

P.O. Box 786741, Sandton, 2146  
South Africa  
Tel: +27 11 884 3500  
Fax: +27 11 884 3524

**TRAVEL CERTIFICATE / TAX INVOICE**

**POLICY NUMBER: TP – 8000 – BM**

**Schedule of Insured Person/s**

Date of registration	Name	Date of Birth	Membership number	Passport number
<b>Period of Cover</b>	From:		To:	
<b>Destination</b>				

**Schedule of Cover**

Benefits	Limit of Liability	Policy Excess
<b>Emergency Medical Expenses:</b> Emergency Transportation; Hospitalisation, Repatriation	N\$5 000 000	N\$1500

**\*Any emergency medical expense or hospital admission to be notified by calling the 24 Hour Emergency Number NETCARE 911: +27 10 209 8694**

**Please Note:**

This certificate is issued subject to terms, conditions and exclusions of the Master Policy. The Master Policy wording is available from your agent. It is a condition of this insurance that all facts have been disclosed to the Insurers. Material facts are those likely to influence the Insurers with regard to the assessment acceptance or continuance of this insurance. This certificate is not valid without the official signature of the Insurance Company.

Signed for and on behalf of

**Hollard Group Risk International**

Date:

## EXCLUSIONS TO THE ASSISTANCE SERVICES

- a. Any expense incurred as a result of a Pre existing Condition, i.e. any medical condition for which a Traveller has received hospital care during the twelve (12) months immediately prior to commencement of the Service Program, or any medical condition that has been diagnosed or treated by a health care provider, including the prescription of medication, within six (6) months prior to the commencement of membership in this Service Program.
- b. More than one emergency medical evacuation and/or repatriation for any single medical condition of a Traveller during the term of the Agreement.
- c. Any cost or expense not expressly covered by the Service Program and not approved in advance and in writing by OM. This exception shall not apply to Emergency Medical Evacuation from remote or primitive areas when OM cannot be contacted in advance and delay might reasonably be expected in loss of life or harm to the Traveller.
- d. Any event occurring when the Member is within the territory of his/her Home Country or when the Traveller is within the territory of his/her Home Country or Country of Assignment.
- e. Any expense for Travellers who are Travellers or Members, contrary to the advice of a medical practitioner, or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident, illness or Pre-existing Condition.
- f. Any expense for medical evacuation or repatriation if the Traveller is not suffering from a Serious Medical Condition, and/or in the opinion of the medical director of OM, the Traveller can be adequately treated locally, or treatment can be reasonably delayed until the Traveller returns to his/her Home Country or Country of Assignment.
- g. Any expense for medical evacuation or repatriation where the Traveller, in the opinion of the medical director of OM, can travel as an ordinary passenger without a medical escort.
- h. Any treatment or expense related to childbirth, miscarriage or pregnancy, including any abnormal pregnancy or vital complication of pregnancy.
- i. Any expense related to accident or injury occurring while the Traveller is engaged in caving, mountaineering or rock climbing necessitating the use of guides or ropes, potholing, skydiving, parachuting, bungee-jumping, ballooning, hang gliding, deep sea diving utilizing hard helmet with air hose attachments, martial arts, rallying, racing of any kind other than on foot, and any organized sports undertaken on a professional or sponsored basis, hazardous sports or activity.
- j. Any expense incurred for emotional, mental or psychiatric illness.
- k. Any expense incurred as a result of a self- inflicted injury, suicide, drug addiction or abuse, alcohol abuse, sexually transmitted diseases.
- l. Any expense incurred as a result of Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related condition or disease.
- m. Any expense related to the Traveller engaging in any form of aerial flight except as a passenger on a scheduled airline flight or licensed charter aircraft over an established route.
- n. Any expense related to the Traveller engaging in the commission of, or the attempt to commit, an unlawful act.
- o. Any expense related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.
- p. Any expense incurred as a result of the Traveller engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection.
- q. Any expense which is a direct result of nuclear reaction or radiation.

For more information contact us on + 264 61 287 6000.