Country of Residence**, cover will cease on hand over to the local medical facility. Expenses incurred in **Your Country of Residence** will be for **Your** own account.
- d. In the event of any transport or repatriation arranged by **Us** **We** reserve the right to utilise **Your** original travel tickets and any refund from unused tickets belongs to **Us**.
- e. Pre-Existing Medical Cover (Section 02) is in excess of any other cover already provided by other policies of insurance, cheque card or credit card insurance other than provided by First Rand Limited, Statutory Insurance or Medical Aid Schemes or Medical Insurance.
- f. If **You** are Human Immunodeficiency Virus (H.I.V.) positive or have Acquired Immune Deficiency (A.I.D.S.), **Your** medical related expenses are restricted to an overall indemnity limit of R500 000.

## SECTION 03: 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 of Benefits** below.

If **You** suffer an injury or die as a direct result of exposure to the elements of nature, **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** are subsequently found to be living.

## TABLE OF BENEFITS

### Percentage of **Limit of Liability**

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

Scale of Permanent Total Disablement:

- 2.1 Loss by physical separation at permanent total loss of use at or above the wrist or ankle of one or more limbs - 100%
- 2.2 Total, permanent and irrecoverable loss of hearing in one ear – 50%
- 2.3 Total, permanent and irrecoverable loss of hearing in both ears – 100%
- 2.4 Total, permanent and irrecoverable loss of sight in one eye – 50%
- 2.5 Total, permanent and irrecoverable loss of sight in both eyes – 100%
- 2.6 Permanent and total loss of speech - 100%

## SECTION 03: EXCLUSIONS

We will not pay for any claim resulting from:

- a. travel in any single engine aircraft;
- b. travel in any helicopter unless when utilised as a connecting flight by a scheduled airline.

## SECTION 03: CONDITIONS

- a. 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.
- b. 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.
- c. In the event of the death of a minor child, the limit of compensation is subject to the amount legislated by law at the time of the death.
- d. The maximum known accumulation in respect of Accidental Death and Permanent Total Disablement (Section 03) is R10 000 000 (Ten million rand).

## SECTION 04: EMERGENCY ASSISTANCE SERVICES

- a. **Medical Referral**  
The **Assistance Company** will endeavour to arrange for medical attention and hospitalisation if necessary.
- b. **Medical Monitoring**  
The **Assistance Company** will endeavour to provide continued medical monitoring of **Your** condition if necessary.
- c. **Emergency Medicine**  
If special medicines are unobtainable locally, the **Assistance Company** will endeavour to assist **You** with obtaining and despatching these medicines.
- d. **Evacuation**  
When medical facilities are not available locally, the **Assistance Company** will endeavour to arrange emergency evacuation under constant medical supervision by whatever means necessary to the nearest facility capable of providing the required care.
- e. **Repatriation**  
In the event of **Your** repatriation home, the **Assistance Company** will endeavour to make all necessary arrangements.
- f. **Return of Mortal Remains**  
In the event of **Your** death, the **Assistance Company** will endeavour to assist **with** obtaining clearances and arrangements for the return of the remains.
- g. **Transmission of Urgent Messages**  
The **Assistance Company** will endeavour to transmit urgent messages on behalf of or to **You** in the event of a medical or travel problem.
- h. **Embassy Referral**  
The **Assistance Company** will endeavour to provide **You** with relevant details of diplomatic representatives wherever possible.
- i. **Emergency Travel and Accommodation Arrangements**  
The **Assistance Company** will endeavour to provide all reasonable, possible and practical assistance in arranging for emergency alternative accommodation and onward or return transportation if necessary.
- j. **Legal Assistance:**

The **Assistance Company** will endeavour to locate a source of legal counsel and if necessary an advance of funds for bail. The bail funds or bonds are **Your** responsibility.

k. **Blood Care Foundation:**

The **Assistance Company** will facilitate obtaining screened blood from the Blood Care Foundation.

## DEFINITIONS

For the purpose of this policy the following definitions apply:

**Accompanied Children:** **Your** dependent 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.

**Commercial Vehicle:-** A vehicle used by an individual or a business to transport goods or people on public roads.

**Competitive Sport or Activity:** A sporting activity where **You** have entered into an official, organised event, race or contest.

**Country of Residence:** The country in which **You** live and which is regarded as **Your** permanent home within the Republic of South Africa, Botswana, Lesotho, Namibia and / or Swaziland.

**Hazardous Sport or Activity:** Any pursuit or activity where it is recognised there is an increased risk of serious injury.

**Immediate Family:** Spouse, parent, legal guardian, step parent, grandparent, grandchild, in-law (son, daughter, sister, brother or parent), natural or adopted child, brother, sister, step brother, step sister, half brother or half sister, niece or nephew.

**Inpatient:** **You** are admitted to a hospital or medical facility for emergency medical treatment that requires at least one overnight stay.

**Journey:** In respect of an international **Journey**, it is a trip during the Period of Insurance for the purpose of proceeding to the point of embarkation and 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 90 days. In the event of a medical repatriation or evacuation to **Your Country of Residence**, under Section 01.1.1, **Your** international **Journey** will cease on hand over to the medical facility in **Your Country of Residence**.

In respect of a local **Journey**, the trip begins during the Period of Insurance for the purpose of proceeding to the point of embarkation and commences when **You** board a **Public Conveyance** Carrier and ceases when **You** disembark from a Public Conveyance Carrier returning to the original departure point, for a maximum of 90 days.

**Limit/s of Liability:** The maximum amount which **We** will pay **You** in respect of a benefit as stated in the **Schedule of Insurance**.

**Manual Labour:** Unskilled, semi-skilled and/or skilled physical labour involving working with **Your** hands and/or operation of mechanical and/or non-mechanical and/or electrical machinery and/or equipment and/or tools.

**Permanent Total Disablement:** Disablement which lasts 12 months and at the end of that period is beyond hope of improvement, and/or **You** being permanently bedridden as a direct result thereof.

**Pre-Existing Medical Conditions:** Any medical condition for which **You** are receiving treatment at the date of departure of **Your Journey** or any recurring, chronic or continuing illness or condition(s) for which **You** received treatment or advice or in respect of which **You** incurred any costs, during the 6 (six) months prior to the departure of **Your Journey**.

**Public Conveyance:** A scheduled or chartered conveyance licensed to carry passengers in which **You** are travelling as a fare-paying passenger but excluding any taxis, motorcycles, hired motor vehicles, single engine aircraft and/or helicopters.

**Reasonable and Customary Medical / Dental Expenses:** means the charges which:

- a. are medically required for treatment of a covered illness or injury;
- b. do not exceed the charges normally levied for similar treatment, supplies or medical services in the locality where the expenses are incurred;
- c. do not exceed the charges for treatment that would have been made if no insurance existed.

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

**Schedule of Insurance:** The document detailing the benefits and **Limits of Liability** applicable under this policy.

**Spouse: Your** husband or wife or partner.

**Strike:** A concerted cessation of work on the part of a body of workers of 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.

**Travelling Companion:** The person who is sharing travel and accommodation arrangements with **You** and travelling with **You** on the same itinerary.

**We, Us, Our, Insurer:** Travel Insurance Consultants, a division of Santam Limited.

**You, Your:** The individual named on the **Schedule of Insurance** and / or the individual named on the **Public Conveyance** ticket whose **Journey** has been paid in full to a valid qualifying card issued by FirstRand Bank Limited (which has been specifically nominated by the Bank).