



OLDMUTUAL

OMAR NAMIBIA TRAVELSURE



DO GREAT THINGS EVERY DAY

TRAVEL PROTECT - PRODUCT BENEFITS & LIMITS

COVER / BENEFIT	AFRICA or ASIA	EUROPE PLUS	WW BASIC	WW PLUS	WW EXTRA	EXCESS
PERSONAL ASSISTANCE						
Dispatch of medication	Included - service only					NIL
General information	Included - service only					NIL
Hijack	N\$510 per day, max. 5 days (N\$2,550)	N\$850 per day, max. 5 days (N\$4,250)	N\$850 per day, max. 5 days (N\$4,250)	N\$850 per day, max. 5 days (N\$4,250)	N\$1,275 per day, max. 5 days (N\$6,375)	NIL
MEDICAL TRASPORTATION AND REPATRIATION						
Medical transportation or repatriation	Real expenses					NIL
Transport of a person due to the hospitalisation of the insured	Return tickets economy class					5 Days
Stay of a person due to the hospitalisation of the insured	N\$1,445 day max. 10 days	N\$1,700 per day max. 10 days	N\$1,700 per day max. 10 days	N\$1,700 per day max. 10 days	N\$3,400 per day max. 10 days	5 Days
MEDICAL EXPENSES						
MEDICAL EXPENSES ABROAD –	N\$255,000	N\$1,360,000	N\$1,700,000	N\$3,825,000	N\$5,000,000	NIL
First medical assistance abroad	Included in general limit					NIL
Dental expenses	N\$2,000	N\$2,000	N\$2,000	N\$2,000	N\$2,000	NIL
Pharmaceutical expenses	Included in general limit					NIL
REPATRIATION OF MORTAL REMAINS						
Transport or repatriation of the deceased insured	Real expenses					NIL
LUGGAGE						
Indemnity due to problems with the checked - in luggage (accidental damage, loss, robbery)	N\$5,100	N\$17,500	N\$17,500	N\$17,500	N\$17,500	NIL
Compensation for baggage delay	N\$3,400	N\$3,400	N\$4,250	N\$4,250	N\$5,950	4 Hours
Compensation due to damage of registered personal pc	NIL	N\$3,400	N\$3,400	N\$5,000	N\$5,000	NIL
Compensations due to damage of registered mobile phone	NIL	N\$3,400	N\$3,400	N\$5,000	N\$5,000	NIL

CANCELLATION						
Reimbursement of the cancellation expenses of the trip (prevents the policy to be cancelled after purchase)	NIL	N\$25,000	NIL	N\$30,000	N\$50,000	N\$850
DELAYS						
Real-time flight delay - vip lounge pass	Vip lounge pass					4 Hours
Missed connections	NIL	N\$3,400	N\$5,950	N\$5,950	N\$8,500	NIL
Missed departure	NIL	N\$3,400	N\$5,950	N\$5,950	N\$8,500	NIL
CURTAILMENT						
Curtailment expenses	N\$10,000	N\$20,000	N\$30,000	N\$50,000	N\$50,000	NIL
Early return due to serious family matter			Same class ticket			NIL
PERSONAL ACCIDENTS IN MEANS OF PUBLIC TRANSPORT						
Accidental death	N\$119,000	N\$850,000	N\$3,400,000	N\$3,400,000	N\$5,000,000	NIL
Permanent accidental disability			% As per scale			NIL
PERSONAL LIABILITY						
Personal liability due to physical and material damages to third parties	N\$3,400,000	N\$3,400,000	N\$3,400,000	N\$4,250,000	N\$4,250,000	NIL
COMPLEMENTARY MEDICAL COVERS						
Hospital compensation	NIL	N\$1,500 day max. 10 days	N\$3,000 day max. 10 days	N\$3,000 day max. 10 days	N\$3,000 day max. 10 days	5 Days
COMPLEMENTARY CARD COVERS						
Replacement of the passport and the driving licence by emergency documents	N\$3,400	N\$8,500	N\$8,500	N\$8,500	N\$8,500	NIL

GEOGRAPHICAL SCOPE OF COVERAGE	
AFRICA	Provides coverage within Africa & surrounding islands except the country of residence.
ASIA	Provides coverage within Asia & surrounding islands.
EUROPE	All European countries, including the Schengen Area.
WORLDWIDE	Provides coverage worldwide except the country of residence.

INBOUND PLAN – PRODUCT BENEFITS & LIMITS

INBOUND TRAVEL INSURANCE	INBOUND BASIC		EXCESS
BENEFITS / PRODUCT			
A. MEDICAL & EMERGENCY ASSISTANCE			
Medical expenses & hospitalization abroad	N\$500,000		
Transport or repatriation in case of illness or accident	Actual Cost		
Emergency dental care	N\$2,000		N\$500
Repatriation of mortal remains	Actual Cost		
B. PERSONAL ASSISTANCE SERVICES			
Delivery of medicines	Actual Cost - Service Only		
Relay of urgent messages	Actual Cost - Service Only		
International assistance	Unlimited		
C. PERSONAL ACCIDENTS 24 HOURS			
Personal accident 24 hours	N\$510,000		
D. CANCELLATION OR CURTAILMENT			
Trip cancellation or curtailment	N\$34,000		N\$3,400
GEOGRAPHICAL SCOPE OF COVERAGE			
Inbound product	Provides coverage while visiting Namibia		



CORPORATE MAN-DAY TRAVEL INSURANCE

PRODUCT BENEFITS & LIMITS

COVER / BENEFIT	LIMIT	EXCESS
PERSONAL ASSISTANCE		
Relay of urgent messages	Included - service only	N\$0
Dispatch of medication	Included - service only	N\$0
General information	Included - service only	N\$0
Replacement staff	N\$42,500	N\$0
Hijack	N\$1,275 per day, maximum 5 days	N\$0
MEDICAL TRASPORTATION AND REPATRIATION		
Medical transportation or repatriation	N\$500,000	N\$0
Transport of a person due to the hospitalisation of the insured	Return tickets economy class	5 DAYS
Stay of a person due to the hospitalisation of the insured	N\$100 DAY MAX. 10 DAYS	5 DAYS
MEDICAL EXPENSES		
Medical expenses abroad - covid-19 included	N\$500,000	N\$0
First medical assistance abroad	Included in general limit	N\$0
Dental expenses	N\$2,000	N\$0
Pharmaceutical expenses	Included in general limit	N\$0
REPATRIATION OF MORTAL REMAINS		
Transport or repatriation of the deceased insured	N\$340,000	N\$0
LUGGAGE		
Indemnity due to problems with the checked - in luggage (accidental damage, loss, robbery)	N\$34,000	N\$0
Compensation for baggage delay	N\$5,100	6 HOURS
CANCELLATION		
Reimbursement of the cancellation expenses of the trip	N\$34,000	N\$0
DELAYS		
Indemnity due to the transport departure delay	N\$1,700	4 HOURS
CURTAILMENT		
Curtailment expenses	N\$34,000	N\$0
PERSONAL ACCIDENTS		
Accidental death means of transport	N\$510,000	N\$0
Permanent accidental disability (means of transport)	N\$510,000	N\$0
PERSONAL LIABILITY		
Personal liability due to physical damages to third parties	N\$1,275,000	N\$0
Personal liability due to material damages to third parties	N\$1,275,000	N\$0
COMPLEMENTARY MEDICAL COVERS		
Hospital compensation	N\$510 DAY, MAX. 20 DAYS	N\$0
COMPLEMENTARY CARD COVERS		
Replacement of the passport and the driving licence by emergency documents	N\$25,500	N\$0
GEOGRAPHICAL SCOPE OF COVERAGE		
CORPORATE / EXECUTIVE	Worldwide except the country of residence	

TRAVEL PROTECT

TRAVEL INSURANCE POLICY TERMS & CONDITIONS

A. DEFINITIONS:

For the purposes of this Policy, these terms shall be understood as follows:

Accident

The bodily injury sustained during the life of the contract, which derives from a violent, sudden, external cause and one that is not intended by the insured. The following will also be construed to be accidents:

- a. Save express agreement to the contrary, for the purposes of this policy, an "accident" shall not be deemed to include heart attacks and other similar cardiovascular or cerebrovascular episodes.

Accompanying insured

Natural person accompanying the insured and who is also insured for the same trip by the company, either through the same policy, or through a different one.

Baggage

Luggage, personal belongings, travel tickets, passports, visas and travel documents.

Beneficiary

Person or persons considered by the policyholder or, where applicable, the insured, to be entitled to receive any assistance duly covered or, where applicable, the amount corresponding to any indemnity provided for under the terms of the contracted policy.

Child

Any biological, adopted, step or surrogate child or a child to whom the policyholder or, where applicable, the insured is the legal guardian and who meets all of the following criteria:

- Is up to the age of 18 years or up to the age of 25 years 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 insured event.

Claim

Any event whose consequences are totally or partially covered by the guarantees of this policy. The collection of damages arising out of one event constitutes one loss/accident.

Close relatives

Close relatives refers only to spouses, common-law partners, children, parents, grandparents, siblings and parents, sons, daughters, brothers and sisters-in-law of the insured, save specific provisions of each cover or guarantee. In addition to this, the insured legal guardians shall be included in this definition.

Collective policy

Document whereby the policyholder, normally a legal person, takes out coverage for certain specific insured and/or beneficiaries, who are normally clients or employees of the policyholder. The policyholder contracts coverage with the insurer, with its stated limitations and exclusions, for the risks that the policyholder wishes the insurer to protect to the declared insured parties and/or beneficiaries. The policyholder assumes responsibility for informing the insured and/or beneficiaries of the cover, limitations and/or exclusions of the policy thus contracted.





COUNTRY OF RESIDENCE NAMIBIA

Covid-19 cover

In case the Insured is infected with the Covid-19 during a trip covered by the Insurance Policy, the Travel Insurance will cover:

- Medical and Hospitalization expenses in the destination Country up to the proposed limit on the particular conditions of the policy and according to the terms and conditions defined in the same.
- Compulsory Quarantine: The Insurer will cover the accommodation expenses associated to a compulsory quarantine in case the Insured is diagnosed positive with Covid-19 during an insured trip and is secluded in a hotel and/or Hospital at his/her own expenses. The maximum limit for the Quarantine cover is 80USD/day for a maximum of 14 days. This allowance will be limited to cover the accommodation expenses and subject to the presentation of the medical diagnose, quarantine medical order and convalescence hotel/hospital bill in order to obtain the reimbursement of the engaged expenses. Other expenses (food, laundry, extra services, etc...) will remain excluded from cover.

Date of loss

The date that a claim or loss comes into existence. The date of loss depends on the nature of the insured event:

- For illness, the date the insured became aware of his/her illness or the date the illness was first diagnosed, whichever happens first.
- For injury, the date that the accident happened.
- For all other claims, the date that the insured event happened.

Event

Claims considered as Event are those originated by the same cause which produces individual damages affecting different policies.

Excess

The amount you must pay towards the claim. If an excess applies it will be shown on the travel insurance certificate.

Geographical scope

Geographical area over which the trip stipulated in the contract takes place and in which any incidents which occur shall be duly covered. This shall be duly stated in the specific or special conditions of the policy.

Hazardous activity

An activity, excursion or hobby that introduces or increases the possibility of death or injury.

Illness

Any change in health diagnosed and confirmed by a legally recognized doctor during the life of the policy.

- Congenital disease: the disease that exists at the moment of birth as a consequence of hereditary factors or complaints acquired during pregnancy.
- Pre-existing disease: the disease that the insured suffered prior to the date of taking out this policy, even if it wasn't diagnosed.

Injury

Bodily injury caused by an accident directly and independently of all other causes.

In-patient

An insured traveler who has been admitted to hospital for medical treatment for injury or illness that in a medical practitioner's opinion requires hospital admission.

Insured

The natural person identified in the specific conditions of the policy, and who is entitled, where fitting, to the rights derived from the contract.

Are not eligible as "Insured Person":

- a. Insured intending to travel more than 92 consecutive days unless a specific plan covering longer travel durations is contracted.
- b. Persons of less than 3 months of age.
- c. Persons aged from 86 years old, except in case a specific Plan including such cover for persons aged from 86 years is contracted.
- d. Those who have initiated the trip prior to the insurance underwriting.
- e. Insured travelling for work reasons (paid or otherwise), undertaking physical or manual hazardous activities such as: driving vehicles, use of machinery, loading and unloading, working at heights or in confined spaces, assembly of machinery, working on floating or underwater platforms, mines or quarries, use of chemical substances, laboratory work of any kind and any other hazardous activities.

Insured amount

The amount set forth in the specific conditions of the policy and which represents the maximum value of the compensation for each cover section.

Insured journey

An international or local journey which includes a return journey.

Insurer or company

Old mutual short-term insurance company (Namibia) Ltd referred as 'company' throughout these general conditions who assumes the coverage of the risks that are the object of the contract according to the conditions of the policy.

International journey

Travel from the insured home or work (whichever the insured leaves later) to the covered international destination, and return to the insured home or work (whichever the insured arrives at earlier).

Limit

The amount set forth in the specific conditions of the policy, and which represents the maximum benefit (financial, temporary or another kind) covered under each guarantee.

Orthopaedic material or orthosis

Anatomical parts or items of any kind used to prevent or correct temporary or permanent deformations of the body (for example walking sticks, cervical collar and wheelchair).

Osteosynthesis material

Parts or pieces of metal or of any other kind used to join together the ends of a fractured bone, or to knit together the tips of joints, by surgical operation and which can be reused.

Policy

Document containing the conditions governing the insurance. The general conditions, the specific conditions which distinguish the risk and the special conditions, if any,

as well as the endorsements or appendices issued thereto to supplement or amend it form an integral part of the policy.

Policyholder

The natural or legal person who, in conjunction with the insurer, subscribes the contract and is bound by the obligations arising therefore, save those which, owing to their nature, must be complied with by the insured and or beneficiary.

Premium

The price of the insurance that the policyholder must pay the insurer in consideration for the coverage of the risks provided for the insured by the latter, the receipt for which will include, moreover, the surcharges and taxes legally applicable. Premiums paid are not eligible for total or partial reimbursement once the insurance policy is in force or has expired.

Preexisting illness

Is that ailment, injury or congenital and / or physical and / or mental defect that independently if it is known, has been diagnosed or is unknown by the policyholder or the insured, existed prior to the start date of the trip covered by this policy.

A pre-existing medical condition includes any doctor's consultation or medical advice, treatment, including prescription medication, the insured received from a medical practitioner for any chronic or recurring illness or injury during the year before the insurance under this policy started.

Prosthesis

Any element of whatever nature that replaces – temporarily or permanently – some organ, tissue, organic fluid, limb or part of any of the foregoing. Including but not limited to: mechanical or biological elements such as cardiac valve replacements, joint replacements, synthetic skin, intraocular lenses, spectacles, biological materials (cornea), synthetic or semi-synthetic fluids, gels and liquids to replace organic humours or liquids, reservoirs for medicine administration, mobile oxygenotherapy systems, etc., Except for crutches prescribed as a consequence of a skiing accident, in those policies where this guaranteed benefit is contracted.

Rescue

Those actions that must be carried out to release the insured from an emergency situation in which he or she is in due to an accident.

Robbery

Seizing someone else's property by employing force to enter the premises where it is located, or violence or intimidation against individuals.

Serious accident

An accident which, in the opinion of the company's

medical team, prevents the insured from starting the trip or continuing it on the date planned, or which involves risk of death.

Serious illness

An alteration in health that requires admission to hospital and which, in the opinion of the insurer's medical team, prevents the insured from travelling or from continuing travelling on the date planned, or which involves risk of death.

Theft

Seizing someone else's property without employing force to enter the premises where it is located, nor violence or intimidation against individuals.

Third parties

Any natural or legal person, other than the policyholder, insured, beneficiary or person responsible for the loss.

Travel insurance certificate

A document that is part of this policy that sets out the insured details, details of the insured journey, the premiums, and the schedule of benefits.

Travel supplier

Any one or more of the following licensed operators in Namibia:

- A scheduled airline, exiting Namibia including all connecting and onward flights forming part of the insured journey. (This excludes chartered airlines).
- A cruise lines.
- A rail or coach operator.
- A car rental company.
- A hotel booked before the insured starts the insured journey.

Travel wholesaler

An intermediary between a travel supplier and a consumer. A travel wholesaler puts together the services of public transport carriers, ground service suppliers and other travel needs into a tour package which is sold through retail travel agents to the public. A travel wholesaler develops, prepares, markets and reserves inclusive tours and individual travel packages.

Usual place of residence

The place where the insured is officially resident, which, save express indication in the specific policy conditions, shall be in the country where the policy is issued, and to where the emergency repatriations and returns covers in this policy will be made.

Validity of the policy

The period that commences and ends on the dates stated on the certificate of the policy contracted. Such period of insurance is in any case not renewable.

Waiting period

Period of time after insurance coverage has been bought during which no claims will be accepted.

War

A conflict carried on by force as between nations or military forces or between parties within a nation whether declared or not.

B. OBJECT AND SCOPE

By virtue of this contract, the company guarantees to provide the insured with immediate material help in the form of some service provision or, where appropriate, the financial benefit that is required as a result of some unforeseen event occurring during the course of a trip for which this policy was taken out.

The benefits guaranteed under the policy shall be provided, in every case, according to the terms and conditions set forth in the policy and in keeping with the specific guarantees that have actually been contracted.

The guarantees shall cease once the journey covered by the policy has terminated or up to the maximum number of days set forth in the eligibility criteria table have already passed.

Under some sections of your policy, the insured will have to pay an excess. This means that the insured will be responsible for paying the first part of the claim for each insured person, for each section, for each claim incident. The amount the insured has to pay is the excess.



PERSONAL ASSISTANCE

COVER SECTION

Relay of urgent messages

The company will take care of relaying the urgent messages of the insured, relating to any of the events covered in the policy.

Dispatch of medication

The company will take charge of delivering the medicines prescribed urgently by a doctor for the insured during the trip and which cannot be found in the place where he/she had travelled to or be replaced by medicines that have a similar composition. Under no circumstances will the company assume the cost of the medicines.

General information

The company shall respond to any consultations, doubts or problems that the insured may wish to pose over the telephone on any of the following matters:

- Recommendations of the foreign affairs ministry
- Information on embassies, consulates, visas and procedures necessary to enter a country.
- Currencies.
- Vaccinations and hygiene/health recommendations for travelers.

- Telephones, prefixes and time zones.
- Weather.

Replacement staff

In the case of a trip for professional reasons during which the insured suffers an accident or some illness that requires hospitalization for more than 5 days or repatriation, the company shall pay for the return journey to the destination of another person designated by the policyholder to substitute the repatriated insured party. In no case shall the company satisfy wages, salaries, allowances, board or lodgings of the person who replaces the repatriated insured party.

Hijack

The company will pay up to the limit established in the specific or special conditions for each full 24-hour period if the aircraft or ship the insured is travelling in is hijacked (on the original journey you booked) for more than 24 hours.

The insured must provide the company with a written statement from an appropriate authority confirming the hijack and how long it lasted.





MEDICAL TRANSPORTATION AND REPATRIATION

COVER SECTION

Medical transportation or repatriation

In the event of the insured suffering an accident or illness while travelling outside their usual place of residence, the company will bear the costs, whenever is necessary, of transferring or repatriating the insured to a suitable equipped medical center or to their usual place of residence.

Depending on the urgency of the situation or seriousness of the insured condition, the company's medical team shall decide to which medical center they should be transferred or whether repatriation is necessary and shall remain in permanent contact with the doctors attending to the insured in order to ensure the provision of suitable health care.

Any necessary costs incurred from the rescue are not included in this cover.

Transport of a person due to the hospitalisation of the insured

In the event that the insured should be admitted to hospital for more than five days as a result of an accident or illness covered in the policy, the company shall meet the transportation expenses (economy return) for a companion

designated by the insured, from their usual place of residence to the insured's hospitalization place, up to the limit established in the specific or special conditions.

Stay of a person due to the hospitalisation of the insured

In the event that the insured should be admitted to hospital for more than five days as a result of an accident or illness covered in the policy, the company shall meet the accommodation expenses for a companion designated by the insured to stay in the place where she/he has been hospitalized, up to the limit established in the specific or special conditions.

This guarantee does not include the maintenance expenses of the person transferred.

Transportation or repatriation of the accompanying insureds

When the illness or accident suffered by the insured prevents the continuation of the trip, the company shall take charge of the transfer of the accompanying persons who contracted the journey together with the insured (up to a maximum of 6) to the place where the former is hospitalized and/or to their usual place of residence, up to the limit established in the specific or special conditions.

MEDICAL EXPENSES

SPECIFIC DEFINITIONS MEDICAL EXPENSES

In addition to the General Definitions, in this cover the following terms shall be understood as follows:

Epimedic illness

Infectious disease which spreads during a period of time within a specific region or country, affecting simultaneously a large number of people.

Pandemic illness

Infectious disease which spreads through a large geographical area, usually worldwide, which affects almost all people in a city, region or country.

Follow up treatment

Outpatient medical and rehabilitation expenses reasonably incurred by the insured in his or her usual place of residence.

COVER SECTION

Medical expenses abroad

In the event that the insured should fall ill or have an accident while travelling outside their usual place of residence, the company shall meet the cost of any hospitalization expenses, surgical operations, medical and nursing fees and any pharmaceutical products prescribed by the doctor attending them, until their condition is sufficiently stabilized to allow them to continue the journey or be transferred to their usual place of residence or hospital close to it, all of these up to the limit duly established in the specific or special conditions.

The company's medical team shall maintain the necessary telephone conversations with the center and with the doctors attending the insured in order to supervise the provision of suitable health care.

In addition to the above, the company will meet the cost for strictly necessary emergency dental treatment of natural teeth for the immediate relief of pain not occasioned by the previous deteriorated state of the teeth, gums or jaws up to the limit provided at the specific or special conditions of the policy. Crowned teeth, crowns, bridges, dentures etc. Are not to be understood as natural teeth.

Covid-19 cover on medical expenses abroad:

In case the insured is infected with the covid-19 during a trip covered by the insurance policy, the travel insurance will cover:

- i. Medical and hospitalization expenses in the destination country up to the proposed limit on the particular conditions of the policy and according to the terms and conditions defined in the same.
- ii. Accommodation expenses due to compulsory ordered quarantine: the insurer will cover the accommodation

expenses associated to a compulsory quarantine in case the insured is diagnosed positive with covid-19 during an insured trip and is secluded in a hotel and/or hospital at his/her own expenses. The maximum limit for the quarantine cover is 80usd/day for a maximum of 14 days. This allowance will be limited to cover the accommodation expenses and subject to the presentation of the medical diagnose, quarantine medical order and convalescence hotel/hospital bill in order to obtain the reimbursement of the engaged expenses. Other expenses (food, laundry, extra services, etc...) will remain excluded from cover.

First medical assistance abroad

The company will assume the initial cost of the emergency medical, surgical and hospital treatment and the cost of the ambulance up to the limit established in the specific or special conditions. If after receiving emergency medical assistance it is determined that the cause that originated the assistance is pre-existing, the company will not be responsible for any additional expenses, therefore, all expenses will be paid by the insured.

Dental expenses

In case of accident or illness covered under this policy the company will meet the cost for strictly necessary emergency dental treatment of the insured's natural teeth only for the immediate relief of pain and not caused by the previous deteriorated state of the teeth, gums or jaws, up to the limit duly established in the specific or special conditions. Crowned teeth, crowns, bridges, dentures etc. Are not to be understood as natural teeth.

Pharmaceutical expenses

In the event that the insured should fall ill or have an accident while travelling within their habitual country of residence, the company shall meet the cost of any pharmaceutical products prescribed by the doctor attending them, until their condition is sufficiently stabilized to permit them to continue the journey or be transferred to their habitual residence or hospital close to the same, up to the limit duly established in the specific or special conditions.

SPECIFIC EXCLUSIONS MEDICAL EXPENSES

In addition to the general exclusions to all the cover sections of this policy, this cover shall not be provided for the following cases and their consequences:

- Services required for treating pre-existing illnesses. This exclusion shall not apply to the 'transfer or repatriation of the deceased insured' cover section.
- Illnesses or pathological states caused by the voluntary consumption of alcohol, drugs, toxic substances, narcotics or medicines acquired without a medical prescription.

- Events related to the rejection or deferral of the transfer proposed by the company's medical service, for some reason attributable to the insured or their companions.
- Rehabilitation treatments.
- Periodical or preventive medical examinations.
- Events related to prostheses and orthopedic, orthotic or osteosynthesis material.
- Events occurring during a trip where this was undertaken for the following reasons:
 - With the intention of receiving medical treatment.
 - Because the insured was diagnosed with some terminal illness.
- Any costs that are as a result of an epidemic or pandemic disease.



REPATRIATION OF MORTAL REMAINS

COVER SECTION

TRANSPORT OR REPATRIATION OF THE DECEASED INSURED

In the event of the Insured's death, the Company shall make the necessary arrangements for the transfer or repatriation of the mortal remains and shall assume the transportation expenses to the place of interment, cremation or funeral ceremony in their usual place of

residence. This cover does not include the payment of the interment, cremation or funeral ceremony expenses. The Insured legal representatives must furnish all documentary proof or certificates relating to the death, death certificate, receipt of expenses etc.

LUGGAGE

SPECIFIC DEFINITIONS LUGGAGE

In addition to the General Definitions, in this cover the following terms shall be understood as follows:

Bagagge

Personal belongings of the Insured that the insured carries with them during the trip in the place destined for the purpose in the corresponding mean of transport or whose custody the insured has entrusted to the carrier through the corresponding check-in.

Bagagge damage

It only will be considered as damage the breakage of external parts of the baggage (including locks, zippers, rudders and handles) that render it unusable. Scratches, small tears and any damage to the internal parts of the baggage and / or its contents are excluded.

Bagagge loss

Total loss of Insured Luggage after 21 days from the time the baggage has been lost, counted from the date of arrival at the destination airport.

COVER SECTION

INDEMNITY DUE TO PROBLEMS WITH THE CHECKED - IN LUGGAGE (ACCIDENTAL DAMAGE, LOSS, ROBBERY)

The Company shall inform the Insured of their rights and the steps to be taken towards the airline company responsible, in the event of the definitive loss or external damage of the baggage checked-in for a flight, and shall complement the indemnity received from the airline company up to the limit duly established in the Specific or Special Conditions.

Any indemnities to be received under this guarantee shall be reduced by the amount of any indemnity that may be due under the "Compensation for Baggage delay" cover section.

Documents necessary to claim under this cover:

In order to claim indemnity for the definitive loss of luggage, the Insured must present the following documents:

- Property Irregularity Report (PIR).
- Final settlement letter from the airline company certifying the definitive loss of the luggage checked-in for a flight.
- List of the contents of the luggage with the Insured economic assessment of their value.

In the event of claiming indemnity for external damage to luggage, it is necessary to present the Property Irregularity Report (PIR) and the final settlement letter from the airline company certifying the definitive loss of the luggage checked-in for a flight.

In order to claim indemnity for stolen checked-in luggage,

the Insured must present:

- A Property Irregularity Report (PIR) or formal complaint lodged with the police at the place where the robbery was detected, with a list of the missing items and the damages caused by the robbery.
- List of the contents of the luggage with the Insured economic assessment of their value.

Compensation for baggage delay

In the event of a delay in delivering checked-in luggage in excess of 6 hours from the arrival of the flight, the Company shall inform the Insured of their rights and the steps to be taken towards the airline company responsible and indemnify up to the limit duly established in the Specific or Special Conditions for the purchase of basic necessity items that prove essential while awaiting the arrival of the delayed luggage.

This benefit shall not be covered where the delay or the purchase of basic necessities should occur within the province/state in which the Insured usual place of residence is located. In order to claim for indemnity under this guarantee, the Insured must present the original invoices for the basic necessity items purchased.

SPECIFIC EXCLUSIONS LUGGAGE

In addition to the General Exclusions to all the cover sections of this policy, this cover shall not be provided for the following cases and their consequences:

- Merchandise, material of a professional nature unless the Business cover has been contracted for this policy. Travel tickets, collections, securities of any kind, identity documents and, in general, any paper documents and share instruments, credit cards, money, jewelry, any contents stored on electronic and/or computer media, documents recorded on magnetic strips or filmed.
- Any claim where the Insured Vehicle is stolen or driven without the Insured consent by any person who has access to a removable ignition device, including but not limited to family members, spouse and partner, unless access was gained through forcible means.
- Any claim where the Insured Vehicle is left unattended, unless all security devices/immobilizers present on the Insured Vehicle have been activated and the vehicle is locked, or any claim where a removable ignition device is left in, or on the Insured Vehicle.
- Any Total Loss that occurs while the Insured Vehicle is in the control of anyone not permitted to drive the Insured Vehicle, unless the Total Loss occurs as a result of fire or theft.
- Any claim if the driver of the Insured Vehicle is intoxicated by alcohol, under the influence of non-prescribed drugs, or where they have been advised not to drive by a registered medical practitioner.

CANCELLATION

COVER SECTION

REIMBURSEMENT OF THE CANCELLATION EXPENSES OF THE TRIP

This cover shall be valid from the date the insurance policy is taken out and shall terminate on boarding the means of public transportation used to travel. This policy only covers incidents occurring after taking out the insurance and before embarking on the journey stated in the policy. The guarantee will only be valid if it is taken out at the same time as the trip object of the insurance, or as a maximum during the next three days.

Up to the limit duly established in the Specific or Special Conditions, the Company shall reimburse the cost of cancelling the contracted trip, charged to the Insured in application of the general sales conditions of their provider, provided that the trip is cancelled before it actually starts and this is for one of the following reasons arising subsequent to taking out the insurance, which impedes undertaking the trip on the contracted dates:

1. For family or health reasons:
 - 1.1. Serious illness, serious bodily injury or death of the Insured or of their relatives.
 - 1.2. Receiving custody of an adopted child.
2. Due to official requirements:
 - 2.1. The Insured is called before one of the State's official bodies.
3. For work-related reasons:
 - 3.1. Taking up a new position with a labor contract while unemployed or in a different company, which does not belong to the same business group.
 - 3.2. Unforeseen, obligatory transfer to a workplace located in a different Province/State to that of their residence, for a period in excess of three months.
 - 3.3. Professional dismissal of the Insured.
 - 3.4. A justified or unforeseen change in the holiday leave previously granted by the company with which the Insured has an employment contract.
 - 3.5. Receiving a training grant or internship with a start date coinciding with the expected date for travel, when the Insured was notified of its granting after the date on which the insurance was taken out.
4. For extraordinary reasons:
 - 4.1. Serious damage to their usual or secondary residence or owned or rented business premises that renders them uninhabitable or at serious risk of further damage occurring, thus making the Insured presence there essential.
 - 4.2. Declaration of disaster area in the Insured's usual town of residence.
5. Other reasons:
 - 5.1. Due to breakdown or accident of the Insured's

privately owned vehicle, occurring during the 48 hours prior to starting the journey, making it impossible for the Insured to begin the trip. In the case of breakdown, cancellation of the trip will be covered only if the vehicle is less than four years old.

- 5.2. Due to breakdown or accident of the mode of transport used to travel to the terminal, port or airport to begin the journey, causing the Insured to miss the contracted transport. Only the costs of alternate transport to rejoin the trip or 50% of the cancellation costs will be covered if the Insured decides to cancel the trip.
- 5.3. Theft of documentation or luggage up to 24 hours prior to the start of the journey, which impedes the Insured from initiating the journey.
- 5.4. Cancellation of a trip by the accompanying Insured Parties under this same contract, provided this cancellation stems from one of the causes listed above. Should the accompanying Insured Parties decide to continue the journey, additional expenses shall be duly covered in respect of the Insured cancellation of a trip.

DOCUMENTS NECESSARY TO CLAIM FOR PAYMENT OF CANCELLATION FEES

To process the claim, the Insured must provide the following documents:

1. Document certifying that the accident occurred (doctor's report, death certificate, police report, etc.). This document must reflect the date on which the accident occurred (hospitalization, death, breakdown, accident, etc.)
2. List of the services hired for the trip (accommodation, flights, etc.) and receipt of payment for the same.
3. Cancellation conditions of said services and proof of their cancellation.
4. Invoice of the cancellation costs or payment note for the costs that are not included in the "cancellation costs".
5. It is essential that the expenses for cancelling the trip are duly reflected in the required documentation outlined above.

SPECIFIC EXCLUSIONS CANCELLATION

In addition to the General Exclusions to all the cover sections of this policy, this cover shall not be provided for the following cases and their consequences:

- Failure to furnish, for any cause, the documents indispensable for any travel, such as Passport, Visa, tickets, Identity Card or vaccination certificates.
- Travel or vaccination contraindication or the impossibility of continuing recommended preventive medical treatment in certain destinations.

- Epidemics and Pandemics.
- Non-emergency dental treatments and rehabilitation treatments.
- The refund of expenses covered by this policy that the Insured can recover from the Transport Company, tour operator or authorized travel agent or from any other contracted supplier.
- Claims involving a vehicle with a gross vehicle weight of more than 3,500kg
- The costs of transport or accommodation that have been paid for by the transport company, tour operator or authorized travel agent.



DELAYS

COVER SECTION

INDEMNITY DUE TO THE TRANSPORT DEPARTURE DELAY

Whenever the departure of the aerial means of public transport contracted by the Insured is delayed by a minimum of 4 hours, the Company shall reimburse the additional expenses incurred for transport, board and lodgings in a hotel as a consequence of the said delay, up to the limit duly established in the Specific or Special Conditions.

In order to claim indemnity under this guarantee, the Insured must present the following documents:

- Certificate from the carrier that reflects the actual departure time and the cause of the delay.
- Original bills of the expenses incurred as a result of the delay.

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: We do not pay for expenses you incur for travel

delay in any of the following circumstances:

- Where a similar alternative public transport carrier has been made available to you within the period of delay.
- Where you do not check-in according to the itinerary.
- 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.
- 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.
- Where the delay is caused by the public transport carrier and the cost of expenses can be recovered from the public transport carrier.
- 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.

Missed connections

Where the contracted flight is delayed because of a technical failure, meteorological problems, intervention by the Authorities or by other people using force and, as a result of this delay, it proves impossible to connect with the next scheduled pre-booked flight on the ticket, the Company shall reimburse the cost of basic necessities that prove essential while the Insured awaits the departure of the next flight, up to the limit duly established in the Specific or Special Conditions.

In order to claim indemnity under this guarantee, the Insured must present the following documents:

- a. Certificate from the carrier that reflects the actual departure time and the cause of the delay.
- b. Original bills of the expenses incurred as a result of missing a connecting flight.

Condition:

We only pay these costs if there are 3 hours or more allowed between your original scheduled arrival time and the scheduled departure time of your connecting transport in your original itinerary.

Exclusions:

We do not pay in any of the following circumstances:

- If the public transport carrier is at fault or makes alternative arrangements at their cost.
- If you arrive later than the time required for check-in with the public transport carrier.
- 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.
- If there is alternative onward transportation to your

destination available for you to use within 6 hours of your arrival.

- Where you miss the connection because of industrial dispute, strike or action which existed or for which notice had been given before the start date of the insured journey.

Missed departure

We pay for the extra accommodation and travel costs you have to pay to reach your destination if at the final point of departure, you arrive too late to board your public transport carrier to travel from or back to Namibia. We only pay if the missed departure is because of one of the following events:

- a. Failure of a scheduled public transport carrier.
- b. Delay in making your connecting flight.
- c. Accidental damage to or breakdown of the vehicle you were travelling in to reach your final point of departure.

Exclusions:

We do not pay in any of the following circumstances:

- If the public transport carrier is at fault and makes alternative arrangements at their cost.
- If you arrive later than the time required for check-in with the public transport carrier.
- 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.
- If there is alternative onward transportation to your destination available for you to use within 6 hours of your arrival.
- Where you miss the connection because of industrial dispute, strike or action which existed or for which notice had been given before the start date of the insured journey.



CURTAILMENT

COVER SECTION

EARLY RETURN DUE TO SERIOUS FAMILY MATTER

Whenever the Insured is forced to curtail a trip, due to the death of a close relative or due to the hospitalization of a relative for more than 5 days, the Company shall arrange the return to their usual place of residence or to the place of interment or hospitalization in the Insured usual place of residence, provided they are unable to travel by their own means of transport or that hired to undertake the trip.

The Insured must furnish all documentary proof or certificates relating to the event that led to the interruption of the journey (death certificate, medical report. etc.).

CURTAILMENT EXPENSES

In case the Insured's trip is curtailed or interrupted the Company shall reimburse the cost of interrupting the contracted trip, charged to the Insured in application of the general sales conditions of their provider, provided that the trip is curtailed for one of the following reasons:

1. For family or health reasons:
 - 1.1. Serious illness, serious bodily injury or death of the Insured or of their relatives.
 - 1.2. Receiving custody of an adopted child.
2. Due to official requirements:
 - 2.1. The Insured is called before one of the State's official bodies.
3. For work-related reasons:
 - 3.1. Taking up a new position with a labor contract while unemployed or in a different company, which does not belong to the same business group.
 - 3.2. Unforeseen, obligatory transfer to a workplace located in a different Province/State to that of their residence, for a period in excess of three months.
 - 3.3. Professional dismissal of the Insured.
 - 3.4. A justified or unforeseen change in the holiday leave previously granted by the company with which the Insured has an employment contract.
 - 3.5. Receiving a training grant or internship with a start date coinciding with the expected date for travel, when the Insured was notified of its granting after the date on which the insurance was taken out.
4. For extraordinary reasons:
 - 4.1. Serious damage to their usual or secondary residence or owned or rented business premises that renders them uninhabitable or at serious risk of further damage occurring, thus making the Insured presence there essential.
 - 4.2. Declaration of disaster area in the Insured's usual town of residence.
5. Other reasons:
 - 5.1. Due to breakdown or accident of the Insured's privately owned vehicle, occurring during the 48

hours prior to starting the journey, making it impossible for the Insured to begin the trip. In the case of breakdown, cancellation of the trip will be covered only if the vehicle is less than four years old.

- 5.2. Due to breakdown or accident of the mode of transport used to travel to the terminal, port or airport to begin the journey, causing the Insured to miss the contracted transport. Only the costs of alternate transport to rejoin the trip or 50% of the cancellation costs will be covered if the Insured decides to cancel the trip.
- 5.3. Theft of documentation or luggage up to 24 hours prior to the start of the journey, which impedes the Insured from initiating the journey.
- 5.4. Curtailment of a trip by the accompanying Insured Parties under this same contract, provided this cancellation stems from one of the causes listed above. Should the accompanying Insured Parties decide to continue the journey, additional expenses shall be duly covered in respect of the Insured cancellation of a trip.

SPECIFIC EXCLUSIONS CURTAILMENT

In addition to the General Exclusions to all the cover sections of this policy, this cover shall not be provided for the following cases and their consequences:

- Failure to furnish, for any cause, the documents indispensable for any travel, such as Passport, Visa, tickets, Identity Card or vaccination certificates.
- Travel or vaccination contraindication or the impossibility of continuing recommended preventive medical treatment in certain destinations.
- Epidemics and Pandemics.
- Non-emergency dental treatments and rehabilitation treatments.
- The refund of expenses covered by this policy that the Insured can recover from the Transport Company, tour operator or authorized travel agent or from any other contracted supplier.
- Claims involving a vehicle with a gross vehicle weight of more than 3,500kg.
- The costs of transport or accommodation that have been paid for by the transport company, tour operator or authorized travel agent.

DOCUMENTS NECESSARY TO CLAIM FOR PAYMENT OF CURTAILMENT EXPENSES:

To process the claim, the Insured must provide the following documents:

1. Document certifying that the claim occurred (doctor's report, death certificate, police report, etc.). This document must reflect the date on which the incident occurred (hospitalization, death, breakdown, accident, etc.).
2. List of the services hired for the trip (accommodation, flights, etc.) and receipt of payment for the same.
3. Cancellation conditions of said services and proof of their cancellation.
4. Invoice of the cancellation or curtailment costs or payment note for the costs that are not included in the cancellation costs". It is essential that the expenses for cancelling the trip are duly reflected in the required documentation outlined above.



PERSONAL ACCIDENTS

COVER SECTION

ACCIDENTAL DEATH BY MEANS OF PUBLIC TRANSPORT

Should the Insured die while on a trip, as a consequence of an accident occurring on a public means of transport, the Company shall pay the Beneficiary up to the sum insured duly established in the Specific or Special Conditions.

Persons over the age of sixty-five are not subject to these coverages. Minors and disabled persons may only be insured with written authorization from their legal representatives. In any case, children under 14 are not insurable under this coverage.

The indemnities limit for all the affected Insureds by the same accident is 294,118 US DOLLARS, regardless the number of Insureds or policies involved.

For the purposes of the policy, a public means of transport

shall be taken to mean that contracted for the trip covered by the policy, limited to a plane, ship, train or coach, including boarding and alighting from said means of transport.

Likewise considered a public means of transport (limited to taxi, chauffeur-driven rental car, tram, bus, train or underground train) shall be that used for transportation directly from the departure or arrival point (home or hotel) to the terminal in question (station, airport, port).

Should there be no designated Beneficiary upon the death of the Insured, nor rules to determine one, the insured sum shall go on to form part of the deceased Insured estate. Where there are several Beneficiaries, save some agreement to the contrary, payment of the sum insured

shall be divided equally between them, or in proportion to their share of the estate, where those designated are the legal heirs. Save agreement to the contrary, any part not acquired by a Beneficiary shall go towards that of the others. In the event that any of the Beneficiaries should be a willful causer of the accident, any designation in favor of the same shall be deemed null and void and that corresponding part shall go towards that of the other Beneficiaries or, where applicable, shall form part of the deceased Insured estate. Where, prior to the death, the Company should have paid an indemnity for disablement, as a result of the same accident and this had occurred less than one year beforehand, it shall indemnify the difference between the amount paid and the insured sum in the event of death. Should the indemnity already paid out be greater, the Company shall not lay claim to the difference.

In order to claim payment of the indemnity under this guarantee, the Policyholder or the Beneficiaries must provide the Company with the following documents:

- a. Birth certificate and a literal copy of the death certificate for the Insured.
- b. Those that prove the identity of the Beneficiaries.
- c. Where the Beneficiaries are the Insured legal heirs, the requirements shall also include a copy of the deed awarding and distributing the deceased's estate or, where applicable, the declaration of heirs handed down by the competent court.
- d. Letter of payment or declaration of exemption from the corresponding Taxes in NAMIBIA.

Permanent accidental disability (means of transport)

In the event of suffering permanent disablement as a consequence of bodily injuries sustained in an accident on some public means of transport while the Insured was on a trip, the Company shall pay the Beneficiary up to the sum insured duly established in the Specific or Special Conditions. For the purposes of the policy, disablement shall be taken to mean the anatomic loss or lack of functionality of limbs and organs, as a consequence of bodily injuries that stem from an accident suffered while the Insured was away on some trip.

For the purposes of the policy, a public means of transport shall be taken to mean that contracted for the trip covered by the policy, limited to a plane, ship, train or coach, including boarding and alighting from said means of transport. Likewise considered a public means of transport (limited to taxi, chauffeur-driven rental car, tram, bus, train or underground train) shall be that used for transportation directly from the departure or arrival point (home or hotel) to the terminal in question (station, airport, port).

The amount of the indemnity shall be determined by applying to the insured sum – duly established in the Specific or Special Conditions – the percentages set forth in the injury table of this guarantee. In calculating the said percentages, neither the Insured profession or age, nor any other factor alien to the scale, shall be considered.

Applying the table of injuries shall be governed by the

following principles:

- a. Those types of disablement not expressly specified shall be indemnified by analogy with other cases that do appear therein.
- b. In the event that, prior to the accident, some member or organ suffered amputations or functional limitations, the percentage of the indemnity shall be the difference between the pre-existing disablement and that present after the accident.
- c. When the injuries affect the non-dominant upper limb, the left of a right-handed person or vice versa, the indemnity percentages for the same shall be reduced by 15 per cent.
- d. Partial limitations and anatomic losses shall be indemnified proportionally, with respect to the total loss of the affected limb or organ. The total lack of functionality of some limb or organ shall be considered as total loss thereof.
- e. The sum of diverse partial percentages related to the same limb or organ shall not exceed the percentage of indemnity established for the total loss thereof.

The accumulation of all the disablement percentages arising from the same accident shall not give rise to an indemnity of over 100 per cent.

Recognizing the right to this guarantee corresponds exclusively to the Company, which shall verify the degree of disability suffered by the Insured. To this end, following examination by a doctor who declares the condition to be definitive, the Company shall assess the Insured physical condition using the medical reports which confirm the disability in question and which the Insured undertakes to furnish when required.

Where twelve months pass from the date of the accident, without the Company being able to assess the Insured physical condition, the latter may request a further period of up to twelve months more. Following this period, the Company shall determine whether or not a disability exists and, if so, what degree of disability shall be deemed definitive for the purposes of the policy. Should the Insured not accept the assessment of their condition by the Company, they may call upon the mediation services of an expert appraiser.

Each party shall satisfy the fees of its own appraiser. Those of the third appraiser and all other expenses arising from the appraisal evaluation shall be divided equally between the Insured and the Company. However, should either of the parties have made it necessary to seek such mediation, due to having made a manifestly disproportionate assessment of the injuries, that party shall be solely liable for the said expenses.

INJURY TABLE	PERCENTAGE OF INDEMNITY
HEAD AND NERVOUS SYSTEM	
Complete mental derangement	100
Maximum expression of epilepsy	60
Total blindness	100
Loss of one eye or the sight thereof, where the other had previously been lost	70
Loss of one eye, while conserving the other, or reduction of binocular vision to 50%	25
Operated bilateral traumatic cataract	20
Operated unilateral traumatic cataract	10
Total deafness	50
Total deafness in one ear, having previously lost hearing in the other	30
Total deafness in one ear	15
Total loss of sense of smell or taste	5
Total mutism with impossibility of emitting coherent sounds	70
Ablation of the lower jaw	30
Grave disorders in the articulations of both jawbones	15
SPINE	
Paraplegia	100
Quadriplegia	100
Mobility limitations as a result of vertebral fractures, without neurological complications or grave deformations of the spine: 3 per cent for each vertebra affected, up to a maximum of	20
Barré-Lieou syndrome	10
THORAX AND ABDOMEN	
Loss of a lung or a reduction to 50 per cent of lung capacity	20
Nephrectomy	10
Enterostomy	20
Splenectomy	5
UPPER LIMBS	
Amputation of an arm from the articulation of the humerus	100
Amputation of an arm at the level of, or above, the elbow	65
Amputation of an arm below the elbow	60
Amputation of a hand at the level of, or below, the wrist	55
Amputation of four fingers of a hand	50
Amputation of a thumb	20
Total amputation of an index finger or two joints thereof	15
Total amputation of any other finger or two joints thereof	5
Total loss of movement of a shoulder	25
Total loss of movement of an elbow	20
Total paralysis of the radial, cubital or median nerve	25
Total loss of movement of a wrist	20
PELVIS AND LOWER LIMBS	
Total loss of movement of a hip	20
Amputation of a leg above the knee	60
Amputation of a leg, while conserving the knee	55
Amputation of a foot	50
Partial amputation of a foot, while conserving the heel	20
Amputation of a big toe	10

Amputation of any other toe	5
Shortening of a leg by 5 cm or more	10
Total paralysis of the external popliteal sciatic nerve	15
Total loss of movement of a knee	20
Total loss of movement of an ankle	15
Serious walking difficulties subsequent to the fracture of one of the heel bones	10

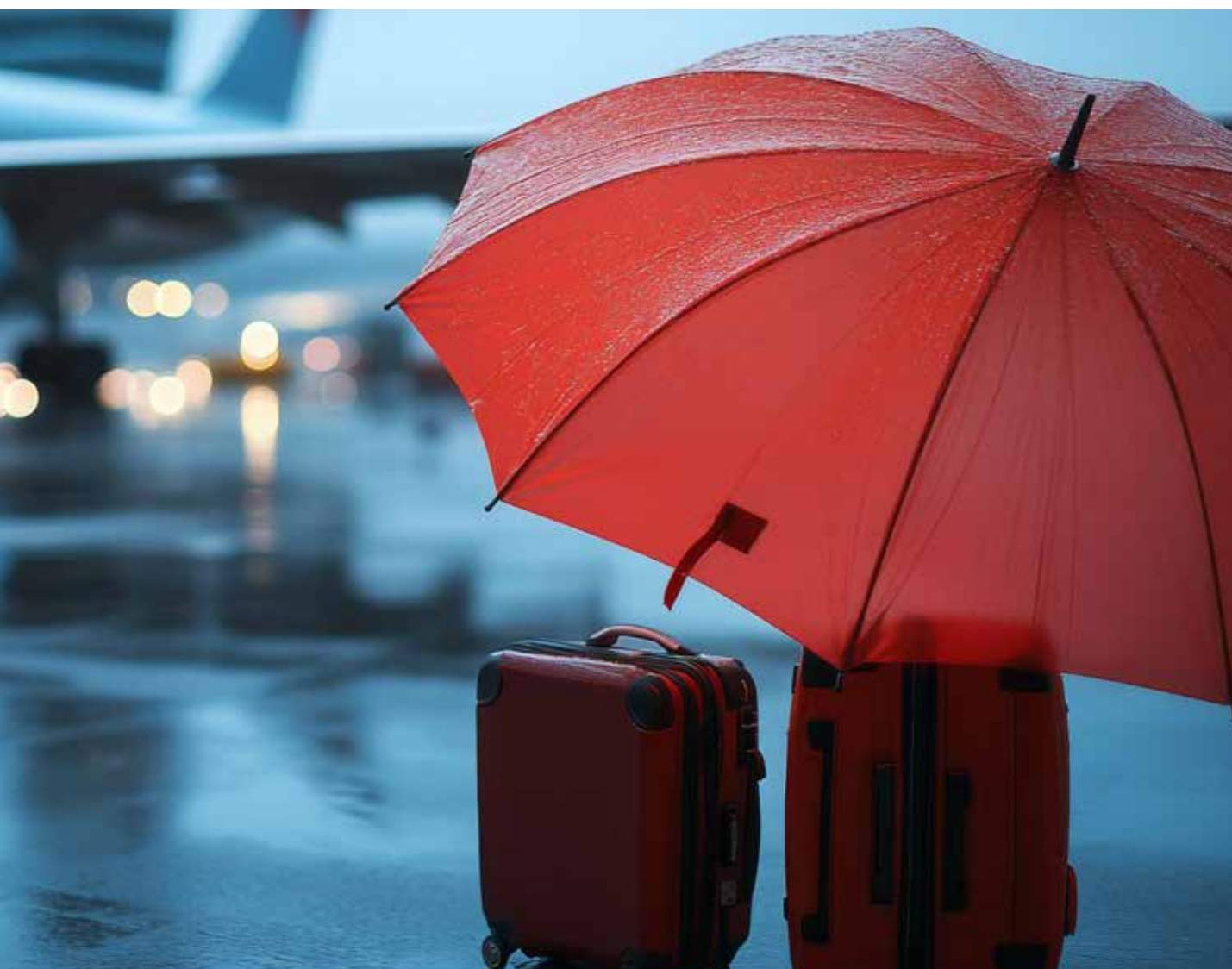
SPECIFIC EXCLUSIONS PERSONAL ACCIDENTS

In addition to the General Exclusions to all the cover sections of this policy, this cover shall not be provided for the following cases and their consequences:

- Damages caused during strikes.
- Intoxication or poisoning due to the consumption of foodstuffs.
- Injuries that are a consequence of surgical operations or medical treatments not stemming from an accident covered by the policy.
- Infectious diseases such as sleeping sickness, malaria, yellow fever and, in general, illnesses of any nature,

fainting, syncope, strokes, epilepsy or epileptiform seizures, as well as those stemming from any kind of loss of consciousness as a consequence of an accident, according to the definition of "Accident" given IN the \Definition\ Section of these General Conditions.

- Accidents that occurred prior to the inception of this insurance policy, even where these may manifest themselves during its effective period, as well as the consequences or sequelae of a duly covered accident which manifest themselves more than three hundred and sixty-five days after the date of occurrence.



PERSONAL LIABILITY

SPECIFIC DEFINITIONS PERSONAL LIABILITY

In addition to the General Definitions, in this cover the following terms shall be understood as follows:

Damages

Financial losses caused as a direct result of an indemnifiable bodily injury or material damage sustained a third party.

Personal damage

An identifiable physical injury caused by you, resulting in sudden, unexpected, external and visible bodily injuries or death to third party(ies).

COVER SECTION

Personal liability due to material damages to third parties

This coverage provides for the economic consequences stemming from any Extra contractual Civil Liability attributable to the Insured, according to law, throughout the effective period of the policy, in relation to material or pecuniary damages caused involuntarily to third parties, whenever the Insured is travelling on a trip duly covered by the policy.

The policy guarantees payment of any indemnities for which the Insured may be held liable, as well as the judicial and extrajudicial expenses stemming from the defense of the Insured – provided that the Insurer assumes the legal direction for dealing with the claim – and the deposit of the judicial bonds required to cover any civil liabilities determined in the said proceedings, all in accordance with the conditions, limits and exclusions set forth in this contract.

The guarantee of civil liability for the person insured by this guarantee is that which arises from the following risks, events and circumstances:

- In their capacity as HEAD OF A FAMILY, for the acts or omissions of those persons for whom they are responsible.
- For the PRACTICE OF SPORTS, on an amateur basis.
- For the use of VESSELS, exclusively propelled by oars or pedals.
- For the use of NON-MOTORISED VEHICLES, such as bicycles, skateboards and any vehicle of similar characteristics to those mentioned.
- As the leaseholder or user of a dwelling or room, whenever such use is not permanent, but always provided it serves exclusively as a residence for the Policyholder.
- This coverage is likewise extended to civil liability stemming from the existence – at the Insured temporary residence – of a garage, swimming pool, garden, transformers, boilers, individual TV aerials and suchlike.

Personal liability due to physical damages to third parties

This coverage provides for the economic consequences stemming from any Extra contractual Civil Liability attributable to the Insured, according to law, throughout the effective period of the policy, in relation to bodily injuries caused involuntarily to third parties, whenever the Insured is travelling on a trip duly covered by the policy.

The policy guarantees payment of any indemnities for which the Insured may be held liable, as well as the judicial and extrajudicial expenses stemming from the defense of the Insured – provided that the Insurer assumes the legal direction for dealing with the claim – and the deposit of the judicial bonds required to cover any civil liabilities determined in the said proceedings, all in accordance with the conditions, limits and exclusions set forth in this contract.

The guarantee of civil liability for the person insured by this guarantee is that which arises from the following risks, events and circumstances:

- In their capacity as HEAD OF A FAMILY, for the acts or omissions of those persons for whom they are responsible.
- For the PRACTICE OF SPORTS, on an amateur basis.
- For the use of VESSELS, exclusively propelled by oars or pedals.
- For the use of NON-MOTORISED VEHICLES, such as bicycles, skateboards and any vehicle of similar characteristics to those mentioned.
- As the leaseholder or user of a dwelling or room, whenever such use is not permanent, but always provided it serves exclusively as a residence for the Policyholder.
- This coverage is likewise extended to civil liability stemming from the existence – at the Insured temporary residence – of a garage, swimming pool, garden, transformers, boilers, individual TV aerials and suchlike.

Legal defense (not traffic)

The Insurer shall assume the legal direction for dealing with the claim of the injured party, as well as the legal defense expenses thus incurred. The Insured must provide the collaboration necessary to facilitate the legal direction assumed by the Insurer. Where the Insured appoint their own defense, the legal expenses thus incurred shall be exclusively on their account.

The aforementioned benefits shall also be forthcoming in the event of criminal prosecutions brought against the Insured, provided these stem from the exercise of the activity that is the object of the policy, subject to the prior consent of the defendant. Where the Insured appoint their own defense, the costs and expenses thus incurred

shall be exclusively on their account.

Where, in the court proceedings brought against the Insured, a guilty verdict should be forthcoming, the Company shall decide whether to appeal before the pertinent higher court. Should the Company decide not to appeal, it shall communicate this fact to the Insured, who shall then be free to lodge an appeal, while assuming any expenses thus incurred. Nonetheless, in this latter case, should the appeal thus lodged produce a sentence favorable to the interests of the Insurer, reducing the indemnity it has to disburse, it shall be obliged to assume any expenses incurred in the said appeal.

In case of some conflict between the Insured and the Insurer, as a result of the latter holding interests in the loss contrary to the defense of the Insured, the Insurer shall inform the Insured of this fact, without this affecting the fulfilment of those procedures that, given their urgent nature, prove necessary for the defense. In such an event, the Insured may choose between the Insurer maintaining the legal direction or entrusting the defense to another person. In this latter case, the Insurer shall be obligated to satisfy the expenses of the said legal direction, up to the limit established for this coverage.

Where an amicable agreement is reached with regard to the civil liability, the assumption of the criminal defense of the Insured by the Company is optional and always requires the prior consent of the defendant.

In the event that the aforementioned legal expenses, when added to the indemnity satisfied, should exceed the limit of the sum insured per loss, the Insurer shall assume the amount in excess of the said limit, provided that they are legal actions brought before Spanish courts.

In the event of expressly taking out an extension of the territorial scope of the policy cover, and the actions should be brought before foreign courts, the maximum amount for which the Insurer shall in any case be liable – the sum of the indemnity and the legal expenses – is the amount established in the policy as the limit of indemnity per loss.

Deposit for legal costs and expenses

With a limit of [REFER TO THE TABLE OF BENEFITS], provided that the object of the claim is duly included in the coverage of the policy, this contract also guarantees the following:

- Setting up the judicial bonds required in order to cover any civil liabilities determined in the said proceedings.
- The court costs, which shall be forthcoming in the same proportion as that which exists between the indemnity the Insurer must satisfy, as envisaged under the terms of the policy, and the total amount for the Insured liability in the incident.

SPECIFIC EXCLUSIONS PERSONAL LIABILITY

In addition to the General Exclusions to all the cover

sections of this policy, this cover shall not be provided for the following cases and their consequences:

- Compensation for material damages caused to property belonging to employees and personnel dependent on the Insured.
- Claims lodged for asbestosis or any disease, including cancer, attributable to the manufacture, production, transformation, assembly, sale or use of asbestos or products that contain it.
- Those economic losses stemming from the Insured activity as an officer, director or executive in a private firm, association or club, or a company trustee or administrator.
- The civil liability arising from some industrial or commercial exploitation, the exercise of some remunerated profession or service, or posts or activities in associations of any kind, even where they are performed on an honorary basis.
- Claims stemming from work accidents suffered by personnel dependent on the Insured.
- Liabilities for damages caused, directly or indirectly, by any disturbance of the natural state of the air, of inland, marine or subterranean waters, of the soil and subsoil, and, in general, of the environment, produced by: - Emissions, dumping, injections, deposits, leaks, releases, escapes, spillage or seepage of contaminant agents. - Radiation, noise, vibration, smells, heat, temperature alterations, electromagnetic fields or any other kind of waves. - Toxic or contaminant fumes produced by a fire or explosion.
- Payment of penalties and fines of any kind.
- Responsibilities for damages caused by the use and circulation of motor vehicles or boats.
- Claims for damages caused by any aircraft or aircraft intended for air navigation or for damages caused to them.
- Obligations assumed under an agreement, which would not be legally enforceable in the absence of such agreements.
- Those economic losses that are not the result of bodily or material damage covered by the Policy, as well as economic losses resulting from bodily or material damage not covered by the Policy.
- The practice of the following sports or activities: motorsports, hunting, motorcycling, diving and any form of aerial sports.

COMPLEMENTARY MEDICAL COVERS

COVER SECTION

HOSPITAL COMPENSATION

The Company will pay up to the amount shown in the Specific or Special Conditions if after an accident or illness that is covered under this policy/contract the Insured is hospitalized abroad. The cover will end if the Insured goes into hospital when returning to his/her usual place of

residence. The Company will pay the benefit to the Insured for each complete 24-hour period that the Insured is kept as an inpatient. This amount is meant to help the insured to pay extra costs such as but not limited to taxi fares and phone calls.



COMPLEMENTARY CARD COVERS

COVER SECTION

REPLACEMENT OF THE PASSPORT AND THE DRIVING LICENCE BY EMERGENCY DOCUMENTS

In case the Insured's Passport, National Identity Card, and/or driver's license are stolen while the insured is abroad, the Company shall:

- Facilitate the Insured the contact to the nearest embassy or consulate and facilitate as much as possible the actions required to obtain provisional documents.
- Reimburse up to the amount shown in the Specific or Special Conditions for expenses incurred in by the insured when carrying out these actions and for the cost of the emergency provisional documents required to allow the insured to return home or continue his/her trip.

GENERAL EXCLUSIONS

On a general basis for all the guarantees and benefits under the present General Conditions, the consequences of the following are excluded from any guaranteed object of this contract:

- Those caused directly or indirectly by the bad faith of the Insured, by his/her participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or

reckless actions.

- Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomena.
- Claims caused by natural catastrophes, epidemics and pandemics are expressly excluded, save exceptions set out in the particular conditions, if any.
- Events arising from terrorism, mutiny or crowd disturbances.
- Events or actions of the Armed Forces or Security Forces in peacetime.
- Wars, with or without prior declaration, and any conflicts or international interventions using force or duress.
- Those derived from radioactive nuclear energy.
- The consequences of actions by the Insured in a state of mental derangement or undergoing psychiatric treatment.
- Those caused when the Insured takes part in bets,

challenges or brawls, save in the case of legitimate defense or necessity.

- Those incidents occurring in countries that are included on the list of countries not recommended by the Namibia Foreign Affairs Ministry, or that are subject to an embargo from the UN Security Council or from any other international organization to which Namibia belongs, as well as events occurring in any international conflicts or interventions involving the use of force or coercion.
- The accidents deemed legally to be work or manual labor accidents, consequence of a risk inherent to the work performed by the Insured such as: driving vehicles with use of machinery, loading and unloading working at heights or in confined spaces, assembly of machinery, working on floating or underwater platforms, mines or quarries, use of mechanical substances, laboratory work of any kind and any other hazardous activities that represent risk for the physical integrity and/or health of the Insured.
- Unless expressly included in the Specific or Special Conditions and subject to payment of the relevant surcharge premium:
 - Skiing and/or similar sports
 - Engaging in the practice of 'Dangerous sports' as stated in the 'Definitions' section of this policy.
 - Those that occur as a result of the participation by the Insured in competitions, sports, and preparatory or training tests.
 - The use, as a passenger or crew, of means of air navigation not authorized for the public transport of travelers, as well as helicopters.
- Claims if the vehicle is used at any time for any type of competition or rally; racing; any type of track day; off road; speed testing; peacemaking, or reliability trials.
- The services arranged by the Insured on his/her own behalf, without prior communication or without the consent of the Company, except in the case of urgent necessity. In that event, the Insured must furnish the Insurer with the vouchers and original copies of the invoices.
- Expenses that arise once the Insured is at his/her usual place of residence, those incurred beyond the scope

of application of the guarantees of the insurance, and, in any case, after the dates of the travel object of the contract have elapsed or after 92 days has elapsed since the start thereof, notwithstanding what is provided for in the Additional Clauses or in the Specific Policy Conditions

- The Company is released from liability when, due to force majeure, it cannot perform any of the services specifically provided for in this Policy.
- The Company is released from liability when, due to force majeure, it cannot perform any of the services specifically provided for in this Policy.
- Illnesses or injuries arising from chronic ailments or from those that existed prior to the inception date of the policy.
- Death as a result of suicide and the injuries or after-effects brought about by suicide and/or attempted suicide or any self-inflicted injuries.
- Illness, injuries or pathological states caused by the voluntary consumption of alcohol, drugs, toxic substances, narcotics or medicines acquired without medical prescription, as well as any kind of mental illness or mental imbalance.
- Illness or injuries resulting from refusal and/or delay, on the part of the Insured or persons responsible for him/her, in the transfer proposed by the Company and agreed by its medical service.
- Illness or injuries caused by pregnancy and childbirth or any complication therefore or voluntary termination of pregnancy.
- Mental Health diseases.
- Venereal sexually transmitted diseases.
- All pre-existing, congenital and/or Chronic Medical Conditions.
- Any cardiac or cardiovascular or vascular or cerebral vascular illness or conditions or after-effects thereof or complications that, in the opinion of a medical practitioner appointed by the Company, can reasonably be related thereto, if the insured person has received medical advice or treatment (including medication) for hypertension 2 years prior to the commencement of the Protected Journey.





HOW SHOULD THE INSURED APPLY FOR ASSISTANCE?

Direct assistance requests:

Since the appearance of an event that could be included in any of the guarantees described previously, the beneficiary or any person acting in his place will necessarily contact, in

the shortest possible time, in every case, the Alarm Centre mentioned below, which will be available to help any person 24h/24 7d/7.

GENERAL 24/7 INTERNATIONAL HELPLINE Emergency Telephone Line: +33 437 372 898 Assistance via WhatsApp: +216 29 677 276	By dialling our emergency number, he/she will be prompted to provide: <ul style="list-style-type: none"> • Passport or Identity card number. • Assistance card or Policy number. • Full name of the injured and the principal insured. • The cause of the call. • The place he/she is located (Hotel/City/Address/ Phone number) 	Spoken Languages: English
Assistance Email :	afrcosiam@mapfre.com	Please include a telephone number where our operators can reach you

REIMBURSEMENT REQUESTS:

In order for a claim to be processed, The Policyholder or The Insured must give notice through refund@mapfre.com

- Within 90 days of an accident that might give rise to a claim under the Personal Accidents section of the policy.
- Within 30 days of any other insured event.

To pay a benefit for death, the death certificate must be sent within 90 days of the insured event. We have the right

to have a coroner or relevant medical practitioner examine the body in a post-mortem examination or an autopsy.

Altogether with the notification The Insured must complete the corresponding Claim Form, which can be requested to refund@mapfre.com and, at The Insured cost, provide all the proof asked as by the reimbursement department about the insured event.

The proof needed to process your reimbursement claims is listed (but not necessarily limited) in the below table:

A. BENEFIT SECTION	B. PROOF WE NEED
FOR ALL CLAIMS	<ul style="list-style-type: none"> • A completed claim form that you have signed; • Copies of your travel insurance certificate (where applicable); • Copies of your public transport carrier ticket (air ticket, train ticket, bus ticket, cruise ticket, etc.); • Copy of a cancelled cheque or a letter from your bank confirming your bank details; • Copies of all receipts and invoices you received from your travel agent or tour operator; • Copy of your credit card bank statement reflecting the purchase of your public transport carrier ticket; • Proof of any other insurance.
MEDICAL RELATED EXPENSES	<ul style="list-style-type: none"> • Comprehensive medical report from treating doctor (diagnosis); • Report from your local medical officer stating what treatment was received 12 months before the start date of the policy; • Proof of costs incurred for medical expenses; • Detailed description of the event that led you to seek medical treatment; • Proof of cost of telephone calls; • Details of your medical aid (if any).
PERSONAL ACCIDENTS	<ul style="list-style-type: none"> • Medical reports; • Death certificate showing the cause of death; • Inquest and post-mortem reports when they become available; • Police report if death is due to an accident. The police station and reference number if death being criminally investigated; • Blood alcohol results if the insured traveler was the driver in a motor vehicle accident.
CANCELLATIONS and/or CURTAILMENT	<ul style="list-style-type: none"> • Relevant medical certificates or death certificates in the case of death; • Proof of deposits that you cannot recover; • Proof of accidental damage to your immovable property; • Proof of ticket change fees; • Proof of public transport carrier schedule change.
BAGGAGE INCIDENTS	<ul style="list-style-type: none"> • Copy of the airline report or property irregularity report (this is the written acknowledgment of legal responsibility by airlines); • Copy of the police or relevant authority report if the loss or theft or damage is not related to the public transport carrier; • Any written settlement offers from the public transport carrier; • A detailed description of missing personal belongings; • Receipts for essential expenses you incur; • Receipts for new items and quotes for replacement items; • A copy of the stamped pages of the passport showing your departure and arrival dates;
DELAYS, MISSED CONNECTIONS AND TRAVEL INCIDENTS	<ul style="list-style-type: none"> • Letter from the public transport carrier giving the reason and length of delay; • Letter from public transport carrier detailing reason and length for the missed connection at transfer point; • Receipts for the extra accommodation and travel costs incurred; • Repairers report if missed departure is due to mechanical breakdown of the motor vehicle in which you were travelling; • Any written settlement offers or compensation from the public transport carrier; • Receipts for essential expenses;
PERSONAL LIABILITY	<ul style="list-style-type: none"> • Copies of any legal documents you receive, for example a lawyer's letter, a letter of demand, a summons; • A written description of the insured event; • Any written settlement offer you may get.
HIJACK	<ul style="list-style-type: none"> • Copy of the police or relevant authority report.

Contact your Old Mutual Financial Adviser or your Broker.
oldmutual.co.za/corporate

