TERMS AND CONDITIONS

The Unlimited Accident Cash Policy

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KEY INFORMATION AND DISCLOSURES DOCUMENT ("KID DOCUMENT")

This document contains important information about your policy as required by Rule 11 (5) of the Policyholder Protection Rules, please make sure that you read and understand it.

Please keep this document, together with your policy wording and if you have any questions, please contact us.

PLEASE NOTE:

- This document serves as evidence of the fact that you have agreed to the cover provided in the policy.
- Although the policy is offered to you by **The Unlimited**, the insurer providing you with the insurance benefits is **Centriq Life Insurance Company Limited**, a licensed life insurer and an authorised financial services provider (FSP Number 7370).
- You can contact us at any time on **0861 990 000**, or on our website **www.theunlimited.co.za**
- You have been provided with your policy terms and conditions which explain how your policy works, as well as general and special limitations and exclusions, details of the Insurer, and other requirements and rules that form an integral part of the agreement between you and the Insurer.
- **Please make sure that you read the full terms and conditions, and if you have any questions, please call us.**
- Below is a summary of key information. For comprehensive information, always refer to your full policy terms and conditions:

a.	**The type of policy that you have**	• Your policy is a life insurance policy. • This is not a medical scheme and the cover is not the same as that of a medical scheme, nor is it a substitute for medical scheme membership. • **THIS POLICY DOES NOT COVER HOSPITALISATION DUE TO ILLNESS** • **THIS IS NOT A FUNERAL POLICY**
b.	**When your insurance benefits will be available**	The start date of your policy will be the date of your first premium deduction and is the date on which all your insurance benefits are available, subject to any waiting periods that may apply. This is a monthly-paid policy. It will continue on the same terms each time your premium deduction is successful.
c.	**Cancellation of your policy**	You may cancel your policy at any time with no early termination penalties by calling us on 0861 990 000. The Insurer may also cancel your policy in writing: • immediately for fraudulent or dishonest actions, including non-disclosures • for non-payment of premiums (subject to the 15 days' grace period) • for any other reason after 31 days' notice to you
d.	**Cooling-off rights**	If there has been no insured event and no insurance benefit has yet been claimed or paid, you have the right to cancel the policy by giving us written or telephonic notice within 31 days of your terms and conditions being sent to you OR from a reasonable date on which it can be deemed that your terms and conditions were sent to you. The Insurer will comply with your request for cancellation within 31 days of receiving your cancellation notice and will refund all premiums or monies paid by the premium-payer, minus any cost of any risk cover enjoyed.

e.	**Premiums payable**	The premiums for your insurance benefits combined are as follows: • R119 per month for you (the policyholder) • R39 extra per month if you choose to cover your spouse • R28 extra per month if you choose to cover your children (max. of 5) • R40 extra per month for each additional dependant you choose to cover (max. of 3) Please remember that all children and/or additional dependants that you choose to cover under your policy must be a member of your family through blood or by a recognised legal relationship, and totally financially dependent on you. This means that from the date you add a child and/or additional dependant to the policy and throughout the lifetime of the policy, you (the policyholder) are totally responsible for the livelihood and support of the insured child and/or additional dependant and pay for their food, medicine, shelter, money, education and clothing. We will always give you 31 days' notice of any increase to your premium.
f.	**How and when your premiums must be paid**	Your premiums are paid monthly in advance on the due date (your salary pay date). The premiums will be collected as a premium deduction from your salary every month via Persal (the National and Provincial Government's personnel salary system).
g.	**What happens if you do not pay your premiums**	If your premium deduction is unsuccessful, you will not be covered. You will be entitled to a grace period of 15 days after the due date to make a manual payment of your premium. We will not deduct arrear (missed) premiums from your salary. If your premium deduction continues to fail, we reserve the right to cancel your policy. We will always notify you if we cancel your policy. Please remember that the instruction for cancellation will need to be communicated to Persal first and it may only be effective up to 60 days later.
h.	**Remuneration**	From the total premium you pay, the insurer pays The Unlimited: • up to the statutory regulated commission of 3%, in terms of the Long-Term Insurance Act; and • up to 42% (binder fee) for certain administrative (binder) functions performed on behalf of the Insurer.
i.	**Nature & extent of your insurance benefits**	• **Accident cash benefit:** your **maximum benefit limit is R100 000.00 (one hundred thousand Rand) per insured event, per insured person**. An insured person will be covered for **R1 000.00 (one thousand Rand) per day, for up to 100 days**, for each full day spent in hospital because of an accidental injury. Remember, this is not a medical aid and does not cover hospitalisation for illness. • **Breadwinner benefit (your family stays covered benefit):** In the event of your (the policyholder's) death from any cause not excluded under the policy, and subject to an approved claim for your death, your family (spouse, children and additional dependants that are covered under your policy at the time of your death) will stay covered under the accident cash and death cover benefits only, for a period of no more than 6 months from the date of your death and at no premium cost to them. • **Medical information helpline benefit:** you have unlimited access to the 24-hour medical information helpline. Medically qualified staff are available 24 hours a day to provide general health information via telephone. • **R50 monthly airtime:** every month that we receive your premium, we will load R50 airtime onto the SIM card we provided to you when you took this policy. Your airtime will be activated once we have confirmed the successful collection of your premium.

j.	**Waiting periods**	Waiting periods (where applicable) apply to you and your dependants and start from your first premium deduction (the "start date"). If you choose to add new dependants after the start date of your policy, the waiting periods will start from the date they are added. • **Accident cash benefit:** there is no waiting period for this benefit. An insured person is covered from the first premium received for that person. • **Breadwinner benefit:** • **Accidental death (death caused by an accident):** there is no waiting period for this benefit. You are covered from the receipt of your first premium. • **Natural death:** there is a waiting period of 6 months. This means that the Insurer must have received a minimum of 6 premiums from you before this benefit can be claimed. • **Death by suicide or self-inflicted death:** there is a waiting period of 24 months. This means that the Insurer must have received a minimum of 24 premiums from you before this benefit can be claimed. • **Medical information helpline benefit:** there is no waiting period for this benefit. You may access this benefit after your first premium deduction. • **R50 monthly airtime:** there is no waiting period for this benefit. Your benefit will be activated after your first premium deduction. **Please note**, if your premium deduction fails, your insurance benefits will lapse (subject to the grace period). Should your premium deduction resume, your insurance benefits will be reinstated on the same terms, and your waiting period/s will not restart, we will just continue to count the number of premiums received from your next successful premium deduction.

k.	**Exclusions on the policy**	The exclusions are specific items, losses or events that are not covered by this policy. Below is a list of the general exclusions on your policy. The Insurer will NOT cover any claim which directly or indirectly resulted from you or any life insured: • partaking in any actions of war, invasion, act of foreign enemy, hostilities, civil war/unrest, rebellion, riot, revolution, terrorist attack; • exposing yourself to nuclear reaction or radiation of any kind; • attempting to commit or having had wilful involvement in any unlawful/illegal act or wilful exposure to a needless peril or dangerous conduct (a conscious decision to expose yourself to a potential risk of injury or death that the reasonable person would choose to avoid); • driving or operating any motor vehicle, motorcycle or similar without a valid driver's licence and/or permit; • attempting suicide or intentional self-harm/injury (applicable to the accident cash benefit); • committing suicide or any intentional self-harm that results in death, unless the suicide- specific waiting period is met (applicable to the breadwinner benefit); • committing fraud or attempted fraud, or not telling us the truth or not giving us all the correct details, including about your health (now or when you claim); • partaking in any of the below high-risk activities/occupations: o any sport as a professional; o parachuting, skydiving, hang gliding, wrestling, boxing or martial arts; o racing, speed or endurance tests on or in power driven vehicles or crafts; o flying other than as a passenger in a licensed passenger carrying aircraft piloted by a duly qualified person; o mountaineering of any nature, wall/rock climbing and bouldering; o bungee-jumping, scuba-diving, steeple-chasing, water-skiing, rugby, ice hockey, winter sports, polo; o game hunting; o quad biking; o digging or sinking of mine pits or shafts, underground mining activities or the manufacture or use of explosives; o consuming, using and/or abusing any intoxicating substance (for example, however not limited to, medication, illegal narcotics/drugs as well as alcohol and/or alcohol poisoning); including driving under the influence of such intoxicating substances whether tested for substance use or not.

l.	**How to claim**	Claiming is easy! Simply go to www.theunlimited.co.za for a step-by-step guide on how to claim OR call us on 0861 990 000 and we will provide you with the necessary claim forms and a list of information and documents that we require. Once you have lodged your claim, your supporting documents must be submitted to us within the next 45 days. Claim documentation can be sent to us via any of the following channels: **THE UNLIMITED – CLAIMS DEPARTMENT** Postal Address: Private Bag X7028, Hillcrest, 3650 Physical Address: No 3 The Boulevard, Westway Office Park, Intersection of Spine Road and The Boulevard, Westville, KwaZulu-Natal, South Africa, 3610 Email Address: tuclaims@iua.co.za **IMPORTANT**: Please ensure that all documents and information requested is true and complete so that we can finalise your claim. **If you do not provide all the required information, the Insurer may repudiate the claim**.
m.	**The assessment of risk based on the information you provided to us**	The information you have provided us with is considered material to our assessment of the risk, so it must be accurately and properly disclosed. The accuracy and completeness of all answers, statements or other information provided by or on behalf of you are your responsibility
n.	**Your obligation to keep the information you have with us updated**	It is important to keep all the information you have recorded with us (including the details of your spouse, children and additional dependants) updated. Please contact us to update your details with us, to get further information about your insurance cover and to check that your chosen dependants qualify for the cover under this policy. If you add people that do not qualify, it could lead to a claim being repudiated or cover voided.
o.	**How we will communicate with you**	Our main method of communication with you will be by SMS or WhatsApp to the cell number you have given us or email to the email address you have given us. This is also the agreed method of giving you any notice required by this policy or by law.

LIFE INSURANCE POLICY ("POLICY")

GENERAL TERMS & CONDITIONS FOR THE POLICY

IMPORTANT, PLEASE READ CAREFULLY

1. Your use of the insurance benefits is always subject to the terms and conditions of this policy, statutory notices, amendments, endorsements and addendums issued by us in terms of the policy; and must be read together with, and shall form a part of, this policy.
2. The policy is issued to you at your own request and without us providing you with any advice, we only provide factual information. Please make sure that the insurance benefits are the same as they were explained to you and that they are appropriate to your needs. If not, please contact us. Also see **CANCELLATION OF THE POLICY** below.
3. If this policy, or any part of this policy is replacing an existing policy you have, make sure that you have carefully compared the insurance premiums, insurance benefits and terms and conditions.

ACCURACY OF INFORMATION

It is very important that you give The Unlimited and the Insurer honest and accurate information at all times. If you give The Unlimited and/or the Insurer false or incorrect information, your policy may be invalid or you may not be covered.

If you, or anyone acting for you or with your knowledge, submits a fraudulent claim, uses any dishonest method to try to obtain a benefit under this policy (whether successful or not), provides false or fraudulent information or documents in support of a claim, or exaggerates any part of a claim for any reason, then the whole claim will be rejected. In that case, all benefits relating to that claim will be lost, and we will have no liability to you for that claim.

If the Insurer or The Unlimited fail to enforce any provision strictly or at all, this does not mean that we waive any of our rights, nor does it mean that we cannot enforce our rights at some later time.

GENERAL DEFINITIONS (what these words mean when used in this policy)

Subject to all the terms and conditions of the policy:

1. **accident** means an external, violent, unexpected and visible event, but which occurs at a time and place that can be identified. For example, a motor vehicle accident, an assault or burns.
2. **additional dependant** means any person, whose name and date of birth you have given to us and who are totally financially dependent on you. If you have chosen to cover an additional dependant, this means that from the date you add an additional dependant to this policy and throughout the lifetime of this policy, you (the policyholder) are totally responsible for the livelihood and support of your additional dependant and pay for their food, medicine, shelter and clothing. They must also be a member of your family through blood or by a recognised legal relationship.

   IMPORTANT: the number of additional dependants that you can add is stated in **THE INSURANCE BENEFITS** section of this policy, at an additional cost to you, where applicable. Failure to provide The Unlimited with your additional dependant/s' details can result in the rejection of a claim, or the Insurer voiding the policy or parts thereof.
3. **child/ren** means your biological children, stepchildren, adopted children and children who are related to you by blood or a legally recognised relationship. The child/ren must be under the age of 21 and totally financially dependent on you. If you have chosen to cover your child/ren, this means that from the date you add a child to this policy and throughout the lifetime of this policy, you (the policyholder) are totally responsible for the livelihood of your child/ren and pay for their food, medicine, shelter and clothing.

   IMPORTANT: You may add your child/ren to this policy from the day they are born alive (and up to the age of 21).

   The number of children that you can add is stated in **THE INSURANCE BENEFITS** section of this policy, at an additional cost to you, where applicable. You must provide The Unlimited with the name, surname and dates of birth of your child/ren and your child/ren must be on record to be covered under this policy. Failure to provide The Unlimited with your child/ren's details can result in the rejection of a claim, or the Insurer voiding the policy or parts thereof.
4. **due date** means the date of your premium deduction every month (your salary pay date).
5. **grace period** means the period of 15 (fifteen) days following a failed premium collection (calculated from the premium due date) within which you can make a manual payment to us. During the grace period, all insurance benefits will remain in force. In the event of a claim occurring during the grace period and if the claim is approved you authorise us to deduct all outstanding premiums from the claim settlement amount.
6. **insured event** means an accident which results in an insured person's admission/s to hospital because of an accidental injury, or your death (accidental or natural) from any cause not excluded under this policy.

7. **insured person** means you, your spouse and/or any child or other additional dependant who is covered under this policy. They must be South African citizens or, if they aren't, they must have residential rights in South Africa.

8. **Insurer** means Centriq Life Insurance Company Limited (Reg. No. 1943/016409/06), a licensed life insurer and an authorised financial services provider (FSP Number 7370) (the Insurer), the company which provides you with your insurance benefits and which receives the premium every month.

9. **premium** means the amount payable to the Insurer every month for the insurance cover (the insurance benefits) under this policy. The premium is disclosed above in the KID document.

10. **premium deduction** means the collection of your premium on the due date every month. The collection method will be via Persal (the National and Provincial Government's personnel salary system).

11. **spouse/partner** means a named person who you are married to by civil law, tribal custom or in terms of any religion, or your life partner. If you have chosen to cover your spouse, the details of your spouse must be on record, he/she must live with you in South Africa and you must be interdependent on each other. At the time of a claim, it is your responsibility to prove that you and your spouse are interdependent and that you live together. When we use the word "partner", we refer to your spouse (as described above) or your life partner, being the person named on your policy.

12. **start date** means the date of your first successful premium deduction and is the date on which all your insurance benefits are available (subject to waiting periods).

13. **waiting period** means the period specified in this policy/**THE INSURANCE BENEFITS** section during which we need to successfully collect a specified minimum number of premiums from you before you are entitled to claim under this policy. Please note, the specified minimum number of premium deductions required to meet the waiting periods start from when a person is added to the policy and cover for the applicable insured person will also only begin once the Insurer has received the required minimum number of premiums for that person.

14. **we/us/our** means The Unlimited Group (Pty) Limited, acting on our own behalf or on behalf of the Insurer. We provide the intermediary services and binder functions on behalf of the Insurer in respect of the insurance benefits you have chosen. The Unlimited Group (Pty) Limited is an authorised Financial Services Provider (FSP No. 21473).

15. **you/your** means the policyholder and includes additional lives insured/dependants, where applicable.

HOW WE WILL COMMUNICATE WITH YOU

1. We will communicate with you via email, SMS or WhatsApp, using the cell phone number and/or email address you gave to us when you took out this policy. This will be the agreed method of giving you any notice required by the policy or by law. This is also how we will notify you of any premium increases or other changes to your policy.

2. **We will always communicate with you using your last known details (including the details of your dependants and beneficiary, where relevant)** to fulfil your policy cover and to process any claims you may have. **If any of your contact details change, please tell us immediately**.

FOR COMPLAINTS AND COMPLIANCE

1. It is important that you are happy with your policy. If you are unhappy for any reason, please call us on 0861 990 000 and give us a chance to see if we can set things right.

2. If you are still not happy, then refer to 'HOW TO SUBMIT A COMPLAINT' in the **STATUTORY NOTICE OF DISCLOSURES AND OTHER LEGAL REQUIREMENTS** section below.

PAYMENT AND NON-PAYMENT OF PREMIUMS

It is your responsibility to pay your premium every month or you will not be covered.

1. Payment of premiums:

   1.1 If you are a Government employee and have given us your Persal number:

   1.1.1 you have authorised your employer to deduct the premium from your salary via Persal (National and Provincial Government's personnel salary system);

   1.1.2 you agree that, should any changes in terms of this policy resulting in either the cancellation of the policy or an increase in premium be required, such changes need to be communicated to Persal first and the change may only be effective up to 60 days later. This means that you may have another premium deduction before the change is effective.

   FOR EXAMPLE: if an instruction to cancel this policy is received by Persal on the 25th of June, the cancellation may only be effective up to 60 days later during the following month, or the month after in August (and the premium will still be deducted from your salary in July).

1.2 The premium is due in advance and this policy will not be binding on us or the Insurer until your first successful premium deduction.

1.3 This policy is a monthly-paid policy. It will continue, or reinstate in the event of lapsing, on the same terms each time your premium deduction is successful.

2. Unpaid premiums:

2.1 If the Insurer does not receive the premium by the agreed due date every month, a grace period of 15 (fifteen) days after the due date will apply, during which cover remains in force. If you do not make a manual payment of the premium by the end of the grace period, your insurance benefits will lapse, and **no cover will apply from the date of the failed premium deduction**. **The arrear (missed) premiums will not be deducted from your salary.** In the event of a claim occurring during the grace period, the outstanding premium can be deducted from the claim settlement amount should the claim be approved.

2.2 Should your premium deduction resume after the insurance benefits have lapsed, the date the next premium is received will be the new due date, and your insurance benefits will be reinstated from the date of successful receipt of that premium. No cover will apply for any period before the date your insurance benefits are reinstated.

2.3 If your premium deduction does **NOT** resume after your insurance benefits have lapsed, we reserve the right, at our discretion, to cancel your policy immediately. We will notify you when your policy is cancelled.

3. Debit order collections of premiums:

3.1 If the Government is unable to deduct the premium in favour of the Insurer from your salary via Persal, we may collect the premium from any of your bank accounts which you have given us. We will notify you before we do this.

AMENDMENTS TO COVER OR PREMIUMS

1. **We reserve the right to amend, add or change the premium, insurance benefits, waiting periods or terms and conditions of this policy, including your cover, by giving 31 days' written notice to you of our intention to do so.**

   Please remember that it may still take up to 60 days from the date of communication to you to become effective.

2. If you choose to cancel your policy during the 31 day-notice period of amendment to the policy, you will not be entitled to a refund of premiums already paid.

WHEN DOES YOUR COVER START AND WHEN DOES IT AUTOMATICALLY END?

1. On receipt of your first premium by the Insurer, your policy will start (the start date). The start date of your policy will be the date of your first successful premium deduction. **Please note:** the instruction for your first premium deduction will need to be communicated to Persal first and your start date may only be effective up to 45 days later. This means that you may only have your first premium deduction in the following month/s.

   FOR EXAMPLE: if an instruction for your first premium deduction is received by Persal on the 25th of June, your first premium deduction may only happen up to 45 days later during the following month, or the month after in August (and the start date of your policy will only happen on the date of that first premium deduction).

2. You are entitled to your insurance benefits from the start date, subject to any waiting period that may apply.

3. Should a claim occur within a waiting period (where applicable) there will be no refund of premiums and no payment of the claim.

4. If your premium deduction fails and the Insurer receives your premium at a later date, your policy will reinstate on receipt of that premium and the balance of any waiting period will be taken into account. Unless your policy has been cancelled, in which instance a new policy will be issued and new waiting periods will apply.

5. If you are unsure when your cover starts, please contact us to confirm the start date of your policy.

6. You must be under the age of 65 to be covered under this policy. The policy will automatically end when you turn 70 or immediately on the death of the policyholder, unless your insurance benefits specify a different end date.

7. Any insurance benefits that apply to your dependants will also end should this policy end for any reason or when your dependants:

   7.1 in the case of children, turn 21; and

   7.2 in the case of adults, turn 70.

CANCELLATION OF THE POLICY

1. You can cancel your policy at any time. Call us on 0861 990 000. Please remember that your cancellation may take up to 60 days to take effect.
2. There is a cooling-off period of 31 days (calculated from when you received these terms and conditions OR from a reasonable date on which it can be deemed that you received them) within which you can cancel and receive a refund, **BUT ONLY IF YOU HAVE NOT USED** any of the insurance benefits. Cancellation of your policy will include cancellation of ALL your insurance benefits.
3. The Insurer can cancel or void the policy (or sections thereof) at any time if you do not fulfil your duties under this policy or if you misrepresent material facts, are dishonest or fraudulent in your actions. The Insurer will notify you immediately in writing of such cancellation or voidance.
4. The Insurer may cancel this policy in writing by giving you 31 days' notice (or such other period as may be mutually agreed and/or otherwise prescribed by this policy).
5. When this policy is cancelled (by you or by the Insurer), all cover and benefits under it will end from the date the cancellation takes effect.

TRANSFER OR CASH-IN

Your policy, or any rights in your policy, cannot be transferred to another person. You cannot take out a loan against your policy. Your policy does not pay out any profits, nor can it be cashed in for money.

CLAIMS PROCESS CONDITIONS

These are detailed claims conditions that must be in place or complied with by you so that you can enjoy the insurance benefits.

1. When can you claim?

   1.1 As soon as the Insurer has received your first premium (the start date), you are entitled to cover and to claim your insurance benefits if an insured event occurs; however, if there is a waiting period, you or any person insured, will not have cover until the waiting period has ended. You can claim for the insurance benefits provided you comply with all the terms, conditions, limitations and exclusions contained in this policy.

   1.2 **The insured event must have happened in South Africa, it must be after the start date and an exclusion must not apply.**

2. Time period to submit a claim:

   2.1 You must notify us of a claim as soon as reasonably possible after it occurs.

   2.2 Your supporting documents must be submitted to us by you or the nominated beneficiary or alternative claimant (where applicable) within 45 days of your claim being lodged. If we do not receive the information we need, the Insurer will close your claim.

3. How do you claim your insurance benefits?

   3.1 It's simple, CALL US on 0861 990 000 and we will guide you through the process.

   3.2 Please see **THE INSURANCE BENEFITS** section and claim forms for the required documents to finalise your claim.

   3.3 On approval of a valid claim, the cash payout can be used for any purpose you see fit.

4. General requirements for any claim:

   4.1 **We have the right to request additional supporting documents at any time** if we are unable to validate the claim with all the information requested in this policy and the claim forms.

   4.2 **IMPORTANT**: Details of the additional information we may require will be provided with your claim form. If we request the additional information from you, it is because it is necessary for us to finalise the claim. We will require your co-operation in providing us with the additional information.

   4.3 **If we approve your claim, you (or any other approved claimant) will be required to provide us with a copy of the claimant's identity document and South African bank statement that clearly shows the name and address of the account holder, the account number as well as the bank date stamp.**

   4.4 **All costs incurred in submitting a claim are for your account.**

4.5 **Your claim documents can be sent by any of the methods below to:**

THE UNLIMITED – CLAIMS DEPARTMENT

Postal address:	Private Bag X7028, Hillcrest, 3650
Physical Address:	No 3 The Boulevard, Westway Office Park, Intersection of Spine Road and The Boulevard, Westville, KwaZulu-Natal, South Africa, 3610
Email address:	tuclaims@iua.co.za

4.6 If you do not comply with our reasonable requests, do not cooperate in the investigation of claims or you do not give us specific claim documents/information, the Insurer may close or repudiate your claim.

4.7 **There are additional details which you will find in this document under the section STATUTORY NOTICE OF DISCLOSURES AND OTHER LEGAL REQUIREMENTS. Please make sure you read and understand it and if you have any questions, please call us on the number we have provided.**

4.8 Payment made to any approved claimant will discharge our and the Insurer's liability and obligations arising out of the event/s which led to the claim.

4.9 In the event that a benefit is paid as a result of any misrepresentation, non-disclosure, misdescription or fraudulent action, the beneficiary/claimant will be obliged to repay or return the benefit received under this policy and we will be entitled to take legal action to recover the benefit and/or any costs associated with such legal action.

5. Claim repudiations:

5.1 If the Insurer repudiates your claim, we will notify you of the repudiation. If you wish to challenge the repudiation, you will have 90 (ninety) days from the date on which you are notified of the repudiation to make written representations to us or the Insurer (complaints@centriq.co.za). The Insurer has 45 (forty-five) days from receipt of such written representation to notify you of their final decision.

5.2 If the Insurer's decision remains unchanged, you have 180 (one hundred and eighty) days from the expiry of the above 90 (ninety) day period to:

5.2.1 institute legal action (if you do not, you may no longer have any claim); and/or

5.2.2 lodge a complaint to the FAIS Ombud, to the National Financial Ombud Scheme or the Financial Sector Conduct Authority.

5.3 **There are additional details about this process in the STATUTORY NOTICE OF DISCLOSURES AND OTHER LEGAL REQUIREMENTS section below.**

GENERAL POLICY EXCLUSIONS (what you are not covered for)

General exclusions are specific items, losses or events that are not covered by this policy.

The Insurer will NOT cover any claim which directly or indirectly resulted from you or any life insured:

1. partaking in any actions of war, invasion, act of foreign enemy, hostilities, civil war/unrest, rebellion, riot, revolution, terrorist attack;
2. exposing yourself to nuclear reaction or radiation of any kind;
3. attempting to commit or having had wilful involvement in any unlawful/illegal act or wilful exposure to a needless peril or dangerous conduct (a conscious decision to expose yourself to a potential risk of injury or death that the reasonable person would choose to avoid);
4. driving or operating any motor vehicle, motorcycle or similar without a valid driver's licence and/or permit;
5. attempting suicide or intentional self-harm/injury (applicable to the accident cash benefit);
6. committing suicide or any intentional self-harm that results in death, unless the suicide-specific waiting period is met (applicable to the breadwinner benefit);
7. committing fraud or attempted fraud, or not telling us the truth or not giving us all the correct details, including about your health (now or when you claim)
8. partaking in any of the below high-risk activities/occupations:

8.1 any sport as a professional;

8.2 parachuting, skydiving, hang gliding, wrestling, boxing or martial arts;

8.3 racing, speed or endurance tests on or in power driven vehicles or crafts;

8.4 flying, other than as a passenger in a licensed passenger carrying aircraft piloted by a duly qualified person;

8.5 mountaineering of any nature, wall/rock climbing and bouldering;

8.6 bungee-jumping, scuba-diving, steeple-chasing, water-skiing, rugby, ice hockey, winter sports, polo;

8.7 game hunting;

8.8 quad biking;

8.9 digging or sinking of mine pits or shafts, underground mining activities or the manufacture or use of explosives;

8.10 consuming, using and/or abusing any intoxicating substance (for example, however not limited to, medication, illegal narcotics/drugs as well as alcohol and/or alcohol poisoning); including driving under the influence of such intoxicating substances whether tested for substance use or not.

SANCTIONS

1. This policy excludes cover, and the Insurer is not liable to pay for any claim, nor provide any insurance benefit under this policy to the extent that the provision of such cover, payment of such claim or provision of such insurance benefit would expose either us or the Insurer to any sanction, prohibition or restriction under United Nations resolutions or any trade, economic, personal or other sanctions, laws or regulations of the European Union, United Kingdom, United States of America and the Republic of South Africa or any other country or political or economic zone.
2. The Insurer has the right to cancel any insurance benefit/policy, section and/ or item should we or the Insurer become aware that you, your dependents or beneficiaries are listed on one of the sanctions lists which we or the Insurer are required to screen against.

THE INSURANCE BENEFITS

A. ACCIDENTAL INJURY CASH BENEFIT ("ACCIDENT CASH BENEFIT")

1. Specific additional definitions for the accident cash benefit

1.1 **accidental injury** means an injury sustained because of an accident which causes you or any other insured person to be admitted to a hospital by a doctor for a period of no less than 24 hours in a row, and which injury could not have been attended to as an out/day patient or at home.

1.2 **additional treatment** means any treatment you or another insured person receives for conditions other than the treatment received or required to be received directly related to the insured event for which you or any other insured person is covered.

2. Important information about the accident cash benefit

2.1 This is not a hospital plan. **THERE IS NO COVER FOR ILLNESS CLAIMS OR HOSPITALISATION FOR ILLNESS.**

2.2 This is **not a medical scheme**. The cover is not the same as a medical scheme and is not a substitute for medical scheme membership.

2.3 Only injuries caused by an accident which occurs within the borders of South Africa is covered.

3. Benefit: accident cash benefit

We will pay an insured person the daily amount described in the benefit limits table below, following their admission to hospital for a full day (that is 24 hours in a row), because of an accidental injury.

Benefit limits

Your maximum benefit limit is **R100 000.00 (one hundred thousand Rand) per insured event**, per insured person. An insured person will be covered for **R1 000.00 (one thousand Rand) per day, for up to 100 days**, for each full day spent in hospital because of an accidental injury.

Who is covered?

1. **You**, the policyholder.
2. If you choose to cover your **spouse**, **children (up to a maximum of 5) and additional dependants (up to a maximum of 3)**, we require that:

- we have their names and dates of birth on record; and
- we have received the additional premium/s for all additional lives insured, where applicable.

Maximum payout (accident cash benefit only)

If you have any other insurance policies that provide a daily hospital cash, accident cash or similar benefit for an insured person's hospitalisation due to an accidental injury, the total daily benefit payable to you under all such policies combined may not exceed the maximum amount permitted by the applicable Demarcation Regulations from time to time. The maximum daily amount permitted is R4 396.

We will assess this limit at claim stage. It is your responsibility to disclose to us if you have any other such other policies. If the total daily benefits under all such policies exceed R4 396, we will only be liable for the lesser of this policy's daily benefit amount, or our pro rata share of that maximum.

4. Waiting periods specific to the accident cash benefit

There is no waiting period for the accident cash benefit. An insured person is covered from the first premium received for that person.

5. Who will we pay?

5.1 We will pay you, by payment into your South African bank account.

5.2 If you, the policyholder, die and we approve an accident cash claim for the same insured event that leads to your death, we will pay the claim to the following person, in the following order:

5.2.1 your spouse; or

5.2.2 the duly appointed executor of your estate or, where applicable, the duly appointed Master's representative acting under a valid Letter of Authority.

5.3 If any other accident cash claim occurs following your death and during the period of continued cover under the breadwinner benefit, we will pay the claim to the following person:

5.3.1 the legal guardian (claims for minors);

5.3.2 the duly appointed executor of the deceased's estate or, where applicable, the duly appointed Master's representative acting under a valid Letter of Authority.

Please note, before making payment, we may require the recipient of a claim payout to provide proof of identity, proof of bank account, and any other information reasonably required to verify identity, entitlement and compliance with applicable FICA and sanctions requirements.

6. Compulsory documents/information required for accident cash benefit claims:

PLEASE NOTE: The medical information, in the form of hospital admission forms/hospital records detailing treatment that you need to provide us with, must be obtained by you from the clinic/hospital or the doctor/nurse who treated the insured patient.

6.1 Completed claim form

6.2 Please provide copies of the specific medical information we require to process your claim, as follows:

6.2.1 The date and time of the insured person's admission into and discharge from the hospital/clinic;

6.2.2 Contact details of the hospital;

6.2.3 The final diagnosis of the accidental injury/injuries and the reason for the time spent in hospital;

6.2.4 All medication and treatment administered to the insured person;

6.2.5 The details of any procedures the insured person underwent; and

6.2.6 The long-term prognosis for the insured person's injuries

6.3 Where an incident was, or should be, reported to the SAPS, you may have to provide us with a copy of the police or accident report

7. Specific additional exclusions for the accident cash benefit

7.1 Please refer to the **GENERAL POLICY EXCLUSIONS** which will be applicable to this insurance benefit.

7.2 We will also NOT pay any **ACCIDENT CASH BENEFIT** claim:

7.2.1 if any injuries are treated in a casualty unit or if injuries are, or should be, treated as an outpatient or a day case at a hospital;

7.2.2 if additional treatment is required and/or where the treatment of another or underlying medical condition/complication and/or illness prolongs the stay in hospital e.g. underlying condition of diabetes prolongs an accidental injury admission;

7.2.3 if the treatment received was only for pain relief, physiotherapy and/or traction, soft tissue injuries including all admissions for the treatment of sprain and strain injuries;

7.2.4 for any elective or planned medical procedures whatsoever;

7.2.5 for treatment of mental or psychological conditions; any pregnancy related treatment or operations

B. BREADWINNER (YOUR FAMILY STAYS COVERED) BENEFIT

1. Specific additional definitions for the breadwinner (your family stays covered) benefit

1.1 **accidental death** means your death because of an accident. In cases of accidental death, a post-mortem and an inquest are held.

1.2 **natural death** means your death because of a natural cause such as a medical condition/illness (e.g. cancer, stroke or heart attack).

2. Important information about the breadwinner (your family stays covered) benefit

2.1 This is **NOT A FUNERAL POLICY**

2.2 **Waiting periods apply**

2.3 Only death which occurs within the borders of South Africa is covered.

3. Benefit: Breadwinner (your family stays covered) benefit

In the event of your (the policyholder's) death from any cause not excluded under the policy, and subject to an approved claim for your death, your family (spouse, children and additional dependants that are covered under your policy at the time of your death) will stay covered under the accident cash benefit only for a period of no more than 6 months from the date of your death and at no premium cost to them.

Benefit limits and conditions

1. **Duration of continued cover for your family:** up to 6 (six) months from the date of your death.
2. **Conditions of continued cover:**

- During this period of continued cover for your family, any accident cash benefit claim payout will be limited to the benefit limits stated in the accident cash benefit sections above.
- There must be an **approved claim for your (the policyholder's) death** to qualify for this benefit.
- During this period of continued cover, the **existing terms, accident cash benefit limits and waiting periods applicable to each insured person** will continue to apply as they stood at the time of the policyholder's death. No waiting periods are waived or reset because of this benefit.

3. Your **spouse, children (up to a maximum of 5) and additional dependants (up to a maximum of 3)** will stay covered under the accident cash benefit, subject to:

- their names and dates of birth being on record.
- them already being covered and under your policy at the time of your death.
- us having received the additional premium/s for all additional lives insured, where applicable, up to the date of your death.

When does this insurance benefit apply?

This insurance benefit applies only if you, **the policyholder, die.** It does not apply if any other insured person dies, and it does not apply if the policy ends for any reason other than the policyholder's death.

4. Waiting periods specific to the breadwinner (your family stays covered) benefit

4.1 A claim for your natural death will have the following waiting periods for the event giving rise to the claim:

4.1.1 there is a waiting period of 6 months. This means that the Insurer must have received a minimum of 6 premiums from you before this benefit can be claimed.

4.1.2 Claims for suicide or any self-inflicted death: there is a waiting period of 24 months. This means that the Insurer must have received a minimum of 24 premiums from you before this benefit can be claimed.

4.2 There is no waiting period if your death is caused by an accident (accidental death).

5. Compulsory documents/information required for breadwinner (your family stays covered) benefit claims:

5.1 Completed claim form

5.2 Copies of:

5.2.1 Your ID (certified copy).

5.2.2 Your Death certificate (certified copy).

5.2.3 Notification of death form, completed by a doctor (otherwise called a DHA-1663/DHA-1680 form).

5.2.4 Police report (for accidental death claims only).

5.2.5 Motor vehicle accident report (motor accident death claim only).

C. MEDICAL INFORMATION HELPLINE BENEFIT

1. Who provides the medical information helpline benefit?

Although the Insurer has provided, and is responsible for access to this benefit, the Insurer has appointed a third-party service provider to deliver the medical information helpline benefit on its behalf. The benefit may be subject to their operational processes. The third-party provider may change from time to time at our sole discretion.

2. Benefit: medical information helpline benefit

You have access to the 24-hour medical information helpline. Medically qualified staff are available 24 hours a day to provide general health information via telephone. You will also have access to telephonic trauma counselling.

3. Benefit coverage:

Benefit limits and conditions

The medical information helpline is **available 24 hours a day**, however, this is not an emergency line, nor a diagnostic service, and there is no consultation, diagnosis, recommendation of a treatment plan or advice given. If you are ill and have medical symptoms, you must consult your doctor.

Benefit conditions:

- Because this is a telephonic service, if you omit medical information or misinform the consultant, you may receive inaccurate information. It is imperative to disclose any pre-existing medical conditions or medical history that may affect the information given to you.
- The benefit is informational in nature, and the Insurer is not responsible for advice, outcomes or actions taken based on the service.

Who has access to this benefit?

You (the policyholder) and any other person insured under this policy.

4. What is the medical information helpline benefit?

You have access to a 24-hour medical information helpline. Medically qualified staff are available 24 hours a day to provide general and emergency medical information via telephone. The medical information helpline includes the provision of information, including but not limited to:

4.1 general health;

4.2 Covid 19;

4.3 pregnancy;

4.4 understanding chronic diseases;

4.5 mom, baby and child care;

4.6 men's and women's health issues;

4.7 information on pre-trip and post-trip medications and precautions whilst travelling locally and internationally; and

4.8 explanation and interpretation of terminology in relation to diagnostic test results.

4.9 This service also includes referrals to Crisis lines in the event of:

4.9.1 family and domestic abuse
4.9.2 rape
4.9.3 trauma
4.9.4 child abuse
4.9.5 bereavement
4.9.6 HIV/AIDS
4.9.7 suicide hotline – Life Line
4.9.8 poison hotline

5. How to use the medical information helpline benefit

You have access to this benefit from your first successful debit order. Call us on 0861 990 000 - 24 hours a day, 365 days a year.

D. AIRTIME BENEFIT

1. Who provides the airtime benefit?

Although the Insurer has provided, and is responsible for access to this benefit, the Insurer has appointed a third-party service provider to deliver the airtime benefit on its behalf. The benefit may be subject to their operational processes. The third-party provider may change from time to time at our sole discretion.

2. Benefit: airtime benefit

2.1 **R50 monthly airtime:** every month that we receive your premium, we will load R50 airtime onto the SIM card we provided to you when you took this policy. Your airtime will be activated once we have confirmed receipt of your premium.

2.1.1 **Your free airtime lasts for a period of 30 days.**

2.1.2 You CANNOT convert your free airtime into data bundles.

2.2 **Double airtime:** every time you load Cell C airtime onto the SIM card we provided to you when you took this policy, you will receive the same amount of free airtime from us. For example, if you purchase and load a R20 airtime voucher onto the SIM card we provided to you when you took this policy, we will double your airtime by giving you another R20 free.

2.2.1 **Your free airtime lasts for a period of 30 days.**

2.2.2 You CANNOT convert your free airtime into data bundles.

3. How to access the airtime benefit

You must RICA first before you can use your SIM card. If you have any questions, please call us, our agents will be able to help you.

4. When we will not provide you with the airtime benefit

If you do not use the SIM card for a consecutive period of 60 days at any time from the start date of your policy, you agree that we can deactivate your SIM card and give your number to someone else.

IMPORTANT: STATUTORY NOTICE OF DISCLOSURES AND OTHER LEGAL REQUIREMENTS (IN TERMS OF THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT "FAIS")

As an insurance policyholder, you have the right to the following information:

DETAILS OF THE INTERMEDIARY

(the binder holder)

Company Name:	The Unlimited Group (Pty) Ltd (The Unlimited)
Physical Address:	No 3 The Boulevard, Westway Office Park, Intersection of Spine Road and The Boulevard, Westville, KwaZulu-Natal, South Africa, 3610
Postal Address:	Private Bag X7028, Hillcrest, 3650
Telephone Number:	0861 990 000
Email Address:	customercare@theunlimited.co.za
Website:	www.theunlimited.co.za
Company Registration Number:	2002/002773/07
FSP Licence Number:	21473
VAT Number:	4360161139
Internal Compliance Manager:	leone.soobramoney@theunlimited.co.za
Details of FAIS Compliance:	Moonstone Compliance
Moonstone Compliance Officer:	Ms CL Payne
Postal Address:	25 Quantum Street, Technopark, Stellenbosch, 7600
Telephone Number:	021 883 8000
Fax Number:	021 883 8005
Email Address:	cpayne@moonstonecompliance.co.za

a.	**Conflict of interest**	In accordance with our conflict management policy, we place a high priority on our customers' interests. We will try to identify, manage and as far as reasonably possible avoid any such instances. Our "Conflict of Interest" policy is available on our website at www.theunlimited.co.za.
b.	**Cooling-off rights**	In line with the Policyholder Protection Rules, we offer the following cooling-off rights: if there has been no insured event and no benefit has yet been claimed or paid, you have the right to cancel the policy by giving us written or telephonic notice within 31 days of you receiving this Statutory Notice of Disclosures OR from a reasonable date on which it can be deemed that you received this Statutory Notice of Disclosures. The Insurer will comply with your request for cancellation within 31 days of receiving your cancellation notice and will refund all premiums or monies paid by the premium-payer provided there has been no claim.
c.	**Insurance cover**	The Unlimited holds professional indemnity and fidelity insurance.

d.	**Intermediary Services**	The Unlimited does not provide advice as defined in the FAIS Act, we only provide factual information. To ensure that you make a financial commitment to a product that is appropriate to your needs, as determined by you, you must request all the necessary documentation and information you feel necessary for you to make an informed choice before you make a final decision.
e.	**Written mandate to act on behalf of the insurer**	Yes, The Unlimited acts as a non-mandated intermediary in terms of a Binder Agreement with the Insurer. The Unlimited earns binder fees in respect of the binder functions and incidental activities undertaken on behalf of the Insurer.
f.	**Whether more than 10% of the insurer's shares are held or whether more than 30% of total remuneration was received from the Insurer**	The Unlimited does not hold more than 10% of the Insurer's shares and has not received more than 30% of the total remuneration from one insurer in the preceding calendar year. The Unlimited is not an associate company of the Insurer.
g.	**Waiver of rights**	The law does not allow a financial services provider to request or induce in any manner a customer to waive any right or benefit conferred on them in terms of legislation, nor allow a financial services provider to act on any such waiver. Any such waiver is null and void.
h.	**Financial Intelligence Centre Act (FICA)**	Please note that in terms of the Financial Intelligence Centre Act, the Insurer as well as The Unlimited, are obliged to report suspicious and unusual transactions that may facilitate money laundering to the authorities. We also conduct sanctions screening to ensure that we are not conducting business with individuals who appear on sanctions lists. If you are a Domestic Prominent Influential Person or a Foreign Prominent Influential Person in terms of the FICA Act, please let us know by calling our call centre.

i.	**Legal status**	The Unlimited is an authorised financial services provider (FSP 21473). Licence limitations: • We must inform the Registrar of any business information change within 15 days. • We must maintain a list of all our Key Individuals and Representatives, and we must provide a copy of the register to the Registrar. • We accept responsibility for services provided by our representatives, whilst acting in the scope of their employment/contracts and confirm that some services are rendered under supervision – please refer to the FSCA's webpage to view a full list of our representatives. Steps to follow: 1. Go to www.fsca.co.za 2. Click on "Regulated Entities" 3. Under the heading "Regulated Entities and Persons" click on "FAIS" 4. Click on "Financial Service Providers" 5. Insert our FSP Number 21473 in the field "Search for FSP No" 6. Click on "Details" and select the information that you wish to view. • We may not provide business under a licence that has not been changed in accordance with the provisions of the FAIS Act. • Our insurance products must qualify as financial products, as contemplated by the FAIS Act. We are licensed to provide intermediary services in respect of Category 1, Long-Term Insurance Subcategories A, B1, B2, B1-A, B2-A and Short-Term Insurance Personal Lines, Short-Term Insurance Personal Lines A1 and Short-Term Insurance Commercial Lines.

DETAILS OF THE INSURER

(that underwrites the insurance benefits, and which is a licensed life insurer and an authorised financial services provider)

Company Name:	Centriq Life Insurance Company Limited
Physical Address:	The Oval, Second Floor, West Wing, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196
Telephone Number:	011 268 6490
Fax Number:	011 268 6495
Website:	www.centriq.co.za
Company Registration Number:	1943/016409/06
FSP Licence Number:	7370
VAT Number:	4310210481

Details of internal Compliance Department:

Telephone number:	011 268 6490
Email address:	compliance@centriq.co.za

HOW TO SUBMIT A COMPLAINT

Step 1: Initial Complaints Process

If you have a complaint about this policy or our service in general, you can call our Customer Care line on 0861 990 000. Please view our full Complaint Process on www.theunlimited.co.za

Step 2: Dispute Resolution Process

Should the outcome of your complaint not be in your favour, then you have the right to request The Unlimited to have the matter reviewed.

We will notify you of the name and contact details of The Unlimited representative that will be tasked to facilitate the dispute resolution process; and

When a decision has been reached you will be provided with the outcome of such decision together with reasons.

Step 3: Representation to the Insurer

Should you not be satisfied with the outcome of your dispute resolution by The Unlimited, and feedback is provided that is not in your favour, you may make representation to Centriq Life Insurance Company Limited by addressing your concerns to:

The Complaints Specialist:

Telephone:	011 268 6490
Email:	complaints@centriq.co.za

Step 4: External Dispute Resolution

We encourage clients to endeavour to resolve a complaint with us and/or the Insurer first, before submitting a complaint to the relevant Ombudsman. However, you may use any of the channels provided as you see appropriate.

If you remain unsatisfied or if our feedback provided to you is not in your favour, then you have the right to have the decision/process reviewed by an authorised external party being:

National Financial Ombud Scheme

Cape Town physical address:	Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7700
Johannesburg physical address:	110 Oxford Road, Houghton Estate, Illovo, Johannesburg, 2198
Sharecall number:	0860 800 900
Email:	info@nfosa.co.za
Website:	www.nfosa.co.za

The Financial Advisory and Intermediary Services (FAIS) Ombudsman

If you are not satisfied with the way the product was sold to you or the disclosures that were made to you, you may submit your complaint in writing to the FAIS Ombud at:

Postal Address:	P. O. Box 41, Menlyn Park, 0063
Physical Address:	Menlyn Central Office Building, 125 Dallas Avenue, Waterkloof Glen, Pretoria, 0010
Telephone number:	012 762 5000
Sharecall number	086 066 3274
Email:	info@faisombud.co.za
Website:	www.faisombud.co.za

The Financial Sector Conduct Authority (FSCA)

Postal Address:	P.O. Box 35655, Menlo Park, 0102
Physical Address:	Riverwalk Office Park, Block B; 41 Matroosberg Road (Corner of Garsfontein and Matroosberg Roads), Ashlea Gardens, Extension 6, Menlo Park, Pretoria, 0081
Telephone:	012 428 8000 or 0800 20 37 22
Website:	www.fsca.co.za

OTHER IMPORTANT MATTERS

- You must be informed of any material changes to the information in this notice. If the information was given orally, it must be confirmed in writing within 31 days.
- If any complaint to The Unlimited or the Insurer is not resolved to your satisfaction, you may submit the complaint to the National Financial Ombud Scheme or the FAIS Ombud.
- If your premium is paid by means of debit order, it may only be in favour of one legal entity or person and may not be transferred without your approval.
- Unless you commit fraud, the Insurer must give you at least 31 days' notice in writing of its intention to cancel cover.
- The Insurer must give reasons for rejection of your claim.
- The Insurer may not cancel your insurance merely by informing The Unlimited. There is an obligation to make sure that the notice has been sent to you.
- You are entitled to a copy of the policy documents and a copy of the voice log of the sale free of charge.
- Polygraphs or similar tests are not obligatory, and claims may not be rejected solely based on a failure of such test.
- Should you have any complaints about the availability or adequacy of the information we have given you, please let us know on 0861 990 000.
- Your policy documents contain the name, class and type of policy, special terms and conditions, exclusions, waiting periods, as well as details of procedures to follow in the event of a claim. Should anything not be clear, please contact The Unlimited on the numbers provided above.

WARNING

- Do not sign any blank or partially completed application forms.
- Complete all forms in ink.
- Keep all documents you receive.
- Make a note of what was said to you.
- Don't be pressurised to buy the product.
- Incorrect or non-disclosure by you of material facts may have a negative impact on the assessment of a claim under your policy.

TREATING THE CUSTOMER FAIRLY (TCF)

We are committed to ensuring that all our customers are treated fairly and that every member of our team understands what TCF means to our business. Being a brand-led business means that we put the customer at the centre of everything we do. The systems and processes we have put in place ensure that all of our customers are treated fairly at every interaction.

We only partner with and select suppliers of benefits and services that are able to demonstrate their respect in treating customers fairly, and who uphold the TCF principles for all interactions of the customer relationship, for which they are responsible. It is important that they are in alignment and agree to our TCF objectives in every interaction that they may have with our customers.

HOW WE USE YOUR PERSONAL INFORMATION

We are bound by the terms and provisions of the Protection of Personal Information Act 4 of 2013 ("POPI Act"), as well as Section 51 of the Electronic Communications and Transactions Act, 2002 ("ECT Act") regarding the processing of your personal information. We may use any necessary legal means to check and validate the information you provide to us.

This section of the Statutory Notice of Disclosures is intended to summarise key privacy disclosures. We handle the personal information you provide to us in accordance with this section, read with the Privacy Policy available at www.theunlimited.co.za.

1. You hereby warrant and agree that we, including our authorised agents, partners and service provider/contractors may:

1.1 collect information:

a. from you directly; from your use of our products and services; from your engagements and interactions with us; from public sources, shared databases and from third parties.

b. that you provide to us and store it in a shared database, verify it against legally recognised sources and use it, for example, for any decision concerning the continuance of your agreement/policy or the meeting of any claim you submit. Such information may be given to any insurer or its authorised agents, partners and service provider/contractors.

c. including (amongst others), information about your criminal or credit history, insurance history, marital status, national origin, age, sex, sex life, language, birth, education, financial history, identifying number, email address, physical address, telephone number, online identifiers, social media profile, health, disability, pregnancy, biometric information (like fingerprints, your signature or voice), race or ethnic origin, trade union membership, political persuasion, financial history, criminal history and your name.

d. that you warrant you are authorised to provide to us in respect of personal information of third parties. In doing so you indemnify us, including our authorised agents, partners and service provider/contractors, against any and all losses by or claims made against them and us as a result of you not having the required authorisation.

1.2 process your information for the following reasons (amongst others):

a. to underwrite policies, assess risks fairly, perform under your insurance agreement including the assessment of claims and enforce our contractual rights and obligations.

Note: This includes the collection and use of personal information provided to us, such as sensitive health information, including that of minor children, as permitted under section 32(1) of the POPI Act. In addition, such information may be shared internally with our departments (who need this information) and externally with third parties to comply with insurance obligations or legal requirements or in the exercise of our rights. Please contact us should you have any objections.

b. where relevant, to instruct the insurer, the UMA, and any appointed medical provider/service provider (including emergency or hospital providers, and medical professionals or staff engaged by an insured person, the insurer or UMA), to ensure that an insured person receives appropriate and necessary medical services. This includes sharing necessary personal and health information about you and your dependants where required to support risk assessment, claims processing, performance of your insurance agreement or to enforce contractual rights.

c. to comply with legislative, regulatory, risk and compliance requirements, codes of conduct and industry agreements or to fulfil reporting requirements and information requests.

d. to submit payment instructions (like a debit order) to and receive payment performance feedback from our appointed sponsor bank(s) for the purposes of facilitating and managing your payment obligations under this agreement. This includes sharing your name, identification number, and bank account details with such bank(s) to enable payment collection and receiving data from them such as payment success or failure, reasons for failed payments and debit order mandate status (e.g. whether the mandate has been authenticated).

e. to do affordability assessments, credit assessments and credit scoring including requesting and using limited credit information, such as income payment timing and payment behaviour, from credit bureaus or authorised third parties. By accepting our terms, you provide the necessary consent as required under the National Credit Act, 2005.

f. to manage and maintain your agreement/policy or relationship with us.

g. to disclose and obtain information about you from credit bureaus regarding your credit history.

h. to enable you to participate in the debt review process under the National Credit Act 34 of 2005.

i. for security, identity verification and to check the accuracy of your information.

j. where required, we may transfer your personal information outside of South Africa in compliance with the law.

k. for customer satisfaction surveys, promotional and other competitions.

l. using automated means (without human intervention in the decision-making process) to make decisions about you or your application for any product or service. You may query the decision made about you.

m. to conduct market and behavioural research, including scoring and analysis to determine if you qualify for products and services; and to market to you or provide you with products, goods and services. If you purchase products or services from us, we can market other similar products and services to you even after this agreement ends and share market innovations with you.

n. Payment of the premium also entitles you to be notified of further product offerings as well as preferential pricing if you buy additional benefits from us.

1.3 share your information with the below persons (amongst others) who are bound to keep it secure and confidential:

■ Attorneys, tracing agents, & debt collectors when enforcing agreements	■ Debt counsellors & payment distribution agents during any debt review process.
■ Payment processing service providers, merchants, banks to process payment instructions	■ Insurers and other financial institutions when providing insurance or assurance.
■ Our partners, service providers, agents, sub-contractors to offer and provide products and services to you	■ Regulatory authorities, ombudsman, governments, local and international tax authorities & credit bureaus when we must share it with them.
■ Where relevant, medical professionals, healthcare institutions or facilities involved in providing necessary medical services to you or your dependants.	

2. The Unlimited automatically updates and keeps your information accurate

We may submit your information to, and receive information about you from, credit institutions (such as a credit bureau and our sponsor bank) to update, process and monitor your information to guide us in making decisions about product development and suitability of offerings, affordability, market conduct and activities related to our business. We may also do this to ensure the quality and accuracy of your identity and contact information to ensure we can make positive contact with you; and to determine your status as a home loan holder, vehicle owner or credit card holder to offer suitable goods and services to you that are affordable and that you may be interested in.

3. Your rights:

You have data protection rights which are described in detail on www.theunlimited.co.za. To request access to your information, contact us at the contact details provided above.

We may contact you to offer you our similar products and services, using the contact details you have provided. You may opt out of receiving such marketing communications at any time by emailing dataprivacy@theunlimited.co.za or calling 0861 990 000.

Unlimit Your Life.

THE UNLIMITED

Insurance | Lifestyle | Rewards

Call us on

0861 990 000

Emergencies | Customer Care | Claims

The Unlimited is an authorised financial services provider [21473]
Founder of The Unlimited Child

UNDERWRITTEN BY
CENTRIQ
LIFE INSURANCE

The benefits are underwritten by Centriq Life Insurance Company Limited ("Centriq Life"), a licensed life insurer and authorised financial services provider (FSP 7370). Centriq Life Insurance Company Limited is the Insurer of the policy. The Unlimited acts as the intermediary who administers claims and performs other policy services on behalf of the insurer