# WELCOME TO THE UNLIMITED

theunlimited.co.za

YOU'VE UNLOCKED UNBEATABLE VALUE


Unlimit Your Life.

## THE UNLIMITED

**Insurance | Lifestyle | Rewards**

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

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## THE UNLIMITED MEDICAL INSURANCE HOSPITAL CARE POLICY WORDING

### OPERATIVE CLAUSE

In consideration of, and conditional upon, the prior payment of the premium by the policyholder; and the acceptance thereof by or on behalf of Bryte Insurance Company Limited (the "insurer"), the insurer agrees to pay the **POLICY BENEFITS** for an insured person, for an insured incident occurring during the period of insurance, up to the limit of indemnity and benefits, as stated in the policy and your policy schedule.

### IMPORTANT, PLEASE READ CAREFULLY

1. **Please note:** this policy wording, together with any declaration you have made and your policy schedule (which was sent to you separately when you took out this policy), constitutes the agreement between you, the Underwriting Managing Agent ("UMA"), the insurer and The Unlimited (the "policy"). Your use of the benefits is always subject to the terms and conditions, as contained in this policy wording, any declaration you have made and your policy schedule, as well as any statutory notices, amendments, endorsements and addendums issued by us in terms of your policy; and must be read together with, and shall form a part of, the policy.
2. This policy is issued to you at your own request and without The Unlimited providing you with any advice, they only provide factual information. Please read it carefully and ensure that it is appropriate to your needs. Please review your cover regularly to ensure that it remains accurate and appropriate. If not, please contact The Unlimited. Please see the **"CANCELLATION OF YOUR POLICY"** section below. If this policy, or any part of this policy, is replacing an existing policy or any part of an existing policy you have, make sure that you have carefully compared the insurance premiums, insurance benefits and terms and conditions.
3. By agreeing to cover under this policy, you and all insured persons indemnify and hold The Unlimited, the UMA and the insurer harmless from any liability, costs or expenses arising from the failure to provide services and/or the provision of defective services by any practitioner and/or service provider (including emergency services as well as hospital providers).
4. This policy takes precedence over any conflicting information, whether found in any form of marketing collateral, promotional material, or verbal communication. In the event of discrepancies between this policy and any other sources of information, the terms and conditions outlined in this policy shall govern and override all other representations, unless explicitly stated otherwise in writing.
5. **This is not a medical scheme, and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.**

### WE WOULD LOVE TO HEAR FROM YOU

If you have any questions, or need assistance with your policy, you can get in touch with us in the following ways:

on our website www.theunlimited.co.za; or

call us on **0861 990 000**

### ACCURACY OF INFORMATION

It is very important that you give The Unlimited, the UMA and the insurer ("us") honest and accurate information at all times. If you give us false or incorrect information, your policy may be invalid or you may not be covered. The Unlimited, the UMA and the insurer ("we") rely on the accuracy and truthfulness of the information you give us.

In the event of any fraud, misdescription, misrepresentation, exaggeration or non-disclosure of material facts, we reserve the right, at any time, to void your policy or parts thereof, cancel your policy or reject any benefit claim.

If the insurer, the UMA or The Unlimited fail to enforce any provision strictly or at all, this does not mean that we waive any of our rights thereto, nor does it mean that we may not enforce it thereafter.

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

**Please note**: where age is mentioned in this policy, it will be the age at last birthday; and when we refer to "you/your" in the policy wording, it includes any dependant (child and/or adult dependant, as defined) you have chosen to add to your policy (where relevant).

Subject to all the terms and conditions of this policy:

1. **accident** means a sudden external, violent, unexpected and visible event which occurs at a time and place that can be identified and results in an insured person suffering bodily injury (injury to the body caused by an accident, and excludes sickness or disease).
2. **adult dependant** means:
   - 2.1 **your spouse/partner**. Your **spouse/partner** means a person to whom you are married by civil law, tribal custom or in terms of any religion, including your life partner. Your spouse or life partner must normally live with you in South Africa and you must be interdependent on each other. When we use the word "partner", we refer to your spouse (as described above) or your life partner, whomever is named on your policy. Or;
   - 2.2 **your child/ren who have attained the age of 21** (twenty-one) **("adult child")**, but who are still totally financially dependent on you. This means that from the date you add an adult child to this policy and throughout the lifetime of this policy, you (the policyholder) are totally responsible for the livelihood and support of your adult child/ren and pay for their food, water, medicine, shelter and clothing. Your **adult child/ren** means your biological children, stepchildren, adopted children or children who are related to you by blood or a legally recognised relationship, who are over the age of 21 (twenty-one) years. Or;
   - 2.3 **your parent/s. Parent/s** means your parent/s and/or your legally recognised parent/s-in-law.

     You must provide The Unlimited with the name, surname and dates of birth of all your adult dependants and they must all be on record to be covered under this policy. Failure to provide The Unlimited with your adult dependant/s' details can result in the rejection of a claim, or the insurer voiding the policy or parts thereof.

     **Please note:** any adult child above the age of 26 (twenty-six) may need to provide a medical report to establish dependency before any benefit claim for an adult child will be approved and paid.
3. **child/ren** means your biological children, stepchildren, adopted children and children who are related to you by blood or a legally recognised relationship. **Your child/ren must be under the age of 21** (twenty-one) and totally financially dependent on you. 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, water, medicine, shelter and clothing.

   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. **dependant/s** means:
   - 4.1. your child/ren (as defined); and/or
   - 4.2. your adult dependant/s (as defined).
5. **due date** means the date you have agreed with The Unlimited for the debit order collection of your premium every month.
6. **emergency** is an event of a sudden and, at the time, unexpected onset of a health condition that requires immediate treatment, where failure to provide treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ, body part or would place the insured person's life in jeopardy.

7. **hospital/medical facility** means any institution in the Republic of South Africa which, in the opinion of the insurer, meets each of the following criteria:
   7.1. has a diagnostic and therapeutic facility for surgical and medical diagnosis treatment and care of persons in need of medical attention by or under the supervision of medical practitioners;
   7.2. provides nursing services supervised by registered nurses or nurses with equivalent qualifications;
   7.3. is not, other than incidentally, either a mental institution or a convalescent home, lodging facility or ward, rehabilitation or step-down facility (unless otherwise pre-authorised by the UMA);
   7.4. is not a place of rest for the aged or a place for drug addicts or alcoholics or a health hydro or natural cure clinic or similar establishment; and
   7.5. is not an institution providing long-term care for the blind, deaf, uncommunicative or other handicapped persons.
8. **illness** means any disease or illness, that manifests itself during the period of insurance, regarded as a state of not being physically or mentally well due to a generally recognised set of symptoms and signs determined by medical practitioners. Some illnesses will need evidence of diagnosis through special investigation. There may be diseases or illnesses for which objective proof of diagnosis will be required. If such proof cannot be provided on request, this illness will not be covered.
9. **insured incident** means a single accident and/or emergency and/or illness that results in an insured person undergoing certain treatment or advice, from any cause not excluded under this policy.
10. **insured person** means you (as defined) or any of your dependants (as defined).
11. **insurer** means Bryte Insurance Company Limited Reg. No: 1965/006764/06, a licensed non-life insurer, an authorised financial services provider FSP (17703) and the underwriter of the policy.
12. **medical tariff** means the standard tariff as agreed to by the UMA and the SP for payment of medical services.
13. **practitioner** means a legally qualified healthcare professional registered with the relative governing authorities in South Africa (such as the Health Professions Council of South Africa, the South African Nursing Council, etc.)
14. **pre-authorisation** means the process of requesting and obtaining prior provisional approval from the UMA before an insured person can access a particular benefit. Pre-authorisation is required in all circumstances, except for accidental death benefit claims. The onus remains on you (the policyholder) to obtain pre-authorisation prior to treatment. Alternatively, pre-authorisation may be obtained by the hospital casualty ward or emergency unit (whichever is relevant), or the insured person's next of kin.
15. **premium** means the monthly amount collected by The Unlimited and paid to the insurer for the policy cover (see **THE POLICY BENEFITS**). The premium is stated in your policy schedule.
16. **service provider ("SP")** means a health care provider/practitioner which is used for the provision of the hospital care benefits.
17. **stabilisation** means providing adequate measures that will prevent serious medical implications in an emergency (as defined). Stabilisation is limited to the prescribed amount in a hospital emergency unit. If required, the patient must be transferred to a state/public facility for further treatment. Pre-authorisation is required to access this benefit.
18. **start date** means the first day of the calendar month following the first successful collection of your premium by The Unlimited; and is the date on which all your policy benefits become available (subject to the waiting periods).
19. **treatment** means any form of medical investigation; examination by; consultation with; or a surgical procedure performed by a medical practitioner for the purpose of treating or monitoring an insured person's medical condition.
20. **The Unlimited** means The Unlimited Group (Pty) Limited, an authorised financial services provider, acting as an intermediary by providing certain services in respect of the policy underwritten by the insurer.

21. **Underwriting Managing Agency ("UMA")** means Unity Health, a division of Ambledown Financial Services (Pty) Ltd, an authorised financial services provider and the company that determines the premium for the policy, and manages the claims on behalf of the insurer.
22. **waiting period** means the period specified in this policy during which The Unlimited needs to successfully collect a specified number of premiums from you before you are entitled to claim under this policy. Remember, the minimum premiums start from when a person is added to the policy and cover for the applicable insured person will begin on the first day of the calendar month following the date the insurer has received the required minimum number of premiums.
23. **we/us/our** means the UMA (acting in their own capacity), the insurer (acting in their own capacity) and The Unlimited (acting in their own capacity). When we use the words "we", "our" or "us", the terms and conditions are relevant and binding between you and the UMA, the insurer and The Unlimited.
24. **you/your** means the policyholder and reference to "you" in the policy wording includes your dependants on this policy, 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 provided The Unlimited when you took out this policy. This will be the agreed method of giving you any notice required by the policy or by law.
2. **We will always communicate with you using your last known details** to fulfil your policy cover and to process any claims you may have. If any of your contact details change, including your current contact number (cell phone), email address, physical and/or postal address, please call The Unlimited immediately on **0861 990 000**.

## FOR COMPLAINTS AND COMPLIANCE

1. It is important that you are happy with your policy. If you are unhappy for any reason, please call **0861 990 000** and give The Unlimited a chance to see if they can set things right. They will communicate with the insurer on your behalf.
2. If you are still not happy and would like to submit a formal complaint to the insurer, please refer to **HOW TO SUBMIT A COMPLAINT** in the **STATUTORY NOTICE OF DISCLOSURES AND OTHER LEGAL REQUIREMENTS** section below.

## TRANSFERRING YOUR INTEREST IN THE POLICY OR CASH-IN

You cannot transfer your financial interest, or any rights, in this policy to anyone else. You cannot take out a loan against your policy. Your policy is month-to-month and does not pay out any profits, nor can it be cashed-in for money.

## JURISDICTION AND CURRENCY

The policy is only valid within the territory of South Africa. All payments will be made in the currency of South Africa. Your policy will be governed by the laws of the Republic of South Africa, whose courts will have jurisdiction in any dispute arising under your policy.

## PAYMENT AND NON-PAYMENT OF YOUR PREMIUM

1. It is your responsibility to pay your premium every month or you will not be covered.
2. The policy will be valid for 1 (one) calendar month and is automatically renewed on the same terms for a further calendar month every time your premium is received by the insurer.
3. **Please note:** additional premiums are payable for each insured person who is aged 56 (fifty-six) or older on the date they are added to this policy.
4. Payment of premiums:
    4.1. **Please note:** your total premium, stated in your policy schedule, is collected by The Unlimited and paid to the insurer on your behalf, every month. Payment to The Unlimited is deemed to be payment to the insurer.
    4.2. The premium is due in advance and this policy will not be binding on

the insurer until the first premium has been received.

4.3. You must pay your premium by debit order. If you reject the request from your bank to authenticate your debit order mandate, your policy will not start and there will be no agreement between you and us. This will also result in no cover of the insurance benefits.

4.4. Your debit order will be presented to your bank on the due date. Please contact The Unlimited if you want to change the collection (due) date you have agreed with them.

4.5. The Unlimited reserves the right to request collection of the premium on a different date from the date you have given them should this enable successful premium collection. This will become the premium due date, unless The Unlimited indicates it is simply for a specific debit.

4.6 **Important:** your premium may be collected on a different date due to a public holiday or weekend, without notifying you. Any bank charges incurred as a result will be for your own account.

5. Unpaid premiums:

5.1. **If The Unlimited does not successfully collect the premium by the agreed due date every month, and subject to the grace period, your policy will be suspended and you will not have access to your benefits until you have paid The Unlimited ALL missed premiums.** The Unlimited will not attempt to collect arrear premiums via debit order. Please contact The Unlimited on 0861 990 000 for assistance with manual payments.

5.2. If you miss a premium, you have a grace period of 15 (fifteen) days, calculated from the premium collection (due) date within which to make a manual payment to The Unlimited. During the grace period, the policy cover will remain in force and you will remain covered as long as you make a manual payment to The Unlimited. If The Unlimited does not receive payment within the 15 (fifteen) days, you will have no cover for that month and your policy will be suspended. The grace period only applies from the second month of cover.
Example: premium due date is the 1st of May. If you miss a payment, you will only have until the 16th of May to make a manual payment to The Unlimited. If you don't, you will not have cover for the month of May.

5.3. In the event of your debit order being unsuccessful, The Unlimited uses a tracking system that allows them to process your debit on another date to improve the likelihood of a successful debit order collection. This allows you to keep your policy active, but it remains your obligation to see that all premiums are paid manually during the grace period when any debit order is unsuccessful.

5.4. If your premium is not received, you agree that The Unlimited may, at their own discretion, try and collect from your account a further 3 (three) times.

5.4.1. If The Unlimited cannot collect the premium after 4 (four) consecutive attempts, the policy will automatically end. This means that your policy will be cancelled.

5.4.2. Any bank charges incurred because of failed collections will be for your own account.

5.5. If you dispute your monthly debit order payment with the result that the payment is reversed by your bank, and provided the debit order mandate is not cancelled, The Unlimited may, subject to the terms of this policy, resubmit the debit order mandate for collection in the month following the dispute/s.

## AMENDMENTS TO COVER OR PREMIUMS

1. The insurer may change the premium, waiting period or terms and conditions of this policy, including your cover, by giving 31 (thirty-one) days' written notice to you of its intention to do so.
2. Premiums are reviewed every year in January (the start of each calendar year). Increases may be applied due to inflation/market/claim experience.
3. Any variations and/or changes, referred to above, including any premium rate adjustment, will be binding on you and can be applied at any time to the existing terms and conditions after 31 (thirty-one) days' notice of these

changes have been sent to you.

4. If you choose to cancel your policy during the 31 (thirty-one) 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?

1. On receipt of your first premium, The Unlimited will pay the insurer the first premium and your policy will start on the first day of the next calendar month (the start date). For example, if The Unlimited successfully collects your first premium on the 20th June, the start date of your policy will be 1st July.
2. The insurer reserves the right to pro-rate each insured person's policy benefits during their first calendar year of cover under the policy.
3. You are entitled to your policy cover from the start date, subject to any waiting period.
4. **Waiting periods:** each insured person will have the following waiting periods applied to their benefits, starting from the start date applicable to that insured person, subject to all premiums being successfully received by the insurer.
    4.1. if an insured incident occurs because of an emergency, you are covered for the hospital care benefits from the start date of the policy. Remember, for each insured person added after the start date of the policy, cover for the applicable insured person will begin on the first day of the calendar month following the date the insurer has received the first premium applicable to them.
5. If you are unsure when your cover starts, please contact The Unlimited to confirm the start date of your policy.
6. The minimum entry age for cover under this policy for you, the policyholder, is 18 (eighteen) years old.

## CANCELLATION OF YOUR POLICY

1. You can cancel your policy at any time by contacting The Unlimited. They will request cancellation of the policy with the insurer on your behalf, or directly with the insurer. **Call 0861 990 000 or email on customercare@theunlimited.co.za.**
2. There is a cooling-off period of 14 (fourteen) 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) in which you can cancel and receive a refund on any premiums paid, **BUT ONLY IF YOU HAVE NOT SUBMITTED OR BEEN PAID OUT FOR A CLAIM** under this policy.
3. The insurer can terminate 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, and/or are dishonest or fraudulent in your actions. The insurer will notify you immediately in writing of the termination/voidance for fraudulent or dishonest actions or the non-payment of premiums. All cover under this policy will also be cancelled from the date of termination and you will not be entitled to any refund of premiums.
4. The insurer may cancel this policy in writing by giving you 31 (thirty-one) 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) and no further premiums are received from you, all cover and benefits under it will end at midnight on the last day of the calendar month for which your last premium was received.
6. Should this policy end for any reason, any benefits that apply to your dependants will also end. However, in the event of your death, your spouse may elect to continue the cover under this policy as the policyholder by notifying us within 60 (sixty) days of your death.
7. **Please note:** if you have not yet submitted a claim for an insured incident that happened before the date of cancellation of this policy, you will have a maximum of 3 (three) months after the date of cancellation to submit your claim, including ALL required supporting documents, to the UMA.

## CLAIMS PROCESS AND CONDITIONS

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

Please call The Unlimited on **0861 990 000** if you need help with your claim. Alternatively, you can check The Unlimited App for other claims information and processes; access to your virtual membership card; your plan details and benefit limits.

1. When can you claim?
   - 1.1. You are entitled to cover from the start date and to claim benefits if an insured incident 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 further only claim for the benefits covered if we successfully receive your premiums every month; and if you comply with all the terms, conditions, limitations and exclusions contained in this policy. **Please note:** where the insurance is varied or extended, the insurance provided by any additional benefit, special clause, variation and extension, schedule or addendum is subject to the terms, conditions, exclusions and limitations of this policy from the date of change.
   - 1.2. **The insured incident must have happened within the borders of South Africa, it must be after the start date and an exclusion must not apply.**
2. Specific conditions for all claims:
   - 2.1. Pre-authorisation is required for all hospital care benefit claims, except for the accidental death benefit. The onus remains on you (the policyholder) to obtain pre-authorisation prior to treatment. Alternatively, pre-authorisation may be obtained by the hospital casualty ward or emergency unit (whichever is relevant), or the insured person's next of kin.
   - 2.2. The UMA settles claims in three ways:
     - 2.2.1. directly to the SP; or
     - 2.2.2. in some cases, as a reimbursement to an approved claimant; or
     - 2.2.3. as a lump sum payout under the accidental death benefit.
3. How do you claim your benefits?
   - 3.1. Please call **0861 990 000 for pre-authorisation** before receiving any treatment or advice from a SP.
   - 3.2. Where a claim requires the UMA to reimburse you (or any other approved claimant), you agree to:
     - 3.2.1. call or WhatsApp us on **0861 990 000** to request a **reimbursement form. You must notify the UMA of your claim by sending them your completed reimbursement form within 120 (one hundred and twenty) days** from the date of the insured incident. All supporting claim documents will need to be sent back to the UMA, as reasonably required by the UMA, **within 12 (twelve) calendar months** from the date of the insured incident.
     - 3.2.2. provide the UMA with a certified copy of the claimant's identity document and proof of the South African bank account, which clearly shows the name and address of the account holder, the account number, as well as the bank date stamp. These documents should not be older than 3 months.
   - 3.3. All costs incurred for claiming your benefits or submitting claim documentation are for your account. This includes clinical reports for claims that are under review.
   - 3.4. **Please note:** for all claims under this policy, if you do not comply with the UMA's reasonable requests, do not co-operate in the investigation of claims or you do not give the UMA specific claim documents/ information within 12 calendar months from the date of the insured incident, the insurer will reject the claim and the claim will prescribe. This means that we will have no further liability, nor obligation to the claim. If the claim is subject to an awaiting court action between you and the insurer, the claim will still be valid.

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

4. General conditions for any claim:

4.1. **The UMA has the right to request additional supporting documents at any time** if they are unable to validate a claim. If the UMA requests additional information from you, it is because it is necessary for them to finalise the claim. They will require your co-operation in providing them with the additional information.

4.2. **The insurer may also require the UMA to inspect all current and/or past medical records, including the results of blood tests, and request that an insured person undergoes a medical examination** for your account. In the event that another opinion proposes a different treatment or medicine, the UMA may, at its discretion, require that the alternative treatment plan or medicine be followed for claims to be payable. Where the insured person is not you (the policyholder), you or a legal guardian will be required to obtain the necessary permission or consent for the insured person to undergo a medical examination, failing which, the claim may be cancelled.

4.3. When an insured incident relates to a motor vehicle accident, and the claim is approved and paid, you hereby authorise the UMA to recover the claim amount from the Road Accident Fund ("RAF"), which is the South African state insurer that provides liability and collision insurance coverage to all drivers in South Africa. It is your responsibility to obtain and provide the UMA with all required documentation and information to recover the claim amount, failing which, the claim is not valid under this policy. Furthermore, if you have claimed from the RAF and received a benefit payout from them, you must transfer (cede) any benefits you receive from the RAF to the UMA.

4.4. If a claim is approved and paid by the UMA that should have been covered by the Compensation Fund for Occupational Injuries or Diseases, then you must cede any such benefit to the UMA.

4.5. In the event that a benefit is paid as a result of any misrepresentation, non-disclosure, misdescription or fraudulent action, the nominated 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.

4.6. **There are other important details which you will find in the STATUTORY NOTICE OF DISCLOSURES AND OTHER LEGAL REQUIREMENTS section below. Please make sure you read and understand it and if you have any questions, please call The Unlimited on the number provided.**

5. Claim repudiations:

5.1. If the insurer repudiates your claim, the UMA will notify you of the repudiation. If you wish to challenge the repudiation, you will have 90 (ninety) days to make written representations to the insurer (claims.complaints@brytesa.com). 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 more important details about this process in the STATUTORY NOTICE OF DISCLOSURES AND OTHER LEGAL REQUIREMENTS section below.**

## THE POLICY BENEFITS (a summary of what you are covered for)

In the event of an insured person suffering an insured incident, treatment (as defined) will be provided, limited to the following:

**Hospital care benefits:**

1. Emergency medical response and transportation following an emergency.
2. Emergency medical stabilisation:
   - 2.1. treatment in a hospital casualty ward or emergency unit before being transferred to a public hospital. Surgical procedures are excluded.
   - 2.2. inter-hospital transportation to a public hospital following such treatment for stabilisation.
3. Emergency medical treatment (following an accident):
   - 3.1. treatment in a hospital casualty ward or emergency unit where treatment does not require admission to a hospital as an inpatient.
   - 3.2. inhospital treatment, including all hospitalisation (institution) costs, associated services, medicines and materials whilst hospitalised as an inpatient.
   - 3.3. MRI, CT scans, physiotherapy and occupational therapy, if the insured person is admitted to hospital as an inpatient for injuries sustained in the same accident.
   - 3.4. if necessary, inter-hospital transportation for any medical reason.
4. Accidental death benefit payout for:
   - 4.1. you and your spouse, following an accident; and/or
   - 4.2. your child/ren, following a motor vehicle accident.

**Important:** please refer to the **TABLE OF BENEFITS** below for the benefit-specific conditions and benefit-specific limitations. Please refer to the **POLICY EXCLUSIONS** section in this document for a list of benefit exclusions (when we will NOT pay your claim).

## TABLE OF BENEFITS

Please remember that pre-authorisation is required for all hospital care benefit claims, except for the accidental death benefit. The onus remains on you (the policyholder) to obtain pre-authorisation prior to treatment. Alternatively, pre-authorisation may be obtained by the hospital casualty ward or emergency unit (whichever is relevant), or the insured person's next of kin. Simply call **0861 990 000** and follow the prompts through the pre-authorisation process. **Please note:** should any treatment cost exceed the agreed medical tariff between the UMA and the SP, you will be liable to pay the balance of the cost directly to the SP for the treatment received.

### HOSPITAL CARE BENEFITS

1. **MEDICAL EMERGENCY BENEFIT (EMERGENCY SERVICES)**

   **In an emergency, call 0861 366 006 and press 1 for assistance.**

   1.1 An insured person has access to a 24-hour medical information hotline, 24-hour emergency medical response to the scene of an emergency, 24-hour medical transportation from the scene of an emergency to the nearest, appropriate medical facility, and repatriation of mortal remains following an emergency, provided that:

   1.1.1. the medical information hotline is called as the first point of contact for guidance through a medical emergency/crisis. **Please make sure that your family is aware of the medical emergency benefit and has the number to call.**

   1.2. The medical emergency benefit is described in more detail, as follows:

   1.2.1. **The 24-hour medical information hotline** provides access to the necessary medical personnel, including paramedics, nurses and doctors, 24 hours a day for general medical information and advice and to guide an insured person through a medical crisis, by providing emergency advice or by enabling the insured person to receive the required support.

   1.2.2. **24-hour emergency medical response to the site of an emergency**. Emergency medical response shall include appropriate road and/or air response, utilising an ambulance, and/or rapid response vehicle and/or helicopter and/or a fixed-wing aircraft (all of which are manned by appropriately qualified and experienced emergency care practitioners, paramedics or medical doctors), dispatched to the site of

the emergency. Where appropriate, lifesaving support will be provided to the insured person and where relevant, the insured person will be stabilised before transfer is provided to the closest appropriate medical facility.

1.2.3. **24-hour medical transportation from the site of an emergency.** In the event of an insured person's involvement in an emergency, the SP will provide emergency medical transportation by road and/or by air ambulance, under appropriate medical supervision, if necessary, to the nearest medical facility capable of providing adequate care. Medical considerations, the degree of urgency, the insured person's state and fitness to travel and other considerations, including, but not limited to, airport availability, weather conditions and distance to be covered (as assessed by the contact centre doctor and support staff) will determine whether transport will be provided by medically equipped aircraft, helicopter, regular scheduled flight, rail or road. All the costs of the medical transfer in the event of an insured incident are covered.

1.2.4. **Repatriation of mortal remains** within the Republic of South Africa shall be limited to R7 500 (seven thousand five hundred Rand) per insured person.

## 2. CASUALTY BENEFIT (ACCIDENTS ONLY)

An insured person is covered for outpatient hospital treatment in a hospital casualty ward, provided that:

2.1. such treatment is due to an accident; and

2.2. the treatment falls within the benefit limit of R8 000 (eight thousand Rand) per insured person, per insured incident.

## 3. EMERGENCY STABILISATION BENEFIT (MEDICAL EMERGENCIES ONLY)

3.1. In an **emergency**, an insured person is covered for emergency stabilisation treatment in a hospital casualty ward or emergency unit, provided that:

3.1.1. such treatment is due to the emergency; and

3.1.2. the treatment falls within the benefit limit of R100 000 (one hundred thousand Rand) per insured person, per insured incident.

3.2. This benefit does not cover planned procedures.

3.3. Where needed, an inter-hospital transfer in an appropriate road and/or air response will be provided, utilising an ambulance, and/or rapid response vehicle, and/or helicopter and/or a fixed wing aircraft (all of which are manned by appropriately qualified and experienced emergency care practitioners, paramedics or medical doctors). There is no limit on inter-hospital transfers.

## 4. IN-HOSPITAL ACCIDENT BENEFIT (ACCIDENTS ONLY)

4.1. Following an accident, an insured person is covered for inpatient hospital treatment, provided that:

4.1.1. such treatment is due to the injuries sustained in the accident;

4.1.2. the insured person was admitted as an inpatient in hospital because of the same injuries sustained; and

4.1.3. the treatment falls within the benefit limit of R1 600 000 (one million, six hundred thousand Rand) per insured person, per insured incident.

4.2. Where needed, an inter-hospital transfer in an appropriate road and/or air response will be provided, utilising an ambulance, and/or rapid response vehicle, and/or helicopter and/or a fixed wing aircraft (all of which are manned by appropriately qualified and experienced emergency care practitioners, paramedics or medical doctors). There is no limit on inter-hospital transfers.

5. **MRI AND CT SCAN BENEFIT (ACCIDENTS ONLY)**

Following an **accident**, an insured person is covered for MRI and CT scans, provided that:

5.1. such scan/s is due to the injuries sustained in the accident;

5.2. the insured person has been admitted as an inpatient to hospital because of the same injuries sustained; and

5.3. the scan/s falls within the benefit limit of R21 000 (twenty-one thousand Rand) per insured person, per calendar year.

6. **PHYSIOTHERAPY AND OCCUPATIONAL THERAPY BENEFIT (ACCIDENTS ONLY)**

**Pre-authorisation is required for this benefit.**

Following an **accident**, an insured person is covered for physiotherapy and occupational therapy, provided that:

6.1. such therapy is due to the injuries sustained in the accident;

6.2. the insured person was admitted as an inpatient in hospital because of the same injuries sustained;

6.3. the therapy happens within 3 (three) months of the insured person being discharged from hospital; and

6.4. the therapy falls within the benefit limit of R4 000 (four thousand Rand) per insured person, per calendar year.

7. **ACCIDENTAL DEATH BENEFIT**

7.1. **Pre-nomination of a beneficiary is required for this benefit.**

7.1.1. You must nominate a beneficiary when you take out the policy. The nominated beneficiary is the person you choose to receive the benefit payout in the event of your or your spouse's accidental death. It is your responsibility as the policyholder to advise us of your nominated beneficiary, including his/her identity number, contact details and date of birth, and any changes you make in this regard. You and your spouse on the policy may nominate a beneficiary any time prior to an accidental death claim for you and/or your spouse. If a beneficiary is not nominated, the benefit amount will be paid to the estate of the deceased. Only one beneficiary can be nominated at any one time.

7.2. When referred to in this benefit, **accidental death** means:

7.2.1. the death of the policyholder and/or the named spouse on the policy because of an accident; or

7.2.2. the death of a child on the policy because of a motor vehicle accident.

7.3. Following an **accident**, the policyholder and the named spouse on the policy is covered for an accidental death payout of R35 000 (thirty-five thousand Rand), provided that:

7.3.1. death is caused by the accident;

7.3.2. the benefit is limited to 1 (one) spouse over the lifetime of the policy; and

7.3.3. the policyholder and/or spouse have nominated a beneficiary prior to their accidental death, failing which, the benefit will be paid to the estate of the deceased.

7.4. Following a **motor vehicle accident**, a child on the policy is covered for an accidental death payout of R10 000 (ten thousand Rand), provided that:

7.4.1 death is caused by the motor vehicle accident; and

7.4.2 the benefit is paid to the policyholder, failing which the policyholder's nominated beneficiary.

7.5. **Please note:** death from natural causes such as a medical condition/illness (e.g. cancer, stroke or heart attack) are not covered under this policy.

7.6. In cases of accidental death, a post-mortem and an inquest are held.

7.7. **Please note:** your adult child/ren (21 years and older) and parent/s are not covered under the accidental death benefit.

7.8. **Important**: please ensure that your nominated beneficiary, your

spouse and your family members are aware of this benefit and how they can claim in the event of your accidental death.

## POLICY EXCLUSIONS (what you are not covered for)

**The following general exclusions apply to your policy. It is very important that you understand and take note of these.**

**Please note:** all costs incurred for claiming your benefits or submitting claim documentation are for your account. This includes clinical reports for claims that are under review.

The insurer will not be liable for hospitalisation, treatment, bodily injury, sickness or disease directly or indirectly caused by, related to or in consequence of:

1. nuclear weapons or nuclear material or by ionising radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission;
2. investigations, treatment, surgery for obesity or any treatment directly or indirectly caused by or related to any condition that is a consequence of obesity;
3. cosmetic surgery or surgery directly or indirectly caused by or related to or in consequence of the insured incident;
4. suicide, attempted suicide or self-inflicted injuries, unless such injuries are sustained in an attempt to preserve another human life;
5. routine physical, or any other procedure of a purely diagnostic nature, or any other examination where there are no objective indications of impairment in normal health and laboratory diagnostic or x-ray examinations, except in the course of a medical condition or disability established by prior call or attendance of a medical practitioner;
6. any follow-up treatment required 3 (three) months after an insured incident;
7. revision surgery;
8. all costs which are, in the opinion of the UMA's clinical review team:
   - 8.1. not medically necessary or clinically appropriate or do not meet the healthcare needs of the insured person; and/or
   - 8.2. not consistent in type, frequency and duration of treatment;
9. failure to follow medical advice and/or adherence to treatment as prescribed;
10. the taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the insured person) or any illness caused by the use of alcohol;
11. any medical transportation service for non-emergency purposes and any medical transportation not performed by ER24 without prior authorisation;
12. drug addiction or rehabilitation;
13. an event directly attributable to the insured person where the alcohol content in the blood exceeds the legal level permitted by law or the insured person suffering from alcoholism;
14. artificial insemination, infertility treatment or contraceptive;
15. robotic surgery, specialised mechanical or computerised appliances equipment or all related services;
16. contact lenses;
17. participation in:
    - 17.1. active military duty, police duty or police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers;
    - 17.2. aviation other than as a passenger;
    - 17.3. any sporting activities, including casual or hobbyist activities and events, and competitive or professional sport or activity (any sporting activity involving an official or practice event, race or contest and where one receives a monetary compensation); and
    - 17.4. any form of race or speed test (other than on foot or involving any non-mechanically propelled vehicle, vessel, craft or aircraft);
18. injuries on duty, which is any physical harm, injury, or illness that an employee sustains while performing their job-related duties at work (including accidents or repetitive strain injuries);
19. external prosthesis or appliances such as artificial limbs;
20. any activity prohibited by law;
21. any benefit requiring pre-authorisation where no pre-authorisation was requested or approved;

22. the interruption, failure of, interference or suspension, whether total or partial and for whatsoever reason, of any electricity supply to or from any electricity grid in South Africa (applicable to any loss, damage, cost, expense or liability of whatsoever nature);
23. any claim, loss, damage, cost or expense or liability which results or arises from or is contributed by any other cause or event that contributes concurrently or in sequence to the claim, loss, damage, cost or expense or liability where that other cause or event is not expressly insured, or is expressly excluded, under this policy;
24. civil commotion, labour disturbances, riot, strike, lockout or public disorder or any act or activity which is calculated or directed to bring about any of the foregoing;
25. war, invasion, the act of a foreign enemy, hostilities or warlike operations (whether war be declared or not) or civil war, mutiny, military rising, military or usurped power, martial law or state of siege, or any other event or cause which determines the proclamation or maintenance of martial law or state of siege or insurrection, rebellion or revolution;
26. any act (whether on behalf of any organisation, body or person or group of persons) calculated or directed to overthrow or influence any State or Government or any provincial, local or tribal authority with force or by means of fear, terrorism or violence;
27. any act which is calculated or directed to bring about loss or damage in order to further any political aim, objective or cause, or to bring about any social or economic change, or in protest against any State or Government or any provincial, local or tribal authority, or for the purpose of inspiring fear in the public or any section thereof;
28. the use of fraudulent means or devices, including the submission of false or forged documents in support of a claim, whether or not the claim is itself genuine;
29. a claim submitted under this policy for loss or damage that was intentionally caused by the insured person or such person acting on the insured person's behalf; and
30. a claim submitted by an insured person who suppresses, or deliberately withholds information, which would enable the UMA or insurer to refuse to pay a claim under this 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 they 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

Please read this section carefully as it contains important information about the personal details that you have given to us. Information about the parties to this policy (agreement) or to persons whose interests are protected by this agreement may be processed for the various legal reasons outlined below.
This section of the policy wording is intended to summarise key privacy disclosures. We handle the personal information you provide to us in accordance with this section, read with our Privacy Policy available at: www.theunlimited.co.za.
The policyholder ("**you**") hereby warrants and understands that we (where

applicable), including our authorised agents, partners and service providers/ contractors may:

1. Collect information:
   - 1.1. 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.
   - 1.2. 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 agent and authorised agents, partners and service providers/ contractors.
   - 1.3. 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.
   - 1.4. you must be authorised to provide any personal information of third parties to us. In doing so you indemnify us, including our authorised agents, partners and service providers/contractors, against any and all losses by or claims made against them and us as a result of you not having the required authorisation.
2. Process your information for the following reasons (amongst others):
   - 2.1. to enable us to underwrite policies and assess risks fairly, for the performance of your insurance agreement and the enforcement of our contractual rights and obligations:

     **Note:** Any personal information provided to us will be collected and used to allow us to fulfil our obligations to you in terms of this agreement and to assess risks fairly. In addition, the personal information may be shared internally or externally, with our departments, or other related third parties to comply with insurance obligations or legal requirements. Please contact us should you have any objections.

   - 2.2. to instruct the insurer, the UMA, and any medical provider/service provider (including emergency and hospital providers) concerned, for the purposes of ensuring that an insured person receives appropriate and necessary medical services, while reducing inappropriate care and wastage of medical resources. You hereby authorise us to give any information relating to you and your dependants to the staff appointed by the insurer and the UMA; and any medical provider concerned.
   - 2.3. to comply with legislative, regulatory, risk and compliance requirements, codes of conduct and industry agreements or to fulfil reporting requirements and information requests.
   - 2.4. to process payment instruments and payment instructions (like a debit order).
   - 2.5. to do affordability assessments, credit assessments and credit scoring.
   - 2.6. to manage and maintain your agreement/policy or relationship with us.
   - 2.7. to disclose and obtain information about you from credit bureaus regarding your credit history.
   - 2.8. to enable you to participate in the debt review process under the National Credit Act 34 of 2005.
   - 2.9. for security, identity verification and to check the accuracy of your information.
   - 2.10. where required, we may transfer your personal information outside of South Africa in compliance with the law.
   - 2.11. for customer satisfaction surveys, promotional and other competitions.
   - 2.12. 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.

2.13. 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. 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.

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 |

4. Automatically update and keep your information accurate

We may submit your information to, and receive information about you from, credit institutions (such as credit bureaus) 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 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.

Your rights:

You have data protection rights which are described in detail on www.theunlimited.co.za and also on https://www.brytesa.com/assets/49764072-5664-41c5-9e52-0fb331f64cd8.To request access to your information, contact us at the contact details provided.

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

**As an insurance policyholder, or prospective policyholder, you have the right to the following information in respect of your non-life insurance product:**

## DETAILS OF THE INTERMEDIARY

(The company that offered you the product)

| | |
|---|---|
| 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 |
| Fax Number: | 0865 009 307 |
| Email Address: | info@theunlimited.co.za |
| Website: | www.theunlimited.co.za |
| Company Registration Number: | 2002/002773/07 |
| FSP License Number: | 21473 |
| VAT Number: | 4360161139 |
| Details of FAIS Compliance: | Moonstone Compliance |
| 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.<br><br>Our "Conflict of Interest" policy is available on our website at www.theunlimited.co.za. |
| b. | **Cooling-off rights** | As this is a month-to-month policy (duration of less than 31 days), a cooling-off period in terms of the Policyholder Protection Rules is not required. The insurer does offer the following cooling-off rights:<br><br>If there has been no insured incident and no benefit has yet been claimed or paid, you have the right to cancel the policy by giving the insurer written or telephonic notice within 14 (fourteen) days of you receiving this policy wording OR from a reasonable date on which it can be deemed that you received this policy wording.<br><br>The insurer will comply with your request for cancellation within 31 (thirty-one) days of receiving your cancellation notice and will refund all premiums or moneys paid. |
| 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, |

| | | |
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| | | 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 an intermediary in terms of an Intermediary Agreement with the insurer and earns a monthly commission not exceeding 20% of the premium for services performed 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 Life 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. | **Legal status** | The Unlimited is an authorised financial services provider (FSP21473).<br>License limitations:<br>• We must inform the Registrar of any business information change within 15 (fifteen) days.<br>• We must maintain a list of all our Key Individuals and Representatives, and we must provide a copy of the register to the Registrar.<br>• 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:<br>1. Go to www.fsca.co.za<br>2. Click on "Regulated Entities"<br>3. Under the heading "Regulated Entities and Persons" click on "FAIS"<br>4. Click on "Financial Service Providers"<br>5. Insert our FSP Number 21473 in the field "Search for FSP No"<br>6. Click on "Details" and select the information that you wish to view.<br>• We may not provide business under a license that has not been changed in accordance with the provisions of the FAIS Act.<br>• 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 Sub-categories A, B1, B2, B1-A, B2-A and Short-Term Insurance Personal Lines (A1), Short-Term Personal Lines A1 and Short-Term Insurance Commercial Lines. |

## DETAILS OF THE INSURER

(The company that underwrites the policy, a licensed non-life insurer and an authorised financial services provider)

| | |
|---|---|
| Company Name: | **Bryte Insurance Company Limited (the "insurer")** |
| Physical Address: | Rosebank Towers, Fifth Floor, 15 Biermann Avenue, Rosebank, 2196 |
| Postal Address: | Rosebank Towers, Fifth Floor, 15 Biermann Avenue, Rosebank, 2196 |
| Telephone Number: | 011 088 7000 |
| Email Address: | nonclaimscomplaints@brytesa.com |
| Website: | www.brytesa.com |
| Company Registration Number: | 1965/006764/06 |
| FSP License Number: | I070/17703 |
| VAT Number: | 4530103581 |

**Details of internal compliance department:**

| | |
|---|---|
| Telephone Number: | 011 088 7000 |
| Email Address: | compliance@brytesa.com |

**Professional Indemnity and/or Fidelity Cover**:
Bryte Insurance Company Limited has Professional Indemnity Cover and a Fidelity Guarantee Cover in place.
**Conflict of interest:** Bryte Insurance Company Limited has a conflict-of-interest management policy in place and is available to clients on the website.

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| Details of FAIS compliance: | Moonstone Compliance |
| Telephone Number: | 021 883 8000 |
| Email Address: | support@moonstonecompliance.co.za |

## DETAILS OF THE UNDERWRITING MANAGER

(The company that determines the premium for the policy, and manages the claims on behalf of the insurer)

| | |
|---|---|
| Company Name: | **Ambledown Financial Services (Propriety) Limited (the "UMA")** |
| Physical Address: | Ambledown House, Eton Office Park East, c/o Sloane and Harrison Streets |
| Postal Address: | PO Box 1862, Cramerview, 2060 |
| Telephone Number: | 0861 366 006 |
| Email Address: | info@unityhealth.co.za |
| Website: | www.unityhealth.co.za |
| Company Registration Number: | 2004/006271/07 |
| FSP License Number: | 10287 |
| VAT Number: | 4340215856 |

**Details of internal compliance department:**

| | |
|---|---|
| Telephone Number: | 0861 262 533 |
| Email Address: | compliance@ambledown.co.za |

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| **Details of FAIS compliance:** | Moonstone Compliance |
| Telephone Number: | 021 883 8000 |
| Email Address: | support@moonstonecompliance.co.za |

Ambledown Financial Services (Pty) Ltd is an authorised financial services provider and licensed to render intermediary services relating to Short-Term Insurance Category 1 in respect of Short-Term Insurance Personal Lines and Short-Term Insurance Commercial Lines.

Ambledown has Professional Indemnity Insurance and Fidelity Guarantee Cover. Ambledown does not hold any shares in the insurer and more than 30% income was earned from the insurer in the last calendar year.

**Conflict of interest:** Ambledown Financial Services (Pty) Ltd has a conflict-of-interest management policy in place and is available to clients on the website. Ambledown Financial Services (Pty) Ltd has a UMA agreement with the insurer and earns a monthly binder fee of 25% of the premium for services performed on behalf of the insurer.

## HOW TO SUBMIT A COMPLAINT

**Step 1: initial complaints process**

- If you have a complaint about how this policy was offered to you, please call The Unlimited on 0861 990 000/031 716 9600 or email. Please view The Unlimited's full Complaints Process on www.theunlimited.co.za.
- If you have a complaint about your claim, please contact Ambledown Financial Services (Pty) Ltd on 0861 262 533 or complaints@ambledown.co.za.
- If you have a complaint about the service received, please contact Bryte Insurance Company Limited on 011 088 7000 or claims.complaints@brytesa.com. Bryte Insurance Company Limited has a complaints procedure and a complaints resolution policy available on request.

**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 or the insurer to review the matter. We will notify you of the name and contact details of the person 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 remain dissatisfied with the outcome of your dispute you may make additional representation to Bryte Insurance Company Limited, by addressing your concerns to:

Bryte Insurance Company Limited Internal Resolutions:

| | |
|---|---|
| Telephone Number: | 011 088 7000 |
| Email Address: | complaints@brytesa.com |

**Step 4: External Dispute Resolution**

We encourage clients to endeavour to resolve a complaint with The Unlimited first, before submitting a complaint to the Ombudsman. However, you may utilise 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, Johannesburg, Gauteng, 2198 |
| Share Call Number: | 0860 800 900 |
| Email Address: | 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: | PO Box 41, Menlyn Park, 0063 |
| Physical Address: | Menlyn Central Office Building, 125 Dallas Avenue, Waterkloof Glen, Pretoria, 0010 |
| Telephone Number: | 012 762 5000 |
| Share Call Number: | 086 066 3274 |
| Email Address: | info@faisombud.co.za |

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| Website: | www.faisombud.co.za |

**The Financial Sector Conduct Authority (FSCA)**

| | |
|---|---|
| Postal Address: | PO 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 Number: | 012 428 8000 or 0800 20 37 22 |
| Website: | www.fsca.co.za |

**Particulars of the Information Regulator (for personal information breaches)**

| | |
|---|---|
| Telephone Number: | 010 023 5200 |
| Email Address: | POPIAComplaints@inforegulator.org.za |
| Physical Address: | JD House, 27 Stiemens Street, Braamfontein, Johannesburg, 2001 |
| Postal Address: | PO Box 31533, Braamfontein, 2017 |

## 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 (thirty-one) 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 (thirty-one) 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 policy cover 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 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 The Unlimited 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.
- All material facts must be accurately and properly disclosed, and the accuracy and completeness of all answers, statements or other information provided by or on behalf of you are your responsibility.