

## Travel Insurance

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**CHUBB Insurance South Africa Limited Registration Number: 1973/008933/06**

**FSP Number: 00060/01**

Ground Floor, The Bridle, Hunts End Office Park, 38 Wierda Road West, Wierda Valley, Sandton, 2196

PO Box 1192, Saxonwold, 2132

Telephone: +27 [0] 11 722 5700

General Facsimile: +27 [0] 11 783 0812

**Queries (CHUBB Travel Insurance Call Centre):**

Telephone: 0800 467 467 (Option 1) from South Africa only

E-mail: [flysafair.queries@digicall.co.za](mailto:flysafair.queries@digicall.co.za)

**Claims Service Centre:**

Telephone: 0860 223 252 from South Africa only

E-mail: [flysafair.claims@chubb.com](mailto:flysafair.claims@chubb.com)

**CHUBB Compliance:**

Telephone: 0860 223 266 from South Africa only

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

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



**For and on behalf of CHUBB Insurance South Africa Limited**

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## GENERAL SECTION

### Your right to cancel the policy

If this cover is not suitable for **You** and **You** want to cancel **Your** policy, **You** must contact CHUBB Customer Service department on 0800 467 467 within 14-days of buying **Your Policy** or the date **You** receive **Your Policy**. **We** are not obliged to return any portion of the **Premium** paid. **We** will engage the FlySafair Customer Care centre on **Your** behalf to request the cancellation of **Your Policy**.

### When Cover Will Start

1. Subject to (3) below, cover will start, in respect of **Section 1** "Journey Cancellation" and **Section 3** "Airline Flight Delay" when a **Journey** is booked, reflected under the Policy Issued date in **Your Policy Schedule**;
2. Subject to (3) below, cover will start, in respect of **Section 2** "Personal Belongings, Baggage and Device Cover" when **You** pass through check-in for departure to commence **Your** FlySafair Airline flight reflected in **Your Policy Schedule**.
3. Notwithstanding anything to the contrary contained in this **Policy**, cover in respect of this **Policy** will not commence before **Premium** is received by **Us** and **Your Policy Schedule** has been issued.

### When Cover Will End

**Your** cover will end upon safe disembarkation by **You** from the airport premises at the end of **Your** scheduled flight. In all events, cover automatically terminates 90-calendar days from the **Travel Commencement** date detailed in **Your Policy Schedule** even if the return flight has not begun.

### Data Protection

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

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

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

### Complaints Procedures

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

## General Definitions

1. **Device(s)** shall mean, audio/video equipment (including radios, cassette/compact disc players, iPods, mp3 and mp4 players, camcorders, DVD, video, televisions, and other similar audio and video equipment), mobile phones, satellite navigation equipment, computers and computer equipment (including PDAs, personal organisers, laptops, notebooks, iPads, netbooks and the like), computer games equipment (including consoles, games and peripherals), for which **You** are responsible and which are taken on or acquired during the **Journey**.
2. **Excess** shall mean the first amount, or period of a claim, expressed as a monetary amount, percentage of the loss or period of time, which **You** must bear.
3. **Immediate Family Member** shall mean **Your Partner** or fiancé(e), child, brother, sister, parent, grandparent, grandchild, step-brother, stepsister, step-parent, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, aunt, uncle, nephew, niece, of **You** or **Your Partner**, or anyone noted as next of kin on any legal document, resident in the South Africa.
4. **Items** means a number of items associated as being similar or complementary or used together.
5. **Journey** shall mean **You** travelling aboard a FlySafair flight specified in **Your Policy Schedule**.
6. **Loyalty Provider** shall mean frequent flyer points, air miles, loyalty card points or the like that **You** or **Your Travelling Companion** may use to partially or fully pay for a flight ticket.
7. **Money** shall mean coins, bank notes, postal or money orders, signed traveller's cheques and other cheques, letters of credit, travel tickets, petrol coupons or other prepaid coupons which belong to or are in **Your** custody and control and are intended for travel, meals, accommodation and personal expenditure only.
8. **Other Insurance(s)** shall mean any event or claim covered, paid or payable for the whole or any part under any other policy, including any statutory insurance, other insurance, other travel insurance, automatic credit card travel insurance or medical aid cover.
9. **Partner** shall mean a person recognised in South African Law as **Your** spouse, or someone of either sex with whom **You** co-habit with as though they are **Your** spouse.
10. **Person(s) Insured**, shall mean **You** if **You** are shown as insured on the **Policy Schedule**.
11. **Personal Belongings** shall mean personal articles other than business equipment, **Devices**, **Valuables** and **Money**, which are exclusively **Your** property and for which **You** are responsible and which are taken on a **Journey**.
12. **Policy Schedule** means the certificate of insurance attaching to and forming part of the **Policy** that **We** issue to **You** and contains the relevant details of the **Journey**.
13. **Policy** shall mean this document, the **Policy Schedule** and any subsequent endorsements to the aforesaid documents.
14. **Pre-Existing Medical Condition(s)** shall mean any condition giving rise to a claim for which, within the 6-consecutive months prior to the *Policy Issue Date And Time* in **Your Policy Schedule**, **You** have consulted a doctor, have received medical treatment or advice for that condition or the manifestation of symptoms would have caused a reasonable person to seek medical advice. This shall include any condition that **You** are on the waiting list for treatment or has been recommended to commence or continue with treatment.
15. **Premium** shall mean the *Total Premium* reflected in the **Policy Schedule**
16. **Traumatic Event** means a violent criminal act or attempt where such violence is intended or made to overpower or subdue.
17. **Travelling Companion** shall mean someone **You** have arranged to go on a **Journey** with and who it would be unreasonable to expect **You** to travel or continue **Your Journey** without.
18. **Valuables** shall mean contact or corneal lenses, sunglasses, prescription glasses or spectacles, cameras and other photographic equipment, telescopes and binoculars, satellite navigation equipment, wallets, jewellery, watches, furs, precious and semi-precious stones and articles made of or containing gold, silver or other precious metals for which **You** are responsible and which are taken on or acquired during the **Journey**.
19. **We/Us/Our** shall mean CHUBB Insurance South Africa Limited.
20. **You/Your/Yourself** means the Policyholder shown in the **Policy Schedule** and in respect of whom the **Premium** has been paid to **Us**.

## General Conditions

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

1. This document, the **Policy Schedule** and any endorsements thereto shall be read together as one contract and any word or expression to which specific meaning has been attached shall, unless the context otherwise requires, bear such meaning wherever it may appear.
2. This **Policy** covers **Persons Insured** from 2-years of age and older at the Travel Commencement date detailed in the **Policy Schedule**.
3. **We** may cancel this **Policy** by giving 30-days' written notice to **You** at **Your** last known email address and in such event the **Premium** for the period up to the date when the cancellation takes effect shall be calculated and **We** shall return any unearned portion of the **Premium** provided that no claim has been made against this **Policy** within 30-days of cancellation.
4. This **Policy** is between **You** and **Us** only and all of its provisions and conditions are for the sole and exclusive benefit of the said parties. Nothing in this **Policy**, express or implied, is intended to confer upon any other person any rights, benefits or remedies of any nature whatsoever under this **Policy** or any of its provisions. Without limitation, no third party shall have any rights under this **Policy** or any right to receive **Policy** benefits.
5. **We** have the right to commence or take over legal proceedings in **Your** name for the defence or settlement of any claim, or to sue or prosecute any other party to recover monies payable by them by law. **You** must co-operate with **Us** and may not do anything to hinder or prejudice **Our** rights.
6. This **Policy** shall be governed and construed in accordance with the Law of the Republic of South Africa and the South African courts alone shall have jurisdiction in any dispute
7. This **Policy** will be voidable in the event of misrepresentation, mis-description or non-disclosure of any material particular by or on behalf of **You**, subject to the provisions of the Short-term Insurance Act 53 of 1998.
8. Communication of and in connection with this **Policy** shall be in the English language.
9. **We** do not accept any liability for any other products including financial products and/or services sold, insurance or assurances provided or underwritten in conjunction with this **Policy** by any other person, company, organisation including service providers, medical aid societies, financial services companies, insurance companies, assistance companies or the like that are not specifically appointed by **Us** and acting on **Our** behalf.
10. Specific Conditions relevant to the individual Sections of this **Policy** are located and contained in the appropriate Section.
11. This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the policy remain unchanged.  
Whenever coverage, benefit or claim payment provided by this policy would be in violation of the United Nations Resolutions or the trade and economic sanctions, laws or regulations of the [European Union, United Kingdom,] [national law] or United States of America, such coverage, benefit or claim payment shall be null and void.

## Eligibility Condition

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

## Claims Conditions

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

1. In respect of all **Claims**, **You** must notify **Us** immediately by telephone on 0860 223 252 and thereafter send **Us** a Claim Form within 30-days of the date of loss.
2. **You** shall, at **Your** expense, provide **Us** with all documents, certificates, signed medical certificates, receipts, information and evidence as **We** may from time to time reasonably require in the form prescribed by **Us**.
3. Any **Excess**, where applicable, will apply separately under each Section and in respect of each claim.
4. **We** will only be liable to pay **Our** pro-rata portion of any claim submitted in terms of this **Policy** if **You** have **Other Insurance**, subject to the following:
  - a. if in **Our** discretion **We** decide to pay the claim in full, then **We** will not be obliged to make payment unless **You** cede **Us** all of **Your** rights in respect of the **Other Insurance**;

- b. if **We** have already paid benefits in terms of this **Policy**, all of **Your** rights in respect of the **Other Insurance** will be ceded automatically to **Us**;
  - c. a cession in terms of Claims **Condition 4a** or **4b** will allow **Us** to do all things necessary to claim against any other insurer, company or organization and institute legal proceedings against them if the **Other Insurance** is not paid;
  - d. without limiting any provision of this **Policy** or any legal obligation, **You** must co-operate fully with **Us** in relation to the **Other Insurance** or legal proceedings including:
    - i. not doing anything to prejudice or limit **Our** rights;
    - ii. providing **Us** with all relevant information and documents **We** require;
    - iii. sign any document or affidavit that **We** may request to enable **Us** to exercise **Our** rights.
5. Notwithstanding Claims **Condition 4**, the benefits under this **Policy** may not be ceded and/or assigned by **You**. **We** shall not be bound to accept or be affected by any notice or any trust, charge, lien, purported cession and/or assignment or other dealing with or relating to this **Policy**.
  6. If any claim under this **Policy** shall be in any respect fraudulent or if any fraudulent means or devices were used by **You** or anyone acting on **Your** behalf to obtain benefit under this **Policy**, **We** shall be under no liability in respect of such claim and **We** will inform the police.
  7. Where **You** dispute **Our** rejection of **Your** Claim or cancellation of **Your** Policy, **You** must make representation to **Us** in respect of the decision within 90-Days of the date of **Our** rejection or cancellation letter. Thereafter, **You** must take legal action by way of the service or summons against **Us** within 180-Days of the date of **Our** rejection or cancellation letter, failing which **You** will forfeit **Your** claim and no liability can arise in terms of such claim.
  8. **You** must comply with the Conditions detailed in the relevant sections of this **Policy**. Where **You**, or **Your** personal representatives do not comply with any obligation to act in a certain way specified in this **Policy**, **We** reserve the right not to pay a claim.
  9. **You** must take ordinary and reasonable care to safeguard against loss, damage, theft as though **You** were not insured. If **We** believe **You** have not taken reasonable care of property, the **Claim** may not be paid. The items insured under this **Policy** must be maintained in good condition.
  10. **You** must recognise **Our** right to:
    - a. pay the amount of a claim (less any **Excess** and up to any **Policy** limit);
    - b. inspect and take possession of any item or property for which a claim is being made and handle any salvage in a reasonable manner;
    - c. settle all claims in Rands;
    - d. be reimbursed within 30-days for any costs or expenses that are not insured under this **Policy**, which **We** pay to **You** or on **Your** behalf.
  11. **You** are responsible to pay any tax liability of any benefit being paid that may incur tax or imposts.
  12. No sum payable by **Us** under this **Policy** shall carry interest.

### General Exclusions

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

1. Any claim relating to an incident which **You** or an **Immediate Family Member** were aware of at the time **You** took out this insurance and which could reasonably be expected to lead to a claim.
2. Any claim arising from civil riots, blockades, strikes or industrial action of any type except for strikes or industrial action which were not public knowledge when **You** booked **Your Journey**.
3. Any expenses incurred due to the default, financial failure, insolvency of the tour operator, airline (including FlySafair) or any other company, firm or person or their being unable or unwilling to fulfil any part of their obligation to **You**.
4. Any claim arising from **You** being involved in any deliberate, malicious, reckless, illegal or criminal act.
5. Any claim arising from:
  - a. **Your** suicide or attempted suicide; or
  - b. **You** injuring yourself deliberately or putting yourself in danger (unless **You** are trying to save a human life).
6. Any costs which **You** reason for the claim not occurred.
7. Any epidemic and pandemic events.

8. We will not be liable to make any payment under this **Policy** where the Insured Person does not meet the Eligibility Condition detailed on Page 4.
9. This insurance does not apply to the extent that resolutions of the United Nations or the trade and economic sanctions, laws or regulations of the European Union, the member states of the European Union or United States of America prohibit Us from providing insurance, including but not limited to the payment of claims or the provision of any other Benefit.
10. In particular, **We** will not pay any claims or provide any other Benefits arising out of or relating to any **Insured Person** whose main residence is in Cuba and/or arising out of or relating to any travel to, from or in Cuba or any travel which starts, ends or has a scheduled stop in Cuba.

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## SCHEDULE OF BENEFITS

SECTION 1	
Journey Cancellation .....	Up to total original flight cost
SECTION 2	
2.1 <b>Personal Belongings</b> Loss, Damage or Theft.....	Up to R10,000 - excess R250 / claim (any one item R2,000)
2.2 <b>Valuables</b> Loss, Damage or Theft.....	Up to R2,500 - excess R250 / claim (any one item R1,000)
2.3 <b>Device</b> Cover Loss, Damage or Theft.....	Up to R2,500 - excess R250
SECTION 3	
Flight Delay .....	R400 per 3-hour delay period, up to R3,000

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## BENEFIT SECTION

### Section 1 – Cancelling Your Journey

**We** will pay **You** up to the amount shown in the Schedule of Benefits for the unused and non-refundable portion of **Your** FlySafair flight ticket scheduled for the *Travel Commencement Date* detailed in **Your Policy Schedule**, which **You** have paid and which **You** cannot get back. If payment is made partial or fully by using a **Loyalty Partner**, settlement of **Your** claim will be based upon the lowest available published flight fare for the flight originally booked if they are non-transferable. **We** will only be liable to pay **Our** pro-rata portion of any claim submitted in terms of this **Policy** if **You** have paid for your flight ticket using a **Loyalty Provider**. **We** will provide this cover if the cancellation of **Your Journey** is necessary and unavoidable as a result of the following:

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



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

### Specific Exclusions

What **You** are not covered for

1. Any serious, chronic or recurring **Pre-Existing Medical Condition** affecting any person upon whom **Your Journey** depends, or an **Immediate Family Member** that was diagnosed before **Your Journey** was booked (or commencement of the Period of Insurance if later) and which could result in **You** having to cancel **Your Journey**.
2. Any expenses incurred as a result of **Your** disinclination to travel.
3. Cancellation expenses as a result of FlySafair cancelling a flight.
4. Withdrawal from service temporarily or otherwise of an aircraft, sea vessel or other public conveyance on the orders or recommendation of FlySafair, the Civil Aviation Authority, Rail Authority or Port Authority or any similar body in any country.

### Specific Claims Conditions

In addition to a completed claim form, the following claims evidence is required for **Section 1**:

1. **Policy Schedule**
2. Proof of travel (FlySafair confirmation invoice / flight tickets)
3. Cancellation invoice or letter confirming no refund is due
4. Depending on the circumstances of the claim one of the following:
  - a. medical certificate which **We** will supply for the appropriate doctor to complete;
  - b. an official letter confirming the need for **You** to remain in South Africa; or
  - c. Police report

## Section 2 – Personal Property & Baggage

### 2.1 Personal Belongings

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

### 2.2 Valuables

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

### 2.3 Device Cover

If during a **Journey You** sustain loss, theft or damage to **Your Device(s)**, **We** will indemnify **You** in respect of such loss, theft or damage up to the amount shown in the Schedule of Benefits.

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

1. Loss, theft or damage of **Valuables** or **Device(s)** if left unattended, not on **Your** person or checked in as baggage.
2. Loss, theft or damage of any **Personal Belongings** if left unattended unless checked as baggage or stowed in the aircraft cabin.
3. Loss, theft or damage of any **Personal Belongings** as a result of **Your** negligence to ensure that **Your** luggage has been properly stored or left in the care of the in-flight attendant.
4. Any claim for loss or theft to **Personal Belongings**, **Valuables** or **Device(s)** which **You** do not report to the police within 24-hours of the discovery of the loss or theft.
5. Any claim for loss, theft or damage to **Personal Belongings** which **You** do not report to FlySafair within 24-hours of discovering it and which **You** do not obtain a written report for. If the loss, theft or damage to **Your** property is only noticed after **You** have left the airport, **You** must contact FlySafair

- Lost Property Office in writing with full details of the incident within 24-hours of leaving the airport and obtain a written report from them.
6. Any claim if **You** already have more specific insurance covering **Your Personal Belongings, Device(s) and Valuables**.
  7. Damage due to scratching or denting unless the item, if applicable, has become unusable as a result.
  8. Losses caused by mechanical or electrical breakdown or damage caused by leaking powder or fluid carried within **Your** baggage.
  9. Loss, theft or damage to dentures, hearing aids, artificial limbs, paintings, household equipment, bicycles and their accessories, motor vehicles and their accessories, marine craft and equipment or items of a perishable nature (meaning items that can decay or rot and will not last for long, for example, food).

#### **Specific Claims Conditions**

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

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

The following specific conditions apply to **Section 2**:

1. **You** must report all losses or thefts to the relevant authorities and obtain a written report from them within 24 hours of the incident
2. **You** must carry **Valuables** and **Device(s)** with **You** as hand luggage when travelling.
3. Payment will be based on the value of the property at the time it was lost, stolen or damaged. An allowance may need to be made for wear, tear and loss of value depending on the age of the property.
4. The maximum amount **We** will pay for any one item (including a **Pair or Set of Items**) is noted in the Schedule of Benefits.

#### **Section 3: Travel Delay**

**We** will pay **You** the benefit detailed in the Schedule of Benefits if the scheduled departure of **Your** FlySafair flight scheduled for the *Travel Commencement Date* detailed in **Your Policy Schedule**, is delayed due to strike, industrial action, adverse weather, mechanical breakdown or grounding of an aircraft due to mechanical or structural defect. The period of delay will be calculated from the original scheduled departure time until the commencement of **Your** delayed FlySafair flight or the first available alternative transportation offered by FlySafair.

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

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

#### **Specific Claims Conditions**

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

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



**Statutory Notice to Short-Term Insurance Policy Holders**  
**Important – Please Read Carefully Disclosure and Other Legal Requirements**  
**(This Notice Does Not Form Part of the Insurance Contract or Any Other Document)**

As a short-term Insurance policyholder or prospective policyholder, you have the right to the following information:

1. **The Intermediary (insurance broker or representative) dealing with you must at the earliest reasonable opportunity disclose the following information regarding itself:**
  - 1.1. name, physical address, postal address and telephone number;
  - 1.2. legal status and any interest in the insurer;
  - 1.3. whether or not it is in possession of professional indemnity insurance;
  - 1.4. details of how you are to institute a claim;
  - 1.5. the amount, in Rands of fees and commission payable;
  - 1.6. the written mandate to act on behalf of the insurer.
2. **The Intermediary (insurance broker or representative) dealing with you must at the earliest reasonable opportunity disclose the following information regarding your insurer:**
  - 2.1. it's name, physical address, postal address and telephone number;
  - 2.2. the telephone number of the insurers' compliance department;
  - 2.3. details of how you are to institute a claim or to lodge a complaint;
  - 2.4. the type of policy involved;
  - 2.5. the extent of premium obligations you assume as the policyholder;
  - 2.6. the manner in which you are to pay your premiums, the date on which premiums must be paid and the consequences of your failure to pay the premium.
3. **Other matters of importance:**
  - 3.1. You must be informed of any material changes to the information referred to in paragraph 1 and 2 above.
  - 3.2. If the information in paragraphs 1 and 2, above, was given orally it must be reduced to writing within 30 days.
  - 3.3. If any complaint to the intermediary or insurer is not resolved to your satisfaction, you may submit the complaint to the Registrar of Short-term Insurance.
  - 3.4. Submission to a Polygraph test, lie detector test or truth verification test may not be imposed on you as a condition of the policy in the event of claim.
  - 3.5. If your premium is paid by debit order, then –
    - 3.5.1. it may only be in favour of one person and may not be transferred without your approval; and
    - 3.5.2. the insurer must inform you, at least 30 days before the cancellation thereof, in writing, of its intention to do so
  - 3.6. The insurer and not the intermediary must give reasons for declining to indemnify you under the policy.
  - 3.7. Your insurer may not cancel your insurance merely by informing your intermediary (broker). The insurer must make sure that the notice is sent to you.
  - 3.8. You are entitled to a free copy of your policy, including the schedules and any endorsement thereto.
4. **Warning**
  - 4.1. Do not sign any blank or partially completed application form
  - 4.2. Complete all forms in ink
  - 4.3. Keep all documents handed to you
  - 4.4. Make note as to what is said to you
  - 4.5. Do not be pressurised into buying the policy
  - 4.6. Incorrect or non-disclosure by you of
  - 4.7. Relevant facts may influence an insurer
  - 4.8. On any claims arising from your contract of insurance
5. **Our details are:**
  - 5.1. CHUBB Insurance South Africa Limited (Reg. No.1973/008933/06) – Johannesburg
  - 5.2. **Physical Address:** Ground Floor The Bridle Hunts End Office Park 38 Wierda Road West Wierda Valley Sandton 2196
  - 5.3. **Postal Address:** PO Box 2960 Randburg 2125
  - 5.4. **Telephone No.:** 0860 109 006
  - 5.5. **Fax No.:** 011 993 6618
6. **The details of our Compliance Officer to which all complaints must be addressed:**
  - 6.1. **The Compliance Officer:** PO Box 1192 Saxonwold 2032
  - 6.2. **Telephone number:** 0860 223 266
7. **Particulars of the Short-term Insurance Ombudsman**
  - 7.1. **Telephone:** 011 726 8900 or fax 011 726 5501 or
  - 7.2. **Postal Address:** PO Box 30619 Braamfontein 2017.
8. **Particulars of the Registrar of Short-term Insurance**
  - 8.1. Telephone: 012 428 8000 or fax 012 347 0221
  - 8.2. Financial Services Board
  - 8.3. PO Box 35655, Menlo Park 0102
  - 8.4. Stat notice.indd 1 10/10/08 10:31:17 AM
9. **Particulars of the Intermediary**
  - 9.1. Safair Operations (Proprietary) Limited (Reg. No. 2007/032915/07)
  - 9.2. Physical Address: Northern Perimeter Road, O.R. Tambo International Airport, Bonaero Park, 1619, South Africa
  - 9.3. Postal Address: P.O. Box 938, Kempton Park, 1620, South Africa.
  - 9.4. Telephone No.: +27 11 928 0000
  - 9.5. Fax No.: +27 11 395 1315