

ROAD ACCIDENT PROTECTION

AND THE WAY FORWARD

In the past you would have looked to the Road Accident Fund (RAF) for compensation for road related injuries, but under the current legislation and the changes brought in on the 1st August 2008 the benefits have been amended as follows:

- Loss of earning limited to R182 047 per annum and to one breadwinner per family
- General damages limited to serious injuries only. Pain, suffering, disablement and disfigurement is now excluded
- Medical expenses (including future expenses) limited to Public Health providers
- Claimants rights to sue the party at fault over and above the limits stipulated have been removed
- RAF takes approximately 3 years to settle a claim

Being a victim of an accident can be extremely traumatic without having to worry about the financial implications and suggest that you consider the following:

- Are you able to financially support yourself or your family on R182 047 per annum?
- Do you have the financial means to be able to make the necessary adjustment to your home or mode of transport?
- You may require ongoing medical treatment or physical therapy
- The ongoing costs of looking after your children that are permanently disabled to ensure that they get the future they deserve

With your best interest in mind we have developed a solution to alleviate the financial burden by providing high Disability limits at an affordable cost.

Commuter Accident Protection (CAP) will give you full accident protection whilst travelling worldwide in a Motor Vehicle, Airplane or Train. Benefits include:

- Death up to R500 000
- Permanent Total Disablement up to R5 Million
- Medical expenses up R100 000 per person

Disability insurance under CAP pays compensation if you are disabled and is not assessed on your ability to perform your occupation unlike benefits available under a pension or provident fund that only pay compensation if you are unable to perform your usual or similar occupation.

Benefits are subject to the continental scale, which are reflected in the policy wording and restricted to the statutory limitation of South Africa at the time

The following options are available to meet your cover and pricing requirements:

Plan	Cover Options	Sum Insured Options	Monthly Premium
COMMUTER ACCIDENT PLAN	OPTION A		
	Death	R250 000	R11-12 Per person
	Death up to age 14	R10 000	
	From Ages 14 (+1 day) to 21 yrs	R30 000	
	Permanent Disability	R2 500 000	
	Medical Expenses	R100 000 per person limited to R200 000 per incident	
	OPTION B		
	Death	R250 000	R21-38 Per person
	Permanent Disability	R5 000 000	
	Medical Expenses	R100 000 per person limited to R200 000 per incident	
	OPTION C		
	Death	R500 000	R34-20 Per person
Permanent Disability	R5 000 000		
Medical Expenses	R100 000 per person limited to R200 000 per incident		
COMPREHENSIVE PLAN	OPTION D		
	Death	R250 000	R52-16 Per person
	Permanent Disability (injured in plane, train, motor vehicle)	R2 500 000	
	Permanent Disability (any other accident)	R1 250 000	
	Medical Expenses	R100 000 per person limited to R200 000 per incident	
	OPTION E		
	Death	R250 000	R97-76 Per person
	Permanent Disability (injured in plane, train, motor vehicle)	R5 000 000	
	Permanent Disability (any other accident)	R2 500 000	
	Medical Expenses	R100 000 per person limited to R200 000 per incident	
	OPTION F		
	Death	R500 000	R153-90 Per person
	Permanent Disability (injured in plane, train, motor vehicle)	R5 000 000	
	Permanent Disability (any other accident)	R2 500 000	
	Medical Expenses	R100 000 per person limited to R200 000 per incident	
	Child Dependant up to 21 yrs of age		Monthly Premium
Death up to age 14	R10 000	R47.88 per dependant	
From Ages 14 (+1 day) to 21 yrs	R30 000		
Permanent Disability	R2 500 000		
Medicals	R100 000		
Subject to above accumulation limits			
Optional Cover APPLICABLE ONLY WITH COMMUTER AND COMPREHENSIVE COVERS	Benefit	Additional Premium	
TEMPORARY TOTAL DISABLEMENT PAYABLE FOR 26 WEEKS Deductible – 14 days Cannot exceed monthly salary	Comprehensive R5000 p/w	R33-29	
	Comprehensive R7500 p/w	R67-33	
	Commuter R5000 p/w	R17-10	
	Commuter R7500 p/w	R25-49	

- ❖ Age restriction 80 years of age
- ❖ A Broker Management Fee of R10 per policy will apply
- ❖ A Minimum premium of R35 per policy will apply

PROPOSAL FORM

Policy Holder			
Surname			
Company Name			
Physical Address			
Postal Address			
Cell Phone		Work	
Home Telephone		E-mail	

DETAILS OF INSURED PERSONS		* Cover is limited to non-manual occupations only		
	INSURED PERSONS <small>To Include Addendum 1 if applicable</small>	COVER OPTION (A-F)	OPTIONAL COVER <small>Temp Total Disable</small>	PREMIUM
Full Name			R5 000 per week <input type="checkbox"/>	
Occupation			R7 000 per week <input type="checkbox"/>	
Id Number				
Full Name			R5 000 per week <input type="checkbox"/>	
Occupation			R7 000 per week <input type="checkbox"/>	
Id Number				
Full Name			R5 000 per week <input type="checkbox"/>	
Occupation			R7 000 per week <input type="checkbox"/>	
Id Number				
Full Name			R5 000 per week <input type="checkbox"/>	
Occupation			R7 000 per week <input type="checkbox"/>	
Id Number				
Full Name			R5 000 per week <input type="checkbox"/>	
Occupation			R7 000 per week <input type="checkbox"/>	
Id Number				
			Sub Total <small>(Inc Addendum)</small>	
			Admin Fee	R10.00
			Total	

I/We declare that I/we have not withheld any material fact and I/we accept this application and declaration form the basis of the contract, and there are no other material facts that should be disclosed to the underwriters.

Signature _____ Signed at _____ Date _____

On behalf of Lloyds Contract Number PA 020380X Date _____

ADDENDUM 1		* Cover is limited to non-manual occupations only		
	INSURED PERSONS	COVER OPTION (A-F)	OPTIONAL COVER Temp Total Disable	PREMIUM
Full Name			R5 000 per week <input type="checkbox"/>	
Occupation			R7 000 per week <input type="checkbox"/>	
Id Number				
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Occupation			R7 000 per week <input type="checkbox"/>	
Id Number				
Full Name			R5 000 per week <input type="checkbox"/>	
Occupation			R7 000 per week <input type="checkbox"/>	
Id Number				
			Sub Total	

DEBIT ORDER AUTHORITY FORM

Clients Name			
Address			
Home Tel no.		Work Tel no.	
Cell no.		Vat Registration no.	
First Payment on the 1 st of 20 and the 1 st day of each month thereafter in respect of Short Term insurance premiums due to Intasure (Pty) Ltd.			

Bank		Account type	
Branch name		Town	
Branch no.		Account no.	
Account name (If different from subscribers name)			

I / We hereby authorise **INSURANCE OUTSOURCING MANAGERS (PTY) LIMITED** and / or its appointed associates, to draw against my / our account with whichever bank it may be, the amounts required for my / our Short Term Insurance or other premiums or fees through its offices monthly in advance and I / we request my / our, whichever it is or will be, to debit my / our account with such amounts / as instructed by **Intasure (Pty) Ltd** in terms of this Authority.

Signed at on this day of 20

Signature: _____ Date: _____