



**Diners Club
Corporate Card
Local and International
Basic Automatic Travel
Insurance Policy**

Index

General Sections

Your Corporate Card travel insurance benefits at a glance	2
Important information to help you understand the policy wording and how it applies to your cover	3
A. Schedules of benefits	5
B. About the policy	7
C. Important contact information and telephone numbers	9
D. Guidelines to interpretation and definitions	11
E. General terms and conditions	15
F. Events and items we do not insure	19
G. How to claim	23

Specific Sections

Section 1: Emergency medical and related expenses	26
Section 2: Personal accident	29
Section 3: Bryte Travel Assist services	31
Section 6: Baggage delay	33
Section 7: Travel delay	34
Section 8: Legal responsibility to third parties	35
Section 9: Hijack	37
Section 20: Purchase protection	38

Other

Your right to know:	40
---------------------	----

The numbering reflected in the policy wording is not in consecutive order. It reflects only the *benefits* for which you qualify. Please check your *travel insurance certificate* to see what you are insured for.

Your Corporate Card travel insurance benefits at a glance

Basic Automatic Cover

As a Diners Club SA cardholder you qualify for up to 90 days' basic automatic travel insurance for both local and *international journeys* when you buy your return *travel ticket(s)* with your Diners Club SA card. Basic automatic travel insurance is available for travellers between the ages of 3 months and 75 years inclusive.

Basic automatic travel insurance does not include cover for any pre-existing medical conditions and *hazardous activities*. You have a choice of three optional top up plans to supplement the *basic automatic cover* available to you. For information on the optional top up plans, please contact the Bryte Customer Care Centre on **0860 346 377 (option 4)** or email at **dinersclub.travel@brytesa.com**.

Optional Top Up Cover

As basic automatic travel insurance does not include cover for pre-existing medical conditions and *hazardous activities*, you have the option to buy additional cover from a range of three top up plans. The *optional top up cover* will supplement your *basic automatic cover* by providing a wider range of *benefits* and caters for trips up to a maximum of 180 days. The *optional top up cover* is available for travellers between the ages of 3 months and 75 years inclusive.

The standard optional top up plans may not include certain *hazardous activities*. Please refer to the *hazardous activities* listed in the optional top up policy wording to ensure that you have cover for your planned activities. Should your activity not appear on our list, please contact the Bryte Customer Care Centre on **0860 346 377 (option 4)** or email at **dinersclub.travel@brytesa.com** to ensure that you have appropriate cover in place.

Cover for Pre-Existing Medical Conditions

The *basic automatic cover* excludes any claims which arise from any pre-existing medical condition that you are aware of. A pre-existing medical condition includes any doctor's consultation or medical advice, treatment, including prescription medication, you received from a *medical practitioner* for any chronic or recurring *illness* or *injury* during the year before the insurance under this policy started.

There are three optional top up plans which include cover for pre-existing medical conditions. Please refer to the *schedule of benefits* in the optional top up policy wording to select the appropriate level of cover. The *optional top up cover* is available for travellers between the ages of 3 months and 75 years inclusive.

Seniors Cover

The basic automatic insurance provides cover for travellers who are up to 75 years of age. However, if you use your Diners Club SA card to buy your return *travel ticket(s)*, and you are between the ages of 76 and 89 years inclusive, you qualify for the Diners Club SA card senior plans. For information on the senior plans, please contact the Bryte Customer Care Centre on **0860 346 377 (option 4)** or email at **dinersclub.travel@brytesa.com**.

Important information to help you understand the policy wording and how it applies to your cover

Your travel insurance cover is designed for unforeseeable and unexpected incidents that may affect your travel, for example, a medical emergency; an *accident*; trip cancellation; travel delays and lost luggage.

There are **two** documents that you need to read and understand:

Your travel insurance certificate — here, you will find who is insured under the policy, the duration of cover and the plan you are insured under along with the *benefits*, first amounts payable, waiting periods and single event or item limits. Each *benefit* is numbered, and you will find information about the *benefit*, in the policy wording, under the same number.

Your policy wording — this is the insurance contract between you and us. It details the insurance cover we provide (based on the plan you qualify for), the conditions of the insurance and when we will not pay a claim.

Based on our experience, many travellers claim for **medical and related expenses; trip cancellation or cutting the journey short; travel and baggage delays; and lost or stolen baggage**. Therefore, in addition to these specific sections in your policy wording, we would like to bring your attention to the following:

- Your travel insurance policy does not replace your medical aid or personal insurance policy.
- If you have a **medical emergency**, contact Bryte Travel Assist on **+1 416 977 6705** (reverse call charges accepted) as soon as possible. In an emergency, you want to avoid wasting time looking for your travel insurance details. Therefore, before you leave on your trip, we recommend that you take a photo of the emergency card provided with your policy documentation and save the details where it is easily accessible.
- If you need to **cancel your trip** for a reason we cover, please note that we pay for the non-refundable and unused portion of your trip. You must always contact your *travel agent*, airline or hotel first. If you are provided with a voucher for an airline ticket or hotel, for example, that can be used later, you cannot claim under your travel insurance policy. We also do not pay for any claims following government intervention, such as the closure of borders etc.
- If you carry **jewellery, electronics, or high-valued personal luxury items such as handbags, shoes or even your luggage**, we advise you to insure this under your personal insurance policy. The travel insurance policy has a single item limit which means we will not pay more than a certain amount for any single item and less the first amount or excess you need to pay.

To help you better understand your policy:

- **C: Important contact information and telephone numbers** — in an emergency, you must contact us as soon as possible.
- **D: Guidelines to interpretation and definitions** — key terms that have a specific meaning and appear throughout this policy wording are printed in italics and defined here.
- **E: General terms and conditions** — apply to the entire policy wording and gives you information on when your insurance starts, how to extend your policy, what to do if you want to cancel your policy, and more.
- **F: Events and items we do not insure** — also referred to as exclusions and apply to the entire policy wording.
- **G: How to claim** — provides the terms and conditions for claiming and what documentation you need to submit to support your claim.
- **Specific sections** — as outlined in your schedule of benefits, contain further key terms and definitions, the conditions that apply to the *benefit* and any additional events and items we do not insure (“exclusions”) for the section.

Please read these sections carefully and ensure you understand each benefit's general and specific conditions and exclusions.

If you have any questions, or if you are in doubt that the travel plan you qualify for may not meet your travel requirements, don't hesitate to get in touch with our customer services call centre **0860 346 377 (option 4)** or email at **dinersclub.travel@brytesa.com**.

A. Schedules of benefits

Diners Club Basic Automatic Cover Age Limit: 3 months up to and including 75 years Duration: 1 to 90 days		Diners Club Corporate Card	
		Local	International
1.	EMERGENCY MEDICAL AND RELATED EXPENSES		
1.1	<i>Emergency medical expenses</i> including terrorism	Not applicable	R2 000 000
	<i>Excess – in-patient</i>	Not applicable	R2 000
	<i>Excess – out patient</i>	Not applicable	R1 000
1.3	Medical evacuation, transport to medical centres, return to South Africa	Not applicable	Actual expense (part of emergency medical and related expenses)
1.6	<i>Hospital cash</i> (we pay R500 a day)	Not applicable	R5 000
2.	PERSONAL ACCIDENT		
2.1	Death or <i>permanent total disability</i> – excluding air travel	R250 000	R500 000
2.2	Death or <i>permanent total disability</i> – insurance for air travel only	R250 000	R500 000
	Terrorism extension	Not applicable	R750 000
3.	BRYTE TRAVEL ASSIST SERVICES		
3.1	Assistance services		
	Cash transfer advice	Assistance only	Assistance only
	Consular and embassy referral	Not applicable	Assistance only
	Emergency travel and accommodation arrangements	Assistance only	Assistance only
	Sending urgent messages	Assistance only	Assistance only
	Evacuation assistance	Not applicable	Assistance only
	Replacement of lost <i>travel documents</i>	Not applicable	Assistance only
	24-hour medical emergency telephone line	Assistance only	Assistance only
3.2	Visit by a <i>family member</i>	Not applicable	Actual expense up to a maximum of R300 000
3.3	Return of stranded children	Not applicable	Included (part of emergency medical and related expenses)
3.4	Return of stranded <i>travel companion</i>	Not applicable	Included (part of emergency medical and related expenses)

Diners Club Basic Automatic Cover Age Limit: 3 months up to and including 75 years Duration: 1 to 90 days		Diners Club Corporate Card	
		Local	International
3.6	Legal assistance when you are abroad	Not applicable	Assistance only
3.9	Burial, cremation or return of mortal remains	R30 000	Included (part of emergency medical and related expenses)
	Coffin expenses	R10 000	R10 000
6.	BAGGAGE DELAY		
6.1	<i>Baggage delay (delayed for more than 6 hours)</i>	R2 000	R3 500
7.	TRAVEL DELAY		
7.1	<i>Travel delay (delayed for more than 6 hours)</i>	R2 000	R2 500
8.	LEGAL RESPONSIBILITY TO THIRD PARTIES		
8.1	Legal responsibility to third parties	R2 500 000	R2 500 000
	<i>Excess</i>	R1 000	R1 000
9.	HIJACK		
9.1	<i>Hijack of a public transport carrier (more than 12 hours)</i>	R7 500	R7 500
20.	PURCHASE PROTECTION		
20.1	Purchase protection	Not applicable	R3 000
TOTAL LIMIT OF ALL CLAIMS		R250 000	R2 000 000

The numbering reflected in the policy wording is not in consecutive order. It reflects only the *benefits* for which you qualify. Please check your *travel insurance certificate* to see what you are insured for.

B. About the policy

1. The policy is a contract between Bryte Insurance Company Limited and Diners Club SA (Pty) Ltd

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

2. The policy is made up of four documents

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

3. The structure of this policy

This policy is divided into two parts:

- 1. The first part contains general sections, labelled A to G;
- 2. The second part contains specific sections, numbered from 1 to 20 (The numbering in the policy wording is not in consecutive order. It reflects only the *benefits* for which you qualify). You might not have insurance under every section and exclusions and limits apply to your insurance. Please check your *travel insurance certificate* to see what you are insured for.

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

For any medical claims over R10,000 you must get our approval before you incur the costs. If you do not get this approval, your *benefit* will be limited to R10,000.

Contact information for approval is: +1 416 977 6705 (reverse call charges accepted).

5. Travel plan names, age limits and important information

Your *travel insurance certificate* shows the basic automatic travel insurance *benefits* you qualify for when you bought your return *public transport carrier* ticket(s) with your Diners Club SA Corporate card. The travel plans, age limits and important information that applies is as follows:

Name of travel plan	Age limits and important information that applies
Basic Automatic Cover	Individuals 3 months up to 75 years inclusive Local and <i>international journeys</i>
Optional Top Up Cover	Individuals 3 months up to 75 years inclusive <i>International journeys only</i>
Senior Cover	Individuals 76 years up to 85 years inclusive <i>International journeys only</i>
Exclusive Senior Cover	Individuals 86 years up to 89 years inclusive <i>International journeys only</i> <ol style="list-style-type: none"> 1. The cover is only available to travellers between the ages of 86 and 89 years inclusive; 2. The maximum <i>period of insurance</i> is 31 days; 3. You are required to provide proof of your medical aid membership when requesting this cover; 4. Before purchasing the Exclusive Senior plan, you are required to provide a medical clearance form completed by your local <i>medical practitioner</i>. All fields are mandatory and the form needs to be signed by both the treating physician and the traveller; 5. Cover is subject to pre-approval by us; 6. If we decline cover based on the information provided on your medical clearance form, our decision is final, and no further correspondence will be entered into.

C. Important contact information and telephone numbers

1. For emergency medical and related claims

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

Telephone: +1 416 977 6705 (reverse call charges accepted)

How to make a reverse call for emergency medical and related claims:

- 1.1 Dial the International Operator for the country you are in;
- 1.2 Ask to be connected to Bryte Travel Assist on +1 416 977 6705;
- 1.3 Bryte Travel Assist will accept the call charges;
- 1.4 You will be connected to talk to Bryte Travel Assist directly for assistance with your medical emergency.

Please note that you will be charged for the call if you contact Bryte Travel Assist directly.

Please remember to dial the International Direct Dialing Number of the country that you are in, followed by: 1 416 977 6705

Email: assistance@wtp.ca

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

For all non-medical claims (for example, claims for *baggage* delay and travel delay) and for medical claims for out of *hospital* treatment, you can contact us up to 30 days after you have returned to South Africa or your *country of residence* at:

Bryte Travel Insurance
Rosebank Towers, 5th Floor
15 Biermann Avenue
Rosebank, 2196

Telephone: 0860 346 270 – within South Africa
+27 10 498 7869 – international calls

Email: dinersclub.travelclaims@brytesa.com

Alternatively, for your convenience, you can register and submit your claim online by visiting our website <https://travelinsurance.brytesa.com/claim>

Our claims department is open Monday to Friday between 08:00 and 16:30 (South African time). We are closed on weekends and public holidays.

3. For sales and benefit plan enquiries

For sales and *benefit* plan enquiries, please contact:

Bryte Travel Insurance
Rosebank Towers, 5th Floor
15 Biermann Avenue
Rosebank, 2196

Telephone: 0860 346 377 (option 4) – within South Africa
+27 10 498 7859 – international calls

Email: dinersclub.travel@brytesa.com

Our customer services call centre is open Monday to Thursday between 08:00 and 18:00, Fridays between 08:00 and 17:00 and Saturdays between 08:00 and 13:00 (South African time). We are closed on weekends and public holidays.

4. If you have any complaints

We do everything we can to make sure that you get a high standard of service. If you have any cause for complaint, please refer to the document on page 40 of your policy called: **Your right to know: Information about your short-term insurance.** It gives you details of who to contact and how to lodge your complaint.

D. Guidelines to interpretation and definitions

1. Guidelines to interpretation

Singular and plural

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

Headings

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

Examples

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

Including

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

Legal responsibility

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

Reference to laws

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

2. Definitions

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

Accident	An event that is sudden and unexpected, that is caused by external and visible means at a time and place that can be identified, and that results in <i>injury</i> or death.
Baggage	Luggage and <i>personal belongings</i> .
Basic automatic cover	Benefits you automatically receive when you buy your return <i>public transport carrier</i> ticket with your valid Diners Club SA card.
Benefit	The amount we pay for an event or item we insure.
Benefit limit	The most we pay out for the events and items we insure. This amount is shown on the <i>schedule of benefits</i> on your <i>travel insurance certificate</i> .
Business	Your work, trade, profession, career or occupation.
Business associate	Your <i>business</i> partner, director, employee or consultant.
Child	Any biological, adopted, step or surrogate <i>child</i> or a <i>child</i> who you are the legal guardian of who meets all of the following criteria: <ul style="list-style-type: none">• Is up to the age of 18 years or up to the age of 24 years inclusive if they are full-time students at an accredited educational institution;• Is financially dependent on you for maintenance and support;• Is not in full-time employment;• Is not married;• Is not pregnant or a parent at the time of an <i>insured event</i>.

Country of residence	The country that you live in and regard as your permanent home. If you are a temporary resident, and either have citizenship; a work permit or have been living in the country for more than 12 consecutive months, it will be deemed your <i>country of residence</i> for the purpose of this policy.
Cyber loss	Any loss, damage, liability, claim, cost or expense of whatsoever nature that is directly or indirectly caused by any unauthorised, malicious or criminal acts, or the threat or hoax thereof involving access to your data through your mobile, cloud or computer device or the mobile, cloud or computer device of a third party.
Date of loss	The date that a claim or loss comes into existence. The <i>date of loss</i> depends on the nature of the <i>insured event</i> : <ul style="list-style-type: none"> • For <i>illness</i>, the date you became aware of your <i>illness</i> or the date your <i>illness</i> was first diagnosed, whichever happens first; • For <i>injury</i>, the date that the <i>accident</i> happened; • For all other claims, the date that the <i>insured event</i> happened.
Excess	The amount you must pay towards your claim. If an excess applies it will be shown on the <i>travel insurance certificate</i> .
Failure of the electricity grid	Any interference, whether total or partial and for whatever reason, of any electricity supply to or from any electricity grid in South Africa.
Family	Your <i>spouse</i> , parents, parents-in-law, grandparents, step-parents, biological, adopted or foster children, grandchildren, brothers, brothers-in-law, sisters, sisters-in-law, daughters-in-law, sons-in-law, fiancés, half-brothers, half-sisters, aunts, uncles, nieces and nephews.
Hazardous activity	An activity, excursion or hobby that introduces or increases the possibility of serious harm, death or <i>injury</i> when compared to ordinary recreational activities.
Illness	Any unexpected sickness that you contract during the <i>insured journey</i> and that requires a consultation with a <i>medical practitioner</i> .
Immediate family	Your <i>spouse</i> or <i>life partner</i> or children.
Inbound journey	An <i>insured journey</i> to South Africa. Your journey starts in your <i>country of residence</i> outside the borders of South Africa. Your insurance starts and ends when you pass through passport control in your <i>country of residence</i> .
Infectious or contagious disease	Any disease that can be transmitted from an infected person, animal, or species to another person or species by any means.
Injury	Bodily <i>injury</i> caused by an <i>accident</i> directly and independently of all other causes.
In-patient	An <i>insured traveller</i> who has been admitted to <i>hospital</i> for <i>medical treatment</i> for <i>illness</i> or <i>injury</i> that in a <i>medical practitioner's</i> opinion requires <i>hospital</i> admission.
Insured event	An event that we insure you for under this policy as set out in your <i>travel insurance certificate</i> .
Insured journey	An <i>international</i> , <i>local</i> or <i>inbound journey</i> which includes your return journey.
Insured traveller	Any person insured under this policy who qualifies for <i>basic automatic cover</i> or who is named on the <i>travel insurance certificate</i> .

International journey	Travel from your home or work (whichever you leave later) to your international destination, and return to your home or work (whichever you arrive at earlier).
Local journey	Travel from your home or work (whichever you leave later) in a direct and uninterrupted manner to a destination within South Africa that is more than 100kms away from your home, and return to your home or work (whichever you arrive at earlier).
Medical expenses	All reasonable and expected costs incurred by the <i>insured traveller</i> for <i>illness</i> or <i>injury</i> on an <i>insured journey</i> resulting in <i>medical treatment</i> prescribed or performed by a <i>medical practitioner</i> .
Medical practitioner	A person registered with a current, legal license to practice medicine, optometry, dentistry or a veterinarian, but excludes you and any members of your <i>immediate family</i> .
Medical treatment	A <i>medical practitioner's</i> medical advice, treatment, surgery, diagnosis, consultations and prescribed medication.
Optional top up cover	<i>Benefits</i> that can be bought that will supplement the <i>basic automatic cover benefits</i> .
Other insurance	Any <i>insured event</i> or claim covered, paid or payable for the whole or any part of your <i>insured journey</i> under any other policy you may have such as automatic credit card insurance, medical aid scheme, medical cover, <i>other insurance</i> or statutory insurance.
Period of insurance	The <i>period of insurance</i> for <i>basic automatic cover</i> will start on the start date of your <i>insured journey</i> . The maximum <i>period of insurance</i> is 90 days. Both the start date and the end date are included in the <i>period of insurance</i> .
Permanent total disability	A permanent medical condition that is likely to continue for the remainder of your life, as certified by a <i>medical practitioner</i> , and that prevents you from engaging in any <i>business</i> .
Personal belongings	Items that are normally worn or carried on you, for example, money, glasses, dentures, purses, wallets and cosmetics, but excluding electronic equipment.
Public transport carrier	Any scheduled or chartered land, water or air conveyance that you are travelling in as a fare-paying passenger and that meets both of the following criteria: <ul style="list-style-type: none"> • It is legally licensed to carry fare-paying passengers; • It operates commercially and complies with the laws and regulations that apply in the country it operates. <i>Public transport carrier</i> excludes minibuses, non-standard motor vehicles and non-pressurised single engine piston aircraft.
Schedule of benefits	The <i>benefits</i> applicable to the cover you qualify for. It shows the most we pay out for claims and the excesses that apply to those <i>benefits</i> .
Spouse or life partner	A person who is any of the following: <ul style="list-style-type: none"> • Recognised by South African law as your husband or wife by marriage; • A civil partner by civil union; • Fiancé; • Any person you have lived together with as a couple for more than six consecutive months. This policy insures one <i>spouse</i> or <i>life partner</i> only.

Total limit of all claims	This is the maximum amount that we will pay for <i>basic automatic cover</i> for each policy or event, according to the <i>benefits</i> applicable to the card used to buy your return <i>public transport carrier</i> ticket.
Travel agent	An intermediary or person who assists travellers in arranging and booking travel products and services offered by the <i>travel supplier</i> or <i>travel wholesaler</i> . These products and services include transportation, accommodation, tours, trips and travel insurance.
Travel companion	A person who is also insured under a Bryte travel policy who is travelling with you or who has arranged to travel to the same destination on the same date and on the same <i>public transport carrier</i> .
Travel documents	<i>Travel tickets</i> , accommodation and other redeemable travel vouchers, driver's license, passport and visas.
Travel insurance certificate	A document that is part of this policy that sets out your details, details of the <i>insured journey</i> , and the <i>schedule of benefits</i> .
Travel supplier	A company that provides travel-rated services or products directly to the general public or through <i>travel agents</i> . <i>Travel suppliers</i> are any of the following licensed operators in South Africa , but do not include <i>travel agents</i> , <i>tour operators</i> or <i>travel wholesalers</i> : <ul style="list-style-type: none"> • A scheduled airline, exiting South Africa including all connecting and onward flights forming part of the <i>insured journey</i> (This excludes chartered airlines); • A cruise line; • A rail or coach operator; • A car rental company; • Accommodation booked before you start your <i>insured journey</i>.
Travel ticket	A document or electronic record, issued to or for a traveller by or on behalf of a <i>public transport carrier</i> , that confirms that you are entitled to a seat on the <i>public transport carrier</i> .
Travel wholesaler	A South African registered company that acts as an intermediary between a <i>travel supplier</i> and a retail <i>travel agent</i> . A <i>travel wholesaler</i> puts together the services of <i>public transport carriers</i> , ground service suppliers and other travel needs into tour packages which is sold through retail <i>travel agents</i> to the public. A <i>travel wholesaler</i> develops, prepares, markets and reserves inclusive tours and individual travel packages.
War	A conflict carried on by force as between nations or military forces or between parties within a nation whether declared or not.
Warrant	Guarantee facts or conditions that we can rely on as true.

E. General terms and conditions

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

1. Information you must give us

You must give relevant, true and complete information

- 1.1 You must give us relevant, complete and true information about yourself and *insured travellers* when you buy this policy and when you claim.
- 1.2 Relevant information is information that is regarded as material to the risk and includes any information that:
 - 1.2.1 A reasonable person would consider is important to give to an insurance company;
 - 1.2.2 Might impact on your policy or any claims.Examples of relevant information are age, health conditions, taking part in *hazardous activities*. These are examples only and not a full list of what relevant information is. If you are in doubt, rather tell us.
- 1.3 The information can be given to us by phone, email, letter, or in person. We have the right to treat all information contained in your *travel insurance certificate* as being true and complete. If you authorise anyone else to contact us, you must make sure that we get information that is relevant, complete and true.

Tell us about any changes to the information you give us

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

Our rights if you do not comply

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

2. Protection of your personal information

We respect your constitutional right to privacy and are committed to and bound by the terms and provisions of the Protection of Personal Information Act 4 of 2013 ("POPIA") regarding the acquisition, usage, retention, transmission and destruction of your personal information. We will check and validate the information you provide through legal means. We have high level security measures in place to protect your information. This information is collected for the primary purpose of providing you with travel cover and all other activities and processes incidental and relevant to this purpose. You hereby give consent and fully understand the reason to process, use, share and retain your personal information for its designated purpose and you confirm the accuracy of the information.

A full version of the privacy statement is available on this link (<https://www.brytesa.com/legal/access-to-information/>).

3. When insurance starts and ends

You do not qualify for *basic automatic cover* when your intended *period of insurance* is more than 365 days from the date of applying for your travel insurance.

- 3.1 The *period of insurance* for *basic automatic cover* starts on the day of your *insured journey*. The maximum *period of insurance* is 90 days if you did not buy *optional top up cover*.
- 3.2 Your insurance ends It ends on the earliest of the following dates:
 - 3.2.1 The end date stated on the *travel insurance certificate*;
 - 3.2.2 The date you complete your *insured journey*;
 - 3.2.3 The date your policy is cancelled by you or us.

Extending your policy (for all sections)

- 3.3 If while on your *insured journey*, your current policy expires, you may not buy a new policy for the remainder of your journey. However, you can ask us to extend this policy by applying for an extension up to the maximum *period of insurance* of 90 days. We may review claims before we extend the cover.
- 3.4 You must apply for an extension at least 5 business days before the end date of the policy. We can decline to extend your policy or change any terms and conditions, including premiums, *benefit limits* and exclusions of this policy at the time of the extension. The policy cannot be extended beyond the maximum *period of insurance*.
- 3.5 If you cannot return to South Africa or your *country of residence* on the end date stated on your *travel insurance certificate* or after 90 days, whichever occurs first, because of an *insured event* under Section 1: Emergency medical and related expenses, and your policy ends, we will automatically extend it. We will extend the *period of insurance* until you are medically fit to return to South Africa or your *country of residence* for up to one year after the *insured event* occurred. A *medical practitioner* we appoint will decide when you are medically fit to return.

Cancelling your policy

- 3.6 You can cancel this policy by written notice at any time before the start date shown on the *travel insurance certificate*.

You can contact Bryte Travel on 0860 346 377 (option 4) or email at dinersclub.travel@brytesa.com to cancel your policy.
- 3.7 In view of the short policy period applicable to this policy we will provide you with 14 days' notice of cancellation. Where circumstances, permit, a longer notice period will be provided.

4. Conditions of cover

4.1 Basic automatic cover

- 4.1.1 *Basic automatic cover benefits* are subject to you buying your return *public transport carrier* ticket with your Diners Club SA card. Your card must be used at the point of sale, or you pay can for your *public transport carrier* ticket by using the credit card online facility.
- 4.1.2 The full cost of your return *public transport carrier* ticket must be paid for with your Diners Club SA card.
- 4.1.3 You do not qualify for *basic automatic cover* if you did not use your Diners Club SA card to pay for your return *public transport carrier* ticket. You may however buy the optional top up *benefits* by paying with your Diners Club SA card. For information on the optional top up plans, please contact the Bryte Customer Care Centre on 0860 346 377 (option 4) or email at dinersclub.travel@brytesa.com.
- 4.1.4 You only qualify for *basic automatic cover benefits* when you enter South Africa on an *inbound journey*. Cover for *inbound journeys* is subject to you buying your return *public transport carrier* ticket with your South African Diners Club SA card.

- 4.1.5 When you buy more than one *public transport carrier* ticket with your Diners Club SA card for travellers travelling on the same *insured journey*, we only pay the *total limit of all claims* for any one *accident* or series of *accidents* caused by one event for each travel party or *family*.

5. Paying claims

- 5.1 We pay only for valid claims. We do not pay you more than the *benefit limits*.
- 5.2 We pay the *benefit* to you except where you claim for emergency medical and related expenses while on an *insured journey*. In this case, we pay the *benefit* to the provider of the *medical expenses*. After we have paid the *benefit* for a valid claim, we have no further legal responsibility to you or to anyone else.
- 5.3 We pay the *benefit* to you except when you claim for legal responsibility to a third party while on an *insured journey*. In this case we pay the *benefit* to the person who claims for legal responsibility to a third party. After we have paid the *benefit* for a valid claim, we have no further legal responsibility to you or anyone else.
- 5.4 We only pay the *total limit of all claims* for any one *accident* or series of *accidents* caused by one event for each travel party or *family*.
- 5.5 If we issue two or more travel policies for the same *insured journey* that apply to the same claim, then the most we pay is the highest *benefit limit* shown in one of the policies. We only pay under one policy.
- 5.6 When your children are travelling with you on the *basic automatic cover* on the same *insured journey* we only pay the *total limit of all claims* for you and your children. This applies to each *insured traveller* named on the *travel insurance certificate*. Where the Short-Term Insurance Act (53 of 1998) places limits for insurance for a *child*, we only pay up to these limits.
- 5.7 For *permanent total disability* of a *child*, the most we pay is 20% of the *benefit limit*.
- 5.8 For death of a *child*, the most we pay is the lower amount of either:
- 5.8.1 20% of the *benefit limit*; or
- 5.8.2 The amount allowed by law at the *date of loss*.
- 5.9 You are responsible for any taxes on *benefit* payments.
- 5.10 We do not pay any interest on *benefit limits*.

6. If you have other insurance

This clause does not apply to Section 2: Personal accident.

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

- 6.4.1 Not doing anything that negatively affects or limits our rights;
- 6.4.2 Giving us whatever information and documents we ask you for;
- 6.4.3 Signing any document that we may give you for us to exercise our rights;
- 6.4.4 Giving us permission to contact any of the other insurers about the claim and to contact any third parties that you may have a claim against;
- 6.4.5 We reserve the right to confirm your other short-term insurance.

7. Conducting legal and settlement proceedings in your name

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

8. Public transport carrier tickets

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

9. Payments made in South African Rand

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

10. The contract is agreed in South Africa

- 10.1 For an *international journey*, the *insured journey* must begin and end in South Africa.
- 10.2 For a *local journey*, the *insured journey* must be within the borders of South Africa.
- 10.3 For an *inbound journey*, the *insured journey* will only start once you pass through passport control in your *country of residence*.
- 10.4 You must be a legal citizen or resident in South Africa to travel on this policy, except when travelling on an *inbound journey*.
- 10.5 The laws of South Africa govern this policy.
- 10.6 South African courts have the exclusive authority to hear matters arising from this policy. (This authority is known in law as jurisdiction).

11. SAA Voyager and BA Executive Club Miles

If you bought your return *public transport carrier* ticket with SAA Voyager and BA Executive Club miles earned by using your Diners Club SA card, you qualify for *basic automatic cover benefits*.

F. Events and items we do not insure

These are general events and items we do not insure you for. They apply to the whole policy. Please also check the specific sections (1 – 20) for specific exclusions under those sections. The numbering in the policy wording is not in consecutive order. It reflects only the *benefits* for which you qualify.

1. **Fraud and dishonesty**

We do not pay for any claim under this policy that may be in any way fraudulent or if any fraudulent means or devices are used by you, the *insured traveller*, or anyone acting on your or the *insured traveller's* behalf to claim against any *benefit* under this policy. This includes any *accident*, loss, destruction, damage or liability caused by the willful act of, or with the collusion of the *insured traveller*. All *benefits* under the policy will be forfeited, and the policy will be cancelled. You are not entitled to any refund of premiums and we maintain our rights to recover any amounts already paid under this policy. (Colluding means to act together with another person or people to achieve a dishonest or fraudulent outcome).

2. **Breaking the law**

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

3. **Cyber Loss**

We do not pay for claims or losses arising from *cyber losses*.

4. **Consequential loss**

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

5. **Normal travel expenses**

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

6. **Vouchers and coupons**

We do not pay where you are offered vouchers, credits or coupons by the *public transport carrier*, accommodation provider, cruise company, *travel agent*, *tour operator*, *travel supplier* or *travel wholesaler* for travel at a future date. A voucher, credit or coupon is deemed a monetary refund whether you accept or decline the voucher, credit or coupon.

7. **Travelling other than as a fare-paying passenger**

We do not pay you for claims if you are:

7.1 Travelling by air as part of an aircraft crew or travelling in a non-scheduled aircraft;

7.2 Travelling as a crew member on a ship;

7.3 Travelling illegally.

8. **Emigration**

We do not accept claims if the intention of the *insured journey* is to emigrate.

9. **Medical and related expenses for treatment in South Africa**

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

We do not pay for follow-up treatment in South Africa or your *country of residence*.

10. **Medical conditions you had before insurance started**

We do not insure any medical conditions you had before your travel insurance started. (These are called pre-existing medical conditions). A pre-existing medical condition includes any doctor's consultation or medical advice, treatment, including prescription medication you received from a *medical practitioner* for any chronic or recurring *illness* or *injury* during the year before the insurance under this policy started.

The optional top up plans include cover for pre-existing medical conditions. For information on the optional top up plans, please contact the Bryte Customer Care Centre on 0860 346 377 (option 4) or email at dinersclub.travel@brytesa.com.

11. Travelling for the purpose of receiving medical treatment

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

12. Specific medical conditions

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

- 12.1 Travelling when you have been advised by a *medical practitioner* not to do so;
- 12.2 Travelling when you are unfit to do so;
- 12.3 Pregnancy and giving birth. However, we do insure unexpected medical complications and emergencies that take place in the first 26 weeks of the pregnancy;
- 12.4 Sexually transmitted diseases;
- 12.5 Mental or nervous disorders or *illness* such as psychiatric disorders, depression, anxiety, stress, personality disorders, mental retardation, autism, substance use disorders, psychosexual disorders, adjustment disorders, phobias or other mental disorders or *illness* determined by a qualified member of the South African Society of Psychiatry;
- 12.6 If you have received medical advice or treatment (including medication) for hypertension in the 12 months before the start of the *insured journey*. This exclusion will not apply if you bought the *optional top up cover* that includes insurance under Section 1.2: Emergency medical and related expenses for a medical condition that existed before your *insured journey*.

13. Cardiac or cardio vascular or vascular or cerebro-vascular conditions

If you are 70 years or older, we do not pay for claims caused by or resulting from any cardiac or cardio vascular or vascular or cerebro-vascular *illness* or consequences or complications that can reasonably be related to these conditions.

14. Causing harm to yourself

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

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

15. Under the influence of alcohol or drugs

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

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

16. Motor vehicles

We do not pay for claims arising from:

- 16.1 You as a driver or passenger of a two-wheeled motor vehicle if at the time of the *insured event* any one or more of these conditions existed:
 - 16.1.1 The person in control of the two-wheeled motor vehicle did not have a valid motorcycle license for the vehicle;

- 16.1.2 You were not wearing a crash helmet;
- 16.1.3 You were taking part in a race or hazardous driving;
- 16.1.4 You were participating in off-road motorcycling.

16.2 Any kind of motor racing including but not limited to motor vehicles, speedboats or quadbikes.

17. Specific occupational activities

17.1 Manual labour

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

Manual labour involves physical work including the use, installation, assembly, maintenance or repair of electrical, mechanical or non-mechanical, power tools and industrial machinery, equipment or tools.

Specific exclusions for manual labour

The following manual labour activities are not covered by any of our policies:

Construction work, work above 2 storeys or 3 meters, building sites, mines, any occupation involving heavy lifting.

If you have any queries or would like to confirm your cover while taking part in a manual labour activity, please contact 0860 346 377 (option 4) or email at dinersclub.travel@brytesa.com before taking part.

17.2 Professional sports

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

A professional sports player is any person who receives a fee, endorsement, financial reward or gain as a result of you taking part in the sport.

18. Insolvency of travel supplier, travel wholesaler or airline

We do not pay for claims arising from the *insolvency* of the *travel supplier*, *travel wholesaler* or any other organisation involved in the *insured journey*.

19. Military, war and similar events

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

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

20. Nuclear material

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

21. Poisonous, biological, or chemical materials

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

22. Search and rescue costs

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

23. Failure of the electricity grid

We do not pay for claims caused directly or indirectly from the failure of any electricity grid in South Africa.

24. Concurrent clause

This policy does not cover any claim, loss, damage, cost, expense or liability which results or arises from or is contributed by any other cause or event that contributes concurrently or in sequence to the claim, loss, damage, cost or expense or liability where that other cause or event is not expressly insured, or is expressly excluded, under this policy.

25. Bryte Sanctions clause

We will not provide any cover, make any payments or provide any service or *benefit* to any *insured traveller* or other party that will violate any applicable trade or economic sanctions law or regulation.

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

Basic automatic travel insurance does not include cover for sport, *hazardous activities* or adventure sports.

There are three optional top up plans which includes cover for sports, *hazardous activities*, or adventure sports. For information on the optional top up plans, please contact the Bryte Customer Care Centre on 0860 346 377 (option 4) or email at dinersclub.travel@brytesa.com.

G. How to claim

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

1. Tell us about your claim

1.1 You must give us notice in writing:

1.1.1 Within 90 days of an *accident* that might give rise to a claim under Section 2: Personal accident of this policy.

1.1.2 Within 30 days of any other *insured event*.

1.2 We only pay a *benefit* for death if we receive a death certificate within 90 days of the *insured event*. We have the right to have a coroner or relevant *medical practitioner* examine the body. (This is known as a post-mortem examination or an autopsy.)

2. Complete a claim form and give us proof

Call Bryte Travel on 0860 346 270 to get a claim form posted or emailed to you.

Alternatively, for your convenience you can register and submit your claim online by visiting our website <https://travelinsurance.brytesa.com/claim>

You must, at your own cost, give us all proof that we ask for about the *insured event*. Please see the table on pages 24 to 25 for the documents we need. This list is not exhaustive, and we may request further supporting documentation.

3. Undergo medical examinations

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

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

4. Report crimes to the police

You must report all criminal events to the police in the country where the *insured event* occurred. You must give us a copy of the police report when we ask for it.

5. Do not admit legal responsibility to third parties

5.1 After an *insured event*:

5.1.1 Do not tell any third party that you were at fault;

5.1.2 Do not offer to settle or pay a third party's claim against you without our written consent;

5.1.3 Do not make any promises of payment or *indemnity* to anyone else relating to the *insured event*.

5.2 If you do any of these, we have the right to reject your claim and any third party's claim. This is because, by doing any of these, you might open yourself up to claims against you. This could include claims or charges being brought against you by a third party or the police. By admitting legal responsibility, you could negatively affect our negotiations with third parties. You might not be responsible, even when you think you are, or you might have less legal responsibility than you believe.

6. Table showing proof we need for claims

A. Benefit section	B. Proof we need
For all claims	<ol style="list-style-type: none"> 1. A completed and signed claim form; 2. Copy of your <i>travel insurance certificate</i> (where applicable); 3. Copy of your <i>public transport carrier</i> ticket (air ticket, train ticket, bus ticket, cruise ticket, etc.); 4. Copy of a cancelled cheque or a letter from your bank, no older than 3 months, confirming your bank details; 5. Copy of all receipts and itemised invoices you received from your <i>travel agent, tour operator, travel supplier or travel wholesaler</i>; 6. Copy of your Diners Club SA card bank statement reflecting the purchase of your <i>public transport carrier</i> ticket; 7. Proof of your <i>other insurance</i>.
Section 1: Emergency medical and related expenses	<ol style="list-style-type: none"> 1. Comprehensive medical report from treating <i>medical practitioner</i> (diagnosis); 2. Report from your local <i>medical practitioner</i> stating what treatment was received 12 months before the start date of the policy; 3. Proof of costs incurred for <i>medical expenses</i>; 4. Detailed description of the event that led you to seek <i>medical treatment</i>; 5. Details of your medical aid (if any); 6. Copy of a valid driver's license and blood alcohol results if the <i>insured traveller</i> was the driver in a motor vehicle <i>accident</i>.
Section 2: Personal accident	<ol style="list-style-type: none"> 1. Medical reports; 2. Death certificate showing the cause of death (if the claim relates to accidental death); 3. Inquest and post-mortem reports when they become available (if the claim relates to accidental death); 4. Police report if death is due to an <i>accident</i>. The report must include the name of the police station and reference number if death is being criminally investigated; 5. Copy of valid driver's license and blood alcohol results if the <i>insured traveller</i> was the driver in a motor vehicle <i>accident</i>.
Section 3: Bryte Travel Assist services	<ol style="list-style-type: none"> 1. Copy of receipts for expenses incurred; 2. In the case of death, a copy of the death certificate indicating the cause of death and all medical reports.
Section 6: <i>Baggage delay</i>	<ol style="list-style-type: none"> 1. Letter from <i>public transport carrier</i> giving the reason for and the length of the delay; 2. Any written settlement offer from the <i>public transport carrier</i>; 3. Receipts for essential expenses you incur; 4. A copy of the stamped pages of the passport showing your departure and arrival dates;

A. Benefit section	B. Proof we need
Section 7: Travel delay	<ol style="list-style-type: none"> 1. Letter from <i>public transport carrier</i> giving reason for and the length of the travel delay; 2. Copy of receipts for additional <i>travel costs</i>; 3. Copy of receipts for essential expenses; 4. Copy of police report confirming theft of <i>travel documents</i>; 5. Repairers report if travel delay is due to mechanical breakdown of the motor vehicle in which you were travelling to the point from where your <i>public transport carrier</i> would depart; 6. Any written settlement offer or compensation from the <i>public transport carrier</i>.
Section 8: Legal responsibility to third parties	<ol style="list-style-type: none"> 1. Copy of any legal documents you receive, for example a lawyer's letter, a letter of demand, a summons; 2. A written description of the <i>insured event</i>; 3. Any written settlement offer you may get.
Section 9: <i>Hijack</i>	<ol style="list-style-type: none"> 1. Copy of the police or relevant authority report.
Section 20: Purchase protection	<ol style="list-style-type: none"> 1. Copy of your Diners Club SA card statement showing the purchase you made; 2. An itemised receipt from the retailer showing the purchase you made; 3. Copy of police report if your purchase was stolen .

7. If we do not accept your claim

- 7.1 If we reject your claim, we will inform you in writing. You have the right to object to our decision. Your objection must be in writing and we must receive it within 90 days of the date of the rejection letter.
- 7.2 You may write to our Compliance Officer or the Short-Term Insurance Ombudsman if you are not satisfied with the outcome of your claim.
- 7.3 If the matter is not resolved and you choose to start legal proceedings against us, you must do so within 6 months from the end of the 90-day period for the objection.
- 7.4 All time limits will be on hold while a rejected claim is being considered by your legal representative or by the Ombudsman.

Specific benefits of the policy

Please note that the sections listed below are not in consecutive order. It reflects only the *benefits* for which you qualify. Please check your *travel insurance certificate* to see what you are insured for.

Section 1: Emergency medical and related expenses

Definitions for this section

Emergency medical expenses	All reasonable expected costs that we alone decide are medically necessary for <i>illness</i> or <i>injury</i> on an <i>insured journey</i> .
Hospital	Any legally constituted establishment that operates according to the laws of the country in which it is situated. It must meet all of the following criteria to be recognised as a <i>hospital</i> : <ol style="list-style-type: none"> 1. It operates primarily for receiving, caring for and treating sick and injured people as <i>in-patients</i>; 2. It admits <i>in-patients</i> only under the supervision of a <i>medical practitioner</i>; 3. It maintains organised facilities for the medical diagnosis and treatment of sick and injured people and, where appropriate, provides on-site facilities for major surgery; 4. It provides full-time nursing services by or under the supervision of a staff of nurses; 5. It is not a day clinic, health hydro or nature clinic; 6. It is not a mental institution, an institution maintained primarily for the treatment of psychiatric diseases, or the psychiatric department of a <i>hospital</i>; 7. It is not a place for the treatment of chemical dependency or an establishment or a special unit of a <i>hospital</i> used primarily as a place for treatment of drug addicts or alcoholics; 8. It is not a hospice, a frail care centre, a rest home or nursing, convalescent-assisted living, or extended care facility.
Reasonable and expected medical expenses	The standard costs that are medically required for treatment, including the costs of supplies and medical services. We do not pay for costs that are more than either of the following: <ol style="list-style-type: none"> 1. The usual level of costs for similar treatment, supplies and medical services in the locality where the costs are incurred; 2. The costs for treatment that would have been charged if you did not have insurance.

How we pay

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

What we insure

1.1 Emergency medical expenses

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

We pay for reasonable additional accommodation costs in three-star accommodation if your trip is extended beyond your scheduled return date due to medical reasons.

1.3 Medical evacuation, transport to medical centres, return to South Africa or your country of residence

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

1. Transfer you to another location to get necessary *medical treatment*;
2. Return you to South Africa or your *country of residence*;
3. Pay for the cost of the emergency transport service, including the necessary accompanying medical staff;
4. If you are travelling aboard a seafaring vessel, we will provide emergency services from the nearest port or harbour.

Conditions for medical evacuation, transport to medical centres, return to South Africa or your country of residence

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

1.6 Hospital cash

We pay for your *hospital* stay as an *in-patient* if the *medical practitioner* decides it is necessary to diagnose and treat an *illness* or *injury* you suffered from while on an *insured journey*. We pay the *benefit limit* for each full day that you are in *hospital*. For this *benefit*, a day is a period of 24 hours starting from the time you are admitted and continuing until you are discharged. We only pay for full days so if you remain in *hospital* for a portion of a day, that time is not counted. For example, if you are in *hospital* as *in-patient* for 58 hours, we will pay only for two 24-hour periods (48 hours). We do not pay for the remaining 10 hours you are in *hospital*.

Specific conditions for Section 1

1. You must obtain written consent from us before you incur expenses over R10,000. If you do not get this written consent, we do not pay more than R10,000.
2. We pay medical and related expenses until you are advised by a *medical practitioner*, we appoint that you can return to South Africa or your *country of residence*. If the *medical practitioner* decides that you can return but you choose not to, you must pay all further medical and related expenses that you incur from that date. We have the right to use your original travel tickets. Any refund you would get from unused tickets belongs to us.
3. If you cannot return to South Africa or your *country of residence* on the end date stated on your *travel insurance certificate* because of an *insured event* under this Section 1: Emergency medical and related expenses and your policy ends, we automatically extend it. We will extend the *period of insurance* until you are medically fit to return to South Africa or your *country of residence* for up to one year after the *insured event* occurred. A *medical practitioner* we appoint will decide when you are medically fit to return.

Specific exclusions for Section 1

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

1. Any medication or treatment you started before the start date of the *insured journey*;
2. Diagnostic treatment not considered by a *medical practitioner* as immediately necessary;
3. Specialist *medical treatment* without a referral from a *medical practitioner*;
4. Any procedures relating to dental hygiene or oral hygiene;
5. Contraceptive devices, prosthetic devices, medical appliances or artificial aids;
6. Preventative treatment, including any vaccinations or immunisations;

7. Physiotherapy or chiropractic treatment of more than R1,000, unless you are admitted to a *hospital* as an *in-patient*;
8. A *medical practitioner* has advised you not to travel;
9. Treatment that you and your *medical practitioner* are aware may arise during the *insured journey*;
10. Cosmetic surgery;
11. A terminal prognosis with a life expectancy of less than 24 months diagnosed before you started the *insured journey*;
12. Cardiac or cardio vascular or vascular or cerebro-vascular *illness* or consequences or complications that, in the opinion of a *medical practitioner*, can reasonably be related to these conditions for persons aged 70 years or older.
13. Travelling for the purpose of receiving *medical treatment*.
14. Any *medical expenses* you incur in South Africa, except when travelling on an *inbound journey*;
15. Treatment which, in the opinion of our *medical practitioner*, can reasonably be delayed until you return to South Africa or your *country of residence*;
16. Expenses over R10,000 without our prior written consent;
17. Renewal of prescriptions.

Section 2: Personal accident

Definitions for this section

There are no extra definitions for this section. Please refer to the definitions on pages 11 to 14.

How we pay

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

What we insure

2.1 Death or permanent total disability – excluding air travel

This *benefit* does not apply to the time that you are travelling in an aircraft. For air travel *benefit* see below 2.2 Death or permanent total disability – insurance for air travel only.

If you suffer an *injury* that results in death or permanent disability, we pay you a percentage of the *benefit limit* set out in the table at the end of this section.

If you disappear and after 12 months it is reasonable to believe that you may have died from an *injury*, we pay the death *benefit* to your beneficiary. Your beneficiary must give us a signed undertaking that the *benefit* will be refunded to us if you did not die or if you did not die from an *insured event*. A beneficiary is the person you choose to receive the *benefit* from us if you die.

2.2 Death or permanent total disability – insurance for air travel only

If you suffer an *injury* that results in death or permanent disability, we pay you a percentage of the *benefit limit* set out in the table at the end of this section.

This *benefit* applies if you suffer an *injury* on an *insured journey* while you are in, boarding or getting off the *public transport carrier*.

Specific conditions for Section 2

1. If we accept a claim for *permanent total disability*, we pay the *benefit limit*. After we make a payment, your insurance under this Section 2: Personal accident comes to an end.
2. We only pay for *permanent total disability* if we receive proof from your *medical practitioner* that the disability will most likely continue for the rest of your life.
3. We do not pay more than 100% of the *benefit limit* when more than one *injury* arises from the same *accident*.
4. We pay the *benefit limit* for either:
 - 4.1 Death or *permanent total disability* – excluding air travel; or
 - 4.2 Death or *permanent total disability* – insurance for air travel only.
5. A *medical practitioner* must diagnose that the *permanent total disability* is permanent and confirm this in a report to us.
6. If you have an existing *illness*, weakness or other physical or mental disability and it is made worse by an *accident*, we will calculate the *benefit* by the degree the condition is made worse. We base our calculations on medical evidence.
7. If you have a medical condition that existed before this policy started and that medical condition is made worse by an *accident*, we calculate the *benefit* by the degree the medical condition is made worse. We base our calculations on medical evidence.
8. If the consequences of an *accident* are worse because of a medical condition that existed before this policy started, we calculate the *benefit* by considering the consequences the *accident* would have had

if the medical condition did not exist. This does not apply if the medical condition came about because of an earlier *accident* you had for which a *benefit* has been or will be paid under this policy.

9. If you die of natural causes before your disability is confirmed by a *medical practitioner*, we pay what we would have had to pay for the total permanent disability according to specific condition 4.1 above. We do not pay the *benefit* that applies to death.
10. If a *child* dies, we pay the lower amount of either:
 - 10.1 20% of the *benefit limit*; or
 - 10.2 The amount that is stated by law at the *date of loss*.
11. For *permanent total disability* of a *child*, the most we pay is 20% of the *benefit limit*. However, we do not pay any *benefit* for occupational disability of a *child*.

Specific exclusions for Section 2

We do not pay any *benefit* under this Section 2: Personal accident as a result of any of the following:

1. Any *insured event* caused by any type of *illness* or bacterial infection. We do pay, however, if you get the *illness* or bacterial infection from blood poisoning or *medical treatment* resulting from an accidental cut or wound;
2. You committing or attempting to commit suicide;
3. Taking part in sports, *hazardous activities* or adventure sports.

Table of benefits for death or permanent disability

Insured event	Percentage of benefit limit that we pay
Category 1 – Death	100%
As a result of an <i>accident</i>	100%
As a direct result of exposure to the elements of nature as a direct result of an <i>accident</i>	100%
Disappearance where presumed dead	100%
Category 2 – <i>Permanent total disability</i>	100%
As a result of an <i>accident</i>	100%
As a direct result of exposure to the elements as a direct result of an <i>accident</i>	100%
Category 3 – <i>Permanent total disability</i>	
Total, permanent and irrecoverable loss of hearing in both ears	100%
Total, permanent and irrecoverable loss of hearing in one ear	50%
Total, permanent and irrecoverable loss of sight in both eyes	100%
Total, permanent and irrecoverable loss of sight in one eye	50%
Total, permanent loss of both hands or feet	100%
Total, permanent loss of one hand or one foot	50%
Total, permanent loss of speech	100%
Total, permanent loss of four fingers and thumb of either hand	50%
Total permanent disabilities not otherwise provided for under the <i>insured events</i> under permanent disability	15%

Section 3: Bryte Travel Assist services

Definitions for this section

Tour operator	Combines and organises two or more travel services such as transport, accommodation and sightseeing into an all-inclusive holiday package which is sold through <i>travel agents</i> or directly to the public.
----------------------	---

How we pay

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

What we insure

3.1 Assistance services

We offer you our 24-hour worldwide assistance services.

We arrange access to the following services:

1. Cash transfer advice. If you need money to pay for travel or accommodation because of theft, loss, *illness* or *injury*, we will advise you on the process you must follow to get money.
2. Consular and embassy referral. Where possible, we will give you the details of the representative of the relevant consulate or embassy. For example, if you have lost your passport or *travel documents*.
3. Emergency travel and accommodation arrangements. Where possible, we will help you to arrange emergency alternative transportation and accommodation.
4. Premature return in the event of the death or imminent death of a *family* member or *business associate*. Where possible, we will help you to arrange alternative transportation.
5. Sending urgent messages. We will help you to send urgent personal messages on your behalf or get messages to you if you experience travel delay or suffer from *illness* or *injury*.
6. Evacuation assistance. If there is a catastrophe or terrorist threat or attack, we will attempt to arrange emergency evacuations. This includes access to private and commercial aircrafts and extensive air transport systems. This is an assistance service. You must pay for the costs of the evacuations if they do not form part of an emergency medical claim.
7. Replacement of lost *travel documents*. Where possible, we will assist you in arranging emergency alternative *travel documents*.
8. 24-hour medical emergency telephone line. Bryte Travel Assist medical personnel including nurses and doctors are available 24 hours a day to provide medical advice and information.

3.2 Visit by a family member

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

3.3 Return of stranded children

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

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

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

Condition for return of stranded children

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

3.4 Return of stranded travel companion

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

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

If it is not possible to change their tickets, we arrange and pay for their transport back to South Africa.

Condition for return of stranded travel companion

Your *travel companion* must also have insurance under a Bryte travel policy.

3.6 Legal assistance when you are abroad

If you are imprisoned or threatened with imprisonment while on an *insured journey*, we help you find a lawyer. We do not pay for the legal expenses you pay to the lawyer.

3.9 Burial, cremation or return of your mortal remains

If you die on an *insured journey*, we pay for the reasonable cost for your burial or cremation in the country where the *insured event* occurred. Alternatively, we pay the reasonable expenses to return your body, *baggage* and *personal belongings* to South Africa or your place of residence.

If you die on an *insured journey*, we pay for the coffin expenses when your body is returned to South Africa or your place of residence.

Specific conditions for Section 3

You must get our confirmation before you incur any expenses under Section 3: Bryte Travel Assist services. For confirmation contact us on +1 416 977 6705 (reverse call charges accepted).

Section 6: Baggage delay

Definitions for this section

There are no extra definitions for this section. Please refer to the definitions on pages 11 to 14.

How we pay

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

What we insure

6.4 We refund you the reasonable expenses you incur to replace essential items if your *baggage* is delayed by a *public transport carrier* for more than 6 hours. We only refund you for essential items you have to buy within 4 days of your arrival at your intended destination. We do not refund you for expenses you incur to replace essential items when you arrive back in South Africa or your *country of residence*.

Specific conditions for Section 6

1. You must report the delay of *baggage* that happens at the destination airport to the airline or airport authority immediately. You must get a written acknowledgement of the report.

Specific exclusions for Section 6

We do not pay for:

1. Any loss if you cannot show receipts for buying emergency items or essentials if your *baggage* is delayed;
2. Any loss you cannot prove by written confirmation from the *public transport carrier* on the number of hours and the reason for the delay.

Section 7: Travel delay

Definitions for this section

There are no extra definitions for this section. Please refer to the definitions on pages 11 to 14.

How we pay

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

What we insure

7.1 Travel delay

We refund you for the reasonable essential expenses you incur for accommodation, transportation, restaurant meals and refreshments if the *public transport carrier* does not provide these after unforeseen travel delays because of:

1. Accidental loss or theft of *travel documents*;
2. Breakdown or an *accident* involving the private vehicle you use to get to the point from where your *public transport carrier* would depart;
3. Delay of the scheduled departure of your *public transport carrier* due to any of the following:
 - 3.1 Industrial dispute, strike or action;
 - 3.2 Poor weather conditions in the country from, to or through which you are travelling;
 - 3.3 Technical breakdown;
 - 3.4 Failure of *public transport carrier* services.

The travel delay must be more than 4 hours. This is known as the period of delay. When you have more than one delay, each delay must be more than 4 hours.

Exclusions for travel delay

We do not pay for expenses you incur for travel delay in any of the following circumstances:

1. Where a similar alternative *public transport carrier* has been made available to you within the period of delay;
2. Where you do not check in according to the itinerary;
3. Where the delay is due to industrial dispute, strike or action which existed or for which notice had been given before the start date of the *insured journey*;
4. Where the delay is due to the withdrawal from service of any *public transport carrier* on the orders of any government or regulatory body in any country in which notice had been given before the start date. You must direct your claim to the *public transport carrier* you were booked to travel on;
5. Where the delay is caused by the *public transport carrier* and the cost of expenses can be recovered from the *public transport carrier*;
6. For any loss that is not confirmed in writing by the *public transport carrier* setting out the number of hours and the reason for the delay, as well as the scheduled and actual departure times and confirmation of your check in.

Section 8:

Legal responsibility to third parties

Definitions for this section

Indemnity	An amount paid or promised for payment as compensation for a loss suffered by a third party.
------------------	--

How we pay

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

What we insure

- 8.1 We pay amounts that you become legally responsible to pay for because your actions have resulted in:
1. The death of a third party;
 2. *Injury* of a third party;
 3. Loss of or damage to the property of a third party.

Specific conditions for Section 8

1. You must not admit fault or legal responsibility to the third party or any other person without our consent in writing beforehand.
2. You must not make any offer, promise, payment or *indemnity* without our consent in writing beforehand.
3. You must give us written notice with full details of the event that may give rise to a claim within 30 days of the end date of an *insured journey*.
4. You must send us copies of every letter, legal demand, summons and other legal documents immediately after you receive them.
5. We may take over the defense and settlement of a claim in your name for our *benefit*. We alone may decide the best way to conduct proceedings and settlements of claims.
6. If you have already paid an amount to the third party with our consent, we will refund the amount you have paid. We pay the third party the balance of the claim, if any.

Specific exclusions for Section 8

We do not pay for your legal responsibility to a third party that arises from death, *injury* or loss as a result of your intentional acts. We do not pay for amounts that you become legally responsible to pay if that legal responsibility arises directly or indirectly from any of the following:

1. *Injury* to you or to any *family* member who ordinarily lives with you, the person you are staying with on your *insured journey* or a *travel companion*;
2. *Injury* to you or to your employees arising from your or their employment;
3. *Injury* or loss or damage to property arising out of your profession, *business* or trade, or from professional advice you have given;
4. Loss or damage to property owned or controlled by you or a *family* member or a *travel companion* who ordinarily lives with you;
5. Your ownership, possession or use of any caravan, mechanically propelled vehicle (other than golf carts and motorised wheelchairs), aircraft or other aerial device, hovercraft (other than hand-propelled or sailing craft in territorial waters);

6. Your ownership or possession of any animals;
7. Any contract unless your legal responsibility would have arisen if there were no contract;
8. Judgements that are not in the first instance either delivered by a court of competent jurisdiction in South Africa or in the country the event happened in;
9. Costs relating to any judgements, awards, payments, or settlements made in the United States of America or Canada or any country that operates under the laws of these countries, even if the costs are approved by a court in another country;
10. Any claim for fines, penalties, punitive, aggravated or vindictive damages;
11. Your intentional or unlawful or criminal acts;
12. A legal responsibility insured by *other insurance*.

Section 9: Hijack

Definitions for this section

Hijack	Using force or the threat of force to take the unlawful control of the <i>public transport carrier</i> that you are travelling in or on.
---------------	--

How we pay

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

What we insure

9.1 *Hijack of a public transport carrier.* We pay if the *public transport carrier* you are travelling in is *hijacked* and you are held hostage.

Specific conditions for Section 9

You must send us a detailed, sworn statement of loss as soon as possible after the *insured event*. You must co-operate with us in all matters relating to this insurance.

Specific exclusions for Section 9

We do not pay for loss caused directly or indirectly from:

1. Any demand for ransom money;
2. Actual loss of or damage to property of any description, including intellectual property, as a result of an *insured event*;
3. An *insured event* that takes place in the following countries or regions:
 - 3.1 Angola, Brazil, Colombia, Mexico, Nigeria, Philippines, Somalia and Venezuela;
 - 3.2 Any country where the British Foreign and Commonwealth Office or South African Department of Foreign Affairs has issued a travel warning;
 - 3.3 Any country in which the United Nations armed forces are present and active.
4. Your failure to evacuate from the country you are travelling in within 10 days after an advisory against travel to that country has been issued.

Section 20: Purchase protection

Definitions for this section

There are no extra definitions for this section. Please refer to the definitions on pages 11 to 14.

How we pay

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

What we insure

20.1 We pay for the accidental loss, theft, or damage to new items you buy on your *insured journey* within three months from the date of purchase. We refund you the reasonable expenses you incur to replace the item purchased.

Specific condition for Section 20

1. You must pay for the full costs of the items listed in 20.1 of this section with your Diners Club SA card.
2. You must take care of and keep safe the items listed in 20.1 of this section. You must not leave the items unattended in a public place or in an unlocked vehicle, room, or building.
3. You must take all reasonable steps to attempt to recover items listed in 20.1 of this section if they are accidentally lost, damaged or stolen.
4. You must report any theft of items to the local police or appropriate authority as soon as possible after you discover the loss. You must get a written acknowledgement of the report.
5. If you claim the accidental loss, damage, or theft of one or more items the most we pay is the *benefit limit* for purchase protection shown on the *schedule of benefits*. This applies even if the sum of all your claims is more than that amount.
6. You must provide us with the original receipt and a copy of your Diners Club SA card statement reflecting the purchase.
7. We only provide cover for items that are not covered by other applicable guarantees, *warranties*, or insurance.
8. For items that are part of a pair or set, we will pay up to the *benefit limit* for the pair or set if the item cannot be used individually or replaced individually.

Specific exclusions for Section 20

We do not pay for:

1. Loss, destruction, or damage arising from confiscation or detention by customs or other officials or government authorities;
2. Any loss, damage, or theft you cannot prove. We may ask you to show us your *travel tickets*, tags, relevant receipts, and proof of ownership;
3. Any loss, theft or damage not reported to the relevant police authority;
4. Any loss, theft or damage to checked-in *baggage* not reported to the relevant *public transport carrier*;
5. Theft carried out directly or indirectly by *family*, *business associates*, or *travel companions*;
6. Damage caused by not following the manufacturer's manual;
7. Loss, damage, or theft of second-hand items;

8. Loss, theft, or damage to items left unattended in a public place;
9. Theft from an unattended and unlocked vehicle. This exclusion will not apply if the vehicle has been *hijacked* or has been involved in a road *accident*, and due to circumstances beyond your control the items are unprotected;
10. Jewellery, watches, precious metals, and gemstones;
11. Motor vehicles, motorcycles, bicycles, boats, caravans, trailers, hovercraft, aircraft, and its accessories;
12. Cash, travellers' cheques, tickets, documents, currency, silver and gold, art, antiques, rare coins, stamps, and collector's items;
13. Animals, living plants, consumables, perishable goods;
14. Real estate and moveable fixtures and fittings that form part of the real estate;
15. Electronic items and equipment used for *business* purposes;
16. Damage due to normal wear and tear;
17. Mail order or courier delivered items until the items have been received, checked for damage, and accepted;
18. Mechanical or electrical breakdown;
19. Damage to or loss of any items intended for sale or trade;
20. Items without the original manufacturer's serial number;
21. Damage to firearms whilst in use;
22. Damage to or replacement of electronic data or software;
23. Scratching or breakage of fragile or brittle items;
24. Damage or loss caused by alterations.

Your right to know:

Information about your short-term insurance: Travel Insurance

This document forms part of your insurance policy with us and it contains information that you have the right to know.	
1. Your insurer	
Name:	Bryte Insurance Company Limited ("Bryte")
Company registration number:	1965/006764/06
Licensed insurer and authorised FSP license number:	I070 / 17703
VAT registration number:	4530103581
Services:	Advice and Intermediary
Categories:	Short Term Insurance (Personal Lines and Commercial Lines)
Professional Indemnity and Guarantee:	Bryte has Professional Indemnity and Fidelity Guarantee Insurance
Physical/Postal address:	Rosebank Towers, 5th Floor, 15 Biermann Avenue Rosebank, 2196, South Africa
Contact telephone number:	+27 (0)11 088 7000
Email address:	corporate.communications@brytesa.com
Website:	www.brytesa.com
Compliance email address:	compliance@brytesa.com
Compliance contact person:	Head of Compliance
2. Written mandate to agents to act on behalf of insurer	
We confirm that we have given authority to the agent (including any <i>travel agents</i>) to represent us and to accept business and issue policies on our behalf. You can contact your agent for more details.	
3. Details of how to claim	
If you have a claim, please do the following:	
<ul style="list-style-type: none">• Tell us by contacting our claims department at the above address or by telephone on 0860 346 270 or +27 (0) 10 498 7869.• We will give you a claim form by hand, email or postal address according to your instruction.• Complete the claim form and return it to us at the above address or email it to us at dinersclub.travelclaims@brytesa.com.• Alternatively, for your convenience you can register and submit your claim online by visiting our website https://travelinsurance.brytesa.com/claim• We will then attend to your claim and let you know the outcome.• If you have any problems, please contact our claims department and someone will help you.	

4. Complaints management desk	
Non-Claims Complaints	
In the event of you being dissatisfied with any services/disclosure aspects or you have any queries, please contact us on:	
Telephone number:	0800 12 11 70
Email:	nonclaimscomplaints@brytesa.com
Claims Complaints	
In the event of you being dissatisfied with the way in which your claim is being handled, please contact us on:	
Telephone number:	0800 12 11 70
Email:	claims.complaints@brytesa.com
5. Escalation of complaints	
Details of the Short-Term Insurance Ombudsman	
If you are not satisfied with how we have dealt with your complaint, you may contact the Short-Term Insurance Ombudsman at:	
Postal address:	PO Box 32334, Braamfontein, 2017
Contact telephone number:	Share Call: 0800 726 890 / +27 (0)11 726 8900
Email:	info@osti.co.za
Website:	www.osti.co.za
Details of the FAIS Ombudsman	
If you have a FAIS complaint, you may contact the FAIS Ombudsman at:	
Postal address:	P.O Box 41, Menlyn Park, 0063
Contact telephone number:	Share Call: 086 066 3274 +27 (0) 12 762 5000 / +27 (0) 12 492 9711
Email:	info@faisombud.co.za
Website:	www.faisombud.co.za
(This document is called a Disclosure Notice in terms of Financial Advisory Intermediary Services Act No 37, 2002 "FAIS")	
6. Conflict of interest policy	
The protection of your interests is our primary concern and we strive to ensure that there is no circumstance that could give rise to actual or potential conflict of interest in dealing with you. For more details, please click on this link: https://www.brytesa.com/legal/fais-disclosure/	
7. Waiver of rights	
The FAIS Code of Conduct provides that no provider may request or induce in any manner a customer to waive any right or benefit conferred on the customer by, or in terms of, any provisions of this code, or recognise any such waiver by the customer and any such waiver is null and void.	

This document contains important information regarding Standard Bank Insurance Brokers Proprietary Limited (SBIB, our, we, us). When you agree to the insurance cover, it becomes a legally binding agreement between you and us. Please read this document carefully and ensure that you understand its contents.

Disclosure and Declaration

As a client of The Standard Bank of South Africa Limited (we/our), which is a juristic representative of SBIB, you have the right to the information in this document.

Your financial services provider	
Name:	Standard Bank Insurance Brokers (Pty) Ltd
FSCA license:	FSP Number 224
Company VAT number:	4040108880
Street address:	4 Ellis Street, Constantia Kloof, Roodepoort 1709
Postal address:	PO Box 31435, Braamfontein 2017
Telephone number:	0860 123 999
Fax number:	0861 113 289
Legal status of SBIB and SBSA	
<ul style="list-style-type: none"> • SBIB (registration number 1978/002640/07) is a Category 1 authorised financial services provider. • SBIB is a wholly owned subsidiary of The Standard Bank Financial Services Holdings (Pty) Ltd, which is a part of the Standard Bank Group (the Group). • The Standard Bank of South Africa Limited (SBSA) is a juristic representative (JR) of SBIB and is authorised in terms of a written mandate to render intermediary services on SBIB's behalf. • The Group has shareholding in other companies including the Liberty Group – details in this regard can be supplied on request or can be viewed at www.standardbank.co.za. • SBIB has no shareholding in any insurer. 	
Professional indemnity insurance	
We hold professional indemnity and fidelity insurance.	
Complaints	
If you have a complaint, please contact our Customer Resolution Centre to record and acknowledge receipt of your complaint:	
<ul style="list-style-type: none"> • Telephone: 0860 101 101 • Email: Complaint.ResolutionCentre@standardbank.co.za 	
A copy of our complaints handling process is available on request or can be viewed on www.standardbank.co.za .	

FAIS Ombudsman		
<p>You can request assistance from the Ombudsman if you believe that your complaint has not been resolved satisfactorily by us within 6 weeks of lodging your complaint. You need to refer the dispute to the Ombud within 6 months of the issue remaining unresolved.</p>		
<p>The details of the Ombudsman:</p>		
Street address:	125 Dallas Avenue Menlyn Central, Waterkloof Glen, Pretoria 0010	
Postal address:	P.O Box 41, Menlyn Park, 0063	
Contact number:	Telephone: +27 12 762 5000 / +27 12 492 9711	
Fax numbers:	+27 12 348 3447 / +27 12 470 9097 / 0867 641 422	
Email address:	info@faisombud.co.za	
Website:	www.faisombud.co.za	
Conflicts of Interest:		
<p>The Standard Bank of South Africa Limited and Liberty Holdings Limited are subsidiaries of Standard Bank Group Limited ("SBG"). Liberty Holdings Limited in turn comprises various subsidiaries, including Liberty Group Limited and Stanlib Limited (of which Stanlib Asset Management (Pty) Limited, Stanlib Collective Investments RF (Pty) Limited, and Stanlib Wealth Management (Pty) Limited are subsidiaries).</p> <p>The profits from the distribution of products of Liberty Group Limited and Stanlib Limited are shared with SBG, through preference shares in Liberty Group Limited.</p> <p>We subscribe to the Group's FAIS Conflict of Interest Management Policy, which can be found on www.standardbank.co.za by clicking on the FAIS Conflicts of Interest Management Policy.</p> <p>Our employees are salaried and may also be motivated through a variety of performance-based incentives.</p>		
FAIS Licensed Compliance Officer		
Name:	Sue Chetti	
Title	FAIS Compliance Officer	
Contact details:	+27 11 547 1183	
Email address:	GroupFAISComplianceofficer@standardbank.co.za	
Representative FAIS status and products		
<p>SBIB has no limitations or restrictions on its FAIS licence. A copy of the general conditions applicable to SBIB's licence can be made available on request. SBIB's licence is displayed at all business premises of SBSA where financial services are rendered.</p> <p>SBIB is licensed under the FAIS Act to provide intermediary services in respect of the following product subcategories:</p>		
Class of business (COB)	Subcategory	Description
COB 1	1.2	Short term insurance Personal Lines
COB 1	1.23	Short term insurance Personal Lines A1
COB 2	1.6	Short term insurance Commercial Lines
COB 3	1.1	Long term insurance Category A
COB 3	1.3	Long term insurance Category B1
COB 3	1.22	Long term insurance Category B1-A

Product Suppliers	
SBIB has contractual relationships with various product suppliers.	
In terms of the Intermediary agreement, Bryte Insurance is authorised to market Standard Bank and Diners Club Travel Insurance products from the following product supplier/s:	
Name:	Bryte Insurance Company Limited
Company VAT number	4530103581
Physical/Postal address:	Rosebank Towers, 5th Floor, 15 Biermann Avenue Rosebank, 2196, South Africa
Telephone number:	+27 11 088 7000
Name of Compliance Officer:	The Compliance Officer
Contact number:	+27 11 088 7000
Complaints contact number:	General Complaints
	Telephone number: 0800 121 170
	Claims Complaints
	Telephone number: 0800 121 170
Complaints email address:	General Complaints Email: nonclaimscomplaints@brytesa.com
	Claims Complaints Email: claims.complaints@brytesa.com
Products:	Travel Insurance
Further to this, SBIB has contractual relationships with a number of other product suppliers, a list of which can be found at www.standardbank.co.za .	
SBIB earns more than 30% of its remuneration/commission from Liberty Group Limited in respect of long-term insurance products and Standard Insurance Limited in respect of short-term insurance products.	
Financial Intelligence Centre Act, 2001 (Act no. 28 of 2001), as amended:	
SBIB is an accountable institution in terms of the Financial Intelligence Centre Act, 2001 (Act No. 28 of 2001), as amended, and as such SBIB is required to comply with the Financial Intelligence Centre Act and its subordinate legislation, (e.g. Prevention and Combating of Corrupt Activities Act, Prevention of Organised Crime Act and Protection of Constitutional Democracy against Terrorist and Related Activities Act). SBIB is required to conduct sanctions screening on all policyholders, beneficiaries and other parties involved with the policy. SBIB has the right to immediately terminate the relationship with the policyholder or refuse to pay out the proceeds of any policy, should SBIB suspect or become aware that the policyholder, beneficiary or any other party involved with the policy is a sanctioned person or entity, involved in terrorist activities, money laundering and/or any other activities which are subject to sanctions according to any applicable laws or as decided by any sanctioning body recognised by SBIB from time to time.	
Termination	
SBIB may terminate its appointment to act as a financial services provider of the policyholder for any reason whatsoever by giving 31 days written notice at the latest email or postal address that SBIB has on record for the policyholder. The policyholder must inform SBIB about any changes in the contact details where the policyholder wants SBIB to send all letters about their relationship.	
Upon termination of SBIB's appointment as a financial services provider, SBIB shall not be entitled to continued payment of commission for the services rendered in terms of this appointment.	
The policyholder may at all times terminate its relationship with SBIB by giving 31 days written notice to SBIB.	
<ul style="list-style-type: none"> • Telephonically at: 0860 123 999 or • Electronically at: sbibs@standardbank.co.za 	

Data Protection	
Group	Standard Bank Group Limited, its subsidiaries and their subsidiaries.
Personal Information	Information about an identifiable, natural person and where applicable, a juristic person, including, but not limited to information about: race; gender; sex; pregnancy; marital status; nationality; ethnic or social origin; colour; sexual orientation; age; physical or mental health; well-being; disability; religion; conscience; belief; culture; language; birth; education; medical, financial, criminal or employment history; any identifying number, symbol, e-mail, postal or physical address, telephone number; location; any online identifier; any other particular assignment of the person; biometric information; personal opinions, views or preferences of the person or the views or opinions of another individual about the person; correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence; and the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.
Process	Any operation or activity, automated or not, concerning Personal Information, including: alteration, blocking, collation, collection, consultation, degradation, destruction, dissemination by means of transmission, distribution or making available in any other form, erasure, linking, merging, organisation, receipt, recording, retrieval, storage, updating, modification, or the use of information. Processing and Processed will have a similar meaning.
We, us, our	The Standard Bank South Africa Limited; Standard Bank Insurance Brokers (Proprietary) Limited and Standard Insurance Limited (where Standard Insurance Limited is the insurer), its successors and assigns.

Data protection	
1.	You consent to us collecting your Personal Information from you and where lawful and reasonable, from public sources for credit, fraud, and compliance purposes, as well as the purposes set out below.
2.	You acknowledge and agree that it may be necessary for us to share your Personal Information from time to time with certain industry bodies (such as the South African Insurance Association), regulatory bodies (such as the Financial Sector Conduct Authority or the South African Reserve Bank), insurers and/or reinsurers, service providers (such as a panel-beater), agents and internal and external assessors (such as a car assessor) and that we will only do this as appropriate or necessary, in order to provide the products and/or services to you and to comply with the laws and our policies and procedures. You expressly consent to us providing your Personal Information to the above third parties for these purposes.
3.	If you give us Personal Information about or on behalf of another person (including, but not limited to, account signatories, shareholders, principal executive officers, trustees and beneficiaries), you confirm that you are authorised to: (a) give us the Personal Information; (b) consent on their behalf to the Processing of their Personal Information, specifically any cross-border transfer of Personal Information into and outside the country where the products or services are provided; and (c) receive any privacy notices on their behalf.
4.	You consent to us Processing your Personal Information: <ul style="list-style-type: none"> • to provide products and services to you in terms of this agreement and any other products and services for which you may apply; • to carry out statistical and other analyses to identify potential markets and trends, evaluate and improve our business (this includes improving existing and developing new products and services);

- in countries outside the country where the products or services are provided. These countries may not have the same data protection laws as the country where the products or services are provided. Where we can, we will ask the receiving party to agree to our privacy policies;
 - by sharing your Personal Information with the insurers, our service providers and any other third parties as may be required in order to provide the products and services to you, locally and outside the country where the products or services are provided. As far as possible, we ask people who provide services to us to agree to our privacy policies if they need access to any Personal Information to carry out their services; and within the Group.
5. You will find our Processing practices in the Group's and our privacy statements. These statements are available on the Group's websites or on request. If you are unsure about your tax or legal position because your Personal Information is processed in countries other than where you live, you should get independent advice or ask your consultant to guide you on how you can get independent advice.

Claims and customer service contact			
Contact centre	Description	Email address	Contact details
Bryte Travel Assist 24/7	For emergency medical and related assistance	assistance@wtp.ca	Tel: +1 416 977 6705 (reverse call/call collect)
Bryte Travel Claims Call Centre	For all medical outpatient and non-medical related claims	dinersclub.travelclaims@brytesa.com Alternatively, register and submit your claim online at: https://travelinsurance.brytesa.com/claim	Tel: 0860 346 270 +27 10 498 7869
Bryte Travel Customer Care Centre	For customer service and advice	dinersclub.travel@brytesa.com	Tel: 0860 346 377 (option 4) +27 10 498 7859



Contact

Registered Address

Rosebank Towers, 5th Floor, 15 Biermann Avenue
Rosebank, 2196, South Africa

T 011 088 7000
www.brytesa.com

Bryte Insurance Company Limited

A Fairfax Company

Registration No. 1965/006764/06 | Licensed insurer and authorised FSP (17703)